The Magnitude of the Solution
Building Self-Healing Communities
Preparing for Anticipated World

**Dangerous**

- **Conception**
  - **BRAIN** Prepares for anticipated world

  **BIOLOGY OF STRESS**
  - **CHARACTERISTICS**
    - “Brawn over Brains”
    - Focused: Fight, Flight or Freeze

  **OUTCOME**
  - Individual & species survive the worst conditions

- **Dissonance between biological expectations & social reality fuels problems**

---

**Safe**

- **Multi-focused: Relational**

  **CHARACTERISTICS**
  - “Process over Power”

  **OUTCOME**
  - Individual & species survive in good times; vulnerable in poor conditions

---

Adapted from the research of Martin Teicher, MD, Ph.D
SYNAPTIC DENSITY

AGE
EXPERIENCE
GENDER

At Birth  Elementary Age  Puberty

Single Neuron
STRESS
Interpretations Can Differ
set points in place by
EARLY ADULTHOOD

At Birth
SYNAPTIC DENSITY

Elementary Age

ACE Interface © 2015
Memory of our experiences is stored in our body.
Epigenetics

“The experiences of a parent, before even conceiving offspring, markedly influence both structure and function in the nervous system of subsequent generations.”

Dr Brian Dias, Emory University, 2014
Epigenetics

“Parents with their own genetic vulnerabilities can pass on protection to the next generation provided that they are given the right support.”

Van der Kolk, 2014, The Body Keeps the Score, p. 157
Unique Experience of the World
What are two or three ways the Neuroscience and Epigenetics information might be impacting your work?

What more would you like to know in order to be able to apply it for yourself and your community?
ACE Score Reflects the “Dose” of Stress During Childhood
### Adverse Childhood Experiences

**Are Common**

<table>
<thead>
<tr>
<th>Household Dysfunction</th>
<th>NY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>27%</td>
<td>24</td>
</tr>
<tr>
<td>Parental Sep/Divorce</td>
<td>23%</td>
<td>25</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>17%</td>
<td>15</td>
</tr>
<tr>
<td>Battered Mothers</td>
<td>13%</td>
<td>17</td>
</tr>
<tr>
<td>Criminal Behavior</td>
<td>6%</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neglect</th>
<th>NA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>10%</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Abuse</th>
<th>NY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>11%</td>
<td>27</td>
</tr>
<tr>
<td>Physical</td>
<td>28%</td>
<td>21</td>
</tr>
<tr>
<td>Sexual</td>
<td>21%</td>
<td>24</td>
</tr>
</tbody>
</table>

**TOTAL 10 ACEs**
ACEs are Highly Interrelated

Indicators of Family Dysfunction
1. Mentally ill, depressed or suicidal person in home
2. Family member with drug or alcohol addiction
3. Parental discord – indicated by divorce, separation
4. Exposed to family violence
5. Incarceration of any family member

Abuse
6. Child physical abuse
7. Child sexual abuse
8. Child emotional abuse

Neglect
9. Physical Neglect
10. Emotional Neglect
ACE Score = Number of ACE Categories

ACE Scores Reliably Predict Challenges During the Life Course
ACEs are Common in New York

Understanding and Responding to Adverse Childhood Experiences in New York State; 2018
New York State Department of Health, Office of Alcoholism and Substance Abuse Services and Office of Mental Health
Projected Increase in NY ACE Scores
Unless We Interrupt Transmission

Population with ≥3 ACEs

Age Cohorts

55-64  45-54  35-44  25-34  18-24

22.7  26.5  21.3  25.5  28.8

36.36% increase
ACEs are More Common in the Southern Tier

ACE prevalence is a little higher than in all of New York.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1-2</th>
<th>≥3</th>
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<tbody>
<tr>
<td>Southern Tier</td>
<td>39.8</td>
<td>35.9</td>
<td>24.3</td>
</tr>
<tr>
<td>New York</td>
<td>40.7</td>
<td>37.3</td>
<td>22.0</td>
</tr>
</tbody>
</table>

Left uninterrupted, 33.14% of young children in the Southern Tier, NY will have an ACE Score of ≥3 by adulthood. (Less than a quarter to a third)
Perfectly “designed” to produce the status quo.

