Figure 1. An example of growth in the mindfulness research literature across 30 years, 1980 - 2010

29,300,010 Google Hits (11/20/15)
Mindfulness

A four pronged learned skill enabling individuals to
(1) Pay attention; (2) On purpose; (3) In the present moment; (4) and non-judgmentally

Mindfulness training involves:
1. Dedicated reflection time--meditation
2. Micro-practices
3. Relational Mindfulness--Transparent communication ("from the balcony")

The little things, the little moments. They aren’t little.

Jon Kabat Zinn
“Each of us needs periods in which our minds can focus inwardly. Solitude is an essential experience for the mind to organize its own processes and create an internal state of resonance. In such a state, the self is able to alter its constraints by directly reducing the input from interactions with others.”

Daniel Siegel
The Developing Mind
Mindfulness Practice Enhances (and restores) Middle Prefrontal Functions

- Bodily Regulation
- Attuned Communication
- Emotional Balance
- Fear Extinction
- Flexibility
- Insight
- Empathy
- Morality
- Intuition

Not only is mindfulness an antidote to stress and capable of improving our emotional and physical well being, research studies indicate it improves our memory, learning, concentration, coherence and creativity.

— Yale Research/The Week Health and Science Section
ACEs and Toxic Stress: Impact Pathways

“You can go good places with your mind if you can’t go good places with your body. “
Stephen Porges, PhD

Professor Emeritus, University of Illinois at Chicago. Director, Brain Body Center in the Department of Psychiatry. Author: The Polyvagal Theory
Engagement not optional: The personal (and real time) nature of healing and “neurorepair”

“The brain is the most important organ mediating stress processes:
- it determines what is “stressful” to the individual
- by supporting conscious and unconscious appraisal processes;
- it determines the health-damaging or health promoting behaviors
- that result from this appraisal;
- and it regulates peripheral allodynamic control systems
- that feed back to the brain to affect functional and structural neuroplasticity.”

Bruce McEwen and Peter Gianaros
Central role of the grain in stress and adaptation: links to SES, health and disease (Ann. N.Y. Acad Scie, 2010)
Getting off autopilot and onto the wheel of awareness
Literally, coming to our senses and doing the hard work of learning sideswiped social and emotional skills never modeled or mentored.
A Critical Process Mindfulness Enables and Facilitates
Identifying and Transforming “False Identities” and Patterned Beliefs

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

What 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

Excerpt from Transfixed
By Christina Bethell
There is no greater agony than bearing an untold story inside you

Maya Angelou
Mindfulness Practice Naturally Promotes Making Sense of Ourselves and Promotes Brain Integration

Collective Mindfulness Can Do this for a Community or Organization

The best predictor of a child’s security of attachment is not what happened to his parents as children, but rather how his parents made sense of those childhood experiences.

Daniel Siegel, Mindsight
Interpersonal Neurobiology
Making sense of yourself is a source of strength and resilience—and key to healing trauma and brain integration

Making sense means being able to put your story into words and convey it to another person. Your story includes:

- how your mind has shaped your memories of the past to explain who you are in the present.
- the way you feel about the past
- your understanding of why people behaved as they did
- the impact of those events on your development into adulthood
- Etc...
Vertical Integration
Body Proper, Brain Stem, Limbic Region and Cortex

• Vertical integration simply means that the body, limbic structures and prefrontal areas are wired together optimally with lots of connections.

• This allows for a strong body-awareness putting the individual easily in touch with his/her feelings.

• Strong vertical integration allows the individual to tolerate a broad range of emotion without becoming either frozen or overwhelmed and reactive.

• Differences in vertical integration are responsible for one person’s ceiling being another person’s floor.

(Reference: Dr. Dan Siegal, Director of the MindSight Institute)
Horizontal Integration

Integrating the left and right hemispheres of your brain gives you an expanded access and capacity for both your analytical, sequential and creative, generative functions and brings them together in a powerful new ways.

- Like a house with a solid foundation, bilateral integration is built upon strong vertical integration and simply refers to numerous connections crossing both sides of the brain.

- This allows me the individual to easily put words to feelings and to translate and make meaning from the images and sensations arising in the complex inner world which results primarily from right brain firing.

