

THE SCIENCE OF RELATIONSHIPS

Cultivating Connection with Youth to
PREVENT, PROTECT & FLOURISH



**JUNE
17 & 18**

RESOURCES

Describe • Examine • Demonstrate • Connect • Advance



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Agenda

TIME	EVENT
8:30 – 8:45am	WELCOME AND OPENING REMARKS <ul style="list-style-type: none"> Keith Weis, Executive Director, Rocky Mountain HIDTA Program Chief Adrian Vasquez, Chief of Police, Colorado Springs Police Department Jamie Feld, MPH, Director of Opioid Response, CO Attorney General's Office
8:45 – 10:45	DECONSTRUCTING HEALTH-PROMOTING RELATIONSHIPS: WHAT they are made of, WHY they matter, & HOW to cultivate them <ul style="list-style-type: none"> Lora Peppard, PhD, DNP, PMHNP-BC, Director, ADAPT
10:45 – 11:00	BREAK
11:00 – 12:00 pm	ACTIVATING HEALTH-PROMOTING RELATIONSHIPS IN YOUR COMMUNITIES, PART I: <i>Building Protective Beliefs in Youth</i> <ul style="list-style-type: none"> Patty Ferssizidis, PhD, Associate Director, ADAPT Brian Bumbarger, PhD, Associate Director for Implementation Science & Strategy, ADAPT
12:00 – 1:30	LUNCH <i>(A list of nearby dining options will be provided.)</i>
1:30 – 2:30	ACTIVATING HEALTH-PROMOTING RELATIONSHIPS IN YOUR COMMUNITIES, PART II: <i>Application to Special Populations & Organizations</i> <ul style="list-style-type: none"> Patty Ferssizidis & Brian Bumbarger, ADAPT
2:30 – 2:45	BREAK
2:45– 3:45	PANEL: ADVANCING PREVENTION ACROSS THE ROCKY MOUNTAIN REGION <ul style="list-style-type: none"> <i>Facilitator: Marc Morgan, Community Organizing for Prevention Manager, Colorado Department of Public Health & Environment</i> State & Local Representatives
3:45 – 4:30	BEST PRACTICE SPOTLIGHT PANEL <ul style="list-style-type: none"> <i>Facilitator: RM HIDTA</i> <i>Panelists: Kent MacLennan, Rise Above Colorado & Annika Ewaldz, YMCA of the Pikes Peak Region</i>
4:30 – 5:30	DAY 1 WRAP UP & SOCIAL <ul style="list-style-type: none"> Keith Weis, Executive Director, Rocky Mountain HIDTA

Agenda

TIME

EVENT

8:30 – 8:45am

WELCOME BACK AND REVIEW OF DAY 1

- Keith Weis, Executive Director, Rocky Mountain HIDTA
- Lora Peppard, PhD, DNP, PMHNP-BC, Director, ADAPT

8:45 – 10:00

IT BEGINS WITH US: *Building Relational Systems of Care to Take Youth Flourishing to Scale*

- Christina Bethell, PhD, MPH, Professor, School of Public Health and School of Medicine, Johns Hopkins University; Director, Child and Adolescent Health Measurement Initiative

10:00 – 10:15

BREAK

10:15 – 11:30

IT BEGINS WITH US: *Building Relational Systems of Care to Take Youth Flourishing to Scale, Part 2*

- Christina Bethell, PhD, MBA, MPH

11:30 – 1:00pm

LUNCH *(A list of nearby dining options will be provided.)*

1:00 – 2:00

SOWING THE SEEDS OF SOCIAL EMOTIONAL LEARNING (SEL): *A Statewide Approach to Promoting SEL*

- Tiffany M. Jones, PhD, MSW, MFT, Associate Professor, School of Social Work, Colorado State University

2:00 – 3:30

NOT JUST ANOTHER MANIC MONDAY: *Leveraging the Power of Youth Relationships When You Return to Work Next Week*

- Rodney A. Wambeam, PhD, Director of the Mountain Plains Prevention Technology Transfer Center, Senior Research Scientist, Wyoming Survey and Analysis Center, University of Wyoming

3:30 – 3:45

NEXT STEPS & CLOSING REMARKS

- Keith Weis, Executive Director, Rocky Mountain HIDTA
- Lora Peppard, Director, ADAPT

Health-Promoting Relationships: Main Messages

- 1 Many factors that prevent, protect, and support flourishing in youth can be cultivated through relationships.
- 2 A health-promoting relationship is a way of connecting with others that enables health and well-being by fostering protective beliefs and skills.
- 3 Every interaction we have with youth is an opportunity to build or reinforce protective beliefs and skills.
- 4 In both very brief interactions and longer-term relationships with youth, we can intentionally build trust and safety that lay the groundwork for cultivating health-promoting relationships
- 5 Health-promoting relationships create 1) Safe and supportive environments for youth, and 2) Opportunities for trusted adults to promote protective beliefs and skills in those youth.
- 6 Trusted adults can cultivate protective beliefs by 1) Activating a youth's sense of agency to effect change, 2) Fostering development of protective skills, and 3) Modeling the same skills they are supporting development of in youth.
- 7 While humans are wired for social connection, we are diverse and naturally vary in how we value, engage, and make use of social connection and relationships. Youth may differ in their capacity and preference for connection, relationship development, and approach to developing protective beliefs and skills.
- 8 Across subpopulations of youth, a common approach can be used to strengthen your ability to facilitate relational connection and promote protective beliefs and skills.
- 9 Scaling the health-promoting relationships paradigm is critical to achieving maximum benefit to youth well-being.
- 10 When we prioritize developing health-promoting relationships in youth, adults & communities, organizations, schools, and systems are more capable of fostering a culture of well-being.

Session Overview



WELCOME AND OPENING REMARKS

Keith Weis

Executive Director, Rocky Mountain HIDTA Program

Chief Adrian Vasquez

Chief of Police, Colorado Springs Police Department

Jamie Feld

*MPH, Director of Opioid Response,
CO Attorney General's Office*

Presenter Bio



Keith Weis

Executive Director, Rocky Mountain HIDTA Program

Mr. Keith Weis currently serves as the Executive Director for the Office of National Drug Control Policy's (ONDCP) Rocky Mountain High Intensity Drug Trafficking Area (RM-HIDTA) based in Denver, Colorado. Mr. Weis was appointed by the RM-HIDTA's Executive Board on May 1, 2021 and is responsible for managing the federal grant which supports local, state, federal and tribal law enforcement agencies with counter narcotics efforts in the Western States of Montana, Wyoming, Utah and Colorado. RM-HIDTA's mission is to promote agency cooperation, information sharing, operational deconfliction while disrupting-dismantling organized and violent drug trafficking organizations causing the most harm to the region's public health, to include focusing on reducing overdoses caused by dangerous narcotics. This is accomplished through 31 initiatives supporting 110 local, 15 state and 11 federal agencies throughout an expansive geographic area covering 433,868 square miles, to include 585 miles along the Northern Border with Canada. Prior to his appointment Mr. Weis served with the U. S. Drug Enforcement Administration (DEA) for more than 30 years, beginning in April of 1991 and retiring in April of 2021 as the Special Agent in Charge of the Miami Field Division, which entailed oversight of operations throughout the State of Florida. Other assignments over his career included the Special Agent in Charge for the Seattle Field Division, which covered Alaska, Washington, Oregon, Idaho; Assistant Special Agent in Charge at the Denver Field Division; Assistant Regional Director at the Kabul, Afghanistan Country Office; Resident Agent in Charge of the Boise, Idaho Resident Office; Staff Coordinator at the Special Operations Division (SOD); Assistant Country Attache Nassau, Bahamas Country Office; and Special Agent at the Portland, Oregon District Office. Mr. Weis graduated from Portland State University with a Bachelor of Science Degree in Political Science in 1990 and is a veteran of the United States Air Force (1985-1995).

Presenter Bio



Chief Adrian Vasquez

Chief of Police, Colorado Springs Police Department

Chief Adrian Vasquez joined the Colorado Springs Police Department in 1995, after serving in the United States Air Force, as a Security Police Officer, for 9 ½ years. After joining CSPD, he served as a patrol officer in the Sand Creek Division before transferring to the Metro, Vice, Narcotics and Intelligence (Metro VNI) Division in 1998. While with Metro VNI, he was a street team detective, a K-9 handler and a task force officer with the Drug Enforcement Administration (DEA). He was promoted to Sergeant in 2003 where he served in Patrol, Metro VNI, and the DEA Task Force. He was promoted to Lieutenant in 2011, where he served in Patrol before transferring to the Violent Crimes Section, where he oversaw the Homicide, Assault, Robbery and Victim Advocacy Units.

He was promoted to the rank of Commander in 2016 when he was assigned to the Stetson Hills Division. In 2017, he was transferred to the Specialized Enforcement Division where he oversaw the Tactical Operations Section, Patrol Support Section and Protective Security Section. In April of 2019, he was promoted to Deputy Chief where he had oversight of the Patrol Operations Bureau and then the Operations Support Bureau. He was appointed as the Chief of Police in April of 2022.

Chief Vasquez holds a Bachelor of Science degree in Sociology from Colorado State University and a Master's degree in Criminal Justice from the University of Colorado at Colorado Springs. He is a graduate of the Center for Creative Leadership, the FBI National Academy (Session 267), and the FBI National Executive Institute (Session 46).

Presenter Bio



Jamie Feld

MPH, Director of Opioid Response, CO Attorney General's Office

Jamie Feld, MPH is a public health epidemiologist by training and has served at various local, state, and national governmental agencies such as the US Department of Veterans Affairs, Centers for Disease Control and Prevention and the Colorado Consortium for Prevention Drug Abuse Prevention. In 2016, upon experiencing the impact of opioids at the local county public health program she co-managed, she spearheaded a grassroots collective impact approach that was recognized as a National Association of County and City Health Officials (NACCHO) model practice.

Jamie aims to champion local leadership, data-informed practices, transparency, and incorporation of the voice of lived experience. In previous roles, she provided subject matter support for the Opioid and Other Substances Interim Committee and the Behavioral Health Transformational Task Force at the Colorado General Assembly. She is currently the Director for the Opioid Response Unit at the Colorado Attorney General's Office.

Under Colorado Attorney General Phil Weiser, in 2023, Colorado received an Award for Excellence in the Application of the Litigation Principles. To date, more than \$870 million in opioid settlement dollars has been secured for substance use prevention, harm reduction, treatment, and recovery programs in Colorado.

DAY ONE

Session Overview



**DECONSTRUCTING HEALTH-PROMOTING RELATIONSHIPS:
*WHAT they are made of, WHY they matter, &
HOW to cultivate them***

Lora Peppard

PhD, DNP, PMHNP-BC, Director, ADAPT

Presenter Bio



Lora Peppard

PhD, DNP, PMHNP-BC, Director, ADAPT

Dr. Lora Peppard is the Executive Director of the Center for Advancing Prevention Excellence at the University of Baltimore and the Director of ADAPT, a national training and technical assistance division for substance use prevention for the High Intensity Drug Trafficking Area (HIDTA) program out of the Office of National Drug Control Policy. She also serves as the Immediate Past President of the American Psychiatric Nurses Association, Deputy Director for Treatment and Prevention for the Washington/Baltimore HIDTA, and sits on the Advisory Board for SAMHSA's Prevention Technology and Transfer Center's Network Coordinating Office. Dr. Peppard has over 21 years of clinical experience as a psychiatric nurse practitioner serving a variety of populations including adolescents and young adults. She has led multiple federally funded grants and developed system-wide strategies to address the unique substance use and behavioral health needs in communities across the nation. Dr. Peppard has authored several publications and serves as a community, state, national, and international consultant on prevention.



Deconstructing Health-Promoting Relationships

WHY they matter, **WHAT** they are made of, & **HOW** to cultivate them

LORA PEPPARD, PHD, DNP, PMHNP-BC
DIRECTOR, ADAPT



OBJECTIVES

WHY

- Understand the role relationships play in youth well-being.

WHAT

- Examine health-promoting relationships as a way of connecting with youth that enables health and well-being by fostering protective beliefs and skills.

HOW

- Identify opportunities within your own life and prevention work to build or reinforce protective beliefs and skills in youth.



Purpose & What to Expect

PURPOSE

To equip professionals with knowledge and skills to cultivate connection and health-promoting relationships with youth as protective factors across systems of influence.

WHAT TO EXPECT

- Reaction
- Learning
- Behavior
- Outcome



1

Many factors that prevent, protect, and support flourishing in youth can be cultivated through relationships.

What is a relationship?

A way of connecting with others.



**Relationships are a fundamental component of
health and well-being.**

"We need to prioritize our social relationships
like our life depends on it, because it does."

- Dr. Julianna Holt-Lunstad

People who are
more socially
connected live
longer.

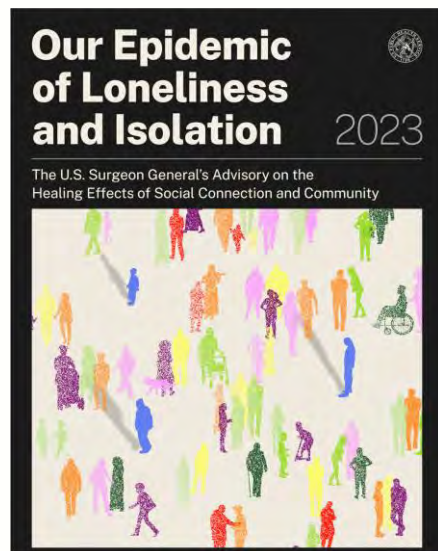
Having more and better
relationships is associated
with better health while
fewer and poorer quality
relationships is associated
with poorer health.

Regardless of gender,
age, or geography

Lacking social
connection
significantly increases
risk of heart attack,
stroke, and type II
diabetes.

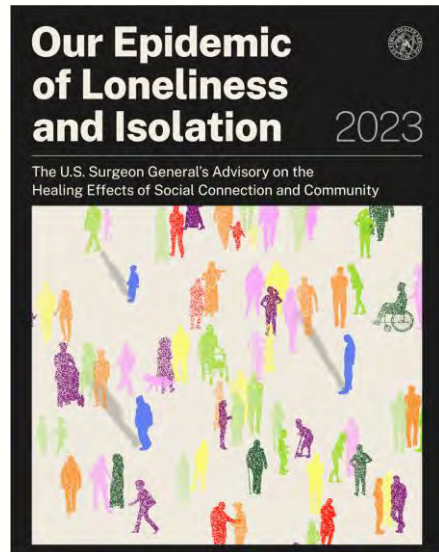
<https://www.julianneholtlunstad.com/>

"Social connection - the structure,
function, and quality of our
relationships with others—is a critical
and underappreciated contributor to
individual and population health,
community safety, resilience, and
prosperity."



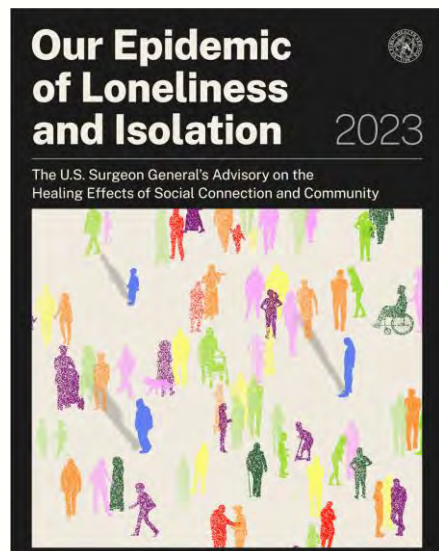
<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

"Social connection - the **structure**, function, and quality of our relationships with others—is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity."



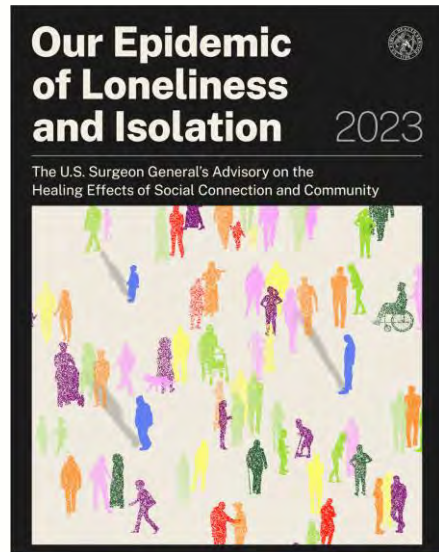
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<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

Structure: The number of relationships, variety of relationships (friend, family, trusted adult, etc.), and the frequency of interactions with others.

Function: The degree to which others can be relied upon for various needs.

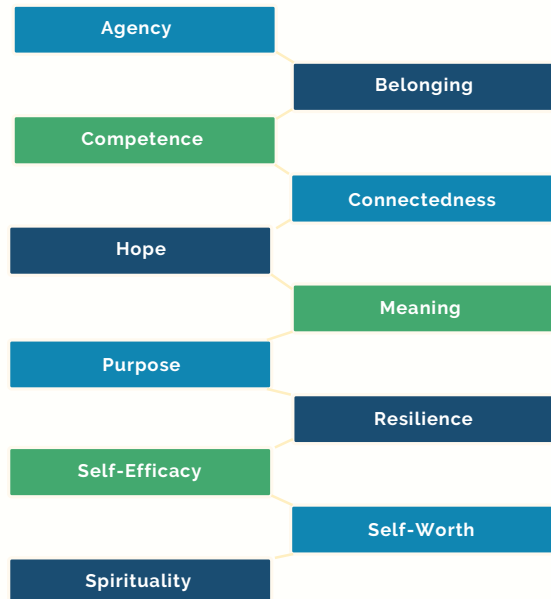
Quality: The degree to which relationships and interactions with others are positive, helpful, or satisfying.

<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

Protect, Prevent, & Flourish

1. Protective Factors for Adolescent and Young Adult Substance Use (SAMHSA)
2. Development Relationships Framework (Search Institute)
3. Positive Childhood Experiences and Adult Mental and Relational Health (JAMA Pediatrics)
4. Family Resilience and Connection Index (Health Affairs)
5. Measures of Flourishing (Child Trends)
6. Protective Factors Against Delinquency (OJJDP)
7. Measurement scales for all protective and flourishing factors

PROTECTIVE & FLOURISHING FACTORS



Where This Training Fits

POSITIVE YOUTH DEVELOPMENT

- Several models over time
- Intentional, prosocial approach that engages youth within their families, peer groups, schools, organizations, and communities in a manner that is productive and constructive
- Utilizes and enhances youth's strengths and assets
- Provides opportunities, fosters positive relationships, and furnishes support to build on their leadership strengths



POSITIVE YOUTH
DEVELOPMENT



DEVELOPMENTAL
RELATIONSHIPS



BELIEFS

Youth.gov. Interagency Working Group on Youth Programs Develops Common Language on Positive Youth Development. [Note: The Youth.gov website was taken down in 2025.]

2

A health-promoting relationship is a way of connecting with others that enables health and well-being by fostering protective beliefs and skills.



Relationship

A way of connecting with others



Health promotion

A process of enabling people to increase control over, and to improve their health



2

A **health-promoting relationship** is a way of connecting with others that enables health and well-being by fostering protective beliefs and skills.



2

A **health-promoting relationship** is a way of **connecting** with others that enables health and well-being by fostering protective beliefs and skills.



Rate the strength of your ability to connect.

FACILITATORS OF CONNECTION

Am I feeling
connected right now?

1. Am I focused on this?
2. Is it meaningful to me?
3. Is it consistent with my goals and values?

p. 9

- Authentic
- Caring
- Empathetic
- Fully Present
- Honest
- Humble
- Kind
- Loving

- Nonjudgmental
- Nurturing
- Patient
- Respectful
- Self-Aware
- Self-Accepting
- Self-Alignment
- Vulnerable

AUTHENTIC



HUMBLE



PATIENT



RESPECTFUL



SELF-ASSESSMENT EXERCISE

Worksheet: Facilitators of Connection

p. 15

1. Which facilitators do you feel come more naturally and that you are strong in?
2. Which facilitators need more work?
3. What opportunities might exist to strengthen your ability?

What would indicate to you that you had effectively connected with someone?

Feelings

"That indescribable good feeling."
"Great feeling from my heart to my brain."
"We share feelings and joys."
"The way I feel about them."
"It is an evolution of give and take that I don't realize in the moment, but when you know, you know."

Behaviors

"They open up and begin to share important things."
"Good energy, positivity, and truthfulness."
"Verbal and nonverbal messages, body is more relaxed, eye contact, positive affect."
"Engagement and reciprocity of response"
"They respond and get back to me."
"They return for another appointment."

Experiences

"We share a smile and relate to each other."
"We laugh together, a big hardy laugh."
"They share things about themselves."
"We leave the moment feeling seen, heard, and known. Maybe we even have difficulty parting from one another"

Information

"Their feedback to me."
"They tell me they feel relief, a feeling of calm, a feeling of release or that they can move forward in a positive way."

SIMPLE, QUIET TRUTHS

Competence

Connection is a basic human need and a skill we must nurture and maintain.

Evidence

True connection bears fruit.

Humility

Pruning of self is essential for connection.

TRUST

Belief in the reliability, truth,
and strength of others



2

A **health-promoting relationship** is a way of **connecting** with others that enables health and well-being by fostering **protective beliefs** and skills.

BELIEFS – What we know to be true

Dimensions

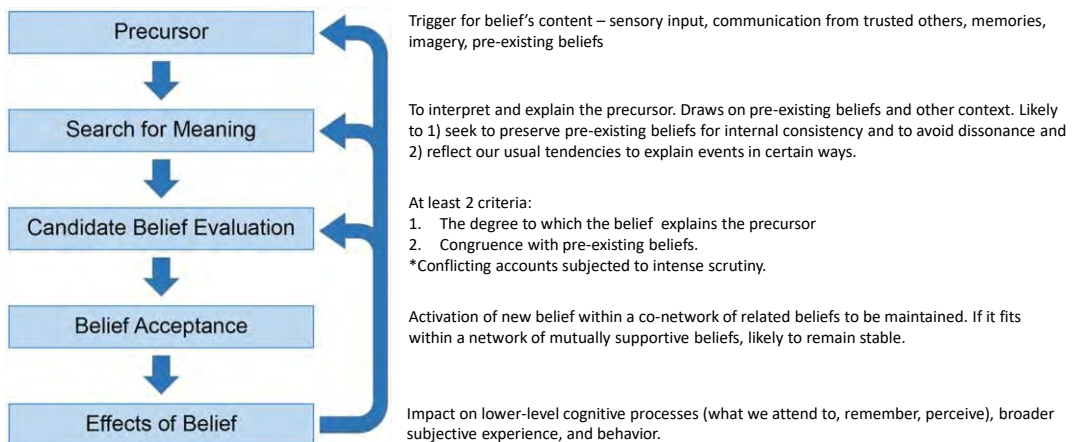
1. Origins
2. Conviction
3. Stability
4. Conscious awareness
5. Impact

“For some of our most important beliefs, we have no evidence at all, except that people we love and trust hold these beliefs...”

-2002 Nobel Laureate Daniel Kahneman

Connors, M.H. & Halligan, P.W. 2022 Front Behav Neurosci. Jul 18;16:926742. doi:10.3389/fnbeh.2022.926742

BELIEFS – What we know to be true



Connors, M.H. & Halligan, P.W. 2022 Front Behav Neurosci. Jul 18;16:926742. doi:10.3389/fnbeh.2022.926742

How can beliefs be protective?

Foster: Resilience

Reduce: Risky behaviors

Promote: Positive mental health

A strong belief system can:

1. Provide a framework for coping with adversity
2. Offer a sense of hope and connection
3. Shape positive attitudes towards life and well-being

• Shin, H.K., Tong, X., Turner, W., Lyons, J. 2024. Children and Youth Services Review. doi: 10.1016/j.childyouth.2024.107847
• Manning, L., Ferris, M., Rosaio, C.N., Prues, M., & Bouchard, L. 2018. J Relig Spiritual Aging. doi: 10.1080/15528030.2018.1532859

CORE BELIEFS

1

I am seen and loved.

4

I can overcome hard things.

2

I matter.

5

I have support.

3

I can influence my life and health.

CORE BELIEFS

1. 5 Core Beliefs - Belief System

2. Continuum of Strength



3. Trusted adults aspire to:

- Cultivate the beliefs in youth
- Activate a youth's sense of agency
- Equip youth with skills and resources

4. Role modeling, conversations, creating a healthy environment, engaging in skill-building activities

1

I am seen and loved.

By others, self, and higher power

Recognized, accepted, respected and deeply cared about as an individual by self, others, and a higher power.

When someone truly sees and loves us, our brains release oxytocin, creating feelings of trust, connection, belonging, well-being.

Opposite

- Invisible
- Unheard
- Disliked
- Neglected

1

I am seen and loved.

By others, self, and higher power

PROTECTIVE FACTORS

- Agency
- Belonging
- Competence
- Connectedness
- Hope
- Meaning
- Purpose
- Resilience
- Self-efficacy
- Self-worth
- Spirituality

- I am safe *to show myself*.
- I am respected.
- I am cared about.
- I can trust you *with my truth*.
- I am accepted for who I am.
- I like who I am *even with my challenges*.
- I have people in my life that enjoy being with me *even when I am struggling*.
- I believe in myself.
- I have people in my life that believe in me.
- I am worthy.
- I am loved unconditionally.

- I am capable of being seen and loved through faith in myself and a higher power.
- My faith is a source of strength for me.
- I have a purpose in life.
- I have a good sense of what makes my life meaningful.
- I feel like I belong.
- I feel connected with others.

1

I am seen and loved.

By others, self, and higher power

Protective Factors for Adolescent Substance Use - SAMHSA

1. Belief in a higher being, or involvement in spiritual practices or religious activities
2. An individual's capacity for adapting to change and stressful events in healthy and flexible ways
3. Attachment and commitment to, and positive communication with family, schools, and communities

Protective Factors for Youth Delinquency, Violence, or Other Problem Behaviors - OJDP

1. High expectations and positive/resilient temperament
 - a. Resilient personality
 - b. Prosocial orientation
 - c. Sense of purpose and positive future
2. Social competencies and problem-solving skills
 - a. Feelings of self-worth
3. Healthy/conventional beliefs and commitment to community and school
 - a. Cultural identity
4. Religiosity/involvement in organized religious activities
 - a. Frequency of praying and attending religious events
 - b. Perceived importance of religion
 - c. Religious identity

Positive Childhood Experiences - CAHMI

1. I feel my family stands by me during difficult times.
2. I enjoy participating in community traditions.
3. I have at least 2 non-parent adults who take genuine interest in me.
4. I feel safe and protected by an adult in the home.
5. I feel supported by friends.
6. I feel a sense of belonging in high school.
7. I feel able to talk to my family about my feelings.

Measures of Flourishing - CAHMI

1. Attachment
2. Engagement/approaches to learning
3. Communication
4. Positive relationships with siblings and peers
5. Executive functioning
6. Positive self-concept and orientation to life
7. Age-appropriate self-care
8. Self-regulation

Family Resilience and Connection Index - CAHMI

1. Know they have strengths to draw on during difficult times
2. Stay hopeful even in difficult times
3. Share ideas and talk about things that really matter
4. Family reaches out and talks with each other when they face problems
5. Family works together to solve problems

Relationally-Learned Attributes

1. Sense of meaning
2. Engagement in life
3. Having/Seeking positive relationships
4. Orient to/seek & experience positive emotions
5. Sense of accomplishment
6. Self-worth

Developmental Relationships Framework - SEARCH Institute

1. Show me that I matter to you.
2. Push me to keep getting better.
3. Help me complete tasks and achieve goals.
4. Treat me with respect and give me a say.
5. Connect me with people and places that broaden my world.

Scales

1. CYRM-R
2. The Children's Hope Scale
3. Adolescent Connectedness Scale
4. Sense of Belonging Scale
5. Youth Purpose Survey - High School
6. Meaning in Life Questionnaire
7. General Self-Efficacy Scale
8. Rosenberg Self-Esteem Scale

I matter.

To self and others

Mattering

The experience of feeling significant to those around you that comes from **feeling valued** + **adding value.**

- Zach Mercurio

Everyday Interactions

1. **Noticed**
2. **Affirmed**
3. **Needed**



Relationships

Protective Factors

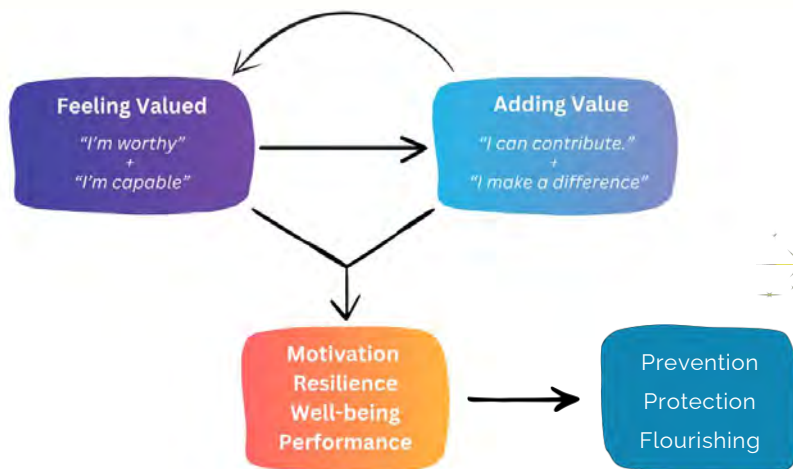
Self-esteem
(I am worthy)

Self-efficacy
(I am capable)

Adapted with permission from Zach Mercurio, Ph.D. (2025) The Power of Mattering

I matter.

To self and others



Used with permission from Zach Mercurio, Ph.D. (2025) The Power of Mattering

I matter.

To self and others

TABLE 1 Elements of Mattering

<i>Awareness</i>	<i>Importance</i>	<i>Reliance</i>
I am the object of other's attention	I am an object of other's concern	Other chooses/looks to me
<i>Other:</i> Notifies me* Recognizes me* Is familiar with me* Remembers my name* Is aware of my presence* Focuses attention on me* Does not ignore me*	<i>Other:</i> Invests resources in me* Promotes my welfare* Is attentive to my needs* Provides emotional support for me Takes pride in me* Cares about what I do* Criticizes me for my own good* Inconveniences self for me* Sees me as an ego-extension* Listens to me*	<i>Other:</i> Seeks my advice* Depends on me Seeks support from me* Seeks resources from me* Needs me* Misses me Trusts me to be there* Values my contribution

Note. Items with asterisks are those covered in the final 24-item index.

General Mattering Scale

1. **Importance:** "How important are you to others?"
2. **Attention:** "How much do others pay attention to you?"
3. **Being Missed:** "How much would you be missed if you went away?"
4. **Interest:** "How interested are others in what you have to say?"
5. **Dependence:** "How much do other people depend upon you?"

Elliott, G. 2010. Mattering: Empirical validation of a social-psychological concept. *Self and Identity*. Doi: 10.1080/13576500444000119

Used with permission from Zach Mercurio, Ph.D. (2025) The Power of Mattering

SELF-ASSESSMENT EXERCISE

Worksheet: Mattering Self-Assessment for Trusted Adults

p. 18

Score the statements based on the frequency with which you perform the described behavior.

I can influence my life and health.

AGENCY: Having the capacity and power to influence one's life to produce desired effects.

PURPOSE: The reason for which someone exists, a mental goal or aim that directs a person's actions or behavior

SELF-EFFICACY: Subjective perception of their capability to attain desired results

I can influence my life and health.

How can I activate a youth's sense of agency?

1. **Empower choice and decision making** (offer choices, encourage problem-solving, provide opportunities for responsibility)
2. **Foster independence and autonomy** (encourage independent decision making, allow for productive struggle, gradually increase autonomy)
3. **Build self-confidence and self-efficacy** (focus on effort and process, allow for mistakes and learning, provide reassurance, promote a growth mindset, new skills)
4. **Nurturing relationships and communication** (model and encourage honest and respectful communication, encourage diversity of activities and interests)
5. **Create supportive environments** (provide safe spaces, involve them in decision making, recognize and celebrate achievements, advocate for youth rights and opportunities)

I can overcome hard things.

1. When things are hard, I can find strength and hope in myself, others, and a higher power.
2. I can think of ways to get things in life that are important to me.
3. I can come up with many ways to solve a problem.
4. I am capable.
5. I can learn from mistakes and setbacks.
6. I can manage my emotions.
7. I have coping skills to use no matter what comes my way.

I can overcome hard things.

- Belief or expectation that the future can be better and that we have the capacity to pursue that future. Seeing one's self in the future is the essence of hope.
- 3 components: Goals, Pathways, Agency

HOPE



5

I have support.

Search Institute

Guide me through hard situations.

Build my confidence to take charge of my life.

Stand up for me when I need it.

Put limits in place that keep me on track.

Inspire me to see possibilities for my future.

Introduce me to people who can help me grow.

Expose me to new ideas, experiences, and places.

<https://searchinstitute.org/developmental-relationships>

CORE BELIEFS

1

I am seen and loved.