Every community has its patterns.
- Win, fail expectations, lose
- Committee, sub, sub, committee
- Survey, ignore, survey

Everyone participates in patterns
- Values & principles
- Mental models
- Structure

Adversity

Societal Response

Adaptation
ACEs Have a Cumulative Effect

Dose-response is a direct measure of cause and effect.
ACEs and Risk for Disease, Disability, Social Problems

Smoking

Heavy Drinking

Binge Drinking

Drinking and Driving

Had a Drug Problem

Addicted to Drugs

Ever Injected Drugs
ACEs and Chronic Disease

Cardio Vascular
Cancer
Diabetes
Asthma
Auto-Immune Disease
Chronic Obstructive Pulmonary Disease
Liver Disease
Ischemic Heart Disease
ACEs and Mental Illness

Depression

Serious & persistent mental illness

Frequent mental distress

Nervousness

Suicide attempts

Emotional problems restrict activities
ACEs and Work/Life Activities

Attributable to ACEs:
Disability-Related Days when Can’t Do Usual Activities
Worker Injury
Work-related Illness
Drugs/Alcohol
Hopelessness
Health Limits Activity
Serious Job Problems
Serious Financial Problems
Homelessness
Incarceration

Work-Related Injury/Illness in Past Year

<table>
<thead>
<tr>
<th>Days</th>
<th>% with Injury/Illness</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>3.6</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>4, 5</td>
<td>8.9</td>
</tr>
<tr>
<td>6, 7, 8</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Homeless

<table>
<thead>
<tr>
<th>Days of Homelessness</th>
<th>% Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2%</td>
</tr>
<tr>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>4</td>
<td>19%</td>
</tr>
<tr>
<td>6</td>
<td>30%</td>
</tr>
</tbody>
</table>

ACE Interface
## Outcomes Attributable to ACEs

### Risk
- Smoking
- Heavy drinking
- Obesity
- Risk of AIDS
- Taking painkillers to get high
- Obesity

### Prevalent Disease
- Cardiovascular
- Cancer
- Asthma
- Diabetes
- Auto immune
- COPD
- Ischemic heart disease
- Liver disease

### Poor Mental Health
- Frequent mental distress
- Sleep disturbances
- Nervousness
- MH problem requiring medication
- Emotional problems restrict activities
- Serious & persistent mental illness

### Health & Social Problems
- Fair or poor health
- Life dissatisfaction
- Health-related limits to quality of life
- Disability that impedes daily functioning
- Don’t complete secondary education
- Unemployment
- History of adult homelessness

### Intergenerational ACE Transmission
- Mental Illness
- Drugs or Alcohol Problem
- Multiple divorces, separations
- Victim of family violence
- Adult incarceration
ACEs and Co-Occurring Problems

Health & Social Problems
- Panic Reactions
- Depression
- Anxiety
- Hallucinations
- Sleep Disturbances
- Severe Obesity
- Pain
- Smoking
- Alcoholism
- Illicit Drug Use
- IV Drug Use
- Early Intercourse
- Promiscuity
- Sexual Dissatisfaction
- Amnesia (Childhood)
- Problems with Anger
- Perpetration of Family Violence

Arousal
- Somatic Issues
- Substance Use
- Sexuality
- Memory
- Arousal

ACE Interface, 2016
BREAK
Shifting from a Vicious Cycle to a Virtuous Cycle

Vicious Reinforcing Cycle

ACEs

ACE-Attributable Problems

Adult Adversity

Reject-Eject Societal Response

Adaptation

Virtuous Reinforcing Cycle

ACEs

Fewer ACE-Attributable Problems

Adult Flourishing

Right-Fit Engagement

Adaptation
Resilience is a developmental process that occurs in the context of family, friends & neighbors, colleagues, community, culture & place.

Unless one understands the world view of a people, we are unlikely to be able to understand resilience in the lives of those people.
Core Protective Systems

“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”

*Ann Masten, 2009*
“Establishing Safety First is Paramount”

Dr. Kate McLaughlin

- Self Efficacy
- Ability to Direct Attention
- Positive View
- Executive Skills
- Hope
- Self Regulation
Individual Capabilities

Positive view lets me know I am important and valuable
Self-Efficacy
Self -Regulation
“Self regulation depends on having a friendly relationship with your body. Without it you have to rely on external regulation – from medication, drugs like alcohol, constant reassurance, or compulsive compliance with the wishes of others.”

What Helps Individuals Self-regulate?