(Dr. Dan Siegal)
Comprehensive Neural Integration

Body Proper, Nervous System, Brain Stem, Limbic System and Cortex

When horizontal and vertical neural integration occurs, we become more:

- **F**lexible
- **A**daptive
- **C**reative
- **E**nergized
- **S**table (in a dynamic way)

(Reference: Dr. Dan Siegal, Director of the MindSight Institute)
Mindfulness and Cellular Aging

LONGEVITY, REGENERATION, AND OPTIMAL HEALTH

Can Meditation Slow Rate of Cellular Aging?
Cognitive Stress, Mindfulness, and Telomeres

Elissa Epel, Jennifer Daubenmier, Judith Tedlie Moskowitz, Susan Folkman, and Elizabeth Blackburn
An Audacious or Timely Idea?
Making Personalized Medicine Personal
Mind-Body Neuroscience and Population Health

Doctor's Orders: 20 Minutes Of Meditation Twice a Day
Use of mindfulness-based mind-body approaches and mean of total conventional medical care expenditures for US children

Mind-body approaches include biofeedback, hypnosis, yoga, tai chi, qi gong, meditation, guided imagery, progressive relaxation, deep breathing exercises, support group meeting and stress management.

Precent estimates and estimated mean of total health care expenditures among mind-body users and non-users statistically significant at p ≤ .05.

Bethell, C. Solloway, M., Gombojav, N, Wissow, L. 
ACEs and Mindfulness (In Press)
Examples: UK and RWJF Mobilizing Action for Resilience Communities (MARC) Buncombe County Example

The Community Resiliency Model

**CRM skills empower people** with a knowledge of their nervous system and the ability to restore balance to their own body, mind, and spirit.

The skills are used in tandem with any direct service offering or intervention.

Social transformation is made possible because people with regulated nervous systems can participate more fully in every form of support they receive.

---

The Mindfulness All-Party Parliamentary Group was set up to:

- practice in mindfulness training
- develop policy recommendations for government, based on these findings
- provide a forum for discussion in Parliament for the role of mindfulness and its implementation in public policy.

The Mindfulness Initiative provides the secretariat to the group (www.themindfulnessinitiative.org.uk)
CRM as a Public Health Strategy

Primary Prevention
Targets high risk CHILD
Response based on Parent’s ACE score to interrupt

Secondary Intervention
Targets high risk PARENT
Addresses Parent’s risk factors before disease manifests

Tertiary Intervention
Targets high risk PARENT
Addresses Parent’s chronic disease progression

Simultaneously a Prevention and Intervention
Creating a Culture of Resilience

Community
- Public Safety Organizations
- Faith Communities
- Mentoring Programs
- Recreation Departments

Interagency
- YMCA
- School Systems
- Community Mental Health
- Parenting Programs

Agency
- Primary Care Clinic
- Staff Care (self and peer support)
- CRM Skills as a component of Integrative Service Delivery

Individual
- Self Care
- Family
- Peer Support
- Social Network
“collective mindfulness...is the dominant attitude or cultural feature that all high-reliability organizations display.”

Mark Chassin
President, The Joint Commission (2011)
AN EVOLVING STORY ABOUT A NEW INTEGRATED SCIENCE OF THRIVING
Time to Make Personalized Medicine Personal

• Laughter regulates gene expression?
• Meditation controls gene expression?

https://m.youtube.com/watch?v=uO4Ak3fYAj8
Time to update our public health campaigns?

- Normalize the need for awareness of how chronic stress and trauma impact well being
- Proactively promote capacities, practices and strategies that
  - Promote resilience
  - Promote safe, stable and nurturing relationships as a public health intervention

https://www.youtube.com/watch?v=_mZbzDOpylA

Shall we add:

The way we breath
The memories we carry
The stories we tell
The beliefs we hold
Whether we laugh
Starting Point Goal for a New Integrated Science of Thriving

**GOAL:** Measurably close the gap in the potential for health and establish the new mindsets, measures, methods and the capacities needed to leverage the possibilities for well-being science continues to reveal.