4

I can overcome hard things.

2

I matter.

5

I have support.

3

I can influence my life and health.

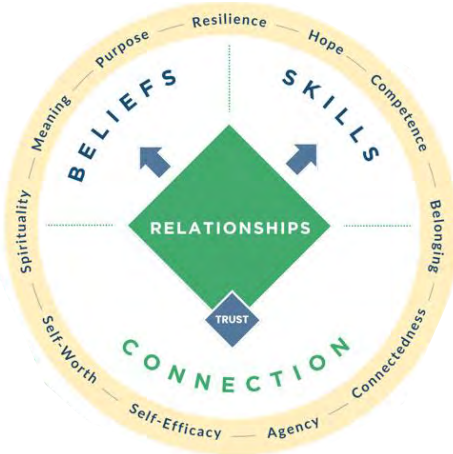
HEALTH-PROMOTING RELATIONSHIPS PARADIGM



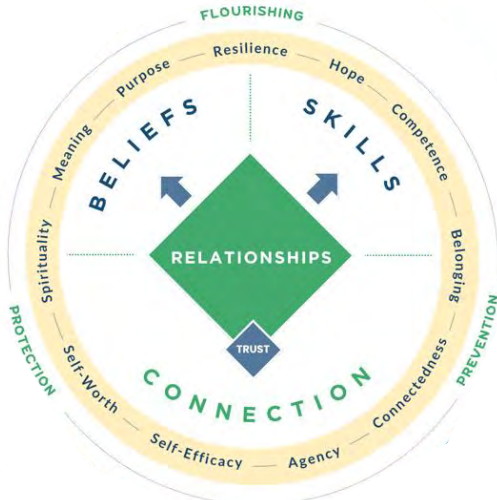
HEALTH-PROMOTING RELATIONSHIPS PARADIGM



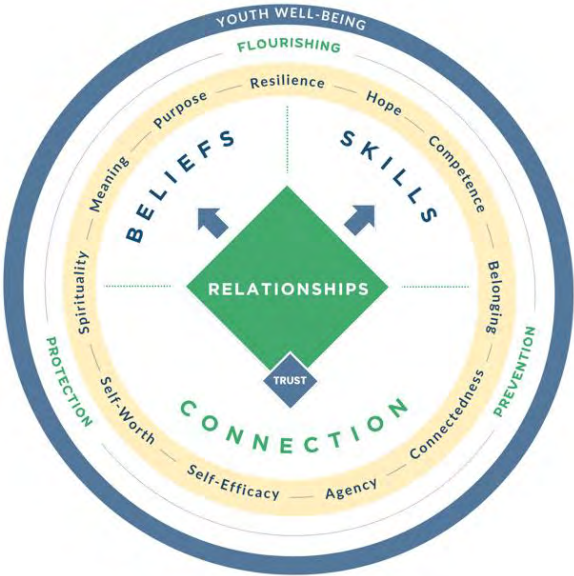
HEALTH-PROMOTING RELATIONSHIPS PARADIGM



HEALTH-PROMOTING RELATIONSHIPS PARADIGM

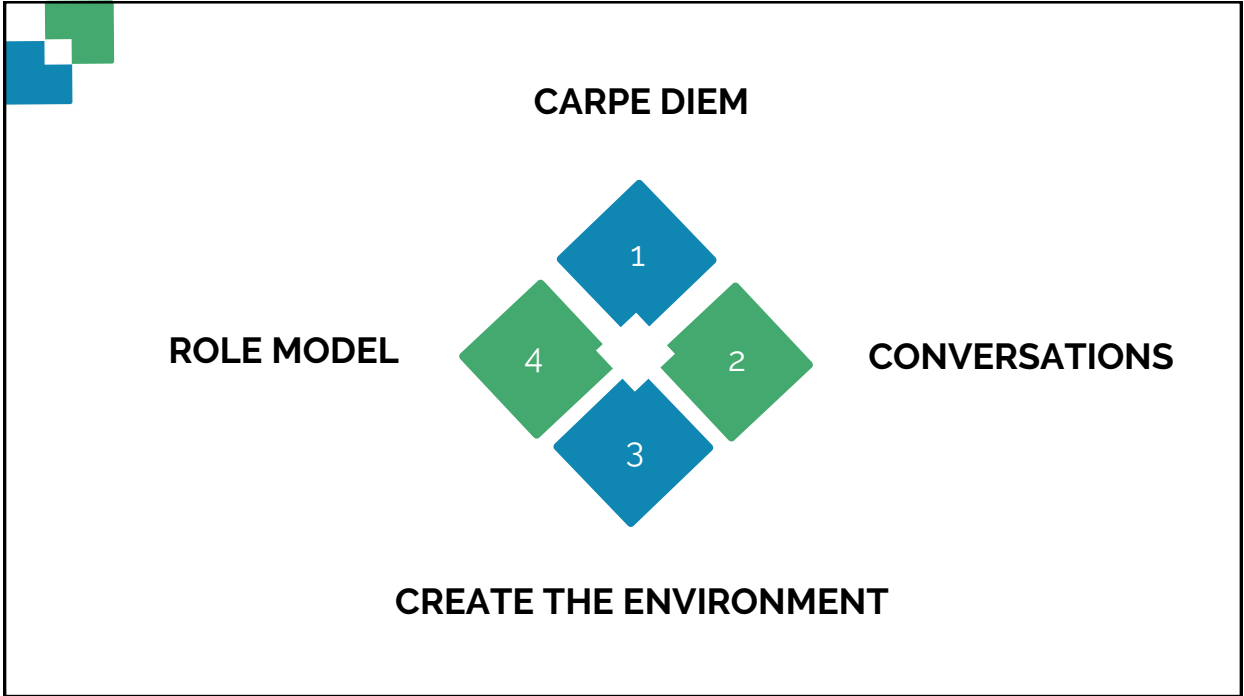


HEALTH-PROMOTING RELATIONSHIPS PARADIGM



Every interaction we have with youth is an opportunity to build or reinforce protective beliefs and skills.

CULTURE ◆ OF ◆ WELL-BEING



I am seen and loved.

I matter.

Be fully present.

I have support.

I can overcome hard things.

I can influence my life and health.

This slide features a large blue rounded rectangle in the center. Inside the rectangle, there are six lines of text. The first line is 'I am seen and loved.', the second is 'I matter.', the third is 'Be fully present.' (in bold), the fourth is 'I have support.', the fifth is 'I can overcome hard things.', and the sixth is 'I can influence my life and health.'. In the top-left corner of the slide, there is a decorative graphic consisting of three overlapping squares: a blue one in front, a white one in the middle, and a green one in the back.



I am Well Today

May I pay attention to the stirring deep within,
Silence all distractions, all the noise, and begin,
To connect with intention, to see and be seen,
Engage in ways that matter, practice humility.

For the fruits of a connected self are gateways to much more,
Trust, agency, hope, belonging – how they help us soar,
To the heights of well-being, promoting healing, and recovery,
Comfort, safety, a sense of control - preventing injury.

Connection is fundamental to a life well lived,
Yet rarely noticed as the free and glorious gift it is,
Quite possibly the most important thing I can do each day,
Do I seek it? Do I offer it? Do I cultivate it in every way?

For when my time has come to lay my head for its final rest,
Will I close my eyes knowing I have done my best,
To connect with others in purposeful, meaningful ways,
Loved and forgiven, listened closely, fully engaged?

Will I know I lived my days by my values and highest priorities,
Denied my pride and steadied my soul through spirituality,
Pruned the qualities that led me astray, and nurtured those that paved the way,
For myself and others to confidently say “I matter. I can overcome. I am well today.



Thank you!

Lora Peppard, PhD, DNP, PMHNP-BC
Director of ADAPT

lpeppard@wb.hidta.org



DAY ONE

Session Overview



**ACTIVATING HEALTH-PROMOTING RELATIONSHIPS IN YOUR
COMMUNITIES, PART I & II**

Patty Ferssizidis

PhD, Associate Director, ADAPT

Brian Bumbarger

*PhD, Associate Director for Implementation Science &
Strategy, ADAPT*

Presenter Bio



Patty Ferssizidis

PhD, Associate Director, ADAPT

Dr. Patty Ferssizidis is the Associate Director for ADAPT, A Division for Advancing Prevention and Treatment, a national training and technical assistance division supporting the integration of evidence-based substance use prevention strategies into communities. She also serves as the Associate Director of the Center for Advancing Prevention Excellence at the University of Baltimore. In these roles, Dr. Ferssizidis manages training and technical assistance product development, quality improvement initiatives, and workforce development. Dr. Ferssizidis is a licensed clinical psychologist with clinical and programmatic expertise in working across healthcare and community systems to promote and support evidence-based substance use and mental health strategies. She has led multiple federal implementation grants on substance use and suicide prevention that focus on preventive interventions, workforce development to increase uptake of EBPs in practice, and increasing access to care.

Presenter Bio



Brian Bumbarger

PhD, Associate Director for Implementation Science & Strategy, ADAPT

Dr. Brian K. Bumbarger is Associate Director for Implementation Science and Strategy at ADAPT. He is an internationally-recognized thought partner, researcher, speaker and trainer. He was Founding Director and Principal Investigator of the Evidence-based Prevention and Intervention Support Center (www.EPISCenter.org). For over two decades, Brian has conducted research and provided training and technical assistance on prevention and youth development; dissemination, implementation, and sustainment of evidence-based practices; community collective impact, and system change. He has been the principal investigator on multiple large-scale studies of program implementation, effectiveness and sustainability, and published articles, book chapters and state and federal policy papers on prevention and implementation science, juvenile justice, and community and systems capacity-building. Brian is a founding member of both the Society for Implementation Research Collaboration (SIRC) and the Global Implementation Society. From 2012-2015 Brian was elected to the Board of Directors of the Society for Prevention Research (SPR) and has been the recipient of the Society's 2014 Translational Science Award and 2020 Service to Society Award for his research and service related to scaling evidence-based practices.

Activating Health-Promoting Relationships in YOUR Communities:

Building Protective Beliefs in Youth

Patty Ferssizidis, PhD,

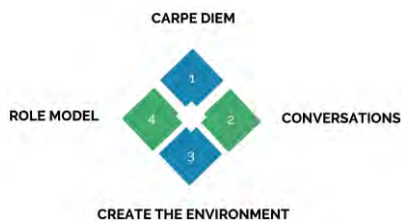
Associate Director, ADAPT

Brian Bumbarger, PhD,

Associate Director for Implementation Science and Strategy, ADAPT

What to expect next...

- **Carpe Diem:** Support you in identifying and acting on opportunities to leverage your relationships to promote protective beliefs and skills



CORE BELIEFS

1

I am seen and loved.

p. 16

2

I matter.

3

I can influence my life and health.

4

I can overcome hard things.

5

I have support.

“You cannot get through a single day without having an impact on the world around you.

What you do makes a difference, and you have to decide what kind of difference you want to make.”

~ Jane Goodall



Recognizing and Optimizing Opportunities

Goal: Develop our ability to recognize both brief and extended opportunities to build trust, safety, and connection with youth, to enable cultivating protective beliefs.



Trust is built in very small moments." - Brené Brown

Activity: Identifying micro-connections

Reflection:

Could that moment have been used to build trust or safety, show love or interest? How

What small gesture or phrase might have shifted it into a meaningful connection?

Its about Touchpoints

- **Each moment you have to interact with a young person represents opportunity.**
- **Conduct your own internal assessment(s).**
- **How can you ready yourself (personally and in your work environment) to recognize and make the best of these touchpoints?**



Considerations

- **Importance of being a role model**
 - Growing your own skills, observational learning
- **Importance of creating safe, stable, and loving environments**
- **Shift our mindset from managing youth behavior (youth development) to cultivating health-promoting relationships**

Beliefs, Sub-beliefs, & Skills

Belief #2

I matter.

(To self and others)

Sub-beliefs

- I am worthy.
- I am capable.
- I am needed.
- I have something to offer.
- I add value.
- I feel valued.
- I am taken seriously and treated fairly.



Protective Factors

- Belonging
- Competence
- Connectedness
- Purpose
- Self-efficacy
- Self-worth

Beliefs, Sub-beliefs, & Skills

Belief #2

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Protective Factors

- Belonging
- Competence
- Connectedness
- Purpose
- Self-efficacy
- Self-worth



Skills

- Sense of mattering
- Recognizing one's value
- Connectedness

General Considerations

Belief #2

I matter.

(To self and others)

Sub-beliefs

- I am worthy.
- I am capable.
- I am needed.
- I have something to offer.
- I add value.
- I feel valued.
- I am taken seriously and treated fairly.

- Mattering = feeling valued by self/others & adding value to self/others
- Occurs in everyday moments
- Through enabling competence development
- Conveyed in your approach to engaging with them

Skills Development

- Activating agency
- Fostering skills

Attending to both the main core beliefs and the sub-beliefs!

Activating Agency

- Creating the conditions for youth to feel capable and empowered to take meaningful action.
 - Decision-making opportunities (real decision-making power)
 - Building self-efficacy
 - Building competence through education and learning opportunities
 - Providing strong support systems (including spirituality)

Fostering Skills

- Skills transfer
 - Learn
 - Practice
 - Apply

Learn

- Learn
 - Sharing a rationale that will ignite motivation and commitment to new learning
 - Collaborative teaching of the skill and step-by-step application of that skill

Practice

- Modeling and demonstration
 - Role play the skill or walk through the application of the skill
- The youth practices or applies the skill
 - Providing guidance, clarification, and feedback along the way

Apply

- Identify real-world opportunities where the skill can be applied
 - Youth will be more likely to apply the skills when they view them as relevant, potentially beneficial, and have clarity on when and how to use them.
- Elicit a commitment to apply the skill in the near future
 - What will be done, when will it be done, how often will it be done, etc.

Practice Session 1

Belief	Skill
#1 I am seen and loved.	Self-compassion: Learn to be kind to yourself (p21)
#2 I matter.	Develop a sense of mattering (p23)
#3 I can influence my life and health.	Cultivate hope (p25)
#4 I can overcome hard things.	Embrace change (p27)
#5 I have support.	Build social support (p29)

Practice Session 1

- **Learn**
 - Sharing a personalized rationale
 - Collaboratively teach the skill, step-by-step
- **Practice**
 - Modeling and demonstration
 - Provide guidance, clarification, and feedback along the way
- **Apply**
 - Identify real-world opportunities where the skill can be applied
 - Elicit a commitment to apply the skill in the near future

Large Group Debrief

- What was this experience like for you?
- What insights did you come away with in fostering your selected skill/being taught the skill?

Considerations for Fostering Health-Promoting Relationships across Cultures and Special Populations

Meeting the Needs of All Youth

What could interfere with our ability to get the maximum benefit from applying the **Health-Promoting Relationships Paradigm**?



Why Adapt the Approach?

While humans are wired for social connection, we are diverse and naturally vary in how we value, engage, and make use of social connection and relationships.

Why Adapt the Approach?

Youth differ in their capacity and preference for connection, relationship development, and approach to developing protective beliefs and skills.

Culture & the Paradigm

- Culture shapes how relationships are perceived, expectations within those relationships, and relational behaviors (e.g., eye contact, physical contact and touch, verbal expression).
- Culture also informs our values and belief systems.

Neurodivergence, Mental Health, & Trauma

- Youth who are neurodivergent and/or experiencing a mental health condition or are post-trauma may be **more likely to struggle to develop and maximize their friendships and relationships.**
 - Social competence: Present awareness and focus in social interactions
 - ND: atypical social behaviors
 - MH/Trauma: social isolation and withdrawal; mistrust
- Experience life events & negative feedback which can lead to negative self-perceptions (Not good enough, not important, don't fit in) and other-perceptions (people can't be trusted)

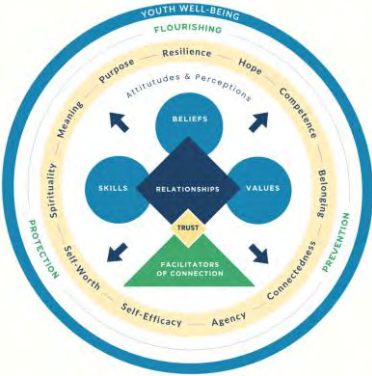
Fostering Protective Beliefs & Skills Across Populations of Youth

Across subpopulations of youth, a common approach can be used to strengthen your ability to facilitate relational connection and promote protective beliefs, values, and skills.

Facilitating Connection across Populations

- Self-knowledge/awareness
- Experience and knowledge about another person's background(s)
- Positive action to facilitate successful engagement with a person from a different background

Moving from ME to WE: Health-promoting relationships to scale



A single trusted adult can have a profound impact on a young person's development...

but systemic adoption of health-promoting relationship principles amplifies this impact at scale



Benefits of Scale

- ✓ **Enhance resilience across a wider network of youth, reducing population prevalence of adverse outcomes such as delinquency, substance use, and disengagement.**
- ✓ **Create sustainable cultural shifts where trust, belonging, and connection become organizational and community norms, embedded in everyday interactions rather than reliant on select individuals.**
- ✓ **Increase access to health-promoting environments for all youth.**
- ✓ **Support professionals in their roles, helping teachers, probation officers, and youth workers feel more equipped, supported, and connected in their work.**

Ripple Effect

- ✓ **Peer-to-Peer Benefits: Adults and Youth begin modeling positive relationships with one another, creating a culture of support that is self-sustaining.**
- ✓ **Intergenerational Impact: Teachers, parents, and community members internalize and reinforce relational values of authenticity, care, empathy, and trust.**
- ✓ **Wider Community Transformation: Schools and agencies that prioritize relationships help normalize connection as a foundation for well-being, ultimately contributing to public health and safety goals at the community level.**

Pulse Check: Establishing the Baseline

How are health-promoting relationships with youth prioritized and reflected in my (agency, organization, school, system, community)?



We create barriers to connection

We talk the talk (ethos)

We walk the walk

Moving Forward: Steps to Action

1. Establish a Shared Vision and Commitment

Reflect on how relationships currently fit within the organization's culture, mission and daily practices.

- How do relationships shape the experiences of youth in our organization?
- Where are we already fostering strong, health-promoting connections? How do we know?
- Where might gaps or misalignments exist between our practices and the principles of trust, connection, and well-being?

2. Make intentional space for reflection and discussion

Encourage discussions about the role of relationships in our work

- Share personal experiences with relationships.
- Lift up and discuss barriers to building meaningful connections with youth.
- Examine organizational policies or practices that either support or hinder relational trust.

3. Offer Training and Professional Development

Deepen our understanding and strengthen our skillset

- Orientation to the **Health-Promoting Relationships Paradigm**
- Building relational skills to promote connection
- Understanding the role of protective and flourishing factors in youth well-being.
- Exploring trauma-informed and restorative practices as alternatives to punitive discipline

Moving Forward: Steps to Action

4. Assess Organizational Readiness and Alignment

A more formal, structured process beyond reflection

- Reviewing disciplinary policies
- Examining staff supervision and performance evaluation processes
- Gathering feedback from youth and staff

5. Pilot Initiatives to Test New Approaches

Establish proof of concept, see what works in practice, build momentum

- Implement relationship mapping to identify students who lack connections.
- Introduce case management models that emphasize relational trust over compliance and sanctions.
- Experiment with peer mentoring initiatives that foster connection and belonging.

6. Embed Connectedness into Policy and Culture

Make relationships a visible, fundamental characteristic of how we do business

- Build the language of relationships, connectedness, and flourishing into mission and vision, policies and procedures, and performance indicators.
- Adjust evaluation metrics to measure protective and flourishing factors.
- Be explicit in budgetary investments that support this ethos.



A culture persistently dedicated to promoting the early and lifelong health of children and youth is the most important priority for the health and well-being of the US population and society.



When relationships are prioritized as an intentional pathway to promoting youth prevention, protection and flourishing, the entire system becomes more capable of fostering well-being at a population level.



Main Messages

- In both very brief interactions and longer-term relationships with youth, we can intentionally build trust and safety that lay the groundwork for cultivating health-promoting relationships
- Health-promoting relationships create 1) Safe and supportive environments for youth, and 2) Opportunities for trusted adults to promote protective beliefs and skills in those youth.
- Trusted adults can cultivate protective beliefs by 1) Activating a youth's sense of agency to effect change, 2) Fostering development of protective skills, and 3) Modeling the same skills they are supporting development of in youth.


Main Messages

- While humans are wired for social connection, we are diverse and naturally vary in how we value, engage, and make use of social connection and relationships. Youth may differ in their capacity and preference for connection, relationship development, and approach to developing protective beliefs and skills.
- Across subpopulations of youth, a common approach can be used to strengthen your ability to facilitate relational connection and promote protective beliefs and skills.

Main Messages, cont.

- Scaling the health-promoting relationships paradigm is critical to achieving maximum benefit to youth well-being.
- When we prioritize developing health-promoting relationships in youth, adults & communities, organizations, schools, and systems are more capable of fostering a culture of well-being.

Q & A
Thank you!

The slide features a dark blue background with the text 'Q & A' and 'Thank you!' centered in white. At the bottom, there are three curved lines in yellow, light blue, and dark blue, creating a decorative border.

DAY ONE

Session Overview



PANEL: ADVANCING PREVENTION ACROSS THE ROCKY MOUNTAIN REGION

Facilitator: Marc Morgan, CPH
*Community Organizing for Prevention Manager,
Colorado Department of Public Health & Environment*

Karisa Dreyer, MS
Lead Policy and Prevention Specialist, El Paso County Public Health

Officer Vuongvu Le
School Resource Officer, Colorado Springs Police Department

Suyash Shrestha
Rise Above Colorado

Jayde Forrest
Rise Above Colorado

Presenter Bio



Marc Morgan

***CPH, Community Organizing for Prevention Manager,
Colorado Department of Public Health & Environment***

Marc Morgan is a seasoned nonprofit and government leader with over two decades of experience advancing public health and education initiatives. He currently serves as the Manager of Community Organizing for Prevention at the Colorado Department of Public Health and Environment (CDPHE), where he provides strategic direction and oversight for nearly \$9.5 million in statewide grants aimed at reducing substance misuse and advancing prevention efforts in communities across Colorado.

Marc's career began with City Year, where he progressed from serving as an AmeriCorps member in Philadelphia to holding national leadership roles, including Director of School Partnerships and National Director of High School Initiatives. During his 12-year tenure, he played a pivotal role in designing leadership development models and school-based service frameworks that continue to shape youth engagement across the country. He later joined Denver Kids, Inc. as a regional manager and rose to Director of Programs, where he led a team that improved graduation rates and implemented innovative student support systems. A certified Results-Based Accountability professional, Marc brings a data-informed approach to strategy, while centering lived experience and community voice. He holds dual Bachelor's degrees in Sociology and Administration of Justice from Pennsylvania State University, with a minor in Information Systems and Statistical Analysis.

Marc is passionate about building coalitions across sectors to co-create solutions that ensure all communities have the opportunity to thrive.

Presenter Bio



Karisa Dreyer

MS, Lead Policy and Prevention Specialist, El Paso County Public Health

Karisa Dreyer serves as the Lead Policy and Prevention Specialist at El Paso County Public Health where she mobilizes Fountain Valley Communities That Care (FV-CTC), a collaborative effort to address youth substance use and promote community wellness through the Fountain Valley. Since entering the public health field in 2021, Karisa has focused on upstream prevention strategies that prioritize youth voice, equity, and sustainable change.

Through the FV-CTC coalition, she facilitates cross-sector partnerships to build resilient environments for young people. Her work emphasizes the importance of authentic relationship building, community engagement, and systems level thinking to strengthen prevention outcomes.

At the Youth Prevention Institute, Karisa will share insights on “Building Relationships and Advancing Prevention from a Community Coalition Perspective,” highlighting lessons learned and strategies for cultivating meaningful connections with youth and stakeholders. Her approach underscores the belief that prevention is most effective when driven by community voices, collaboration, and shared vision.

Karisa is passionate about empowering communities to prevent substance use and promote flourishing futures for youth one relationship at a time.

Presenter Bio



Officer Vuongvu Le

School Resource Officer, Colorado Springs Police Department

Vuongve Le is a School Resource Officer at Discovery Canyon Campus in Academy School District 20. Officer Le joined the Colorado Springs Police Department in 2016 and became an SRO in 2019. Officer Le enjoys working with youth and the opportunity he has daily to build positive, trust-based relationships that can have a long-lasting impact on young lives. Officer Le is an Army veteran and has also worked for the Colorado Department of Corrections and the Youth Offender System.

Presenter Bio



Suyash Shrestha

Rise Above Colorado

Suyash Shrestha is a former Executive Statewide Representative for the Teen Action Council and currently serves as a Youth Intern at Rise Above Colorado. He is passionate about empowering Colorado youth to make healthy, informed decisions. His work focuses on strengthening communities through prevention education and harm reduction efforts across the state. As a health policy advocate, Suyash helped draft a state bill to expand Narcan access. He is an incoming freshman at the University of Colorado Denver and hopes to become the first physician in his family. In his free time, he enjoys hiking, trying new cuisines, and spending time with friends and family.

Presenter Bio

Jayde Forrest

Rise Above Colorado

Jayde Forrest helps to reduce drug use in teens, create safe places for teens, and helps younger kids with academic skills.

DAY ONE

Session Overview



Best Practice Spotlight Panel

**Facilitator: Becca Barnhart, MPH
ORS Public Health Analyst, RM HIDTA**

Panelists:

**Kent MacLennan, M.Ed
Rise Above Colorado**

**Annika Ewaldz, MS
YMCA of the Pikes Peak Region**

Presenter Bio



Kent MacLennan

Executive Director, Rise Above Colorado

Kent MacLennan is the founding executive director of Colorado Meth Project and Rise Above Colorado, a statewide drug prevention nonprofit that empowers teens to make healthy connections, decisions, and change. Rise Above Colorado was launched by the founders of the Colorado Meth Project in 2014 with a focus on preventing drug misuse and addiction by giving youth the knowledge and skills to realize their full potential.

Kent has more than 25 years of progressive leadership experience in the nonprofit sector, including Young Americans Center for Financial Education, the University of Denver, Wilfrid Laurier University and Up With People. He also has direct experience working with the teenage demographic, having taught social studies for two years at Pomona High School in Arvada, Colorado.

Kent holds a Bachelor of Science in foreign service from Georgetown University and a Master of Education from the University of Denver. He lives in Broomfield, Colorado with his wife and three children who provide an in-home youth learning lab.

Presenter Bio



Annika Ewaldz, MS

Executive Director, YMCA of the Pikes Peak Region

Annika Ewaldz is the Executive Director of the Fountain Valley YMCA, part of the YMCA of the Pikes Peak Region. She holds B.A. in Psychology and German from Illinois Wesleyan University and a M.S. in Kinesiology and Recreation, with a concentration in the Psychology of Sport and Physical Activity, from Illinois State University.

In her role at the Fountain Valley YMCA, Annika is dedicated to strengthening the foundation of the community through inclusive programs that build healthy spirit, mind, and body for all. She actively serves on the community board and strategic planning teams for Fountain Valley Communities That Care (CTC).

Originally from Illinois, Annika brings a diverse background that includes experience in substance abuse case management and volunteer work with the National Suicide Prevention Lifeline. Outside of work, she enjoys skiing, mountain biking, and spending time in the mountains with her fiancé and pets.



“Rise Above Colorado is a statewide prevention organization that measurably impacts teen **perceptions** and **attitudes** about the risks of substance misuse to help youth make healthy connections, decisions and change.”



NOT PRESCRIBED LESSON MATERIALS LOGOUT

Chapters in this Lesson
Click on a chapter to jump to that section of the lesson.

Chapter 1 Not Prescribed Video	Chapter 2 (on) What Are Prescription Drugs?	Chapter 3 What is Appropriate Use of Prescription Drugs?
Chapter 4 Signs and Consequences of Prescription Drug Abuse	Chapter 5 The Developing Brain Video	Chapter 6 Tug of War in the Brain
Chapter 7 Risks Factors for Addiction and Overdose	Chapter 8 How Would You Respond?	Chapter 9 How Can You Rise Above?

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SIGNS OF PRESCRIPTION DRUG MISUSE

- Changes in prioritization of hobbies, school and/or family
- Changes in friend or peer groups
- Changes in mood or personality
- Changes in sleep patterns
- Changes in physical health

These are examples of some, but not all, potential signs. Someone who is misusing might not show any.

What is fentanyl?

Fentanyl is a powerful synthetic opioid, meaning it is made in a lab. It's a prescription drug that is 80-100x stronger than morphine and 50x stronger than heroin.





SWIPE UP

FACT:
Most Colorado
teens **DON'T**
use drugs.

RISE ABOVE
COLORADO



88.5% OF
COLORADO YOUTH
DO NOT USE SUBSTANCES
TO COPE WITH NEGATIVE FEELINGS

Source: Nationwide poll of Colorado teens, 2022

Life can make us feel sad or stressed, but we take care of our minds and bodies. And we don't misuse pills.

Friends and trusted adults can help us through challenges. Get tips for building strong relationships at ConnectEffectCO.org

CONNECT EFFECT



Core Assumption:
**The POSITIVE exists,
it is real, and is
worth growing.**



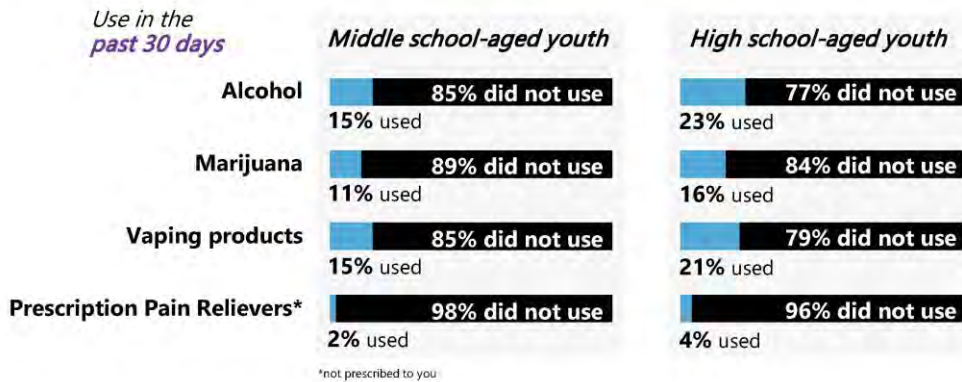
THE SOLUTIONS ARE IN THE COMMUNITY.



HOPE & CONCERN

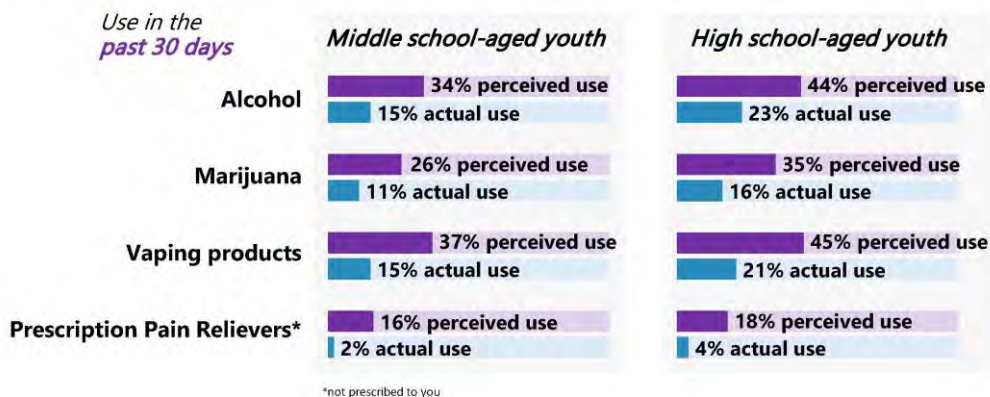


Most Colorado teens are **NOT** using drugs



Perception & Reality: Closing the Gap

Perception doesn't always match reality



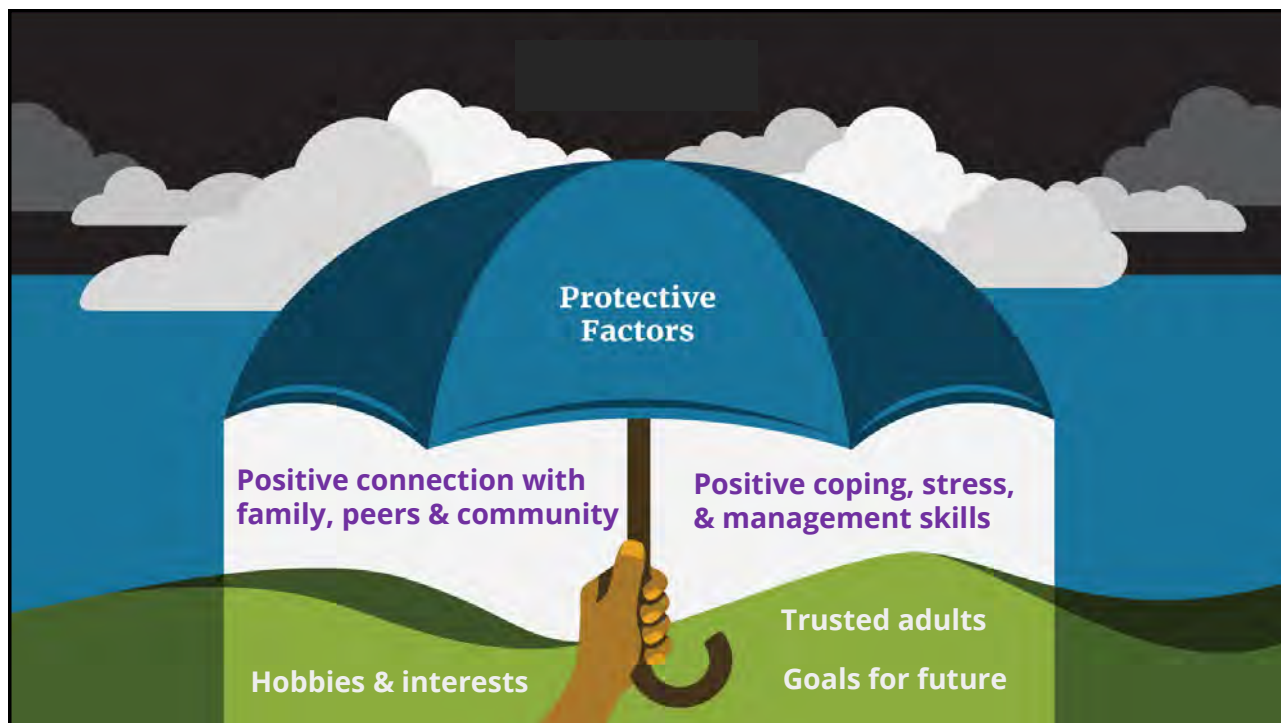
Closing the Gap Matters!