Activate Social Engagement:
1. Healing Power of Community Expressed in Music, Rhythm, Theatre
2. Exercise & Play
3. Practicing Connection

Calm Physical Tensions in Body:
1. Massage, Movement, Breathing
2. Mindfulness, Reflection, Yoga
3. Tapping Acupressure Points
4. Biofeedback, Neurofeedback
5. Eye Movement Desensitization & Reprocessing
Trauma-Informed School Discipline

- Wait a Day
- Wait an Hour
- Ready to Talk
Attachment & Belonging

RELATIONSHIPS with caring and competent people are vital contributors to resilience & recovery
Coming Together
• Mutual Support
• Peer Helping
• Art, Music, Rhythm

Learning Together
• Noticing Help that Helps
• Listening, Dialogue

Hope-filled Action
• Giving Core Gifts
• Acting on Shared Values
Help people to notice what they like about themselves and family members

- Notice what you as a provider like about the parent and/or child
- Tell me something that you enjoy about yourself/family member
- Tell me something that you/your child is good at doing
- Since the last time I saw you, tell me something that you have done that is fun
Learning from People Most Affected by ACEs

What are the barriers to asking for help?

Consensus:

“I would never ask for help because there are always too many strings.”
Experience of Connectedness

Community, Culture, Spirituality
Help that Helps
Four Resilience Factors that Make a Difference

They are even more powerful when we Layer Up…

1. Feeling social/emotional support and hope
2. Having 2 or More People Who Help (two or more people who give concrete help when needed)
3. Community reciprocity in watching out for children, intervening when they are in trouble, doing favors for one another
4. Social Bridging – People reach outside their social circle to get help for their family and friends
Support

Feeling socially & emotionally supported & hopeful

... Always or Usually (vs Rarely or Never)
ACEs & Activity Limitations

Activity Limited Due to Health Problems With Low Support & Hope

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Support & Hope
Activity Limitations & Support

Activity Limited Due to Health Problems With High Support & Hope

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Support & Hope  High Support & Hope

ACEInterface © 2015
Smoking & Support

Smoker With High Support & Hope

% of Population

- 0 ACE
- 1-3 ACEs
- 4-8 ACEs

Low Support & Hope
High Support & Hope

© 2015 ACE Interface
ACEs & Sleep

Not Enough Sleep 7 or more Days Past Month With Low Support & Hope

% of Population

0 ACE | 1-3 ACEs | 4-8 ACEs

Low Support & Hope
ACEs & Poor Mental Health

Poor Mental Health More Than Half Last Month With Low Support & Hope

% of Population

0 ACE  | 1-3 ACEs  | 4-8 ACEs
---|---|---
Low Support & Hope

© 2015 ACE Interface
Mental Health & Support

Poor Mental Health More Than Half Last Month With High Support & Hope

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Support & Hope  High Support & Hope
ACEs & Poor Health

Poor Physical Health More Than Half Last Month With Low Support & Hope

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Support & Hope
Poor Health & Support

Poor Physical Health More Than Half Last Month With High Support & Hope

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Support & Hope
High Support & Hope

© 2015 ACE Interface
ACEs & Ability to Work

Unable to Work With Low Support & Hope

% of Population

0 ACE  1-3 ACEs  4-8 ACEs

Low Support & Hope

© 2015

foundation for healthy generations

ACE Interface
Ability to Work, Support

Unable to Work With High Support & Hope

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Support & Hope
High Support & Hope
HELP

Having two or more people who give concrete help when needed
ACEs & Hunger

Hunger: Not Enough Money With Help

% of Population

0 ACE    1-3 ACEs    4-8 ACEs

Low Help

© 2016
Hunger & Help

Hunger: Not Enough Money With Help

% of Population

0 ACE
1-3 ACEs
4-8 ACEs

Low Help
More Help
ACEs & Depression
Depress All or Most of Last Month With Help

% of Population

0 ACE
1-3 ACEs
4-8 ACEs

Low Help
ACEs & Mental Illness Symptoms

Moderate-Serious Mental Illness With Help

% of Population

0 ACE 1-3 ACEs 4-8 ACEs

Low Help
Poor physical health more than half the last month

<table>
<thead>
<tr>
<th>% of Population</th>
<th>0 ACE</th>
<th>1-3 ACEs</th>
<th>4-8 ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Help</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Poor physical health more than half the last month.
When communities with high ACE prevalence also have high rates of reciprocity, are fewer parenting adults depressed?
People in your community do **favors** for each other often or very often.