MN Study: youth with accurate perceptions of peer alcohol use were 8x less likely to drink than their peers

Data from 2024 Rise Above Colorado Youth Survey:

RAC's Positive Community Norms Action Team (Broomfield, Clear Creek, Denver, Jefferson, La Plata, Moffat/Routt and Prowers counties)

- Youth in partner communities were **less likely to overestimate** peer use for alcohol, marijuana, prescription pills and vaping compared to the statewide average
- **68%** of youth in partner communities were aware of RAC's social norming messaging, and those youth had **more accurate perceptions** of substance use than their peers.



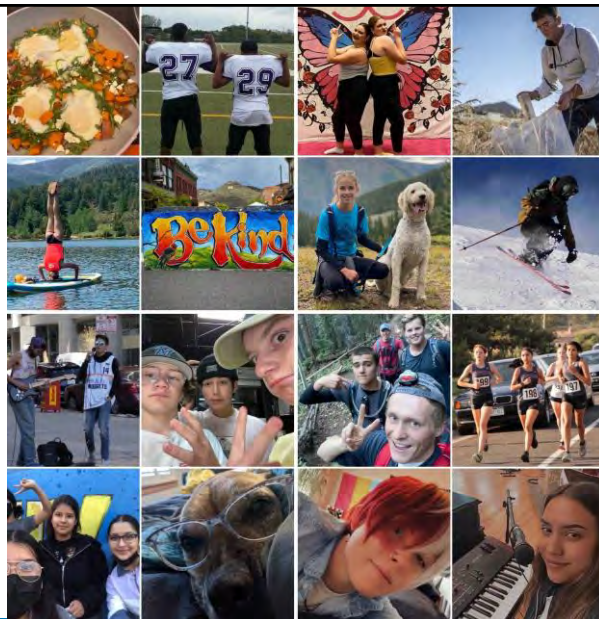
Check out youth resources & campaign updates:

www.IRiseAboveCO.org

Connect with
Rise Above Colorado
on social media:

#IRiseAbove

@riseaboveco



kent@riseaboveco.org





YMCA Middle School Initiative

Annika Ewaldz, M.S.
Executive Director
Fountain Valley YMCA
aewaldz@ppymca.org



YMCA OF THE PIKES PEAK REGION



Our Cause
“To Strengthen
the Foundation
of Our
Communities”



Our Mission
“To put Christian
principles
into practice through
programs that build
a healthy
Spirit, Mind and
Body for all.”

YMCA OF THE PIKES PEAK REGION



YMCA History



YMCA OF THE PIKES PEAK REGION



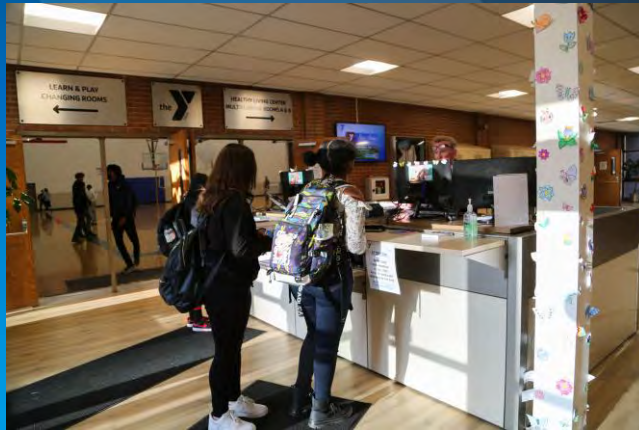
YMCA's World Wide



YMCA OF THE PIKES PEAK REGION



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THANK YOU!

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DAY TWO

Session Overview



IT BEGINS WITH US: Building Relational Systems of Care to Take Youth Flourishing to Scale, Part I & II

Christina Bethell

PhD, MBA, MPH, Professor, School of Public Health and School of Medicine, Johns Hopkins University; Director, Child and Adolescent Health Measurement Initiative

Presenter Bio



Christina Bethell

PhD, MBA, MPH, Professor, School of Public Health and School of Medicine, Johns Hopkins University; Director, Child and Adolescent Health Measurement Initiative

Christina Bethell is a professor at Johns Hopkins University in the Bloomberg School of Public Health and School of Medicine. Her research focuses on building and translating the science of healthy development to promote early and lifelong health of children, youth, families, and communities. With roots in national and state healthcare policy, financing reform and delivery system redesign to promote whole child and family health and integrated services, Dr. Bethell is the founding director of the Child and Adolescent Health Measurement Initiative which since 1996 as worked to promote early and lifelong health of children, youth and families through family-centered data, tools, and research to drive systems change and child health uniformity.

She has developed and advanced to national and state use an array of child and family health measures addressing the social and relational roots of well-being and the quality of the healthcare systems and structures that influence child and family well-being. This includes nationally and internationally used measures of the Family Centered Medical Home, Adverse Childhood Experiences, Positive Childhood Experiences, Family Resilience and Connection, Child Flourishing, and the Whole Child Risk Index. Her research has shaped policies regarding adverse childhood experiences, and relational health promotion, including providing testimony to the US House Committee on Oversight and Reform on identifying, preventing, and treating childhood trauma, informing the American Academy of Pediatrics relational health policy statement and the design of the Engagement In Action (EnAct!) Framework to catalyze integrated relational systems of care to promote child, youth, and family well-being. She earned an M.BA. and an M.PH. from the University of California, Berkeley, and a Ph.D. in public policy and health services research and policy from the University of Chicago. She dances, writes poetry, and believes the authentic connection with ourselves, others and life is the source of our creativity and joy.

It Begins With Us!

Building Relational Systems of Care to Take Youth Flourishing to Scale

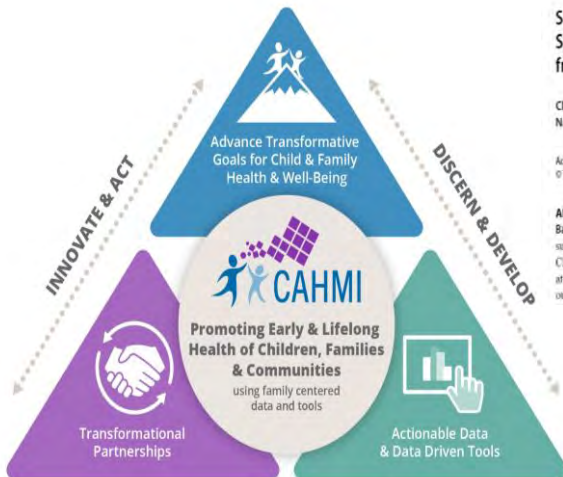
PART 1

"The success of the intervention depends upon the interior condition of the intervenor(s)"

Christina Bethell, PhD, MBA, MPH
Professor, Bloomberg School of Public Health,
Johns Hopkins University
Director, Child and Adolescent Health Measurement Initiative
June 18, 2025



Theory of Change



What is the Child and Adolescent Health Measurement Initiative? (www.cahmi.org)

Maternal and Child Health Journal
<https://doi.org/10.1087/m120995-023-03755-9>

HISTORICAL NOTES

Scaling Family Voices and Engagement to Measure and Improve Systems Performance and Whole Child Health: Progress and Lessons from the Child and Adolescent Health Measurement Initiative

Christina D. Bethell¹ · Nora Wells² · Narangerel Gombojav¹ · Lisa A. Simpson¹

Accepted: 6 July 2023
© The Author(s) 2023

Abstract

Background: The 1997 legislation authorized and publicly report on children's health. The Child and Adolescent Health Measurement Initiative is at the center of defining, measuring and reporting on outcomes.



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



Child and Adolescent Health Measurement Initiative



My Aim

Translate the sciences of healthy development, healing and thriving into practice, policy and culture

Advances in the sciences of human development and healing create unprecedented opportunities to proactively prevent and heal trauma and promote flourishing—even amid adversity.

We are the medicine.

(An Integrated Science of Thriving: Attachment, Neuroscience, Epigenetics, Resilience)



Christina Bethell,

The Mid-60's Starting Point Context Several Paradigm Shifts Were Underway Three Inter-Related Examples

(1) From Denial of Plate Tectonics to Understanding that Earth, Water and Sky are One Inseparable System



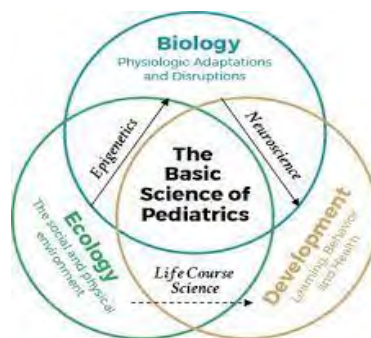
<https://voices.uchicago.edu/unsettledground/one-big-lump-of-clay-on-ruth-duckworths-earth-water-and-sky/>

(2) From Mechanistic to Interconnected, Ecologic Understanding About Nature



[Trees Talk to Each Other and Recognize Their Offspring \(treehugger.com\)](https://www.treehugger.com/trees-talk-to-each-other-and-recognize-their-offspring.html)

(3) From Biologic Determinism to An Eco-Bio-Developmental Understanding of Life Course Health



<https://www.joiningforcesforchildren.org/how-can-i-help/healthcare/>

Christina Bethell

Well-Being is Upon Us (and is within and between us) Our Best Science: We Are the Medicine

That which has healing and protective power!



OURS IS A SOCIAL BRAIN REQUIRING CONNECTION AND CAPABLE OF REWIRING, HEALING AND FLOURISHING AMID ADVERSITY

***Relational Wounding Requires Relational Healing
The Resistance to the Disturbances IS the Disturbance***

Knowledge about human development, relational health, neurobiological and epigenetic impacts of childhood adversity make recognizing and healing developmental trauma and proactively promoting positive health and flourishing as matters of public health.

C. Bethell Oct. 2020

The resistance to the disturbance is the disturbance



Relational wounding requires relational healing

**Transfixed
(excerpt)**

One day
The glacier said
Quite kindly
To the sea....
I would never want to be like
thee...

Like this I can be
My own earth
My own sky
Were I to melt
Surely, I'd die

Such powers you have
The sea answered back
And she meant every word
For there was nothing
He lacked

Rather he had
Just one thing to shed
The fear of the melting
The mistaken dread

(Christina Bethell)

**We Have A National (CDC) Whole School, Whole Community,
Whole Child (WSCC) Model Centered on Connectedness
*But What Does it Mean?***

“Prevention efforts should encourage student and school connectedness as building connectedness is one of the most important protective factors against substance use.

Connectedness is defined as a students' belief that peers and adults in the school care about their well-being.”



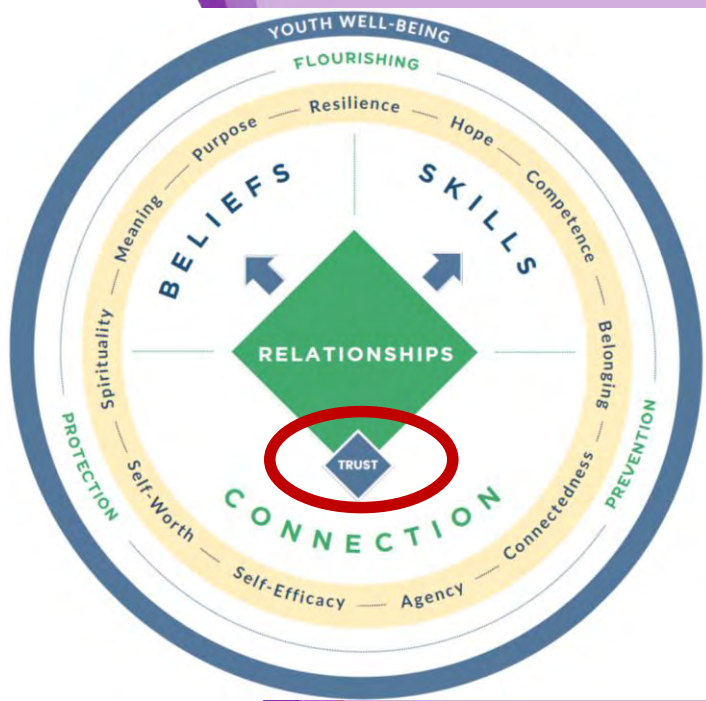
<https://www.cdc.gov/healthyschools/wsc/index.htm#:~:text=The%20Whole%20School%20Whole%20Community,for%20addressing%20health%20in%20schools.>

HEALTH-PROMOTING RELATIONSHIPS PARADIGM

Cultivating beliefs, activating agency, & fostering skills in youth to:

PROTECT, PREVENT, & FLOURISH

TOOLKIT



Beliefs, Protective Factors, and Skills that can be Fostered through Relationships

SEE PAGE 38

BELIEFS

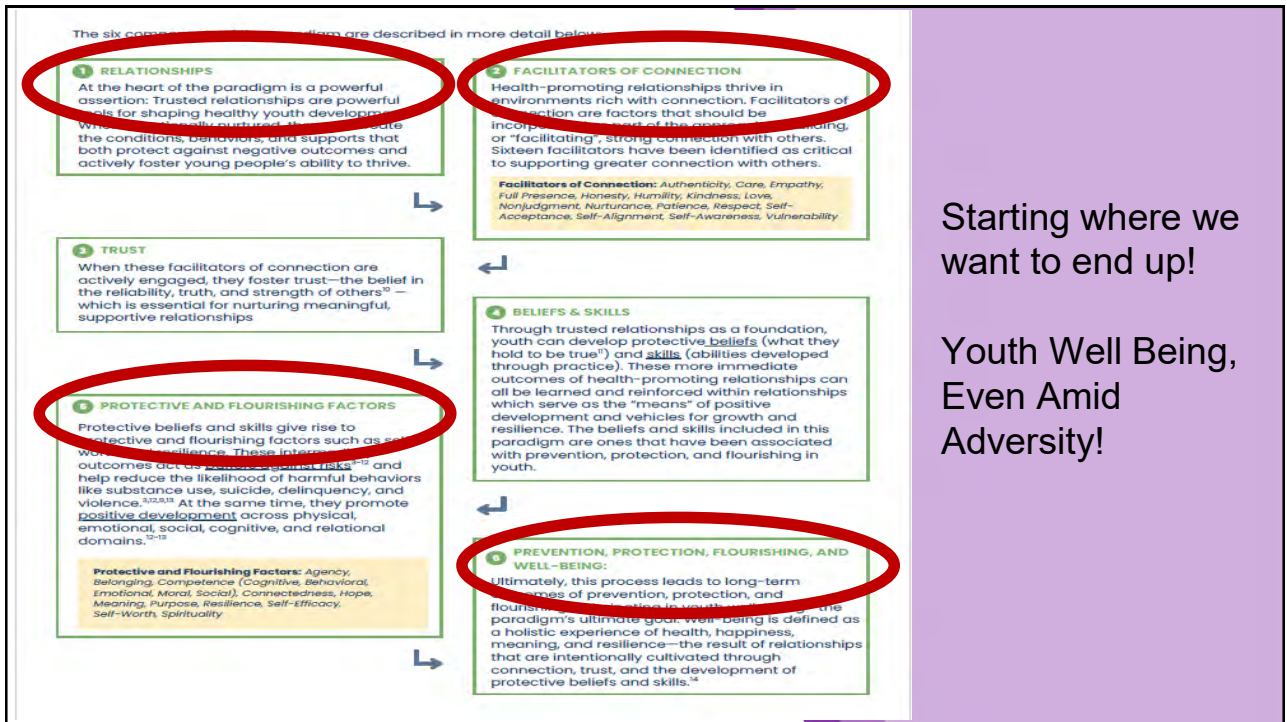
- ▶ I am seen and loved.
- ▶ I matter.
- ▶ I can influence my life and health.
- ▶ I can overcome hard things.
- ▶ I have support.

PROTECTIVE FACTORS

- ▶ Agency
- ▶ Belonging
- ▶ Competence
- ▶ Connectedness
- ▶ Hope
- ▶ Meaning
- ▶ Purpose
- ▶ Resilience
- ▶ Self-Efficacy
- ▶ Self-Worth
- ▶ Spirituality

SKILLS

- ▶ Develop positive self-awareness
- ▶ Meeting our own needs
- ▶ Positive self-affirmations
- ▶ Self-compassion
- ▶ Grow gratitude
- ▶ Express needs
- ▶ Recognize caring words and actions
- ▶ Explore spirituality
- ▶ Engage spirituality as a coping strategy
- ▶ Facilitate hope
- ▶ Develop a sense of mattering
- ▶ Recognize one's value
- ▶ Discover core values
- ▶ Cultivate curiosity to learn new things
- ▶ Goal setting
- ▶ Cultivate hope
- ▶ Healthy decision-making and problem solving
- ▶ Future orientation
- ▶ Enhance strengths
- ▶ Maintain a hopeful outlook
- ▶ Embrace change
- ▶ Prioritize self-care
- ▶ Manage negative thoughts and emotions
- ▶ Refocusing on our circle of control



WORKSHOP LEARNING OBJECTIVES

1. **Reflect** on how your own flourishing and wellbeing impact your work to cultivate health promoting relationships with youth
2. **Better** understand the science of flourishing, positive youth experiences and the role of health promoting relationships
3. **Consider** you strengths, learning goals and personal “theory of change” for building health promoting relationships with youth
4. **Learn** more about ways your “team” can/does support each other’s own flourishing and capacity to promote youth flourishing
5. **Identify** potential cross-system partners important to promoting youth flourishing

YOUR BEING, THEIR WELL-BEING



“The success of the intervention depends upon the interior condition of the intervenor(s)”

The Little Things, The Little Moment, Are Not Little. John Kabat Zinn

Every Interaction Creates a Reaction
”

“One mistake the arts would never make is to presume that a part or role can be exactly specified independent of the performer, yet this is the idea that has dominated work organizations for most of the 20th century.”

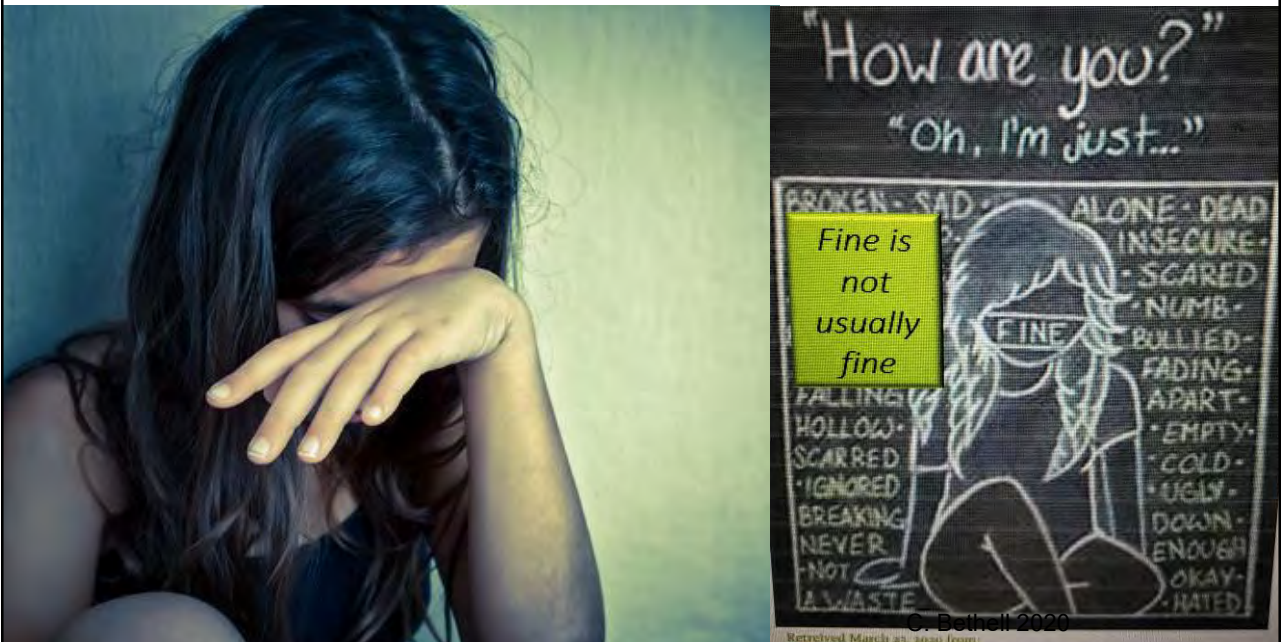
Peter B. Vail *Managing as a Performing Art*: 1989

Factors that can lead to difficult encounters

Attitudes	Conditions	Knowledge
Emotional burnout	Anxiety/depression	Inadequate training in <u>psychosocial medicine</u>
Insecurity	Exhaustion/overworked	Limited knowledge of the <u>patient's health condition</u>
Intolerance of diagnostic <u>uncertainty</u>	Personal health issues	Skills
Negative bias toward <u>specific health conditions</u>	Situational stressors	Difficulty expressing <u>empathy</u>
Perceived time pressure	Sleep deprivation	<u>Easily frustrated</u>
		<u>Poor communication skills</u>

Information from references 2, 3, 5, 6, 11 through 13, 18, and 20.

Possibility Pitfall: Mistaking lack of interaction as being angry or not wanting help. Blaming for not seeking help.



Mattering, stigma and reaching youth

International Journal of Mental Health and Addiction (2020) 18:1294–1303
<https://doi.org/10.1007/s11469-019-00138-6>

ORIGINAL ARTICLE

Feelings of Not Mattering, Perceived Stigmatization for Seeking Help, and Help-Seeking Attitudes among University Students

Amy Shannon¹ · Gordon L. Flett¹ · Joel O. Goldberg¹

Published online: 23 October 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

“...feelings of not mattering are associated with perceived stigmatization by others for seeking help.

However, levels of mattering were not linked with help-seeking attitudes or self-stigma for seeking help.

...results suggest that individuals who feel as though they do not matter may be especially vulnerable to perceptions of being stigmatized

...this may promote a tendency for people to avoid seeking help and perhaps isolate themselves from others. “

C. Bethell

The Theory and Logic of A Healing Relationships Model for Healing Trauma and Promoting Positive Health

Hope
 Trust
 Being Known
 Relational Outcomes

Self Confidence
 Emotional Self-Management
 Mindfulness
 Knowledge
 Clinician Competencies

Healing Relationships

Processes

Valuing
 Nonjudgmental Stance
 Connecting
 Presence
 Full Attention in Encounter
 Paying attention to Illness Experience
 Suffering with Patient

Appreciating Power
 Partnering
 Education
 Pushing

Abiding
 Accessibility
 Presence for Major Health Events
 Commitment to Not Give Up
 Caring Actions

Scott JG, Cohen D, Diccio-Bloom B, Miller WL, Stange KC, Crabtree BF. Understanding healing relationships in primary care. *Ann Fam Med*. 2008;6(4):315–322.

SAFENESS FIRST!

Received: 30 October 2023 | Accepted: 18 March 2024

DOI: 10.1111/ps.12446

REVIEW ARTICLE

Threat, safety, safeness and social safeness 30 years on: Fundamental dimensions and distinctions for mental health and well-being

Paul Gilbert

Centre of Compassion Research and Training,
College of Health and Social Care Research
Centre, University of Derby, Derby, UK

Correspondence

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and Training, College of Health and Social Care
Research Centre, University of Derby, Keele
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Email: p.gilbert@derby.ac.uk

Abstract

In 1993, the *British Journal of Clinical Psychology* published my paper titled 'Defence and safety: Their function in social behaviour and psychopathology'. The paper highlights that to understand people's sensitivity to threat, we also need to understand their ability to identify what is safe. This paper offers an update on these concepts, highlighting distinctions that were implicit but not clearly defined at the time.



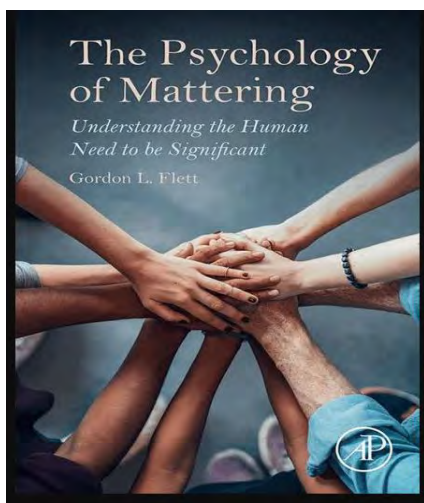
Safety and threat processing (slightly adapted from Gilbert, 2022a). © Paul Gilbert.

The Emerging and Growing Science of Mattering

Self and Identity, 3: 339–354, 2004
Copyright © 2004 Psychology Press
ISSN: 1529-8868 print/1529-8876 online
DOI: 10.1080/1529886044000019

Psychology Press
Taylor & Francis Group

Mattering: Empirical Validation of a Social-Psychological Concept



Mattering consists of two complementary psychological experiences: *feeling valued and adding value*

C. Bethell 2020



Mattering is an ideal state of affairs consisting of two complementary psychological experiences: feeling valued and adding value. Human beings can feel valued by, and add value to, self, others, work, and community. To make sure that the need for mattering is fulfilled, we must balance feeling valued with adding value. Moreover, we must balance adding value to self with adding value to others. Unfortunately, the dominant neoliberal philosophy does not support the values required to

<https://www.wordsonimages.com/pics/43922-o.jpg>

C. Bethell

To activate positive beliefs it is important to need to deactivate shame as possibly the biggest barrier to seeking connection and healing.

Shame can arise as a defense against helplessness.
By blaming ourselves we get a sense of control that "there is something I could have done"



Some Results of Shame

- Unwillingness to almost ever be vulnerable
- Little or no tolerance for criticism
- Dissociation and/or trust of one's needs
- Dismissing one's feelings
- Self-doubt
- Believing that one is not intelligent
- Believing that one is not beautiful
- Believing it is wrong to be angry or defend oneself
- Difficulty with creating boundaries
- Important and long held secrets
- Blaming oneself when getting hurt
- A pattern of abusive relationships
- Most addictive and hurtful dependency patterns
- More physical symptoms than I can name


C. Bethell

Loss of Mattering, Depression, Self View, Self Criticism and Self Hate

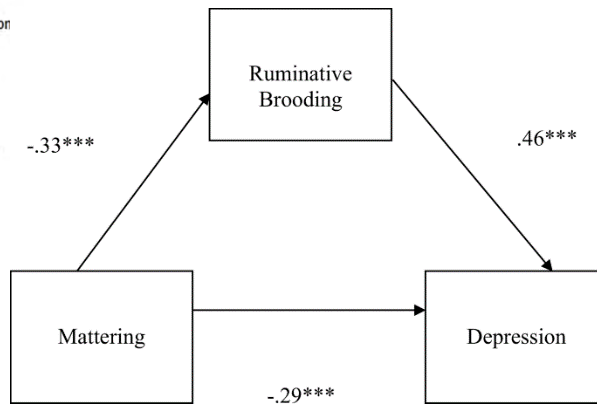
International Journal of Mental Health and Addiction
<https://doi.org/10.1007/s11469-020-00225-z>

ORIGINAL ARTICLE

Mattering, Insecure Attachment, Rumination and Self-Criticism in Distress Among University Students

Gordon L. Flett¹ · Ron Burdo² · Taryn Nepon¹ 

Published online: 24 January 2020
 © Springer Science+Business Media, LLC, part of Springer Nature 2020



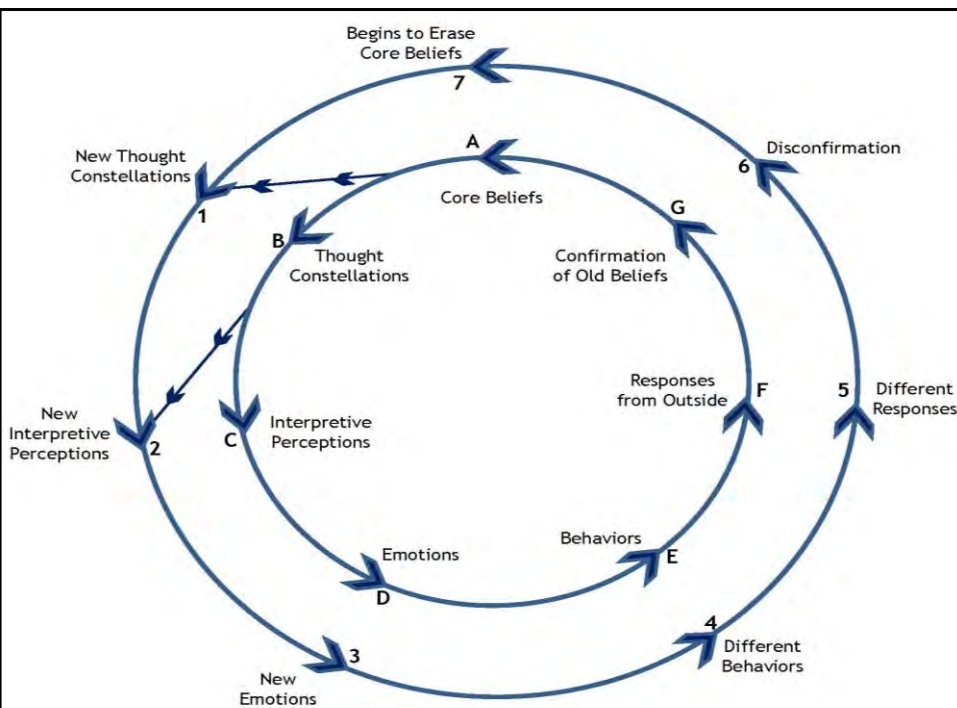
"...mattering uniquely predicted depression after taking into account the variance explained by insecure attachment, rumination, and self-criticism.

...rumination mediated the link between low mattering and depression.

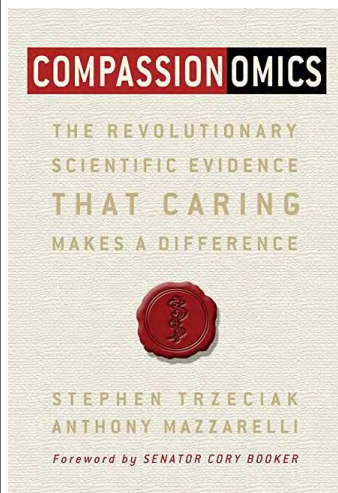
...mattering as a potentially unique vulnerability among distressed students that...involves...an internalized negative self-view that can **potentiate self-criticism and self-hate.**"

Flett, G.L., Burdo, R. & Nepon, T. Mattering, Insecure Attachment, Rumination, and Self-Criticism in Distress Among University Students. *Int J Ment Health Addiction* (2020).
<https://doi.org/10.1007/s11469-020-00225-z>

C. Bethell 2020



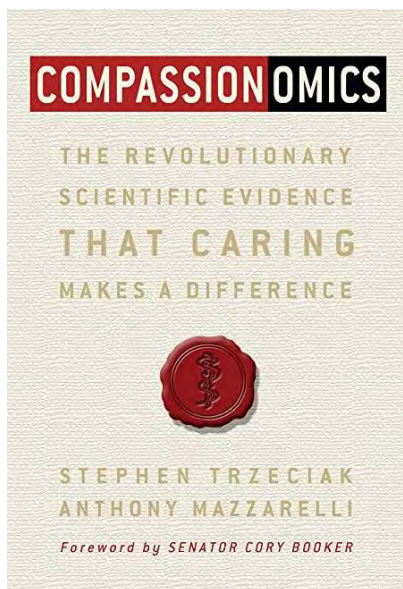
A Critical Process: Identifying and Transforming Ruminating Thoughts, "False Identities" and Patterned Beliefs



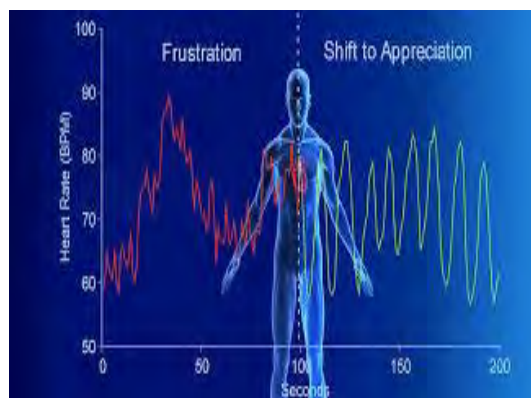
One study they cite shows that when patients received a message of empathy, kindness and support that lasted just 40 seconds their anxiety was measurably reduced.



Here's the npr story: <https://www.npr.org/sections/health-shots/2019/04/26/71727208/does-taking-time-for-compassion-make-doctors-better-at-their-jobs>



Studies show that compassion improves health and reduces costs of care. In addition, internal experiences of compassion toward others also improves our own heart rate variability (well being)



We Must Start Where We Want to End Up – Youth Flourishing!



The Flourishing Paradigm

Flipping the narrative to proactively promote positive health and healing –the absence of the negative (risk, illness) is not the same as the presence of well-being and flourishing.

Conceptual Framework for Defining Different Aspects of Flourishing

(Bethell, C)

Flourishing of the remembering self

Retrospective assessment of life satisfaction (up until now)

Flourishing of the experiencing self

Current experience of positive emotions and enjoyment in life, etc.

Flourishing of the requiring self

Having fundamental needs met (safety, food, housing, social support)

Flourishing of the living and relating self (can be learned)

An approach to living and engaging with life and others in a way that fosters a sense of meaning, participation, positive relationships, identifying strengths and looking for the good, contributing and sense of belonging

Focus of a "eudaimonic" concept of well-being

Taken together, these comprise overall "lived" well-being

Source: Author's conceptualization and synthesis (Bethell)

An Integrated Look at Well-Being: Topological Clustering of Combinations and Correlates of Hedonia and Eudaimonia

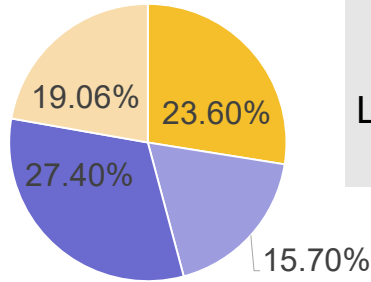
Marta G Pancheva ¹, Carol D Ryff ², Mario Lucchini ³

Affiliations + expand

PMID: 34326680 PMCID: PMC8315113 (available on 2022-06-01)

Proportion of US Adults Midlife In the US Longitudinal Survey

- Low Hedonic+Eudaimonic Well Being
- High Eudaimonic/Low Hedonic
- Somewhat High Hedonic+Eudaimonic
- Mostly High Hedonic+Eudaimonic



Hedonic:
Flourishing of the Remembering, Experiencing and Requiring Self

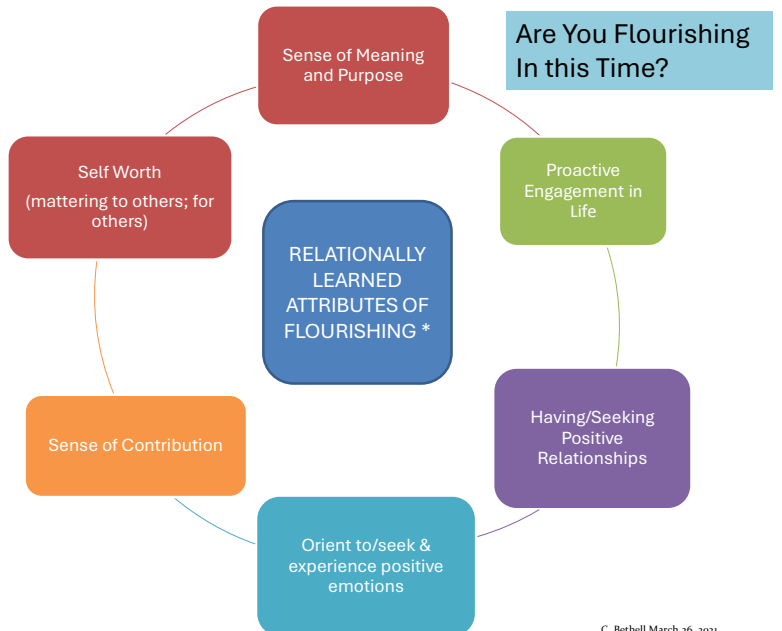
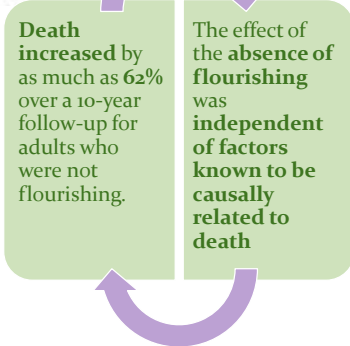
Eudaimonic:
Flourishing of the Living and Relating Self

Christina Bethell,

Can We Flourish Amid Adversity?

To Flourish or Not: Positive Mental Health and All-Cause Mortality

Corey L.M. Hayes, PhD, and Eduardo J. Simoes, MD, F



C. Bethell March 26, 2021

*Adapted from: Agener C, Conner N, Aroian K. Flourishing: an evolutionary concept analysis. Issues Ment Health Nurs. 2017;38(11):915-923. Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D, Oishi S, et al. New measures of well-being: Flourishing and positive and negative feelings. Social Indicators Research. 2010;39:247-266. Kern ML, Waters LE, Adler A, White MA. A multidimensional approach to measuring well-being in students: Application of the PERMA framework. J Posit Psychol. 2014;10(3):262-271.

Flourishing is a Science

YOUR HEALTH

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

Feb 22, 2019 8:00 AM ET

HEALTH INSPIRATION



Arch Gen Psychiatry. 2012;110(4):495-505. doi:10.1093/psychiatry/kjv11487

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 (Dr. Boyle, Buchman, Wilson, Yu, Schneider, and Bennett)

International Journal of Mental Health and Addiction
<https://doi.org/10.1007/s11469-020-00225-z>

ORIGINAL ARTICLE

Mattering, Insecure Attachment, Ruminator and Self-Criticism in Distress Among University Students

Gordon L. Flett¹, Ron Burdo², Taryn Nepon¹

Published online: 24 January 2020
© Springer Science+Business Media, LLC, part of Springer Nature 2020

Resilience to Interpersonal Stress: Why Mattering Matters When Building the Foundation of Mentally Healthy Schools

Antecedents, correlates, and consequences of feeling like you don't matter: Associations with maltreatment, loneliness, social anxiety, and the five-factor model

Gregory S. Rose¹, Abby L. Goldstein¹, Ingrid C. Pedemonte¹, Taryn Nepon¹, Christine Wehner¹

Attuned mutual connection (presence) is a biologic imperative. Bio-Behavioral Synchrony & Limbic (Emotional) Resonance Associated with All Aspects of Flourishing—We are LITERALLY the Medicine.

Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



Clin Exp Psychol. 2017; October; 17: 162-169. doi:10.1016/j.copsy.2017.07.006

Bio-Behavioral Synchrony Promotes the Development of Conceptualized Emotions

Shir Atzil¹ and Maria Gendron²

¹The Hebrew University of Jerusalem, Mt. Scopus, Jerusalem, Israel

²Northeastern University, Department of Psychology, Boston, Massachusetts, United I

Abstract

As adults, we have structured conceptual representations of our emotions that help us to regulate our ongoing affective experience. The ability to use attentional control

Received 28 June 2017 | Issue 1 November 2017 | Accepted 2 October 2017

DOI: 10.1016/j.copsy.2017.07.006

RESEARCH ARTICLE



Physiological and social synchrony as markers of PTSD and resilience following chronic early trauma

Shai Mutsaers^{1,2}, Eran Bar-Kalifa², Karen Yirmiya^{1,2}, Ruth Feldman^{1,2}



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 **wall off possibilities to foster mattering**.

Poll: Setting aside that we all have ups and downs, how many aspects of flourishing have you consistently experienced in the past week?

1. 0-1
 2. 2-3
 3. 4-5
 4. All 6
- Sense of meaning and purpose
 - Engagement in daily life
 - Fostering positive relationships
 - Noticing and experience positive emotions
 - Sense of accomplishment and contribution to others
 - Sense of self worth and that you matter

Reflection on Your Own Flourishing

Strengths

Challenges

Opportunities

ROSE



Success

THORN



Challenge

BUD



Potential

TOWARD YOUR ACTION PLAN FOR BECOMING A FLOURISHING FACILITATOR

(8 MINUTES)

First: Three Minutes Each (Listen Only)

Second: 2 Minutes Open Sharing

(Insights and Feedback)



Share about your own flourishing strengths, challenges and opportunities and how this may impact your work with youth

Explore any goals or needs and sources of support to both maintain and improve your own flourishing.

IDENTIFY AT LEAST ONE OR TWO ACTIONS YOU CAN/WANT TO TAKE TO MAINTAIN AND/OR IMPROVE YOUR OWN FLOURISHING

Flourishing Facilitator!

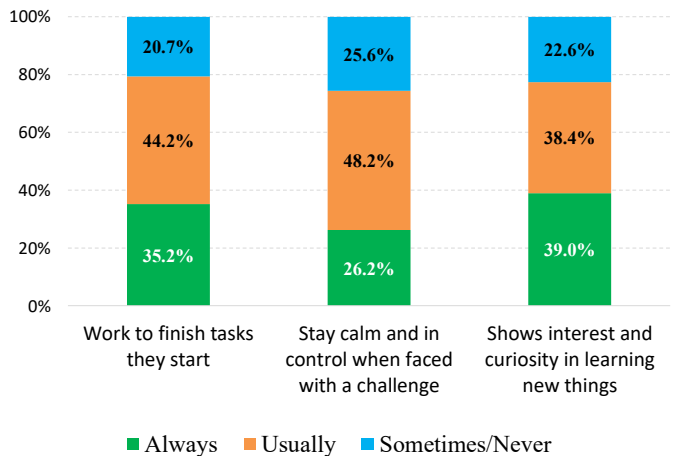
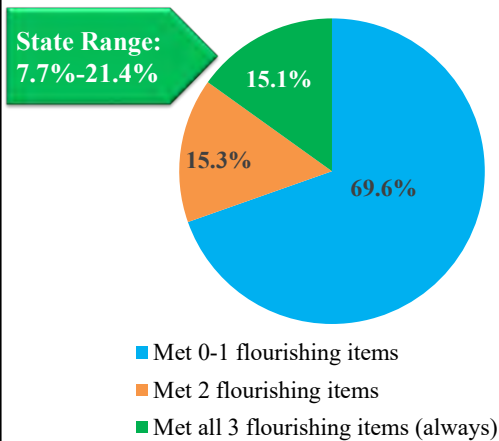
Three Components of the Youth Flourishing Index: National Survey of Children's Health



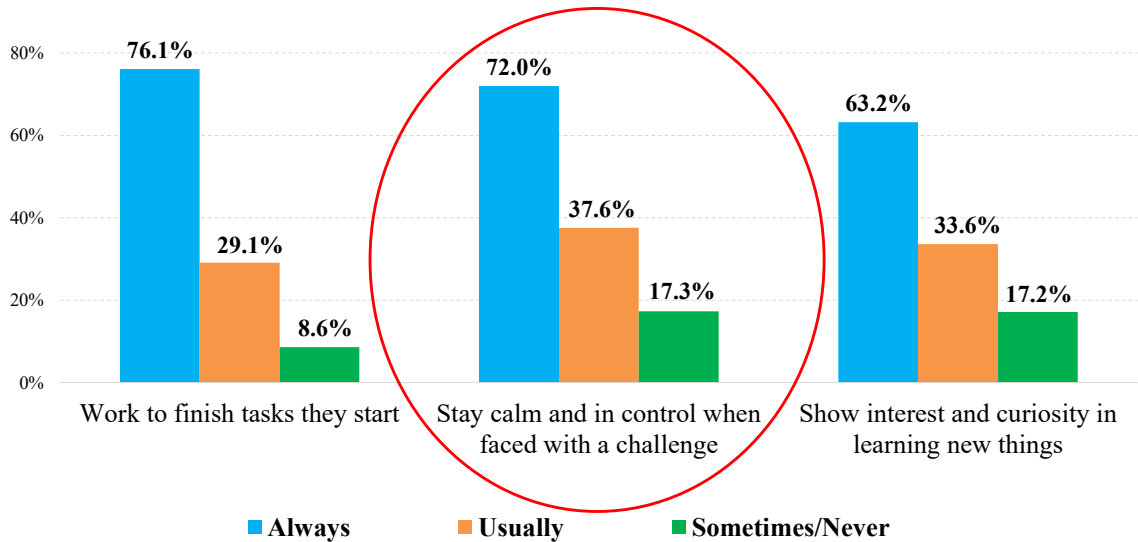
Prevalence of Children Ages 12-17 Years By Child Flourishing Index Score and Items Data: 2022-2023 National Survey of Children's Health

Prevalence of Child Flourishing, age 12-17 years

Prevalence by Individual Flourishing Items



Prevalence of Children Ages 12-17 Years Who Engaged in School by Child Flourishing Individual Items. Data: 2022-2023 National Survey of Children's Health



JAMA Network
 JAMA Pediatrics Search All Enter 5

New Online Views 0 Citations 0 Altmetric 12

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Review
 October 4, 2021 ONLINE FIRST

Association of Childhood Adversity With Morbidity and Mortality in US Adults

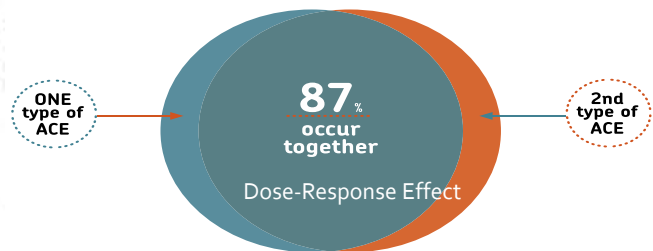
A Systematic Review

Lucinda Rachel Grummitt, BA^{1,2}; Noah T. Kreski, MPH²; Stephanie Gyuri Kim, MS³; et al

» Author Affiliations | Article Information

“...childhood adversity is a major contributing factor to early mortality; reduction of adversity exposure and early intervention on intermediate pathways that contribute to disease outcomes may promote health and longevity at the population level.”

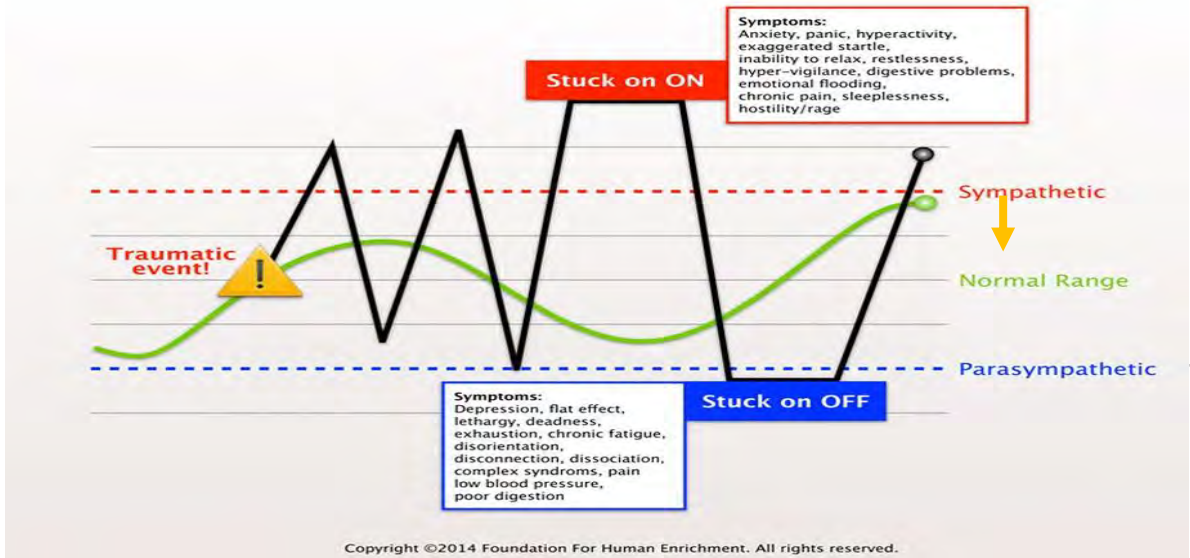
ACEs are Highly Interrelated:
 Where One ACE Occurs,
 There are Usually Others



**Co-Occurring, Cumulative Effect,
 Continuous Impact Until Healing Occurs**

JAMA Pediatr. 2021;175(12):1269-1278

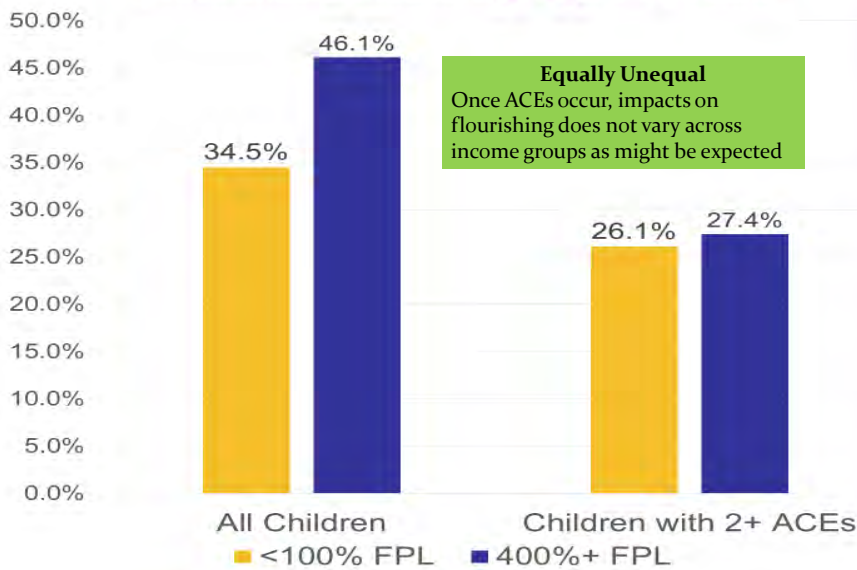
Symptoms of Unintegrated and Unhealed Toxic Stress and Trauma



Christina Bethell, 2023

Flourishing by Household Income: By ACEs

Prevalence of Flourishing, Age 6-17 Years



*Rich or poor
The withholding of love
Pierces*

*May you be led to the mysterious
transfiguration this piercing can
allow*

*And open to the truth from within
like the nautilus closing off all
former layers*

*And slowly, patiently rising up
into the love that always was*

*Mirrored or not
Always was
Always will be*

*Excerpt from "Breaking Ground"
Christina Bethell*

Resilience and Connection Promote Child Flourishing Despite Adversity. Health Affairs, May 2019.

THE POSSIBILITIES TO FLOURISHING, EVEN AMID ADVERSITY AND ILLNESS



Christina Bethell, 2023



ACADEMICS RESEARCH PRACTICE

Gaps in Child Flourishing Narrow with Family Resilience and Connection

Existing programs could increase thriving, even for children facing adversity, large study finds

Less than half of school-aged children in the U.S. are flourishing, according to a new study led by researchers at the Johns Hopkins Bloomberg School of Public Health. However, children living in families with higher levels of resilience and connection are much more likely to flourish. This is true for children across levels of household income, health status and exposure to adverse childhood experiences.

Family Resilience and Connection Index (2019)

- Know they have strengths to draw on
- Stay hopeful even in difficult times
- Share ideas and talk about things that really matter
- Parent coping well with parenting
- Family reaches out and talks with each other when they face problems
- Family works together to solve problems (vs. ignoring problems)

Citation: Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. Health Aff (Millwood). 2019 May;38(5):729-737. doi: 10.1377/hlthaff.2018.05425. PMID: 31059374.

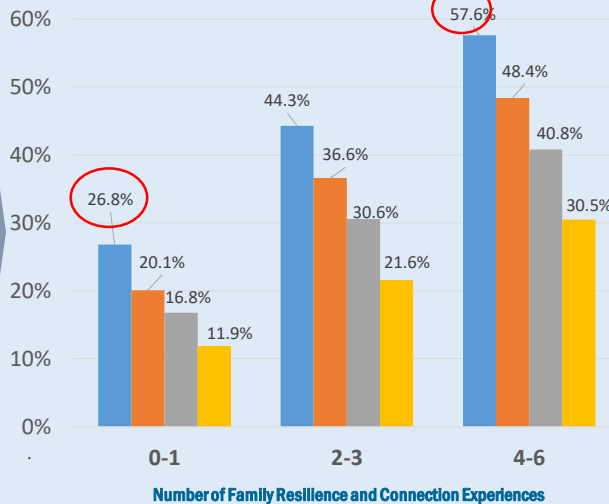
RESEARCH ARTICLE CULTURE OF HEALTH
HEALTH AFFAIRS • VOL. 38, NO. 5 • SOCIAL, BEHAVIORAL, AND COMMUNITY MEDICINE

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

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



■ No ACEs ■ 1 ACE ■ 2-3 ACEs ■ 4+ ACEs



Connection key even for children without adversity!

- 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
- Share ideas and talk about things that really matter

Less than half (48%) met 4-6 criteria

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

Bethell CD, 2023

This Issue Views 164,670 Citations 395 Altmetric 1288

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Original Investigation

September 9, 2019

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels

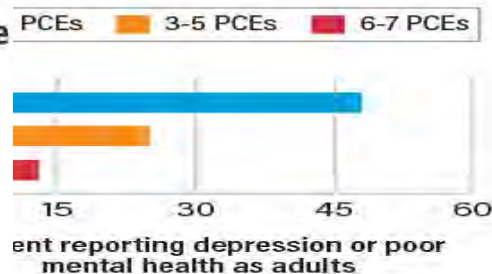
Christina Bethell, PhD, MPA, MPH¹; Jennifer Jones, MSW²; Narangerel Gombojav, MD, PhD¹; et al

Author Affiliations | Article Information

JAMA Pediatr. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

Our research demonstrated the lifelong effect of PCEs on health at a population level

Positive childhood experiences (PCEs) are negatively associated with poor mental health and positively associated with social support as an adult.

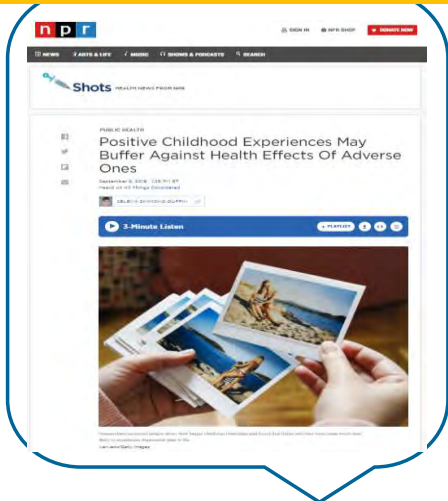


Source: Christina Bethell, Ph.D., M.B.A., M.P.H., et al., *JAMA Pediatrics*, September 9, 2019

<https://www.pacesconnection.com/resource/7-positive-childhood-experiences-pces>

“Through Any Door” moment by moment positive childhood experiences are highly protective, even amid high adversity.

The Positivity Paradox (2019)



<https://www.pacesconnection.com/resource/7-positive-childhood-experiences-pces>

We Are the Medicine—Building Our Caring Capacity is Imperativeeveryone is a leader!

(1) “Through Any Door” (2) “In Every Encounter” (3) “No Broken Link”

Simple rules for a complex system!

Beth Christina Bethell, 2023

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

J Pers Soc Psychol. 2018 December ; 115(6): 1075–1092. doi:10.1037/pspp0000157.

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

Brett Q. Ford^{1,*}, Phoebe Lam^{2,*}, Oliver P. John², and Iris B. Mauss²

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.

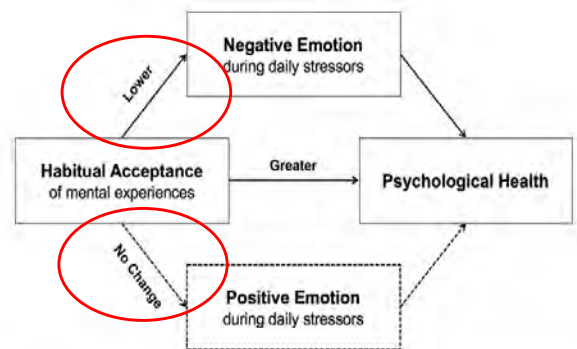


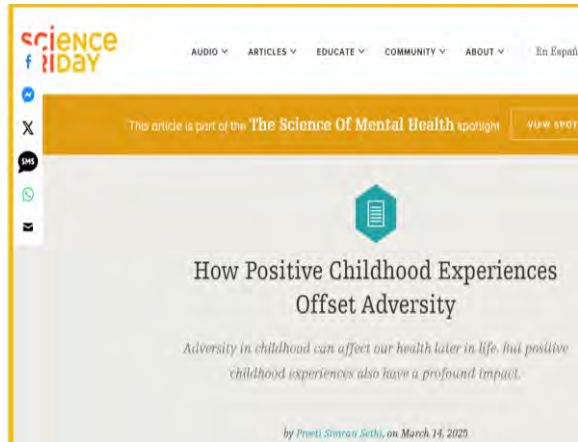
Figure 1. Conceptual model wherein habitually accepting one's mental experiences (i.e., emotions and thoughts) contributes to greater psychological health via lower daily negative emotion (and not via daily positive emotion) experienced during daily stressors.

<https://www.psychologytoday.com/us/blog/the-new-resilience/201709/can-embracing-negative-emotions-increase-your-well-being#--text=For%20example%2C%20the%20researchers%20point%20out%20that%20trying%20to%20avoid%20them>

C. Bethell

Our “Positivity Paradox” Message Is Flourishing! Science Friday March 14, 2025

[How Positive Childhood Experiences Offset Adversity](#)



Identifying Positive Childhood Experiences



Positive childhood experiences (PCEs) are protective and compensatory encounters that increase resilience and shield against risk for mental and physical illness.

Research shows that adults reporting high numbers of PCEs were 72% less likely to experience depression and/or poor mental health and were 3.5 times more likely to get the social and emotional support they needed as an adult.



A Growing Body of Evidence

The annual number of studies on PCEs is growing rapidly.

The Washington Post

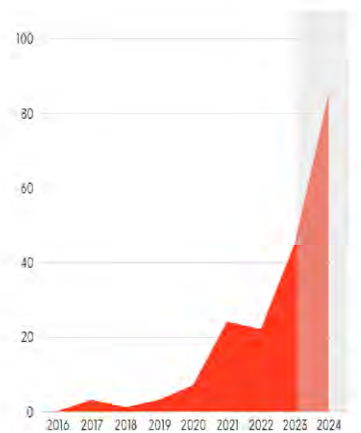
How parents can shape a child's future with small moments of joy

Feeling safe and supported and able to discuss even difficult subjects will help your kid to flourish, experts say

By Pam Klass, MD
August 9, 2023 at 9:02 am EDT



POSITIVE CHILDHOOD EXPERIENCES | STATE OF THE EVIDENCE



Note: 2024 estimate based on rate of publications through Feb 15, 2024

Spitzer, C., (2016). J. Compensatory Experiences. J. Page, 8 (2016). The growing body of evidence on positive childhood experiences and mental health outcomes. JAMA Psychiatry, 73(11), 41-48. doi:10.1001/jama.psychiatry.2016.2017

OfficeofResilience@dcpf.nj.gov

Addressing the Elephant in the Room

Is this all just about social needs?

If we address economic, food, housing and community safety issues, will that solve that improve flourishing and wellbeing



Prevalence of Youth Age 12-17 Years Who Experience Evidence Based Social or Relational Health Risks. Data: 2022-2023 National Survey of Children's Health

Social Health Risks

Nation (1 + SHR): 33.3%
State Range: 25.4%-49.0%

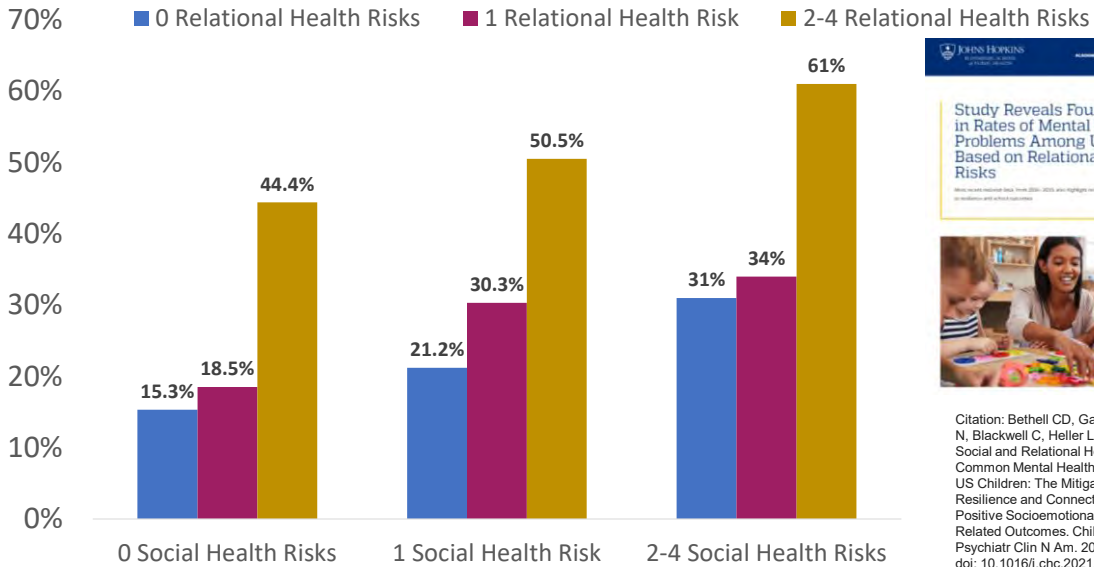
- Experienced food insecurity
- Live in an unsafe neighborhood/violence
- Disadvantaged due to race, health/disability
- Experienced economic hardship

Relational Health Risks

Nation (1+ RHR): 45.8%
State Range: 32.3%-53.3%

- Experienced 2+ adverse childhood experiences
- Poor parental mental health
- Low parent coping/emotional support
- High parental aggravation

**CONTEXT MATTERS: Prevalence of Mental, Emotional and/or Behavioral Health Problems:
By Children's Exposure to Social and Relational Health Risks**



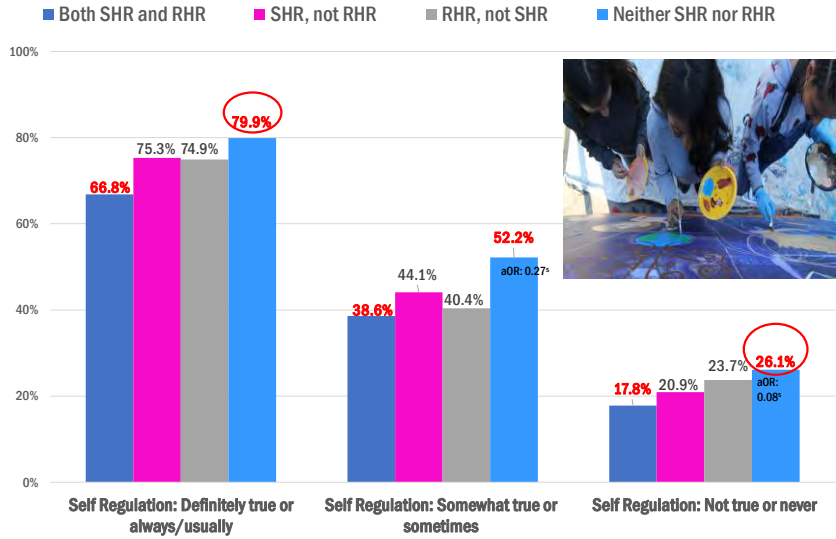
Study Reveals Fourfold Range in Rates of Mental Health Problems Among U.S. Children Based on Relational and Social Risks



Citation: Bethell CD, Garner AS, Gombojav N, Blackwell C, Heller L, Mendelson T. Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes. Child Adolesc Psychiatr Clin N Am. 2022 Jan;31(1):45-70. doi: 10.1016/j.chc.2021.08.001. PMID: 34801155.