...helping with shopping, lending garden or house tools, watching over property, and other small acts of kindness.

**Social Cohesion: Mutual Favors**
You can count on adults in your community to watch out that children are safe and don’t get in trouble.

Social Cohesion: Child Safety
Your community members can be counted on to intervene if children are skipping school and hanging out in your community.
Parental Depression in Communities with Variable ACE Prevalence & Low Reciprocity

- 15% ≥ 3 ACEs: 11.5%
- 31% ≥ 3 ACEs: 16.5%
- 47% ≥ 3 ACEs: 22%

% Parenting Age Population with Depression

Low Reciprocity
Parental Depression in Communities with Variable ACE Prevalence & High Reciprocity

<table>
<thead>
<tr>
<th>% Parenting Age Population with Depression</th>
<th>15% ≥ 3 ACEs</th>
<th>31% ≥ 3 ACEs</th>
<th>47% ≥ 3 ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Reciprocity</td>
<td>11.5</td>
<td>16.5</td>
<td>22</td>
</tr>
<tr>
<td>High Reciprocity</td>
<td>9.5</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>
Reciprocity & Bridging: Two Generation Benefits

Better Child Well-Being:

School Performance
Mental Health (depression, suicide)
Physical Health (asthma, diabetes, obesity)
Drug Use
Alcohol Use
Less Physical Fights

Adults: Better Health & Health Behaviors:

Obesity
Mental Illness Symptoms
Alcohol Consumption among Women
Physical Activity
Happiness
Worry about Money for Rent
Having A Primary Care Physician
Experiencing Housing Instability
Being Hungry Because of No Money


Think of a time in the last month when you did something to strengthen one of the protective systems:
1. Capabilities
2. Belonging
3. Community, Culture, Spirituality

What did you do?

Write on a sticky note, post under one of the 3 headings.
Which of these protective systems do your systems already intentionally enhance?

Which do you want to develop further?
The ACE Score is Not

A predictor at the individual level

A diagnostic tool

A screening tool

Or

A fun quiz

Dr. Robert Anda, Co-Principal Investigator, The ACE Study
The ACE Score is....

A history tool

A communication tool to comfortably talk about life experiences

Becoming part of a common language

A gateway to empathy, compassion, and healing

A tool to help professionals learn to work effectively with people who have experienced developmental adversity

Dr. Robert Anda, Co-Principal Investigator, The ACE Study
When I saw you
I fell in love, and
you smiled
because you knew.

William Shakespeare
Thank you!

Laura Porter
ACE Interface, LLC
www.aceinterface.com
Progressive Nature of Adversity

EARLY TRAUMA & STRESS
Predictable patterns of brain development, traits & behaviors

• Slowed language & reading
• Lateralization
• Diminished IQ
• Poor decision making skills
• Memory Problems
• Executive Skill Challenges

• Attention problems
• ADD
• ADHD

• Aggressive behavior
• Social isolation among peers
• Poor understanding of social cues = conflict

ADULT STRESS
• Low-wage jobs
• Unemployment
• Public Assistance
• Prison
• Teen Pregnancy
• Chronic health problems
• Debilitating mental illness
• Victimization

NEXT GEN RISK

Significant risk of early use/abuse of: Alcohol, tobacco, illicit & prescription drugs

• Special education
• School failure
• Dropping out

• Social & Relational Problems

• Suspension
• Expulsion
• Delinquency
• Incarceration

Progressive Nature of Adversity
<table>
<thead>
<tr>
<th>Age of Experience</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>In utero, bio of stress</td>
<td>Low birth weight, cardio vascular, diabetes</td>
</tr>
<tr>
<td>First few months</td>
<td>Anticipate pleasure, attach &amp; belong</td>
</tr>
<tr>
<td>First 5 years</td>
<td>Emotional regulation, fear, panic, memory, integration of creative/analytic, whole &amp; parts</td>
</tr>
<tr>
<td>Middle childhood</td>
<td>Suicide risk, executive dysfunction, social cues, spoken language</td>
</tr>
<tr>
<td>Pre-puberty</td>
<td>Navigate physical space, affect, attention, mental illness</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Risk behaviors, long term memory</td>
</tr>
</tbody>
</table>
What is the story of your life?
# Functional Days

<table>
<thead>
<tr>
<th>DAYS WITH POOR HEALTH</th>
<th>During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</th>
</tr>
</thead>
</table>


Support Functioning: Prevent Adult Adversity

Adults with ≥3 ACEs

Plus

Major Stress Categories:

1. Homelessness
2. Incarceration
3. Chronic illness
4. Separation/Divorce
5. Severe Depression
6. Work-related Injury/ Illness

% with 15-30 Disability-Interrupted Days a Month

Number of Major Stress Categories In Adulthood Added to ACE Score of ≥3
Parents Have the Power to Prevent ACEs

We can’t prevent what we don’t understand – that’s why we teach about ACEs.

Children of Parents with ACE Scores ≥4, are:

1. 6.3x more likely to experience household substance abuse
2. 10.4x more likely to experience homelessness
3. 12.7x more likely to experience neglect
4. 44x more likely to be exposed to intimate partner violence

Understanding a person’s adverse childhood experience takes nothing away from understanding her resilience.

It puts into perspective how spectacularly resilient she may be, the strengths she is building on for the next phase of her life, and opens the space to talk about the life she wants for her self and her family.
Framing the ACE History
In Care Settings

Adopt Protocol: Educate, Ask, Listen, Affirm, Remember

“We now know that childhood experience has a big impact on health throughout our lives. Understanding your history of adversity while you were growing up will help us to work together to improve your health and the health of your family.”

NEAR@Home, free download at: https://www.nearathome.org/
Respect the ACE History: Ask, then Listen

When you know the ACE score, ask:

“How have these experiences affected you through your life?”

“How do you think these experiences affect your parenting now?”
Responding to the ACE History:
Affirm

Support the next steps in the conversation, e.g.:

• “People with high ACE scores often have to work harder in many aspects of their lives... how have you managed to do so well?” (Build from their answer to affirm their strengths and resilience.)

• “I am sorry these things happened in your childhood. We didn’t know back then; this science is new. Now that we know about the power of ACEs, how would you like to use that information to improve the health of your family?”
Cortex

Thinking, Judgment, Long-Term Memory, Hope, Executive Function
Executive Function Skills – The set of skills needed to do our most complex thinking and goal focused action.
Elements of Executive Function

Working Memory
Emotional Control
Planning and Prioritizing
Organization
Goal-directed persistence
Metacognition

Time Management
Response Inhibition
Flexibility
Sustained Attention
Task Initiation

Guare and Dawson 2013, pp. 42-43
What Helps Executive Dysfunction

- **Ask what parts people “get.”** What parts don’t they “get”
  Wait until they respond; explain only the parts they don’t get.

- **Ask people to tell you when their brains are “full”**
  Take a physical break when brains are full.

- **Use visuals, especially when people need to make choices**
  Visuals will help people to “hold” an idea while comparing to another choice.

- **Speak more slowly & limit words**
  Seven word sentences are ideal.

- **Use white space and have “start” and “finish” markings**
  Forms?... Work a sample with them; Show one completed

- **Remember the body** Allow for drinks and stretches; keep your body relaxed
What Helps?

- Parenting education – improve adult skills
- Increase consistency, predictability of environment
- Consistent reinforcement patterns
- Build executive function through play or e-games
Games – A New EF Building Frontier

Reasoning
- Set
- Quirkle
- Rush Hour
- Chocolate Fix
- Azada & Azada II
- Big Brain Academy
- Picross
- Professor Brainium’s Games
- Neves
- Pipe Mania

Speed of Processing
- Spoons
- Pictureka
- Speed
- Blink
- Perfection
- Feeding Frenzy
- Super Cow
- Bricks of Atlantis
- Nervous Brickdown
- Super Monkey Ball
- Mario Kart
- Ratatouille
Which of these practices could we build into our policies and programming?

- Preventing Escalation of Stress
- Noticing Patterns of Stress on Executive Skills – Who, When, Typical Response
- Naming & Accommodating Stress Impact on Executive Skills
Building Self-Healing Communities

Population
Affected by ACEs

Community Services

Other Special Services

Justice System

Education System

© 2013
How do we build the capacity of communities to prevent ACEs and their effects?

...to generate continuous improvements in health, safety, happiness, and productivity?
Process for Engaging Everyone

1) Tell everyone, enlist everyone who wants to help. Ask them to act in their own sphere.

2) Focus on dynamics that sustain problems.

3) Use learning communities to fuel innovation.