Christina Bethell, 2023

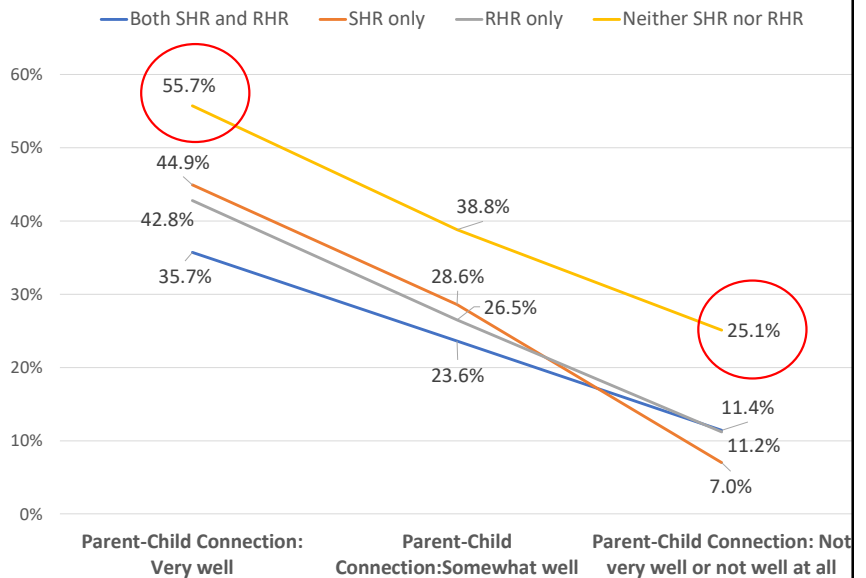
Prevalence of **School Engagement** Among US Children with MEB by youth resilience and regulation of body, emotions, behaviors Across Levels of Social and Relational Health Risks



Bethell, CD, Garner, A, Gombojav, N, et al. Social and relational health risks and common mental, emotional and behavioral conditions among US children: The important mitigating role of family resilience and connection. 2021. Child and Adolescent Psychiatric Clinics of North America (In Press)

Christina Bethell,

National prevalence of the self-regulation status of children with mental health problems by the strength of parent-child connection--- across levels of social and relational health risks



Bethell, CD, Garner, A, Gombojav, N, et al. Social and relational health risks and common mental, emotional and behavioral conditions among US children: The important mitigating role of family resilience and connection. 2021. Child and Adolescent Psychiatric Clinics of North America (In Press)

Christina Bethell,

Review > Child Adolesc Psychiatr Clin N Am. 2022 Jan;31(1):45-70.
doi: 10.1016/j.chc.2021.08.001.

Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes

Christina D Bethell¹, Andrew S Garner², Narangerel Gombojav³, Courtney Blackwell⁴, Laurence Heller⁵, Tamar Mendelson³

✓ **Eliminating risks is not enough to protect children.** Children without any social or relational health risks assessed have 71% lower odds of self-regulation and resilience if they also lack stronger parent-child connection

Our Newest Research on PCEs

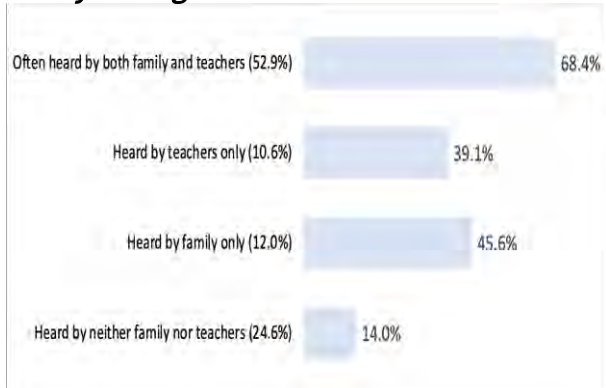
Listening to children is fundamental to establishing the safe, stable and nurturing relationships all children need to thrive. (requires “being asked” AND “being considered”)



New Study Finds Japanese School Children Who Reported ‘Being Heard’ Were Five Times More Likely to Report Higher Quality of Life

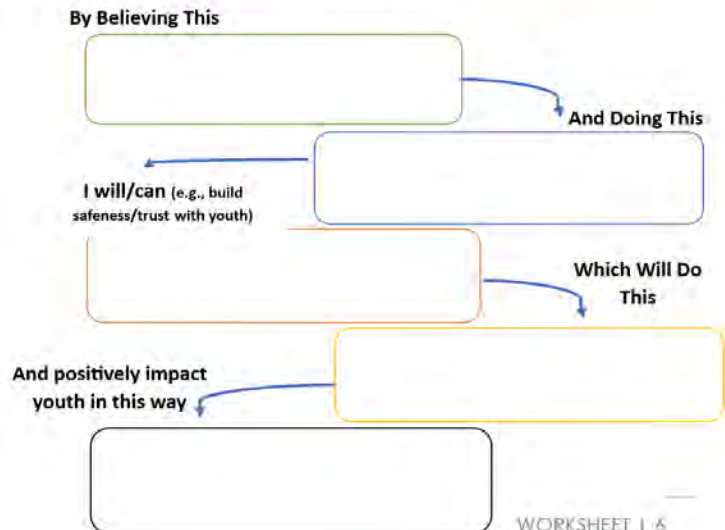
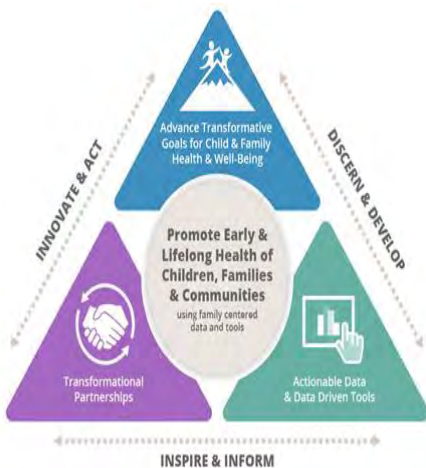
Transformative “Positive Childhood Experiences” include children’s thoughts and opinions being heard, valued, and acted upon by the adults and caregivers in their lives.

Prevalence of children with a higher quality of life by “Being Heard” status



[New Study Finds Japanese School Children Who Reported ‘Being Heard’ Were Five Times More Likely to Report Higher Quality of Life | Johns Hopkins | Bloomberg School of Public Health](#)

Consider Your Own Personal Theory of Change



**TOWARD YOUR PERSONAL “THEORY OF CHANGE
IN PROMOTING YOUTH FLOURISHING
(6 MINUTES)**

First: Two Minutes Each (Listen Only)

Second: 2 Minutes Open Sharing
(Insights and Feedback)



Share your starting point
“Theory of Change” story
for fostering health
promoting relationships
and youth flourishing

Explore how what you
learned from each other
might change or enrich your
“Theory of Change”

***Flourishing
Facilitator!***

It Begins With Us!

*Building Relational Systems of Care
to Take Youth Flourishing to Scale*

PART 2

**“The success of the intervention
depends upon the interior condition
of the intervenor(s)”**

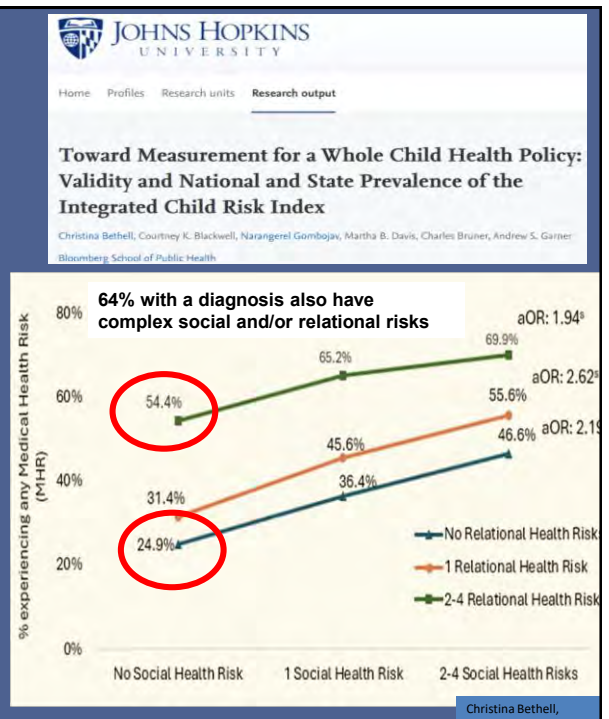
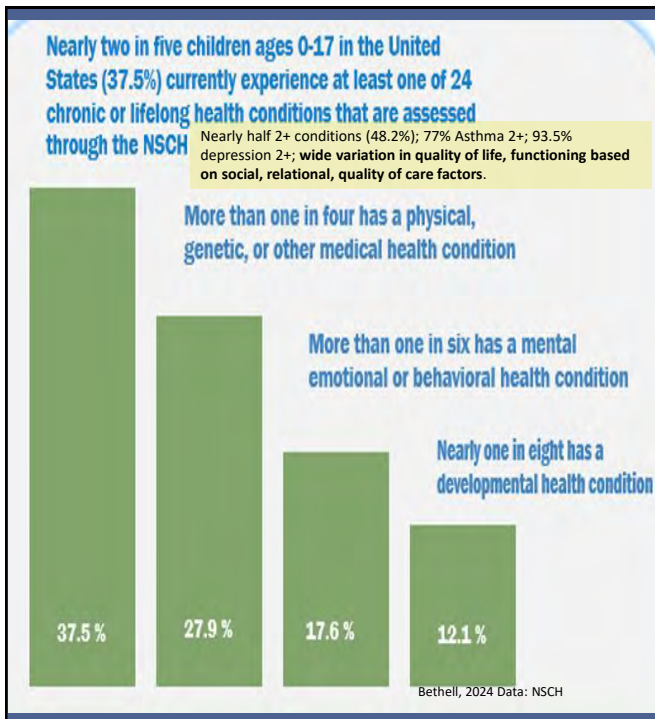
*Christina Bethell, PhD, MBA, MPH
Professor, Bloomberg School of Public Health,
Johns Hopkins University
Director, Child and Adolescent Health Measurement
Initiative
June 18, 2025*



OUR JOURNEY TOGETHER: PART 2

Putting Yourself At the Center of the Equation!

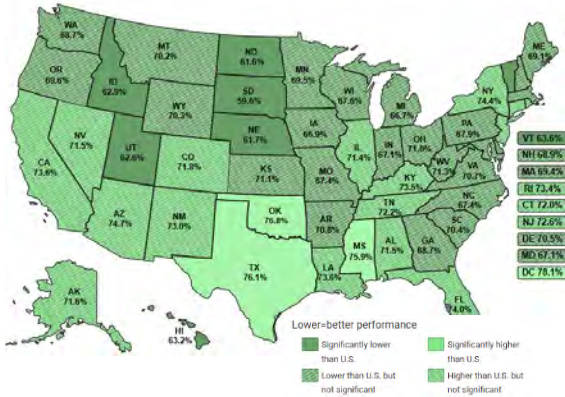
- 1. Understand** the importance of an integrated systems approach that addresses the social, relational and health factors important to foster youth flourishing
- 2. Consider** how your “team” can/does recognize and foster member flourishing and health promoting relationships skills
- 3. Identify** cross-system partners important to collaborate with to advance an integrated, whole youth approach to prevention and promotion of youth flourishing



Prevalence of Children Who Experience Whole Child Risk Index Domains, Age 12-17 Years, (Medical/Mental, Social and/or Relational); Data: 2022-2023 National Survey of Children's Health

Prevalence of Children Ages 12-17 Years Who Experience 1+ Whole Child Risk Domains

- National Average: 71.4%
- State Range: 59.6%-78.1%
 - CO: 71.8%
 - WY: 70.3%



Colorado and Wyoming Proportion Age 12-17 Meeting Whole Child Risk Index Domains (Medical, Social, Relational)

<https://www.childhealthdata.org/browse/survey/allstates?q=11796&g=1146&a=24916>

State	Any Med., Soc., Rel	Any Medical (% w/ Soc &/or Rel)	Any Soc	Any Rel
CO	71.8%	45.3% (66.4%)	35.8%	37%
WY	70.3%	44.6% (67%)	33.3%	42.4%

Bethell C, Blackwell CK, Gombojav N, Davis MB, Bruner C, Garner AS. Toward Measurement for a Whole Child Health Policy: Validity and National and State Prevalence of the Integrated Child Risk Index. Acad Pediatr. 2022 Aug;22(6):952-964. doi: 10.1016/j.acap.2021.12.001. Epub 2021 Dec 8. PMID: 34896272.

A Closer Look Colorado & Wyoming

Risk Type	Colorado Age 12-17	Wyoming Age 12-17
Any (Medical, Social, Relational)	71.8%	70.3%
All Three (Medical, Social, Relational)	16.1	13.1
Medical and Social	4.8	7.1
Medical and Relational	9.2	9.7
Social and Relational Only	8.7	6.9
Only Medical Health Risk	15.2	14.7
Only Social Health Risk	6.2	6.2
Only Relational Health Risk	11.7	12.7

See CAHMI's Data Resource Center www.childhealthdata.org

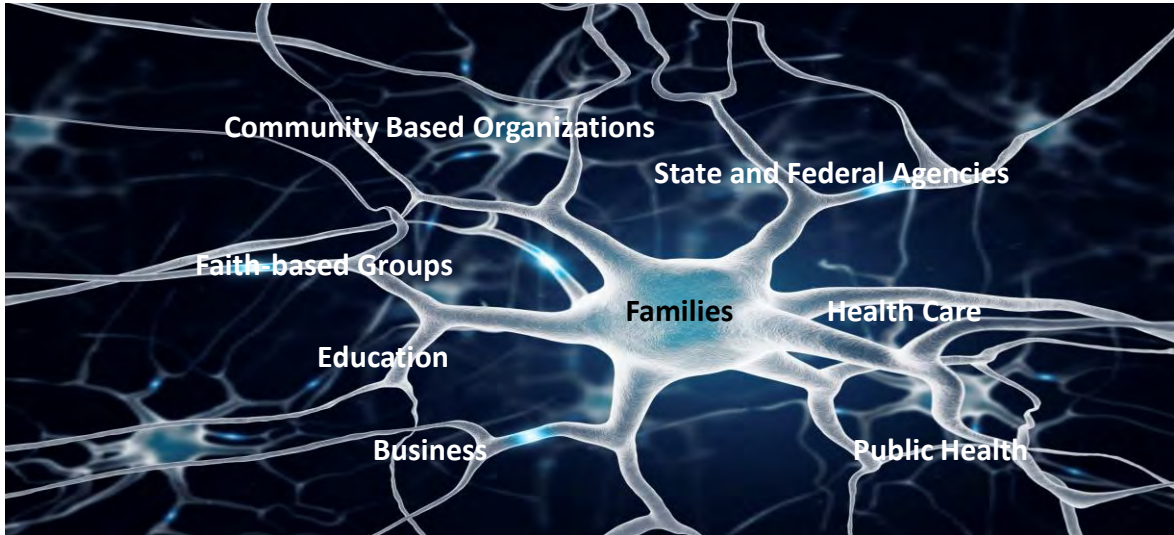


SCAN ME

<https://www.childhealthdata.org/browse/survey/results?q=11796&r=1>

<https://www.childhealthdata.org/browse/survey/allstates?q=11796&g=1146&a=24916>

What We Need: Create Critical Community Synapses
A Call for Relational Integrated Community Systems of Care
The Practical and the Political Always Follows the Personal



Requirements for A Relational Health Approach for Prevention, Protection and Flourishing

- ❑ To translate the promotion of relational health, the entire youth prevention community needs to intentionally adopt goals to **build relational health by partnering with youth and communities.**
- ❑ Approaches to promoting relational health need to be **strengths based, action oriented (skills/solutions) and integrated both vertically** (by including primary, secondary, and tertiary prevention) **and horizontally** (by including education, community programs, health care, safety/law enforcement and other sectors)
- ❑ **Adults with their own core life skills** are essential, not only to form and **maintain safe, stable and supportive relationships with youth** but also to **scaffold and develop** the basic social and emotional skills that enable youth to be **resilient and flourish despite adversity**

Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths

2023

SPECIAL FEATURE: Youth Mental Health and Well-Being



SUMMARY RECOMMENDATIONS

Trust for America's Health (TFAH) calls for a multifaceted approach to reduce alcohol, drug, and suicide deaths and to improve mental health and well-being for all Americans. These recommendations focus on actionable items in three areas and are primarily aimed at federal and state governments. A summary of recommendations follows; the full recommendations begin on page 30.

Invest in Prevention and Conditions that Promote Health

- Support policies and programs that reduce adverse childhood experiences and the impact of trauma.
- Increase federal funding for substance misuse prevention, mental health, and resiliency programs and staff in schools across the country.
- Boost access to early prevention and family-support programs.
- Extend the continuum of crisis-intervention programs and supports, including through the 988 Suicide and Crisis Lifeline.
- Expand comprehensive suicide prevention efforts.
- Support youth-serving programs that adopt trauma-informed and culturally and linguistically appropriate policies and practices, including in the juvenile justice system.
- Limit access to lethal means of suicide among individuals who are at risk for negative mental health outcomes through state and federal laws, increased funding of foundational research, and the adoption of counseling programs in healthcare systems.
- Promote policies and programs to address social determinants of health.

Prevent Substance Misuse and Overdose

- Invest in the prevention of substance misuse among youth, with additional support for the Drug-Free Communities Support Program and direct funding from opioid litigation settlements to the primary prevention of youth substance misuse.

- Implement policies targeting psychostimulant use that complement current opioid-focused policies.
- Promote harm-reduction approaches to reduce overdose and blood-borne infections, including increased access to syringe service programs, naloxone, and fentanyl test strips.
- Reduce the availability of illicit drugs and unnecessary prescriptions through responsible opioid prescribing practices and hotspot monitoring for overdoses.
- Lower excessive alcohol use through evidence-based policies.

Transform the Mental Health and Substance Use Prevention System

- Promote equity in mental health, including through workforce diversity and culturally and linguistically appropriate services.
- Modernize mental health and substance use services by aligning healthcare provider payment, quality measures, service delivery, and training toward clinical models focused on the whole health of individuals.
- Increase access to mental health and substance use healthcare through full enforcement of the Mental Health Parity and Addiction Equity Act.
- Expand the mental health and substance use treatment workforce and build community capacity for treatment.
- Improve data accuracy, completeness, and timeliness through innovation and additional federal funding.
- Strengthen capacity to address the behavioral health impacts of climate change and weather-related disaster.
- Expand efforts to combat stigma and improve social attitudes toward mental healthcare.

Exhibit B: California Recommendations Roadmap to Advance Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience (www.prop64roadmap.org The Commonwealth Fund)



1. Relationship & engagement-based, integrated and equitable screening, interventions, and healing



3. Cross-agency, cross-sector, training, coaching & workforce and resource capacity building

Healing-centered, trauma informed approaches to promote early and lifelong health of children, families and communities.



2. Sustainable cross-sector collaborations to integrate services, heal collective trauma & drive equity & systems change



4. Community and family-centered "launch & learn" innovation, measurement, and evaluation



Training and Capacity Building Resources: On Becoming Healing-Centered and Trauma-Informed



Relationship- and Engagement-Centered Healing: Resources for Applying a Healing-Centered and Trauma-Informed Lens

BACKGROUND
In 2018–2019, the Child and Adolescent Health Measurement Initiative (CAHMI), in partnership with the California Campaign to Counter Childhood Adversity (CCA) and with support from The California Endowment, convened a multidisciplinary Advisory Committee to advance healing-centered and trauma-informed approaches in the

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Learning-Centered Innovation, Measurement and Evaluation: Tools for Applying a Healing-Centered and Trauma-Informed Lens

BACKGROUND
In 2018–2019, the Child and Adolescent Health Measurement Initiative (CAHMI), in partnership with the California Campaign to Counter Childhood Adversity (CCA) and with support from The California Endowment, convened a multidisciplinary Advisory Committee to advance healing-centered and trauma-informed approaches in the



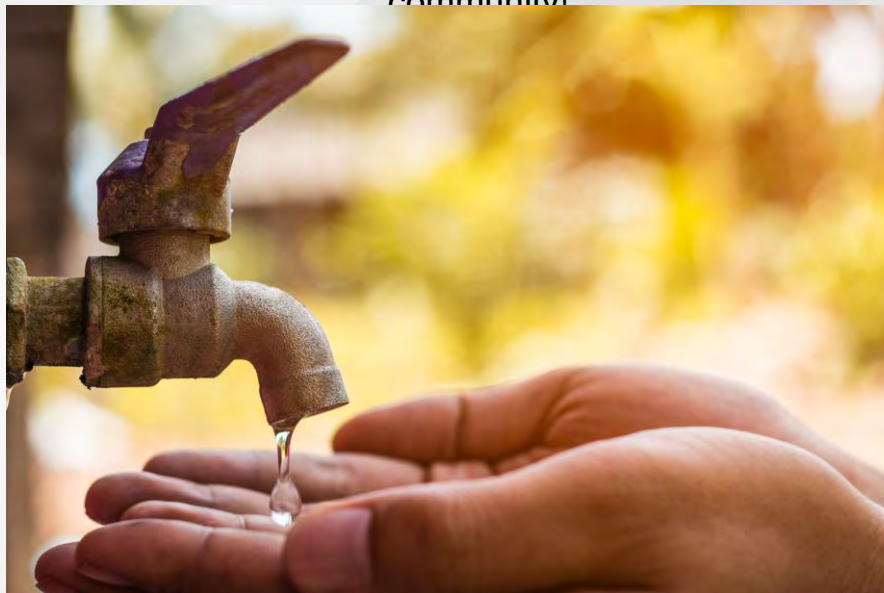
The Committee envisions a child and youth well-being focused system that builds on strengths and traditional knowledge in communities and empirical evidence on early life experiences, youth development, and disease prevention to provide comprehensive, family- and youth-engaged, community-integrated care focused on **optimizing the healthy development and lifelong wellbeing of all children and youth.**

	OLD MODEL	FUTURE MODEL
WHO	Primarily doctors and nurse practitioners	Interdisciplinary teams, community health workers, co-production with families, communities, virtual
WHAT	Individual patient-oriented, 1:1	Individual patient, family, and public health-oriented, 1:many
	Clinical treatment	Whole child and family health, prevention, outreach
HOW	Continuity through visits and phone	Continuity through visits, phone and other information technology
	Reactive, episodic	Proactive, outreach, education/empowerment, coordination/navigation
	Funded through insurance	Insurance, block grants, braided and blended funding across sectors
	Lesson plan	Listen plan, co-design and co-creation with youth, families, communities
	Focus on medical conditions	Longer time frames, investment in lifelong health and prevention

**NASEM
Consensus
Study
Report,
2024**

Christina Bethell

Our “One Big Doable Thing” Opportunity!
Getting integrated primary prevention into the drinking water of every community!



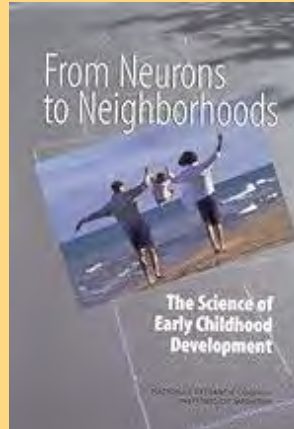
Christina Bethell,

Building on the decades of knowledge and best practice recommendations

Year 1990



Year 2000



Year 2024



Christina Bethell,

High Leverage Opportunity

Optimize Existing Prevention Infrastructures

Example: Integrated Systems Approach to Well Child/Youth Services

HRSA
Maternal & Child Health

Find Funding | Maternal & Child Health Topics | Programs & Initiatives | Data, and Epid

Home > Bright Futures

Bright Futures

HRSA's Bright Futures Program aims to improve health outcomes for the nation's infants, children, and adolescents by increasing the quality of primary and preventive care through maintenance and dissemination of age-specific, evidence-driven clinical guidelines. HRSA launched the Bright Futures program in 1990 to address a need for unified guidance on how to design the most modern, efficient, and comprehensive pediatric checkup.

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Christina Bethell,

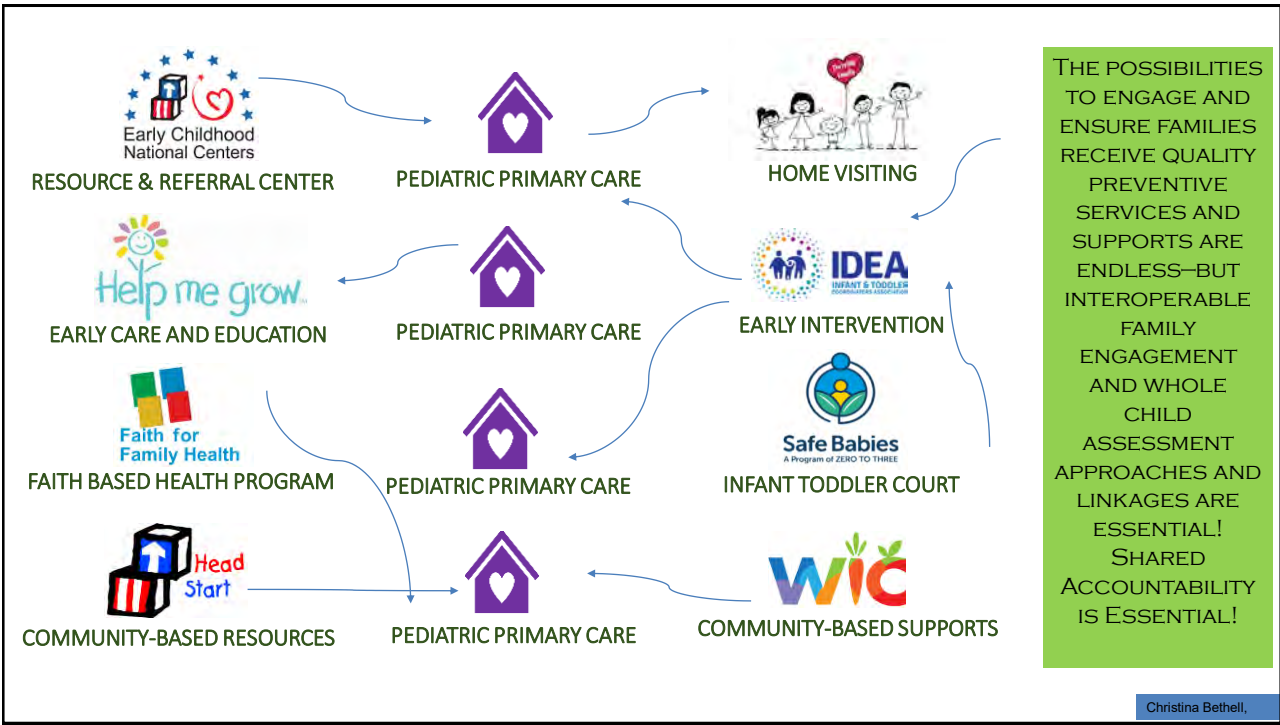
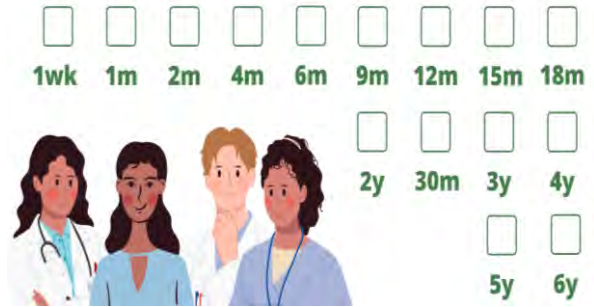
Why are well visits important?

Well visits are an opportunity for families and health providers to connect and celebrate what's going well, meet family needs, and address child health concerns. These visits allow for age-specific:



Bright Futures Guidelines recommend **15 well visits** in the first **six years** of life.

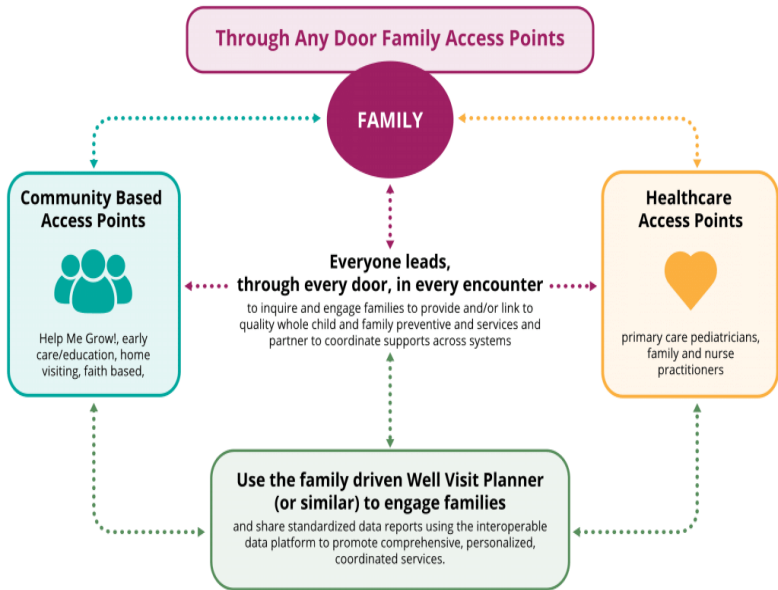
One Big Doable Thing: Equitable access to high-quality well-child care services for all young children and families-60 million encounters recommended; ½ occur; 90% missing core elements of guideline-based care. 15 age-specific visits in the first 6 years of life.



THE POSSIBILITIES TO ENGAGE AND ENSURE FAMILIES RECEIVE QUALITY PREVENTIVE SERVICES AND SUPPORTS ARE ENDLESS—BUT INTEROPERABLE FAMILY ENGAGEMENT AND WHOLE CHILD ASSESSMENT APPROACHES AND LINKAGES ARE ESSENTIAL! SHARED ACCOUNTABILITY IS ESSENTIAL!

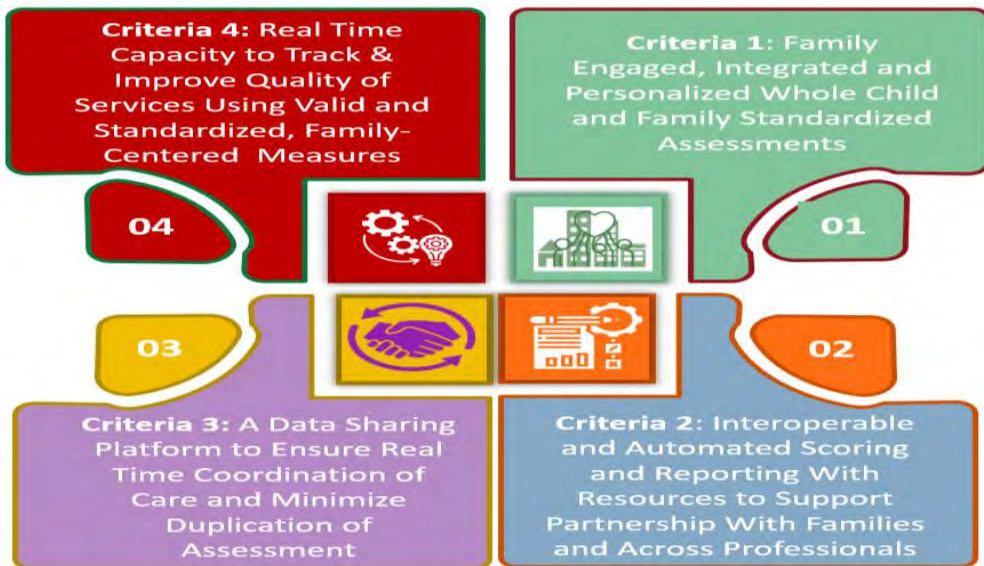
Through Any Door Family and Youth Engagement And Supports

Illustration of the Engagement In Action Framework's Through Any Door Approach Towards a Family Engaged, Community Based, Integrated Early Childhood Health System



Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

Four criteria enable effective collaboration across existing state early childhood systems



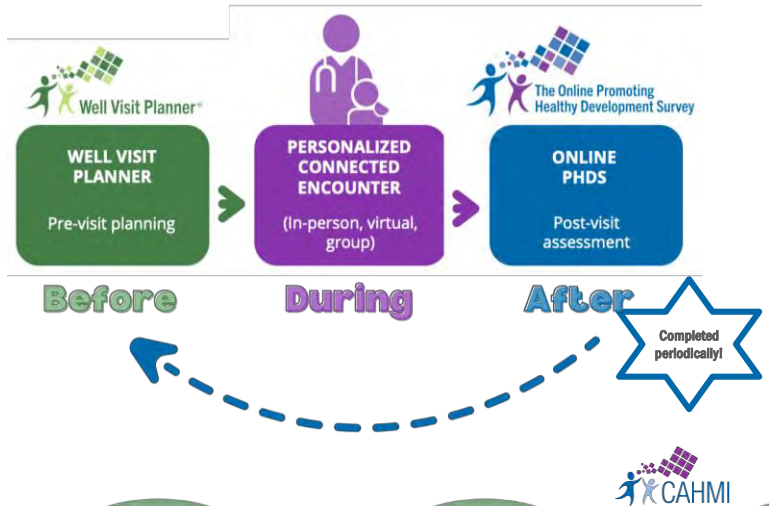
Christina Bethell,

CAHMI's Family Engaged, Interoperable Digital Health Tools Operationalized for the COE for Early Childhood



"If you want to effectively engage families, efficiently provide comprehensive care, and meet standards you need the Well Visit Planner."