4) Foster a results-orientation: periodically step back to reflect; make decisions based on the future we desire.
Three Tiers of Process Facilitators

**People:** Groups that discuss and work together on current client/customer service improvement.

**Plans:** Groups that discuss and work together on activities with one- to three-year planning horizon.

**Purpose:** Groups that are focused on a ten-year view, having conversations about what needs to be in place for the capacity of the community to expand.
Think, Pair, Share

- What groups or people are performing these functions now?
- What might need to change in order to make sure all get done, and/or that work in any one group informs the others?
Partners

1. Intentionally become trauma-informed family, friends, neighbors and professionals
2. Build common understanding, language, & ways to systematically notice
3. Work in own sphere of influence, while linking and leveraging efforts to galvanize connectivity
4. Strengthen healthy social networks
Principles

1. Inclusive Leadership
2. Iterative Cycles of Learning
3. Emergent Capabilities
4. NEAR-Informed Engagement
5. Right Fit Solutions
6. Hope & Efficacy
Emergence: Culture of Health

Leadership
Expansion

Community

Focus

Results

Learning

Appreciative Action: Finds Strengths Acts Upon Them
Appreciative Action
Using positive, appreciative, and participatory methods to

• Learn what’s generating the status quo,

• Understand the dreams and aspirations of residents for the future,

• Learn what works for whom in what context, and

• Facilitate continuous improvements
3 Principles – Appreciative Action

1. Engagement informed by neuroscience, epigenetics, adverse childhood experience and resilience research (NEAR)
2. Learning communities
3. Hope and efficacy
Grandmas to Go
360 Turn Your Life Around
The SHC Process is a cyclic framework that consists of five key components:

1. **Leadership Expansion**
2. **Community**
3. **Focus**
4. **Results**
5. **Learning**

The process begins with **Emergence: Culture of Health** and moves through each component in a cyclical manner. Each component feeds into the next, forming a continuous cycle. At the heart of the process is **Appreciative Action**, which finds strengths and acts upon them.
Emergence: Culture of Health

In nature, change begins as local actions spring up simultaneously in many different areas.

When these changes become connected, local actions can emerge in a powerful system that has many more capacities than could ever be predicted by analyzing the individual parts.

Emergent phenomena always
• Possess new capacities different from the local actions that engendered them
• Surprise us by their appearance
• Exert much more power than the sum of their parts
3 Principles -- Emergence

1. Inclusive leadership
2. Emergent capabilities
3. Right-fit solutions
Successful Journey for Child Safety

In this place:
- History of natural disasters
- History of assault on way of life
- Historical trauma affects large portion of population
- High ACE prevalence – bi-modal split in scores
- Stunning success for a small investment

Photo credit: Håkan Axelsson
Call To Action

WAIT
All of us know...
Strategy Layering Over Time

Planning, Purchased Services, Coordination, Colocation

8-10 Years
Strategy Layering Over Time

+ Public Education, Professional Development, Population-Specific Strategy

Planning, Purchased Services, Coordination
Strategy Layering Over Time

+ Cross-training for Relationship-Based Pros, Discipline-Specific Strategy, Parent Leaders; Neighborhood Specific Efforts in High 911 Call Areas

Planning, Purchased Services, Coordination
+ Public Education, Professional Development, Population-Specific Strategy
“Improve parent skills so parents can give sound advice and be good mentors to their children, and, in turn will gain skills and relationships to give sound advice to the community – and that advice will make a better system of help for them and for other families.”
Strategy Layering Over Time

Planning, Purchased Services, Coordination

+ Public Education, Professional Development, Population-Specific Strategy

+ Cross-training for Relationship-Based Pros, Discipline-Specific Strategy, Parent Leaders; Neighborhood Specific Efforts in High 911 Call Areas

+ Networking Café, Learning Field Trips, Business/Community ‘Together We Can’ Events, Time Bank, Transportation Collaborative, Listening Dialogues
Discussion

• Given what we have learned today, what’s radically right that we are doing now?
Discuss, then List

What actions, if we discussed them today, and started them tomorrow, would be exciting to lead and be key to accomplishing our highest aspirations?

Make a list of actions/strategies that are exciting, and have potential for delivering the legacy we want to leave for our grandchildren.
Make a Poster with 2-3 Actions

On the poster:
What is the quest – the big change we hope for?
What is the strategy/action we want to start”
Why is this potentially powerful?

Select one person to make a report
Thank You

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