- Pediatric Provider



Christina Bethell,

Welcome to the Well Visit Planner®
Your Child, Your Visit

A quick and free pre-visit planning tool to focus care on your unique needs and goals.

Get started now:
Covers all 15 age-specific well visits from your child's first week of life to age 4

Enter provider ID code | Continue without code

Take about 10 minutes to get a personalized Well Visit Guide. Get the best care focused on your child and family's unique goals and needs.

What families like about using the Well Visit Planner (WVP):

- ✓ Saves time filling out forms during visits
- ✓ Gives you a personalized Well Visit Guide with results specific to your child and family
- ✓ Provides easy to read resources on your needs and priorities
- ✓ Helps you and your child's providers focus care on your goals and needs
- ✓ Builds confidence that your child's care meets expert guidelines
- ✓ You choose what sections to complete and share

Do you want to use the WVP with the children and families you serve? [Learn more here!](#)

What is a Well Visit? Well visits are regular check-ups with your child's personal doctor, nurse, or other child health professional. At least 15 visits are recommended in the first five years of life to ensure children are healthy.

Three Easy Steps for Using the Well Visit Planner

- 1 REFLECT & ASSESS**
Reflect on what's going well and identify your goals and concerns. Assess your child's healthy development and family's unique needs.
- 2 PRIORITIZE**
Prioritize what you want to discuss during visits. Pick from recommended topics specific to your child's age and add your own topics.
- 3 PARTNER**
Partner with your child's provider(s). Your Well Visit Guide helps you and your provider focus care on your goals, concerns, needs and priorities.

The Well Visit Planner was created to be used in partnership with your provider. If you have a unique code from your provider, enter it here now.

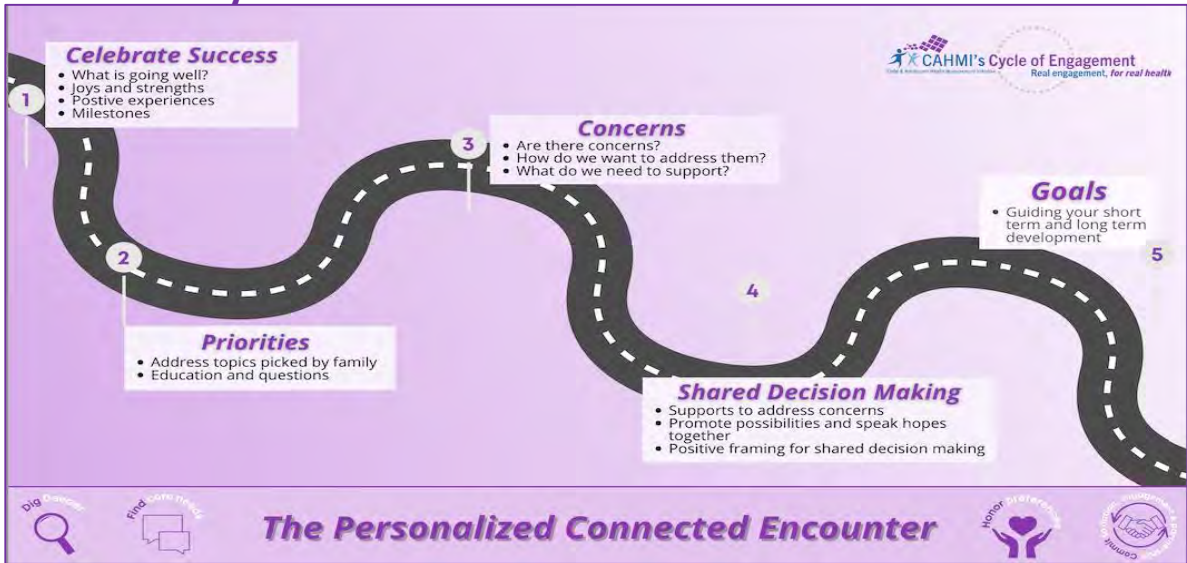
Enter provider ID code

"The WVP empowers families so we can support their goals and needs. It gives us the reassurance all screens are done and we meet family priorities. Saves time to connect, build trust and link to supports." (Pediatrician)

www.cycleofengagement.org

Christina Bethell, 2023

Our Primary Goal: The Personalized Connected Encounter



Christina Bethell,

Designed to Work In Broader System of Supports!



The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System
 Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative

**Framework Purpose:
Positive Health Equity**

The purpose of the EnAct! framework is to catalyze child health equity and improve child flourishing, school readiness and family resilience.

Framework Goals:

- 1 All In:** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
- 2 Real Engagement:** Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy and systems of care
- 3 Seamless System:** All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being

EnAct! Framework—**ONE Big Doable Thing!**

Key Elements of the EnAct! Approach



1. "Through any door" family engagement to activate trust and partner in care



2. Universal developmental and comprehensive whole child and family screening and assessments



3. Personalized, Strengths-Based Health Promotion and Supports



4. Coordinated, Warm Links to Quality Services and Interventions



5. Outcomes and Equity Based Quality Measurement and Improvement

Four "Simple Rules"

- Through any door
- Everyone a leader
- In every encounter
- No broken links

IMPLEMENTATION ROADMAP

1

Action: Establish a sustainable, cross-system, multi-level state leadership capacity

- **Outcome #1:** A cross-sector body has the structure, capacity and influence to sustainably advance state program and policy strategies that promote positive early childhood health equity
- **Outcome #2:** State leadership builds an across state agency infrastructure to coordinate strategies, resources, operations and performance measures that promote early childhood development
- **Outcome #3:** Local community coordinating bodies lead and link with state leadership to drive effective frontline systems change and improvements

2

Action: Create a culture of engagement among families, professionals, and system partners

- **Outcome #4:** Families are supported, included and activated to partner in care.
- **Outcome #5:** Families trust and experience authentic power-sharing and respect
- **Outcome #6:** Professional competencies and mechanisms for effective family engagement and partnerships are prioritized

3

Action: Catalyze, facilitate, study and spread cross-sector, practice-based implementation

- **Outcome #7:** A learning and communications network supports early adopters and spread
- **Outcome #8:** Launch and learn demonstrations inform spread and continuous improvement
- **Outcome #9:** Implementation resources are built, integrated and accessible
- **Outcome #10:** Professionals are trained to implement the science of healthy development and positive and adverse childhood experiences (PACEs) with all children and families

4

Action: Drive enabling and incentivizing policies and financing strategies critical to success

- **Outcome #11:** Policies support processes to facilitate coordination of healthcare and community based services and resources across organizations and state agency programs
- **Outcome #12:** Health plans, providers and early childhood development professionals are incentivized and financed to enable high quality care and improvement



Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

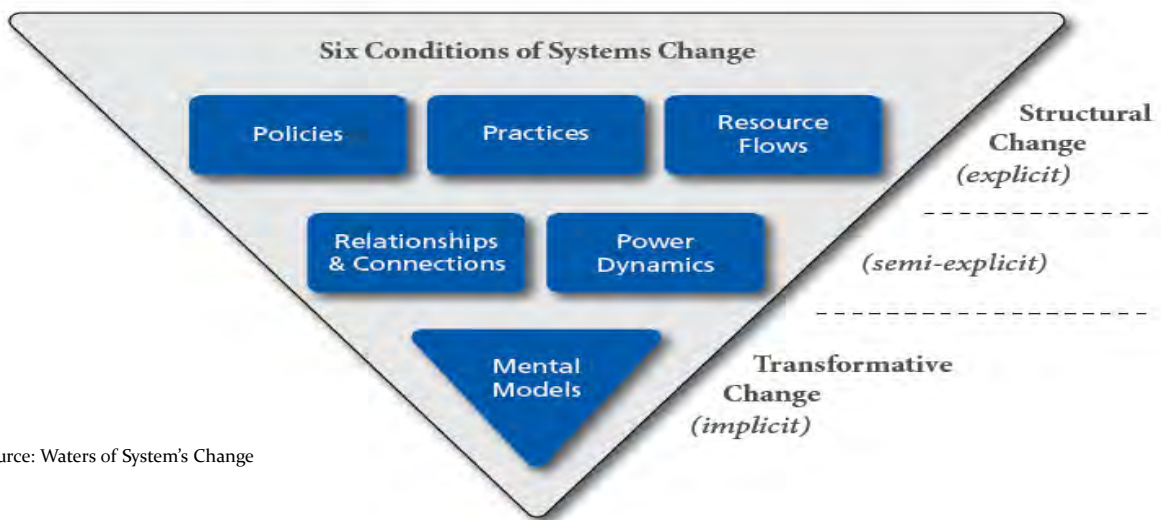
Shared Accountability Can Drive Collaboration and Change

We analyzed performance measures across nine federal/state programs and to identify current focus, overlapping measures, gaps, and future alignment

Financial levers Medicaid can include in health plan contracts and with providers	Non-Financial levers Medicaid can employ with health plans and providers	Other state levers of critical importance that Medicaid can support	Strategic levers Medicaid can use to promote implementation and improvement
<p>1. Adequate baseline payment for expected care: Ensure per member, per month algorithms Medicaid uses with managed care plans adequately reflect planned payments for utilization of high quality well child care services for all children anchored to Bright Futures Guidelines</p> <p>2. Health plan payment withholds: Employ a payment withhold using motivating measures and benchmarks sufficient to compel action as specified in the EnAct! Framework materials.</p> <p>3. Health plan incentive Payments: Employ a health plan incentive payment for deploying innovative strategies anchored to the EnAct! Framework goals and approach as outlined in sections 2-4.</p> <p>4. Bundled, enhanced billing codes: Streamline and incentivize provider/practice uptake with bundled and enhanced billing codes for use when EnAct! Framework evidence based approaches are used (e.g., one stop billing if the comprehensive pre-visit screening, planning and data sharing Well Visit Planner is used, billing for Family Specialists, etc.)</p> <p>5. Expand sites for service: Enable the EnAct! framework "through any door" approach by establishing new service sites that can bill for services when they lead to engage families in comprehensive assessments and provision of health promotion and care coordination (e.g., community and home-based settings for qualified professionals).</p>	<p>1. Enable payment innovations: Create mechanisms to encourage, enable and monitor impact of innovative, value-based payment mechanisms with providers to drive improvement in preventive and developmental health promotion services and outcomes for young children and families</p> <p>2. Strengthen provider networks: Specify requirements for adequacy of the provider network to ensure networks are specified to the needs of young children and families as reflected in the EnAct! Framework. Report network adequacy information to family, provider, community partners.</p> <p>3. Standardize coding: Require uniform coding and payment rates across health plans for specific services to streamline provider and system uptake of EnAct! Framework care approach.</p> <p>4. Improvement projects: Require health plan Performance Improvement Projects (PIPs) related to the EnAct! Framework goals, approach and strategies, including transparent reporting on actions/results</p> <p>5. Targeted demonstrations: Develop Health Services Initiatives pilots (HSIs) with health plans to implement approaches anchored to EnAct! Framework goals and approaches and priority populations.</p>	<p>1. Coordinate governance: State leadership requires coordination across state administrative and public-private sector governing bodies related to Medicaid, the Child Care Development Fund required State Early Childhood Advisory Committee, the Individuals with Disabilities Act Part C/B Early Intervention Interagency Coordination Committee, etc.</p> <p>2. Leverage Title V: Encourage optimizing the power of the Title V Block grant, which prioritizes systems building, coordination of services, family engagement, early childhood development and achievement of MCH outcomes/system performance</p> <p>3. Establish postpartum coverage: Work to secure Medicaid postpartum coverage, dramatic improvements in early intervention and home visiting resources and coordination with healthcare and support family income support policies</p> <p>4. Services and income support program eligibility and access: Monitor and improve processes to streamline eligibility and access to early intervention, home visiting, early care and education and related state health and income support programs essential to the healthy development and wellbeing of young children and families.</p>	<p>1. State plan amendments: Secure a State Plan Amendment with the federal government to enable innovative payment and service approaches aligned with the EnAct! Framework</p> <p>2. State quality strategy: Strengthen the Medicaid state quality strategy to specifically set measurable goals for the healthy development of children aligned with EnAct! Framework goals and strategies.</p> <p>3. Family leadership: Include and support family leaders to serve as Medicaid Beneficiary Advisory Panel/medical advisory committee members to shape Medicaid to meet child and family goals</p> <p>4. Quality reporting: Enrich Medicaid contracts with External Quality Review Organization (EQRO) to further assess quality for preventive and developmental services that align with the Affordable Care Act, Section 2713 of the Public Health Service Act, EPSDT and the EnAct! Framework</p> <p>5. Public reporting: Ensure public transparency of all health plan PIPs, HSIs and quality ratings to the public, families, health systems, providers and system partners in improvement.</p> <p>6. Cross-agency collaboration: Further formalize and monitor Division of Medicaid, Title V, Early Intervention and other agency partnerships and resource flows agreements to optimize early access to and quality of early childhood services and using publicly accessible cross-agency agreements, memoranda of understanding that are reviewed for implementation and improved over time.</p> <p>7. Administrative improvements: Identify and publicly report on quality metrics related to administrative processes related to child and family enrollment in Medicaid and access to quality services, as well as clarity about and timeliness of payment for providers</p>
Source: Child and Adolescent Health Measurement Initiative, Feb. 2023	Source: Child and Adolescent Health Measurement Initiative, Feb. 2023	Source: Child and Adolescent Health Measurement Initiative, Feb. 2023	Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

A fish is swimming along one day when another fish comes up and says "Hey, how's the water?"
The first fish stares back blankly at the second fish and then says "What's water?"

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE

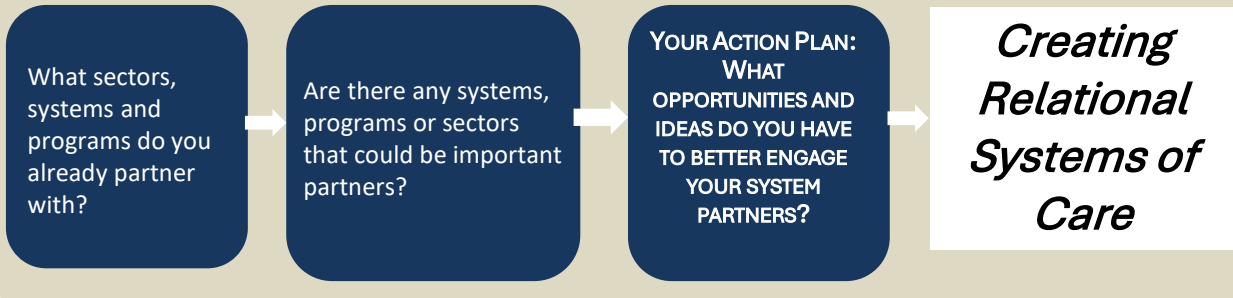


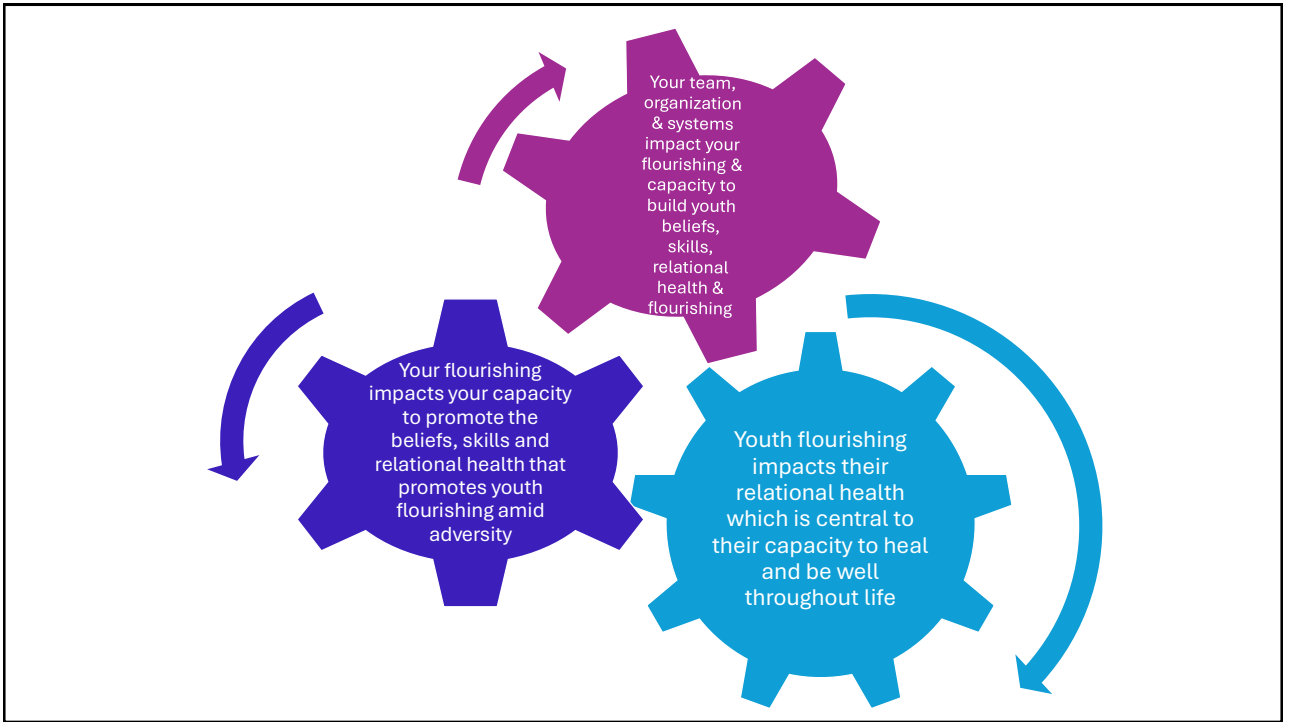
Source: Waters of System's Change

What are your leverage points to catalyze positive system change



IDENTIFYING AND ENGAGING SYSTEM PARTNERS TO BUILD RELATIONAL SYSTEMS OF CARE





Considering the Relational Health In Your Team

Relational health in teams focuses on establishing and maintaining meaningful relationships in groups which develops from interactions and connections with others. Having a network grounded in supportive relationships can help us maintain and build our own flourishing (meaning, purpose, engagement, relationships, positive orientation, care and contribution, sense of mattering)

Relational health explains how individual and team capacities that support the development and maintenance of safe and supportive relationships that buffer challenges and build resilience and flourishing.

Building relational health in teams involves fostering strong, positive connections and communication among team members, leading to increased trust, collaboration, and ultimately, improved team performance. This can be achieved through intentional strategies like promoting open communication, organizing team-building activities, and recognizing individual contributions

Lessons from the National Behavioral Health-Primary Care Integration Learning Collaboratives on Trauma Informed Care

“The Central Role of Relationships With Trauma-Informed Integrated Care for Children and Youth”

Jonathan D. Brown, MHS; Melissa A. King, PhD, MPAff; Lawrence S. Wissow, MD, MPH. Academic Pediatrics Child Well-Being and ACEs

September 2017, Suppl

“For trauma patients, knowing that you’ll be respected, that people will explain things to you, that you’ll have choices and won’t be trapped, all of this is important to achieving good outcomes,” Wissow says.

“This research suggests that it’s vital for patients to form healthy relationships with staff from the moment they contact a care facility, not only including those that directly provide healthcare, but also those that answer phones or check them into appointments.”

Trauma informed care really depends not only on what you do for patients but how you do it,” says Wissow

“...research shows that having **staff** at the same healthcare practice **who collaborate well** despite constant exposure to patients’ crises, as well primary care providers who have personal relationships with specialists and community organizations that also assist trauma patients, is key to getting patients the resources they need to heal.”

Christina Bethel, 2023



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The Protective Effects of Perceived Cohesion on the Mental Health of First Responders

Mary O. Smirnova, Samantha J. Meckes, and Cynthia L. Lancaster
Department of Psychology, University of Nevada, Reno

Perceived cohesion is an individual’s **sense of belonging to a particular group and feelings of morale** corresponding to this group affiliation (Bollen & Hoyle, 1990)

A sense of belonging to a team improves mental health and reduces burnout among front line workers!

Your Being, Their Well Being

- **...among first responders, perceived cohesion is associated with increased resilience and decreased PTS, STS, depression, and burnout**, even after controlling for the protective effects of perceived social support....
- **the morale component of perceived cohesion might be particularly important** for explaining its impact on resilience, and the personal achievement and emotional exhaustion facets of burnout. (Bollen & Hoyle, 1990)



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Your Being, Their Well Being

- Some examples of team-building exercises shown to facilitate cohesion and job satisfaction include:
 - activities that teach people **new things about each other**
 - discussing likes and dislikes about the job playfully (e.g., writing them on balloons)
 - problem-solving tasks (Birx et al., 2011)

IDENTIFYING AND ENGAGING YOUR TEAM

Who is a part of your team

How would you characterize the "Relational Health" of your team

YOUR ACTION PLAN:
TOP TWO OPPORTUNITIES OR IDEAS YOU HAVE FOR IMPROVING RELATIONAL HEALTH WITHIN YOU TEAM

Flourishing Teams

Your Personal Toolkit
Throwdown!



It Begins With Us!

Core Competencies

Attuning to our own inner experience and intentions (Being)

Engaging, sensing and aligning with the other – "biosynchrony" (Belonging)

Moving from insights arising moment by moment to deepen connection, teach and model skills and formulate action plans (Becoming)



C. Bethell

Memory of our experiences
IS STORED IN OUR BODY

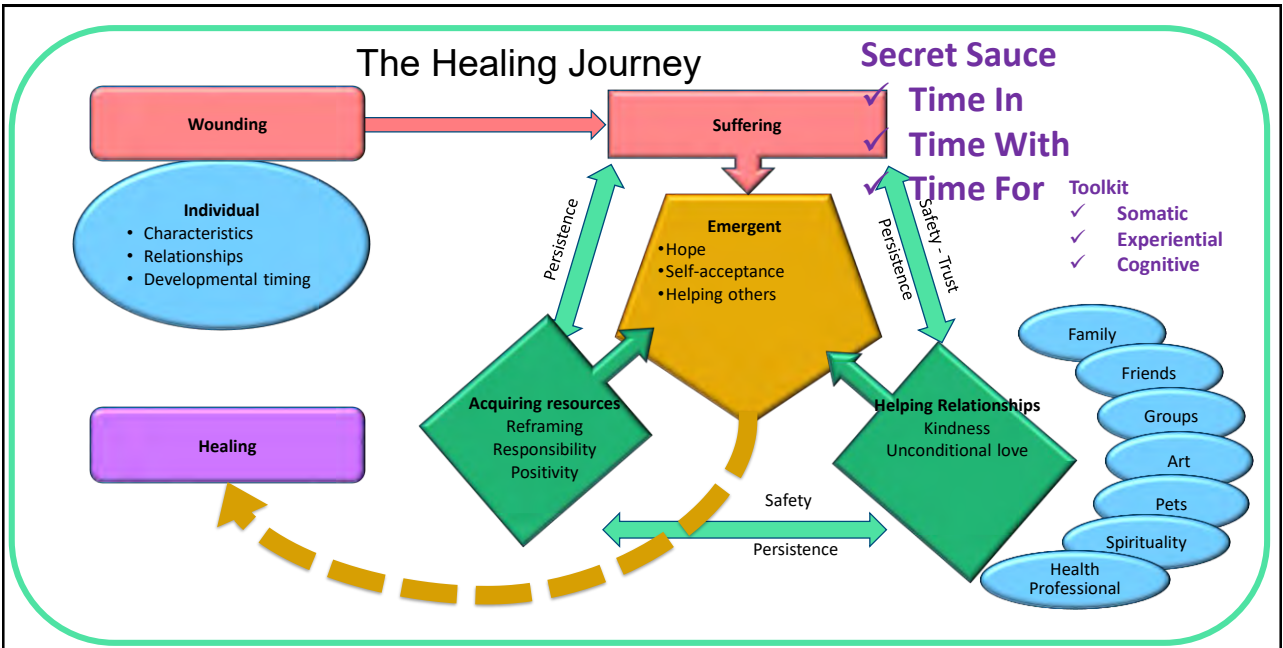
When a baby feels safe, they explore and if a baby explores, they learn.

Relational health in childhood leads to the co-created regulatory space between caregiver-infant interactions. This sets the foundations for later biological, stress system regulations that are important for long term health Restoration of this co-regulation is possible at any age and is just as essential for adults as children.

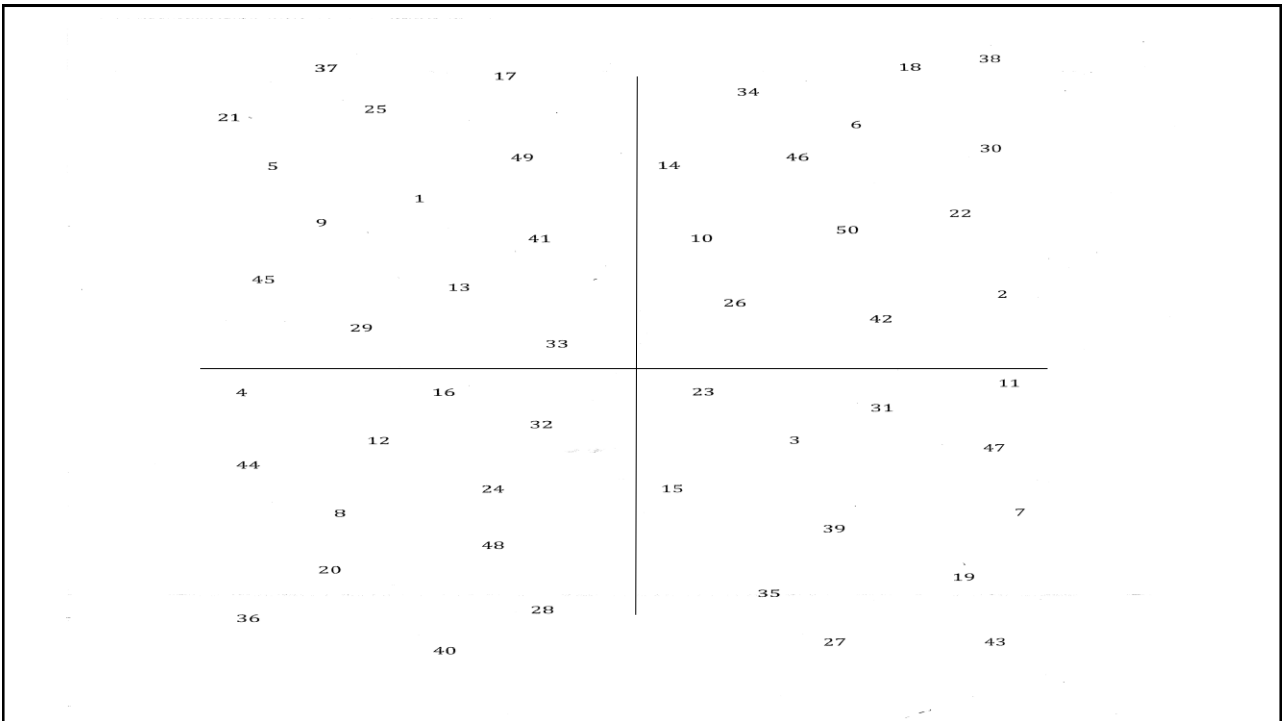
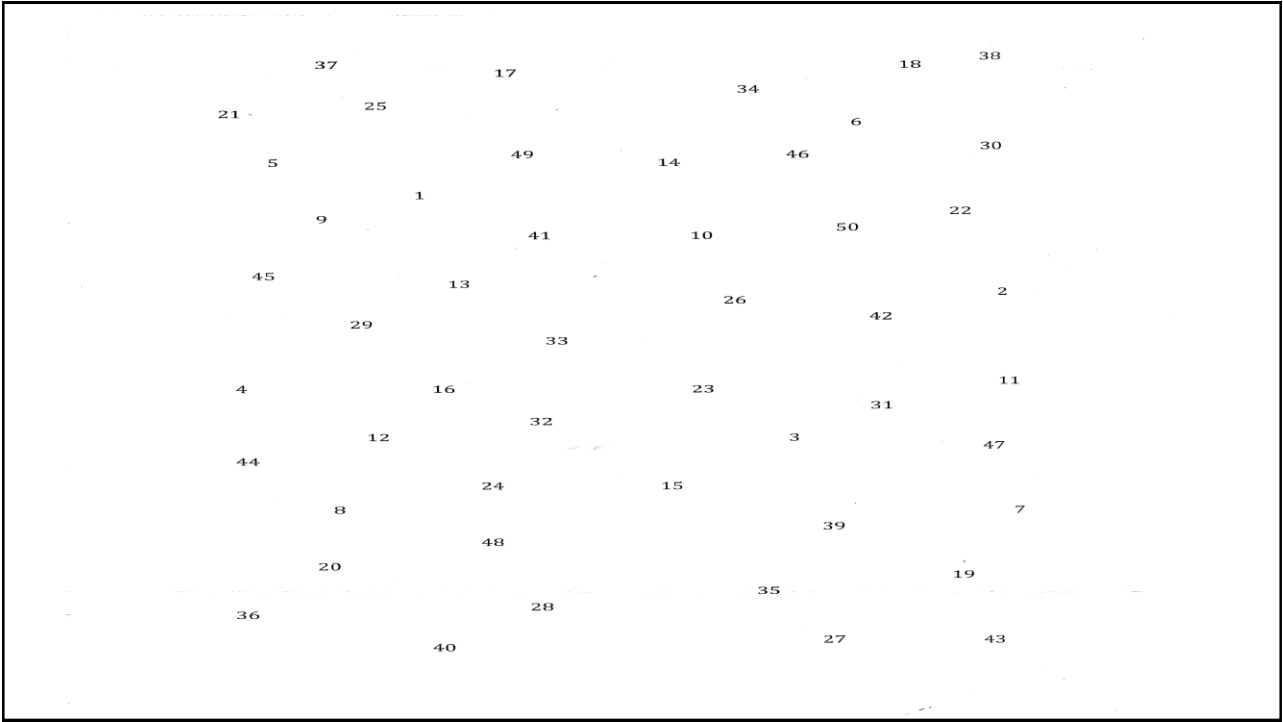
“Like a river eddy blocks the natural flow of water, trauma resulting from lack of attuned, safe connection blocks healthy brain, body and social and emotional development.”

From oral testimony presented to the US House Committee on Oversight and Reform,
July 11, 2019 Christina Bethell.

<https://docs.house.gov/meetings/GO/G000/20190711/109762/HHRG-116-G000-Wstate-BethellC-20190711.pdf>
<https://oversight.house.gov/legislation/hearings/identifying-preventing-and-treating-childhood-trauma-a-pervasive-public-health>



Scott JG, Warber SL, Dieppe P, Jones D, Stange KC. Healing journey: a qualitative analysis of the healing experiences of Americans suffering from trauma and illness. *BMJ Open*. 2017;0:e016771



“As trauma is a common experience in human life, it is incumbent on us to learn how to mobilize internal and external resources to overcome adversity and live psychologically healthy lives.”

Psychological Services
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Promoting Resilience in Persons With Serious Mental Health Conditions During the Coronavirus Pandemic

Elsa A. Friis-Healy¹, Eugene W. Farber², Sarah C. Cook², Katherine A. Cullum², Charles F. Gillespie², Erica D. Marshall-Lee², Naadira C. Upshaw², DeJuan T. White², Shujing Zhang², and Nadine J. Kaslow²
¹ Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine
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Psychological Trauma: Theory, Research, Practice, and Policy
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Introduction to the Special Issue: Resilience and Perseverance for Human Flourishing

Jack Tsai^{1,2} and Sandra B. Morissette³
¹ School of Public Health, University of Texas Health Science Center at Houston
² National Center on Homelessness Among Veterans, U.S. Department of Veterans Affairs Central Office, Washington, DC, United States
³ Department of Psychology, The University of Texas at San Antonio

Table 1

Intervention Strategies to Bolster Control, Coherence, and Connectedness at the Individual, Interpersonal, and Systemic Levels

Domain	Intervention	Intervention strategies	Evidence supported therapeutic approaches or programs
Control: Individual	Self-care	<ul style="list-style-type: none"> Physical activity Healthy eating Sleep Tobacco cessation 	Cognitive adaptive training
	Adaptive coping	<ul style="list-style-type: none"> Negative automatic thoughts Problem-solving skills Values-based goal setting and action 	Cognitive-behavioral therapy (CBT)
	Mindfulness	<ul style="list-style-type: none"> Mindful awareness Acceptance Reduced avoidance 	Mindfulness-based cognitive therapy (MBCT)
	Self-compassion	<ul style="list-style-type: none"> Self-acceptance Mindful awareness Perspective-taking Empathy Self-compassion 	Compassionate approach to schizophrenia and schizoaffective disorder (COMPASS)
	Optimism and hope	<ul style="list-style-type: none"> Reduced self-criticism and self-stigmatization Sense of predictability and control Hope that stresses can be managed Gratitude Values-based goal setting and action Exercising personal strengths Reenvisioning stressors as opportunities for growth Acts of kindness Ability to infer the mental states of self and others 	Positive psychology interventions
Control: Interpersonal	Social cognition	<ul style="list-style-type: none"> Recognize emotions Self-efficacy in social situations Cognitive flexibility in the context of social relationships 	Social cognition and interaction training (SCT)
	Social reciprocity	<ul style="list-style-type: none"> Virtual social engagement, peer mentorship, and support Relational monitoring 	Social skills training approaches
Control: Systemic	Self-management	<ul style="list-style-type: none"> Medical self-management and adherence Relational monitoring 	Symptom Tracking Apps
Coherence: Individual	Coherent narratives and meaning making	<ul style="list-style-type: none"> Normative dialog Normative attitude Compassionate self-observation Self-reflection 	Metacognitive insight and reflection therapy (MERIT)
	Values-based living	<ul style="list-style-type: none"> Goal aligned activities Values-based goal setting and action (committed action) Acceptance and diffusion Noncritical present awareness Spirituality Spiritual coping Higher power or community 	Acceptance and commitment therapy (ACT) for psychosis
	Spirituality	<ul style="list-style-type: none"> Higher power or community Spiritual coping 	
Connectedness: Individual	Social connection and networks	<ul style="list-style-type: none"> Social connectedness Engagement in a social networks 	Peer support resources Social skills training approaches
Connectedness: Interpersonal	Social skills	<ul style="list-style-type: none"> Nonverbal and verbal communication skills Assertiveness skills 	
	Social support	<ul style="list-style-type: none"> Family support and connection 	Family psychoeducational approaches NAVIGATE program

3FTB: We Are the Medicine: Healing Is Prevention



Food, Fun, Fitness
(nutrition, play, movement, neuroarts...)



Time In (BEING)



Time With
(BELONGING)

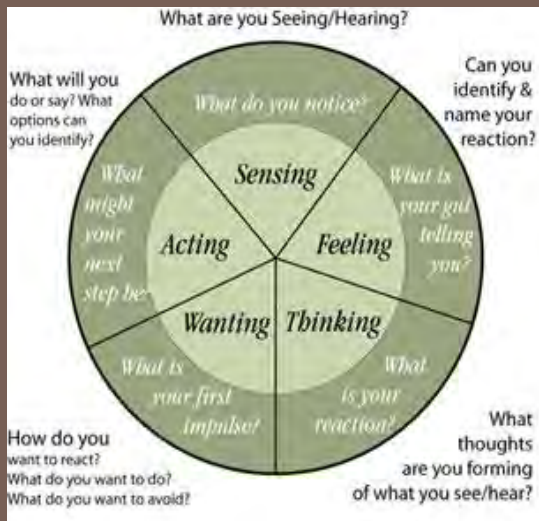


Time For
(BECOMING)



Source: Bethell, C. We Are the Medicine: Human Development and Child Well-Being in an Era of Ordinary Magic. Center for the Advancement of Innovative Health Practices, Portland, Oregon. April 2014

Wheel of Awareness and R.A.I.N



R.A.I.N

Tara Brach

R = Recognize

Pause and recognize that you are experiencing suffering

A = Allow/Accept

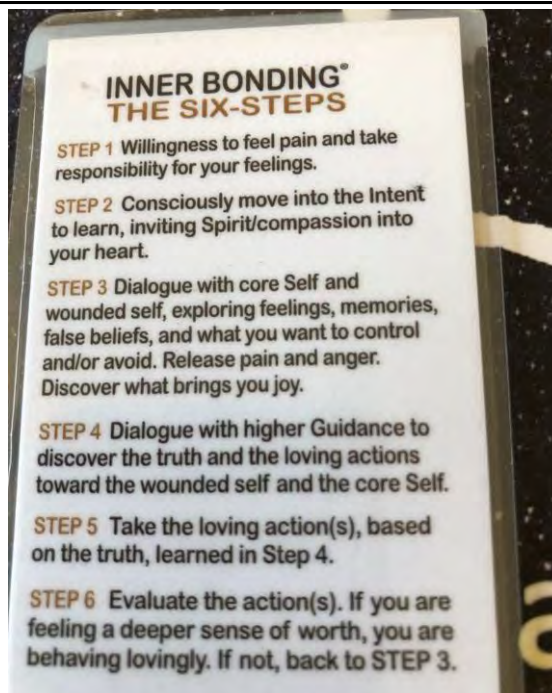
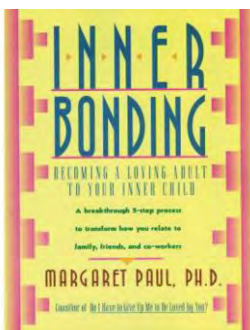
Allow the suffering to just be there, without pushing away, without judgment

I = Investigate

Explore what is going on? Is the situation itself causing your suffering or is there a larger source of? Again, to investigate without judgment, as if you were a sociologist of the experience. It is simply about what is.

N = Non identification

We see the experience not as "who we are," or identity, but rather as an experience.

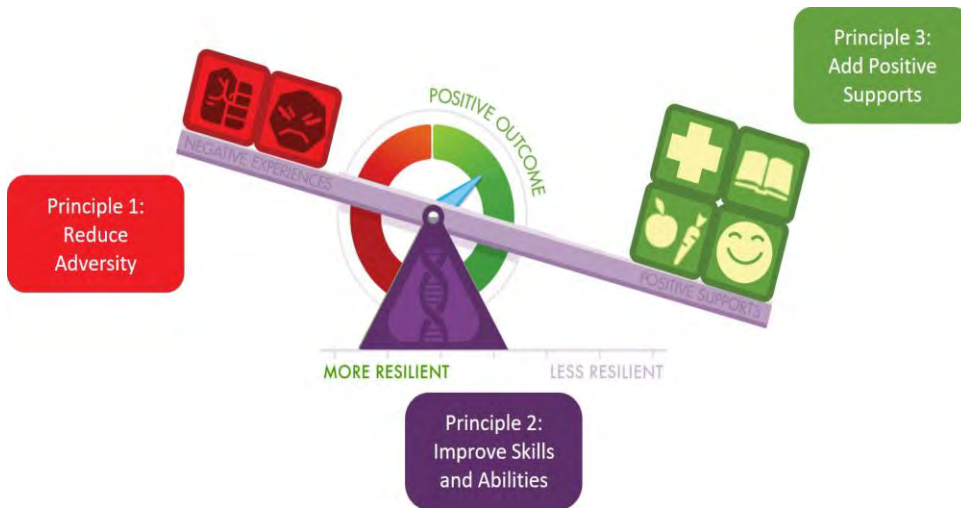


The Resilience Scale Tool

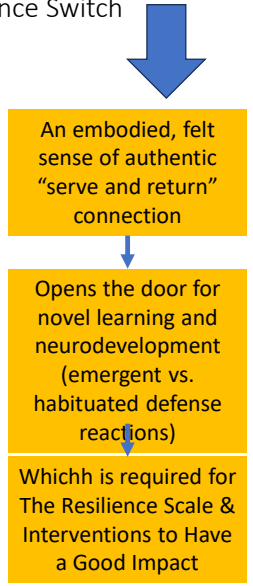
<https://www.albertafamilywellness.org/resilience-scale-masterclass/>

Not all Green Boxes Are Created Equal

The Essential Need to Go from “Fixing to Connecting” to Turn On the Resilience Switch



(Alberta Family Wellness Initiative)



Possibility Pitfalls

Avoiding the “Hard-Easy” Cognitive Bias

UTNews
The University of Texas at Austin

SCIENCE & TECHNOLOGY | HEALTH & WELLNESS | ARTS & HUMANITIES | EDUCATION & LEADERSHIP | BUSINESS & ECONOMY

UT News | Press Releases | Depression Lowers When Teens Learn They Can Change, Study Shows

Depression Lowers When Teens Learn They Can Change, Study Shows

Sept. 23, 2021

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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.

https://www.google.com/search?q=toxic+positivity&xsrf=ALeKk02nA8AqULP_B9-6XhZDx_S8nx-g:1616723518017&source=inms&tbn=isch&sa=X&ved=2ahUKewjuy_a37MzvAHVUGFRFhc3vDHcQ_AUoAxeCAEQAw&biw=1280&bih=609

C. Bethell April 9, 2021

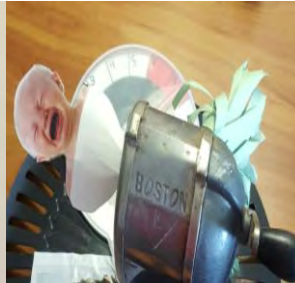
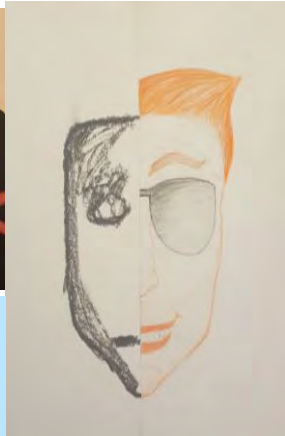
Finding the Jewel

Underlying every pain is longing
and knowing of what is good
and right and true!



https://www.google.com/search?q=Finding+the+Jewel&xsrf=ALeKkooYpnOKmaBoHuLj7pokdtnhVIWVZg:1616719512727&source=lnms&tbn=isch&sa=X&ved=2ahUKewi6jYFC3evAhVBMIkFHdjlCQ8Q_AUoAnoECAEQBA&biw=1280&bih=609&dpr=3#imgrc=v37:EQthLbZtuM

C. Bethell March 26, 2021



"...research would say, they shouldn't be this way

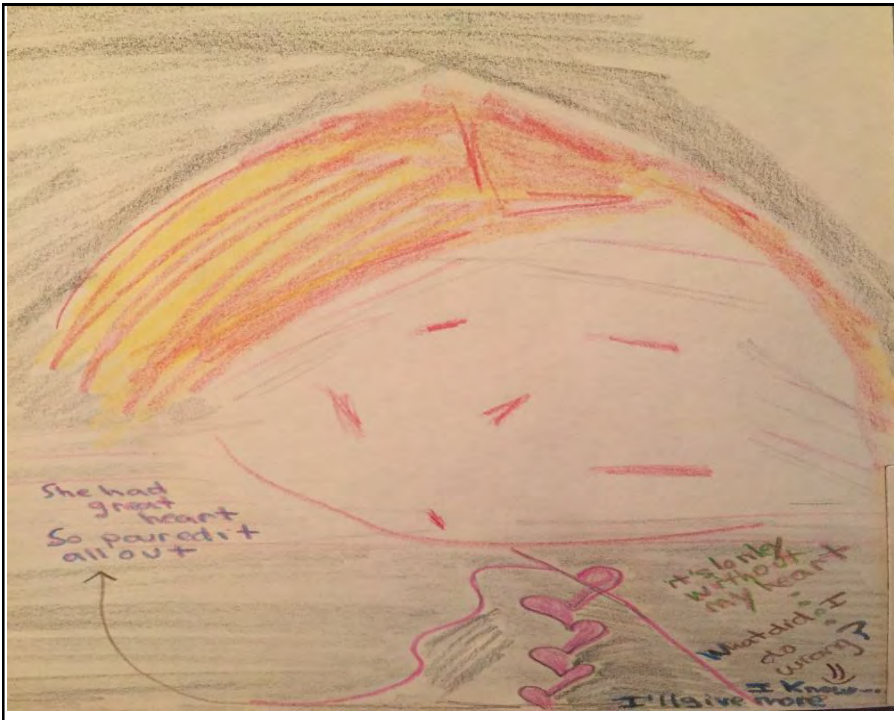
But love sprung out
Their improbable outspout
Until eventually even they ran dry

Improbably then
The real journey begins
Held down with a howl
An in spout installed
Pain rising up to be skimmed

Excerpt "Improbable Few" CB

Awareness is not enough. We must create a culture of healing to prevent further decline and meet his serious moment with hope, persistence, creativity and skill and restore flow from "that place that already knew"

Christina Bethell, 2023.



It's hard to get rid of the demons inside you. Because they were holding you when nobody else did.



It's what she knew, so she clung to it.

Aspire to rewire...the brain can grow and change!

Christina Bethell, 2023

A Trauma-Informed Ode to Epigenetics and the Microbiome

Only Begins (April 2016)
By "Sweetpea" (Christina Bethell)

I am in the world
And the world is in me
From my toes, to my nose,
to my belly, to my knees
What's in is out,
What's out is in
Endings can't be endings
'Cause there's only begins

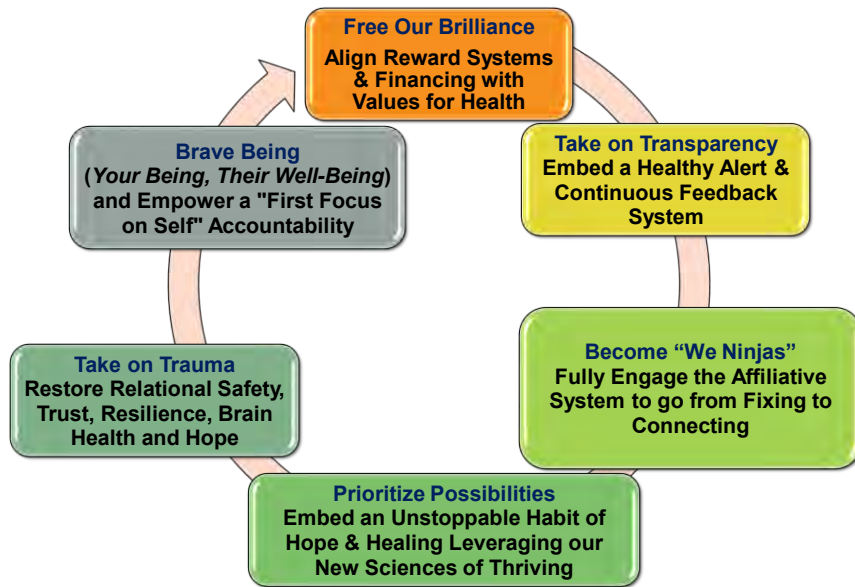
Begins are like flowers
That lean toward the light
When I am aware of what is there
It's never really night
The scariest of scaries
Are just frights from before
I'm almost never afraid
Of what's actually at my door

Healing Wisdom Learned

I am impacted by my experiences.
It's not what's wrong with me, it's what happened to me.
My body and brain are all effected in seen and unseen ways.
It's not what happened, it's how it impacted me.
My reactions to life are patterns I learned before.
They impact others, just as others impact me (mutuality).
When I get quiet and notice the moment inside, I can meet each one new, choose to be present for my life, and not stuck in the patterns and a trance of trauma

When I stay present I can remind myself to focus on what is really happening and ask for help if I need it
Most of the time I am safe;
If not, I know what to do.
I (and my body) may never forget,
but I can use skills to heal for my whole life.
Noticing that I do not feel afraid all the time anymore helps me know what feeling good is like—then I can choose things that feel good like I could not do before.

My Six Wishes: Catalyzing a “We Are the Medicine” Paradigm Shift to Build an EcoSystem to Take Healing and Flourishing to Scale In Policy and Practice



RETHINKING

The New Science of Thriving

Our well-being—individually and as a society—depends on mindfulness.

Story by Christina Bethell • Illustrations by Joel Nakamura

- Mindsets to match the mandate
- Metrics to match the mindset
- Methods to move the metrics

Source: Bethell, C. 2016



Transformational Change and the Creative and Effective Use of Data



- Shared Vision
 - Build Trust
 - Committed Leadership
 - Incremental Success
 - Joint Ownership - Establish Credibility
- Avoid the 3C's: Control, Credit, Competition,

We Are the Pioneers In Moving Beyond Waiting for Tragedy to Strike to Give Our Best to One Another

“When Mother (or Human) Nature is at its worst, human nature is at it’s best”

Embrace the Challenge!®

State of Public Health

astho

Love as a Public Health Intervention

Marissa J. Levine, MD, MPH; Mary Ann Cooney, MPH, MSN, RN

Would actions of compassion, care, helpfulness, respect and devotion improve community health?

Hurricane Harvey demonstrated that, in the words of expert *CBS* storyteller Steve Hartman, “When Mother Nature is at its worst, human nature is at its best.”¹ Love and caring were in full display without regard to race, ethnicity, political beliefs, or other superficial differences. People came together in ways we see repeated in times of crisis: Neighbors caring for neighbors. Maybe John Lennon was correct. “Love is all you need.” Fifty years ago

epidemiologists may not directly reference “love” per se, they are now finding that developing strong individual and community connections builds a sense of well-being and reduction in the areas of interpersonal crime, domestic violence, and substance abuse. Love, as a context within which we live, may have powerful public health implications.

This may be very good news, since public health officials find themselves at an important crossroad in

astho: Association of State and Territorial Health Officials

“Has our thinking to date resulted in the design of systems (organizations, communities, governments) devoid of or inhibitory to the basic human need of establishing and maintaining loving and caring relationships?... the infrastructure we are talking about is the human systems that are needed to ensure we are working together in an intentional, aligned, and focused manner... from the perspective of relationships based on love and caring.”

Levine MJ, Cooney MA. Love as a Public Health Intervention. *J Public Health Manag Pract*. 2018 Jan/Feb;24(1):87-89. doi: 10.1097/PHH.0000000000000736. PMID: 29189547.



<https://www.ifgic.org/the-citizen-is-present-goes-climate/>

“The success of an intervention depends on the interior condition of the intervenor.” William O’Brien, former CEO, Hanover Insurance

Flourishing and The 23 Global Inner Development Goals

Green: A flourishing characteristic itself (5)

Blue: A skill inherent to flourishing characteristics (12)

Grey: Essential to the promotion of flourishing characteristics and skills (5)

Peach: New (1) NOTE: Several flourishing skills not reflected in IDGs



The 5 Categories with the 23 skills and qualities

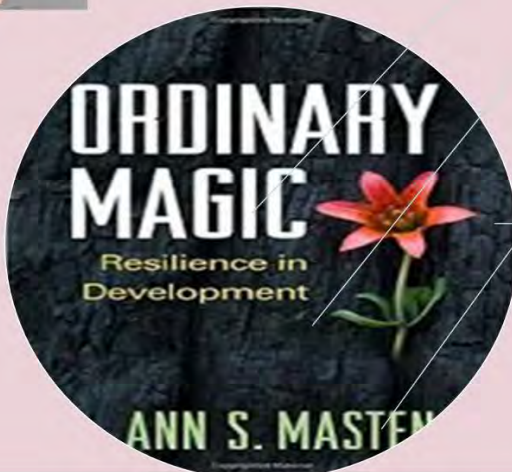
Read the full report 'Inner Development Goals: Background, method and the IDG framework' at <https://www.idgframework.org/>

- 1 Being — Relationship to Self
- 2 Thinking — Cognitive Skills
- 3 Relating — Caring for Others and the World
- 4 Collaborating — Social Skills
- 5 Acting — Driving Change

Relationships At the Core of Adaptive Systems: (Masten, '14)

MAGIC RATIO

5 POSITIVE INTERACTIONS FOR 1 NEGATIVE INTERACTION



Relationships

- Safe, stable, nurturing
- Effective parents and caregivers
- Connections to other competent and caring adults

Child

- Awareness of sensations, feelings, meaning; self soothing
- Problem solving skills; resourceful;
- Positive beliefs about self
- Beliefs that life has meaning; goals
- Spirituality and faith; hope

Community & Environment

- Socioeconomic sufficiency
- Pro-social culture and peers
- Effective teachers/schools
- Safety and trust
- Collective efficacy and capacity for problem solving

Core Protective Systems

Capabilities

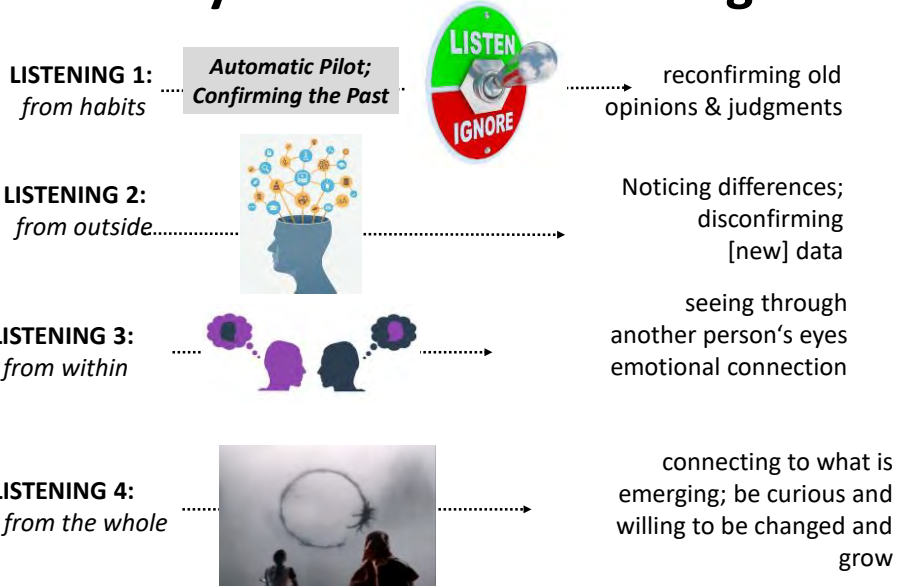
Attachment & Belonging

Community Culture Spirituality

“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

Theory U: Levels of Listening



BRIEF OPENING REFLECTION

INSPIRATION, LEARNING, QUESTIONS



**WHAT HAS INSPIRED ME
AND WHAT ACTIONS MIGHT
I TAKE BECAUSE OF THIS?**

**(FOR MY WORK OR
MYSELF)**



**WHAT HAVE I LEARNED
(OR HAVE HAD
REINFORCED)?**

**(ABOUT MY WORK OR
MYSELF)**



**WHAT DO I WANT TO KNOW
MORE ABOUT?**

**WHAT QUESTIONS DO I
HAVE? FOR MYSELF OR MY
TEAM?**

Level 1 – Universal **Preventions** that actively promote Relational Health
3SRs-Safe, Stable, Supportive Relationships

Promote the development of 3SRs by:

- Loving the youth (if not the behavior)
- Understanding youth development (and what specific behaviors mean)
- Promoting positive but authoritative (not authoritarian) support styles
- Encouraging large amounts of experiential opportunities that foster connection

Proactively build the foundational skills for resilience through 3SRs that:

- Model social capacities, emotional regulation, healthy self-talk and communication skills and adaptive functioning and resilience (parallel processes)
- Nurture foundational social, emotional and communication skills that meet the youth where they are developmentally
- Identify the youth's passions and healthy distractions (sports, music, art, hobbies, volunteering, cooking, dancing, yoga, writing, theatre, crafts, gardening)
- Provide opportunities to practice and implement these foundational skills (group activities, meeting and resolving conflict, meet/manage disappointments)

When adversity occurs, buffer it through 3SRs that:

- Meet a youth's most basic needs in order to prevent additional adversity (safe)
- Promote routines and predictability to decrease additional stress (stable)
- Encourage the use of healthy distractions and adaptive behaviors (self nurturing)

1

DAY TWO

Session Overview



**Sowing the Seeds of Social Emotional Learning (SEL):
A Statewide Approach to Promoting SEL**

Tiffany M. Jones

***PhD, MSW, MFT, Associate Professor, School of Social
Work, Colorado State University***

Presenter Bio



Tiffany M. Jones

***PhD, MSW, MFT, Associate Professor, School of Social Work,
Colorado State University***

Tiffany M. Jones is an Associate Professor at the School of Social Work at Colorado State University. Dr. Jones worked for seven years in community mental health as an art therapist and supervisor in the diverse communities of Los Angeles. Her research is informed by experience supervising and implementing evidence-based practices in varied communities, motivating her to build bridges between research and practice through partnerships with community organizations. Dr. Jones researches behavioral health prevention and promotion through social emotional learning and organizational practice to intervene and interrupt institutional structures that reproduce inequity, particularly in the school context.

Sowing the Seeds of SEL:

A Statewide Approach to Promoting SEL



Tiffany M. Jones PhD MSW MFT

Associate Professor, Colorado State University School of Social Work
tiffany.jones@colostate.edu

Valerie B. Shapiro & Collaborators[∞] at the SHIFT Research Institute

CalHOPE is Funded by the CA Department of Health Care Services

UC Berkeley SHIFT Research Institute



Valerie Shapiro,
Scientific Director



Addison



Alagia



Alejandro



Amia



Ashley



Cheng



Esmeralda



Erika



Jax



Juyeon



Kamryn



Megan



Patrick



Quinn



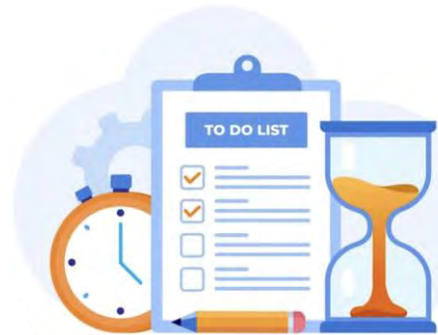
Sophia



Tiffany

Presentation Overview

1. Who is in the room?
2. Setting the stage: Why are we all here?
3. SEL & Prevention
4. SHIFT model of SEL Implementation
5. Statewide Implementation of SHIFT: CalHOPE
6. What we have learned so far?



Who is in the room? [SLIDO]

Law Enforcement & School Safety Officers

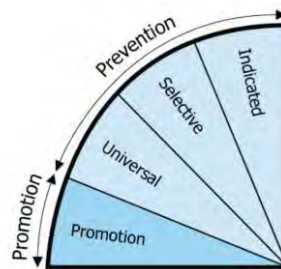


Fort Collins school resource officer Keith Maynard and seventh grader Laverie Sneed exchange a congratulatory handshake on Thursday, May 3, 2018, at Emerald Core Knowledge Middle School. Timothy Hurst/The Coloradoan

Public Health



Prevention Professionals



Researchers



Why are we all here?



Youth mental health crisis

In 2023, CDC found that:

4 in 10 (40%) students had persistent feelings of sadness or hopelessness.

2 in 10 (20%) students seriously considered attempting suicide and nearly 1 in 10 (9%) attempted suicide.

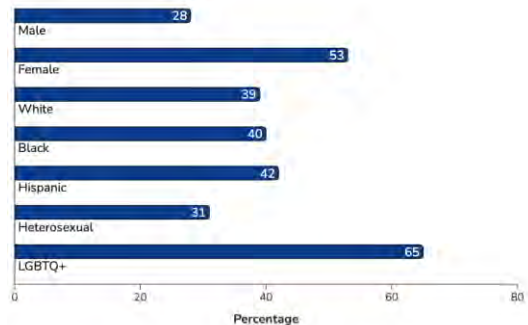
22% of high school students drink alcohol, 10% have used illicit drugs, and 12% have misused opioids

<https://www.cdc.gov/healthy-youth/mental-health/index.html>

<https://www.cdc.gov/yrbbs/dstr/index.html>

Depressive Symptoms by Demographics in 2023

<https://www.cdc.gov/healthy-youth/mental-health/mental-health-numbers.html>



Prevention & Social and Emotional Learning (SEL)

Prevention: The act of stopping something from happening before it occurs.

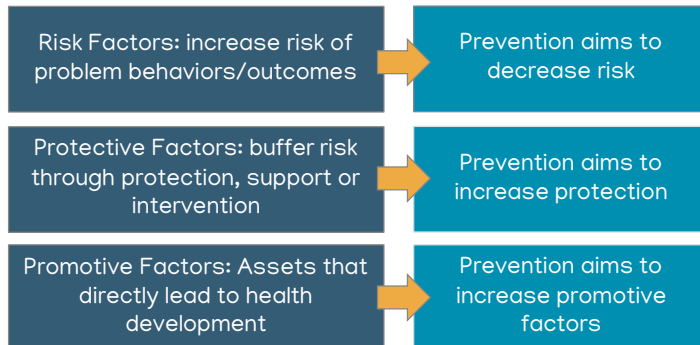
Risk Factors: increase risk of problem behaviors/outcomes

Protective Factors: buffer risk through protection, support or intervention

Promotive Factors: Assets that directly lead to health development

Prevention & Social and Emotional Learning (SEL)

What does prevention aim to do?



Defining Social and Emotional Learning (SEL)

SEL involves a coordinated set of evidence-based programs and practices to:

Establish safe and supportive learning environments

Foster social and emotional competencies (SECs) including the abilities to

- understand and manage emotions
- set and achieve positive goals
- feel and show caring and concern for others
- establish and maintain positive relationships
- make responsible decisions

SLIDO: Do you have prior knowledge or experience with Social and Emotional Learning (SEL)?

- a. No, I've never heard of SEL.
- b. I've heard of SEL, but don't know much about it.
- c. I have a basic understanding of SEL.
- d. I am familiar with SEL and have used it in some way.
- e. I have in-depth knowledge and regularly apply SEL concepts.

Prevention & Social and Emotional Learning (SEL)

How does SEL connect to prevention?



CASEL: Collaborative on Academic, Social, and Emotional Learning

Social and Emotional Learning (SEL)



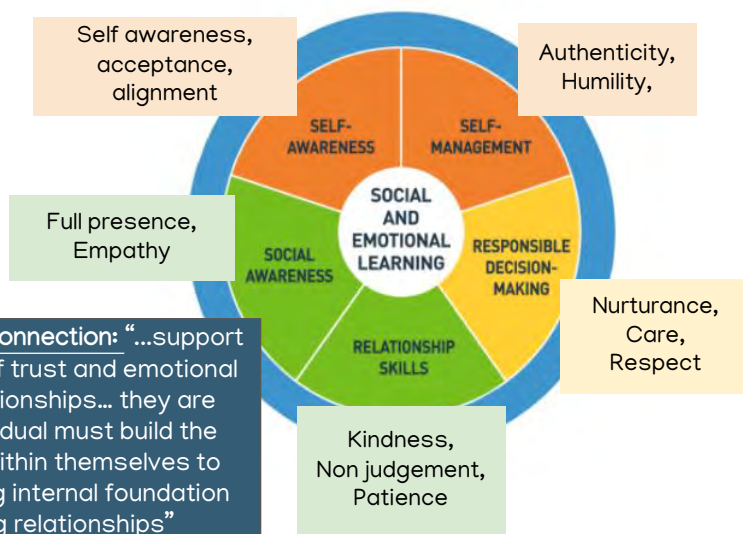
Systemic SEL



Transformative SEL



Connecting to Health Promoting Relationships Paradigm



Facilitators of connection: "...support the formation of trust and emotional safety in relationships... they are qualities individual must build the capacity for within themselves to create a strong internal foundation for building relationships"

(ADAPT, 2025)

Connecting to Health Promoting Relationships Paradigm



Through trusted relationships as a foundation, youth can develop beliefs, skills, and values... serving as the “means” of positive development and vehicles for growth and resilience.
(ADAPT, 2025)

Systemic SEL



01

Building foundational support, including a shared vision

02

Strengthening Adult SEL competencies and **capacity**

03

Promoting SEL for students

04

Practicing continuous improvement

(Mahoney et al., 2020)

SEL Programs

CHILD DEVELOPMENT

The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions

Joseph A. Durlak, Roger P. Weissberg, Allison B. Dymnicki, Rebecca D. Taylor, Kriston B. Schellinger

CASEL Guide to Effective SEL Programs

CONSUMER REPORTS-STYLE GUIDE TO HELP DISTRICT AND SCHOOL LEADERS SELECT EFFECTIVE SEL PROGRAMS



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SEL programs have been demonstrated to be effective through rigorous research

- 11 percentile point gain in academic achievement (Durlak et al., 2011)
- Sustained improvements in social-emotional skills, attitudes, and indicators of well-being in long term follow up (Taylor et al., 2017)
- Updates in 2023: Significantly improved skills, attitudes, behaviors, school climate and safety, peer relationships, school functioning, and academic achievement (Cipriano et al., 2023)

SEL Programs

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It's not all...



- Trials lack diverse students (Jones et al., 2025)
- Underemphasize the ecology of child development that spans from classrooms to communities. (Mahoney et al., 2021)
- Implementation challenges

SHIFT Model

Systemic and
Humanizing
Implementation
Focused on
Transformation



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SHIFT Model... Sowing the Seeds

Adults are the Gardeners – creating the environment for children to thrive

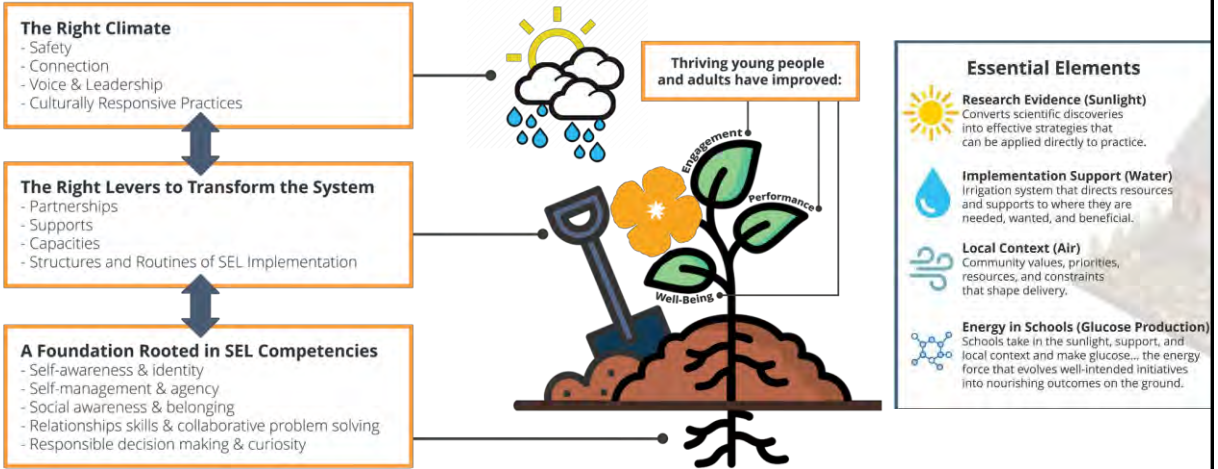
Focus on building the system to:

- “Build the capacity of the capacity builders”
- Address well known implementation challenges



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SHIFT Model... Sowing the Seeds



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Defining Individual Thriving



Outcomes:

- Engagement* – attendance, attention, & on– task behavior; job satisfaction & retention
- Performance* – academics, work performance
- Well-being* – positive emotions, resources for coping

For Students AND Adults

“If we focus exclusively on individuals, we ignore the conditions required for thriving”

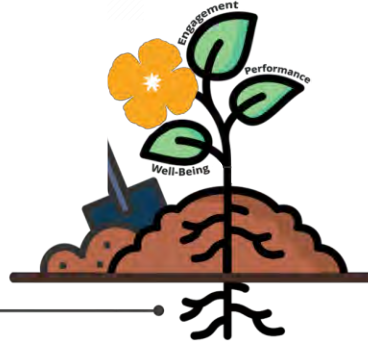
Shapiro et al., 2024

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Social Emotional Competencies as Roots

A Foundation Rooted in SEL Competencies

- Self-awareness & identity
- Self-management & agency
- Social awareness & belonging
- Relationships skills & collaborative problem solving
- Responsible decision making & curiosity



A plant's roots keep it healthy

Competencies are the skills to help navigate the world

One person's competencies are another person's conditions

Climates that Foster Thriving

The Right Climate

- Safety
- Connection
- Voice & Leadership
- Culturally Responsive Practices



Climates that Foster Thriving



Characteristics of Positive School and Work Climates

Safety & Connection

- Necessary for optimal development and success (Brackett et al., 2019)
- Linked to higher test scores (Bohanon & Wu, 2011)
- Create conditions for systemic workplace changes (Tucker & Edmonson, 2003)

What can I do?
Check out the toolkit!

Climates that Foster Thriving



Characteristics of Positive School and Work Climates

Voice & Leadership

- Promotes empowerment and well-being (Trickett & Rauk, 2019)
- Particularly important for students with marginalized backgrounds (Stark et al., 2021)
- Promotes successful cross sector partnerships (Shapiro et al., 2015)

What can I do?

Climates that Foster Thriving



Characteristics of Positive School and Work Climates

Culturally Responsive Practices

- Needed to create environments that integrate peoples' cultural identities into norms in ways that facilitate relevance for all and reverence for minoritized groups
- Linked to improved well-being and achievement (Cholewa et al., 2014; Howard & Terry, 2011; Kelley et al., 2015)

What can I do?

The Levers to Transform the System

The Right Levers to Transform the System

- Partnerships
- Supports
- Capacities
- Structures and Routines of SEL Implementation



Slido

What kinds of Levers (partnerships, supports, capacities, structures and routines) do you need to implement SEL and/or the Health Promoting Relationships Framework?

How to change the system: Levers of Transformation



Levers of Transformation

Partnerships

- “Trusting, equity-pursuing, and mutually beneficial collaborations that span sectors and regions, between levels and divisions of the education system, with families, and allied to students” (Shapiro et al., 2024)
- Trust and awareness of power dynamics is essential (Mayes et al., 2022; Ward, 2022)
- Increases social capital, functional diversity, resource inputs (Shapiro et al., 2015; Chesbrough, 2017; Coleman, 2008; Van Beers & Zand, 2014)

What can I do?

How to change the system: Levers of Transformation



Levers of Transformation

Supports

- “Funding, resources, training, coaching, and feedback systems that are critical to successful SEL implementation” (Metzger et al., under review)
- *High quality* training
- Coaching/consultation/technical assistance – collaborative discussion to debrief, share resources, plan– effective adult learning approach (Steed et al., 2022)
- Tools – curricula, instructional materials
- Funding – for people's' time

What can I do?

How to change the system: Levers of Transformation



Levers of Transformation

Capacities

- “The mindsets, knowledge, skills, and confidence that are required to implement SEL effectively” (Duane et al., 2025).
- Positive attitudes towards SEL
- Need for skilled and confident implementers (Theodore et al., 2024), but few feel prepared (Oliver & Berger, 2020)
- The collective capacities of teams become the conditions for enacting structures and routines for SEL implementation

What can I do?

How to change the system: Levers of Transformation



Levers of Transformation

Structures and Routines

- SEL leadership team – across level & role (Forber-Pratt et al., 2023; Kaspar & Massey; Li et al., 2023; Meyers et al., 2019)
- Shared vision at each level of the system (Aidman & Price, 2018; Baek & Dyson, 2024; Bohanon & Wu, 2011; Kennedy, 2019)
- Information systems to inform progress (Kendziora & Osher, 2016; Kress & Elias, 2013; Meyers et al., 2019) (Sharing back positive results can strengthen commitment [Rutledge et al., 2017])

What can I do?

Slido Results?

The Full SHIFT Model

The Right Climate

- Safety
- Connection
- Voice & Leadership
- Culturally Responsive Practices

The Right Levers to Transform the System

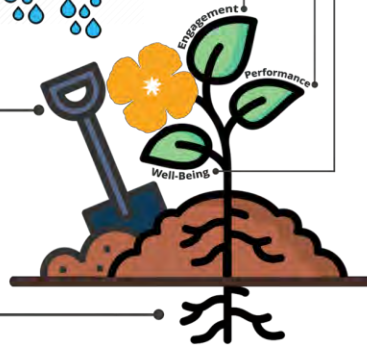
- Partnerships
- Supports
- Capacities
- Structures and Routines of SEL Implementation

A Foundation Rooted in SEL Competencies

- Self-awareness & identity
- Self-management & agency
- Social awareness & belonging
- Relationships skills & collaborative problem solving
- Responsible decision making & curiosity



Thriving young people and adults have improved:



Essential Elements



Research Evidence (Sunlight)
Converts scientific discoveries into effective strategies that can be applied directly to practice.



Implementation Support (Water)
Irrigation system that directs resources and supports to where they are needed, wanted, and beneficial.



Local Context (Air)
Community values, priorities, resources, and constraints that shape delivery.



Energy in Schools (Glucose Production)
Schools take in the sunlight, support, and local context and make glucose... the energy force that evolves well-intended initiatives into nourishing outcomes on the ground.

Harmonizing essential elements for continuous improvement

tinyurl.com/sowing-the-seeds

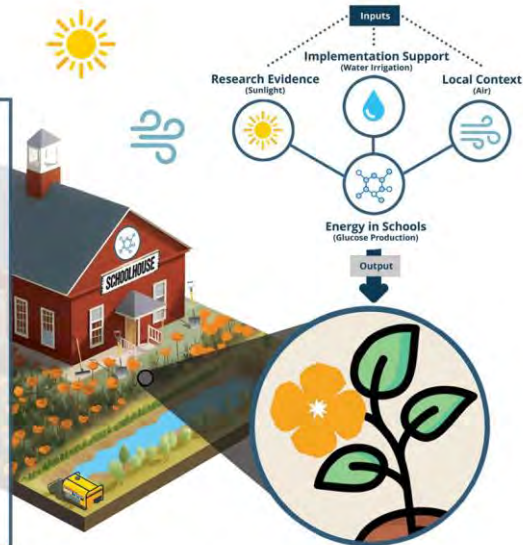
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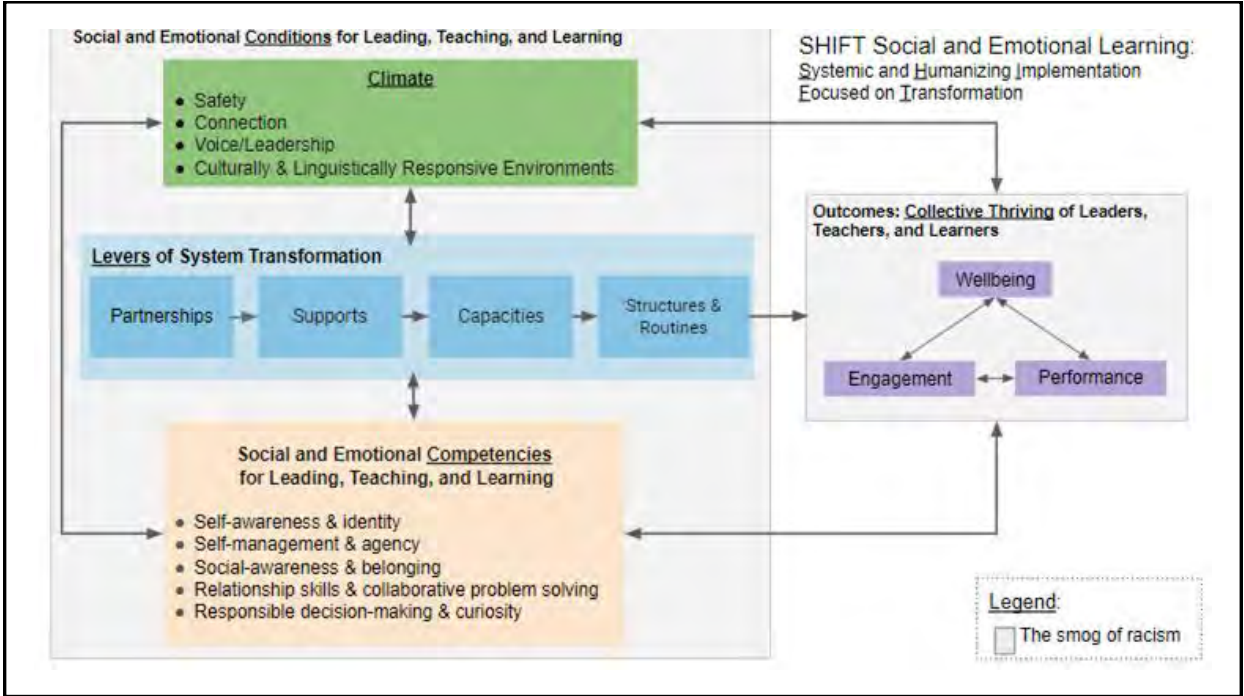
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CalHOPE
Student Support

Celebrating Partnership

across sectors, regions, research-practice divides

DHCS

SCOE
Sacramento County Office of Education
EDUCATION EMPOWERERS

ORANGE COUNTY
DEPARTMENT OF EDUCATION

The Center for Implementation

Berkeley
UNIVERSITY OF CALIFORNIA

SEL CONSULTING COLLABORATIVE

58 County Offices of Education

2024
UC Berkeley
Chancellor's
Award for
Campus-
Community
Partnerships

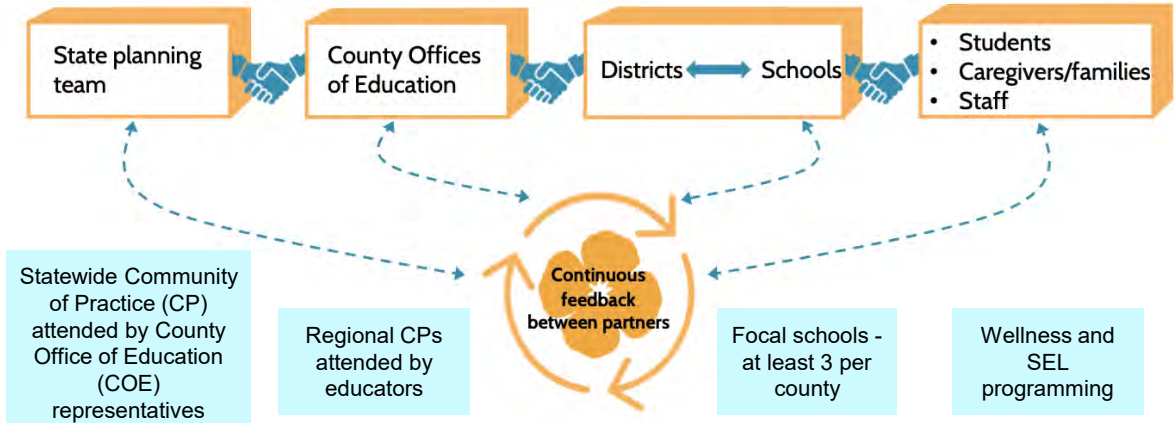
CALIFORNIA COUNTY
SUPERINTENDENTS
PROMOTE | INFLUENCE | ADVOCATE



Building capacity to support implementation

Supporting SEL implementation

Implementing SEL approaches

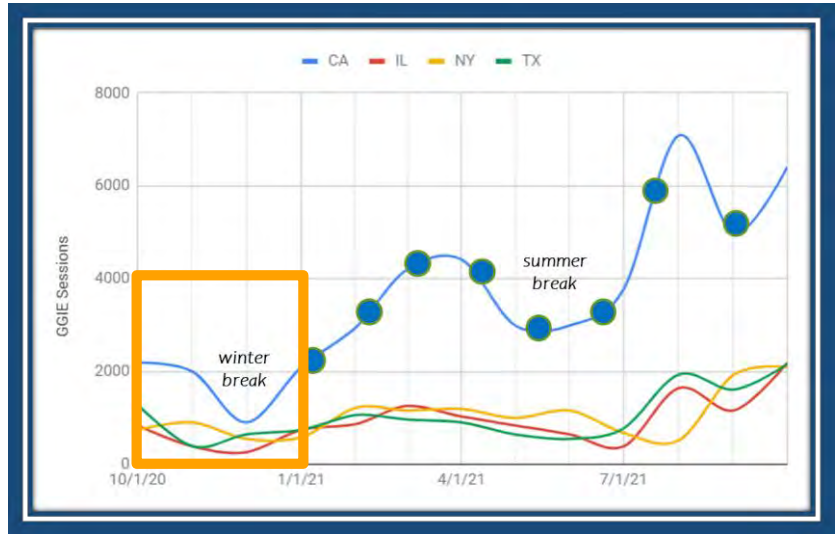


What have we learned together? (So far...)



Spring–Summer 2021

The uptake of evidence-informed SEL practices increased among California educators by 110% compared to the national average of 36%.



Shapiro et al., 2024

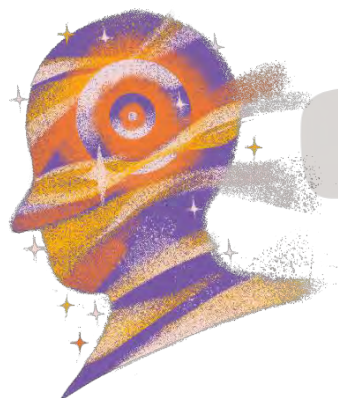
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CalHOPE Expands Thinking



CalHOPE
Student Support

When education leaders initially defined SEL they tended to speak to long-standing SEL definitions (e.g., CASEL competencies), and **focused on individual student skills.**



Spring 2021

When provided an opportunity to update their definitions, many leaders **shifted to more**

systemic thinking and included more elements of equity.

Eldeeb et al., in press



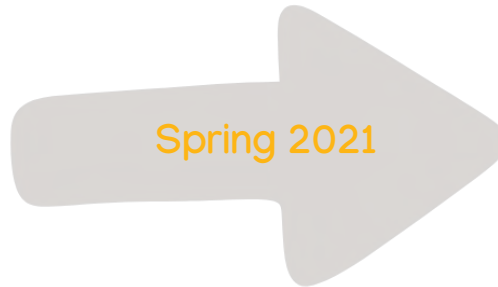
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CalHOPE Expands Thinking



Spring 2021
CalHOPE
Student Support

“**Teaching skills to students** that promote mental wellness and resiliency and strengthen interpersonal skills and emotional regulation.”



Spring 2021

“Having a complete system and by in [sic] from all staff to make the school environment better. SEL is not an add on or additional thing to teach. **It is how we approach the whole system.** In every interaction with staff and students. **It's not a food, it's the plate.**”

Eldeeb et al., in press

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County Offices of Education now have many structures and routines to support SEL implementation.

County leaders report...
(from 93% of CA counties)



Summer 2022
CalHOPE
Student Support

72%

there is a county-level SEL leadership team assembled in their region.

65%

SEL is embedded in their COE's strategic plan.

53%

their COE has a written plan with specific goals and strategies for providing SEL implementation support.

28%

their COE is using a data system to benchmark progress against their implementation goals.

Jones et al., under review

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Spring 24 Leadership Survey



56

Counties

45

Districts

286

Schools

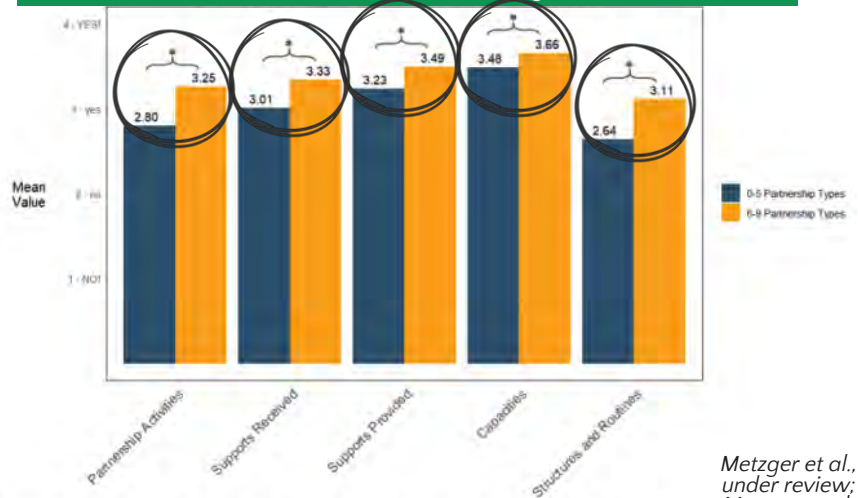
514

Participants

Partnerships Matter

In summer 2024, County level SEL leaders reporting a greater variety of partnerships also report greater supports, capacities, and routines of implementation.

Levels of System Transformation: Impact of Partnership Building



Note: Higher scores indicate stronger agreement that each lever is present.

* Results from Welch's two-sample t-test are statistically significant at the $p < .001$ level.

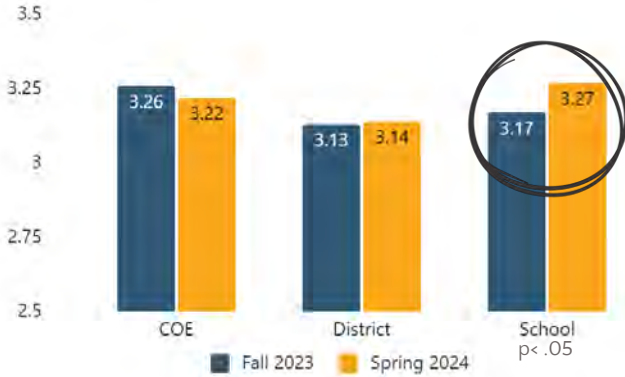
Metzger et al., under review; Metzger et al. 2024 [report]



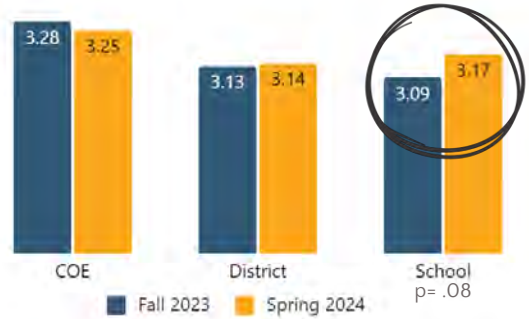
Wellbeing



Positive Emotional Experiences



Coping Resources



Metzger et al. 2025 [report]

Snapshot of Survey Responses:

After **1 year** of implementation: Average responses for **Levers of Transformation** across **COEs, districts, and school sites...**

↑↑ .09



Partnership Activity
 2.99

↑↑ .12



Supports Provided
 3.10

↑↑ .10



Supports Received
 3.17

↑↑ .09



Capacities
 3.45

↑↑ .21



Structures & Routines
 3.04

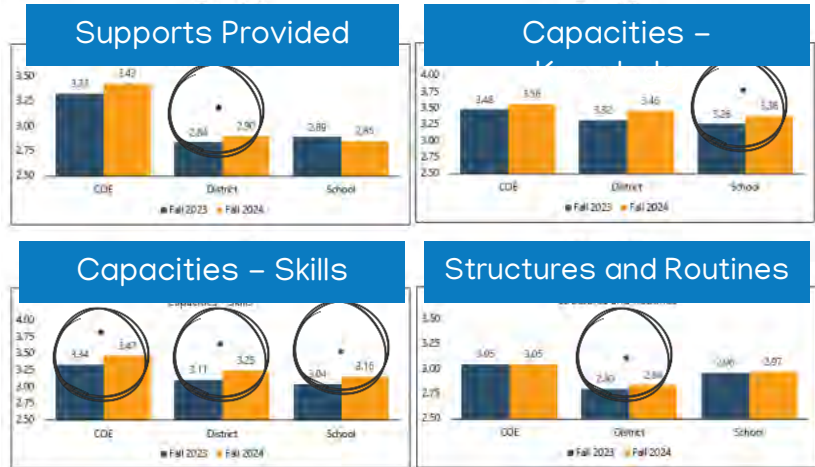
Metzger et al., under review;
 Metzger et al. 2024 [report]

Growth in Levers over time

Significant growth in implementation of Levers from 2023–2024



Change in Levers of System Transformation across Levels of the Education System



* $p < .05$

Metzger et al., under review;
Metzger et al. 2024 [report]

CalHOPE Focuses Effort



Summer 2022
CalHOPE
Student Support

344 Focal Sites (3–8 per county) serving a collective 184,437 students.

52%
Elementary

19%
Middle

19%
High

10%
Other

60% free & reduced price lunch eligible

Focal schools had a significantly greater percentage of students eligible for free and reduced price lunch (FRLP) ($p=.008$), relative to unselected schools.

Metzger et al., 2025a

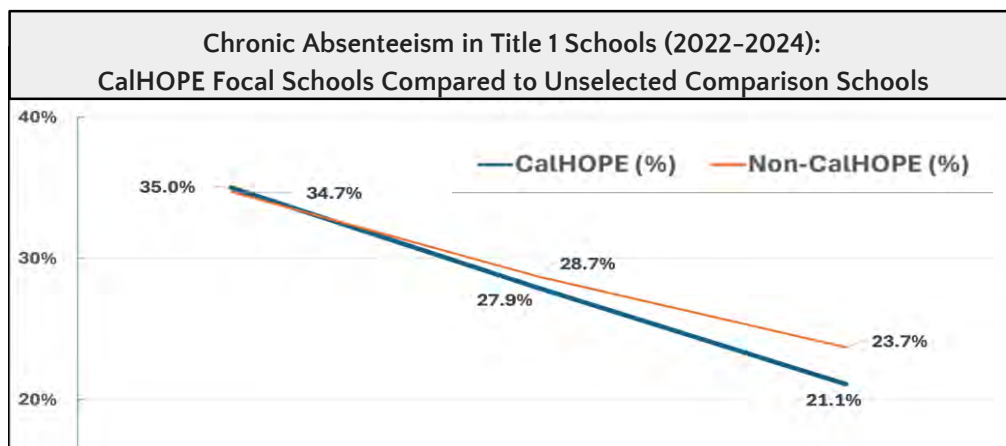
CalHOPE Focal Schools are **outpacing** comparison schools in reducing chronic absenteeism.



Post-pandemic recovery in chronic absenteeism was **23% LARGER** in all CalHOPE Focal Schools when compared to all other schools in the state.

DHCS, 2024

Among Title 1 Schools...



For every 8 chronically absent students in Title 1 Schools statewide, there are now only 7 chronically absent students in CalHOPE Title 1 schools.

Thank you!



Let's connect! tiffany.jones@colostate.edu

Special thanks to our practice partners throughout California that make this work possible and the CalHOPE Research Committee, Valerie B. Shapiro & Collaborators[∞] at the SHIFT Research Institute

CalHOPE is Funded by the CA Department of Health Care Services and William T. Grant Foundation.

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DAY TWO

Session Overview



NOT JUST ANOTHER MANIC MONDAY: Leveraging the Power of Youth Relationships When You Return to Work Next Week

Rodney A. Wambeam

*PhD, Director of the Mountain Plains
Prevention Technology Transfer Center
Senior Research Scientist, Wyoming Survey
and Analysis Center, University of Wyoming*

Presenter Bio



Rodney A. Wambeam

PhD, Director of the Mountain Plains Prevention Technology Transfer Center; Senior Research Scientist, Wyoming Survey and Analysis Center, University of Wyoming

Rodney Wambeam, Ph.D. is a Senior Research Scientist at the Wyoming Survey & Analysis Center (WYSAC) of the University of Wyoming (UW), where he is also Director of the Mountain Plains Prevention Technology Transfer Center (Region 8 PTTC). Dr. Wambeam and his team provide training and technical assistance across the mountain plains, and they conduct numerous substance abuse prevention and treatment research projects in many states including Arkansas, North Dakota, Oregon, and Wyoming. He has presented more than 50 keynotes across the country on substance abuse prevention with millennials and on the history of alcohol in America. His book "The Community Needs Assessment Workbook" from Oxford University Press came out in 2015.

Additional Resources



Colorado State Epidemiological Outcomes Workgroup (SEOW)

About

The Colorado SEOW involves a network of state agencies and data experts that come together to examine the patterns, context, and impact of substance use to inform interventions at the federal, state, local, and tribal levels. Colorado SEOW is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Colorado Department of Public Health and Environment oversees the program.



4 Goals of the SEOW

The SEOW creates **publications** designed to be practical and useful for all Coloradans interested in **discussing substance use and related harms with others in their communities**. The purpose of these publications is to increase awareness of substance use trends to inform program initiatives and policies at the federal, state, and local levels.



Interpret Existing Data

Characterize substance use across the state



Promote Data Sources

Increase substance use data availability



Identify Data Gaps

Identify and address gaps in substance use data



Inform Efforts

Continue to inform prevention and treatment efforts

SEOW Recent Publications

Epidemiological Profiles

The SEOW publishes substance use profiles every other year, providing an overview of various substances, related behaviors, and consequences. The 2023 epidemiological profiles covered eight topics: Demographics, Mental Health, Alcohol, Cannabis, Opioids, Stimulants, Tobacco, and Behavioral Health: Populations with Special Considerations.



Regional Profiles

The 2024 regional profiles provide localized data by Health Statistics Regions to support community members and professionals working in substance misuse prevention and treatment. They serve as a resource to understand local trends and inform initiatives, programs, and policies.



COLORADO
Department of Public
Health & Environment

Fostering Adolescent Skills Through Mentoring

Youth Mentoring Research

Support for mentoring programs emanates from considerable research demonstrating that having adult support in childhood and adolescence is associated with more positive outcomes in adulthood. Mentoring programs, which have traditionally taken a relationship-focused approach, have consistently produced small effects across a host of domains. Emerging research suggests that mentoring programs which use skills-based and goal-focused approaches produce substantially larger impacts on specific youth outcomes. In addition, recent research has demonstrated that targeted mentoring programs can produce stronger impacts than the non-specific friendship models. Thus, the training of mentors and the content of mentoring activities is critical to program success. Working with young people to set goals and build and practice skills to achieve their goals is the recommended approach to mentoring programs that wish to demonstrate larger program impacts in specific areas.

Fostering Adolescent Skills Through Mentoring

The Fostering Adolescent Skills Through Mentoring (FASM) evidence-based training curriculum utilizes targeted skill development to promote healthy development and positive outcomes for teens. FASM is designed to enhance the impact of current mentoring programs by training mentors to engage in goal setting and skill-building activities during their individual mentoring visits with youth. The mentor training curriculum includes modules on visioning and goal setting, fostering motivation to achieve goals, emotion regulation and adaptive coping, healthy communication, and healthy goodbyes (see next page for complete list of modules). Mentors then support teens' learning and practicing of important social skills, matching the unique strengths and needs of individual mentees with targeted skills training.

FASM uses the curriculum developed in the evidence-based Fostering Healthy Futures® for Teens program, which has demonstrated positive outcomes, including increasing permanency and reducing delinquency.

Implementation of Fostering Adolescent Skills Through Mentoring

FASM trainers provide agency staff with the FASM curriculum and then coach them in implementing the manualized mentor training. FASM trainers review video of agency staff training mentors and then provide biweekly coaching to ensure fidelity. Organizations are a good fit for FASM if they: (1) provide mentoring or individual (one-on-one) services to youth ages 13-18 (2) have the organizational and staff capacity to provide ongoing training to mentors, (3) wish to enhance their mentoring practices, and (4) are amenable to training and coaching by FASM trainers.

For information, please contact michel.holien@cuanschutz.edu - 303-817-8162

www.fosteringhealthyfutures.org

Fostering Adolescent Skills Through Mentoring Training Topics

**Seminars selection and order are determined in collaboration between each agency and the FHF Trainer based upon each program's structure and needs.*

- Skills 101- Skills Training with Youth

Mentors will understand the value of skill building with teens and learn strategies for teaching and reinforcing new skills with youth.

- Youth Self-Assessments

Mentors will learn how to support teens in using getting to know you activities, timelines, and other interactive activities to develop their self-awareness of their strengths and interests, and help mentors get to know their mentees.

- Emotion Regulation – Stress Management

Mentors will learn strategies for supporting teens in identifying what stress feels and looks like in their bodies, identifying what kinds of things trigger a stress response in themselves, and knowing and practicing strategies for reducing stress.

- Emotion Regulation - Mindfulness

Mentors will learn to support teens in learning mindfulness techniques to improve their awareness and attention, regulate their emotions and stress, and cultivate compassion toward others.

- Emotion Regulation - Healthy Self-Talk and Thinking Traps

Mentors will learn to support teens in identifying how thoughts influence feelings and impact behavior, understanding common thinking errors, reviewing unhelpful thoughts for accuracy, and replacing them with more helpful cognitions.

- Fostering Motivation

Mentors will learn about the behavior change process and strategies, inspired by a motivational interviewing approach, to support youth in this process.

- Visioning and Goal Setting

Mentors will learn to support teens in thinking about and communicating their ideas about the future they want for themselves, strengthening their future orientation by considering what they do and don't want in their futures lives.



- **Communication Skills - Passive, Aggressive, and Assertive Communication**
Mentors will learn to support teens in understanding differences between passive, aggressive and assertive communication styles, using tips for assertive communication, and practicing how to change passive and aggressive communications into assertive communications.
- **Communication Skills – Communication Across Perspectives**
Mentors will learn to support teens in understanding that there can be more than one perspective to every situation, validating perspectives that are different from their own, and making assertive requests even if their perspective differs from the person with whom they are speaking.
- **Communication Skills - Refusal Skills**
Mentors will learn to support teens in anticipating situations where they may need to get out of doing something they are not comfortable with, considering a range of different strategies for resisting negative peer influences, and practicing applying refusal skills in a variety of possible situations.
- **Talking with Teens about Sexual Health**
Mentors will increase their skills and knowledge to respond to questions about sexual health and relationships and become more comfortable answering the questions that teens may ask regarding puberty, sexual and reproductive health, relationships, and consent.
- **Promoting Online Safety**
Mentors will learn about the benefits and risks teens face when using social media and communicating via technology. They will develop strategies for starting conversations with teens surrounding their screen use and learn how to help teens hone their skills for staying safe and healthy online.
- **Planning a Healthy Goodbye/Ending to a Mentoring Relationship**
Mentors will learn how to structure a healthy goodbye process, learn examples of goodbye activities to do with mentees, and explore the range of possible mentor and mentee reactions to goodbyes.
- **Mentor Magnet Skills - Building Supportive Social Networks (2 seminars)**
Mentors will learn to support teens in identifying different types of support they might need from adults in their lives, identifying specific adults who might offer them support, practicing skills for maintaining existing supportive relationships with adults, and practicing skills in inviting new supportive relationships with adults.