Starting Point Focus 1: Reduce Impact of ACEs: Specify requirements for well-being and apply learnings to address the syndemic of childhood social and emotional trauma and stress (e.g. adverse childhood experiences) that substantially contribute to ill-health and poor self-care behaviors across life.

Starting Point Focus 2: Promote Positive Health: Advance a positive construct of health and explore effective strategies—based on the science of human thriving-- that enhance the early and lifelong health and development of children, youth and families.
Design Concepts

- Concerns itself with the **capacity** for positive human development even in the face of adversity.
- Frames well-being as a **learned** ability
- Places the **locus** of human health and dynamics of development within the social, emotional, and environmental context we co-create
- Balances conventional focus on negative development, risk factors and pathology with an explicit **focus on strengths**
- Innovates to **engage** largely untapped capacities for self-led healing, resilience and well-being at the individual, family, community and organizational levels
- Focuses on the **social and emotional skills** central to preventing interpersonal harm, poor self-care behaviors and essential to enhance self-healing, resilience, and higher consciousness
Envisioned Work

Data Collection and Analysis

Research, Interpretation And Dissemination

Dialogue, technique And Tools

Adjustments and Spread to Scale

Field Trial Evaluation And Learning

Field Trials

New and Emergently Needed Knowledge Space for ACO’s, States, Community-Population and Individuals’

11/15/13

1. Population Effect & Public Acceptance

2. Policy Development, Advocacy and Social Movement Track

3. Individual’s Curriculum And Training

Envisioned Work

Roadmaps to Early and Lifelong Health (REAL Health): Prioritizing Possibilities

### Assessing ACEs and Resilience

<table>
<thead>
<tr>
<th>Identify best measures for screening – valid, culturally sensitive, focus on trauma &amp; resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create new models for screening &amp; linking to care</td>
</tr>
<tr>
<td>Establish effectiveness of screening for patient outcomes and cost</td>
</tr>
<tr>
<td>Integrate best practices for screening and linking to care into standard of care</td>
</tr>
<tr>
<td>Engage people and communities as drivers of all efforts</td>
</tr>
</tbody>
</table>

### Provider Training

<table>
<thead>
<tr>
<th>Create new training programs for training providers</th>
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<tbody>
<tr>
<td>Evaluate effectiveness of provider training</td>
</tr>
<tr>
<td>Integrate into provider training standards</td>
</tr>
<tr>
<td>Improve communication &amp; education between providers and patients</td>
</tr>
</tbody>
</table>
Addressing the Self-Care Dilemma

What does self-care mean in the context of social and emotional determinants of health?
(among individuals, families, communities and organizations)

Research would say
They shouldn’t be this way
But, love sprung out
Their improbable out-spout
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 from “Improbable People”, Christina Bethell
We Are the Medicine
A BrainSmart Approach To Improving Population Health and Health Care Reform

Emphasizes

- cross-cutting role of safe, stable, nurturing relationships to healthy child brain development and health across life

Legitimates

- the known impact of embedded and chronic stress on child development and well-being and adult health

Calls Out

- the syndemic of adverse childhood experiences and the possibilities arising from a new science of thriving to promote self-led individual, family, community and organizational healing

Recognizes

- that child development depends on adult development and the urgency to promote a “your being, their well-being” model

Concludes

- that the health of children and our nation calls us to squarely address trauma and promote positive health—and the foundational role of safe, stable, nurturing relationships, neuro-repair and engagement to healing and health
Making the paradigm leap –my six wishes!
financing, performance measurement, training/certification, culture, rapid cycle innovation and entering an “era of experimentation”

- **Reward System:** Free Our Brilliance
- **Alert System:** Take on Transparency
- **Affiliative system:** From Fixing to Connecting Become “We Ninjas”
- **Habit of Hope:** Prioritize Possibility Amplify Positive Experiences
- **Brave Being:** First Focus on Self
- **Restore Brain Health**
  - Take on Trauma

Policy & Practice Principles to Advance the “We are the Medicine” Paradigm Shift
Evolving the Story: What Core Memories Will We Recall

1968
John Bowlby publishes *Attachment and Loss*

1975
Herbert Benson of Harvard University publishes *The Relaxation Response*

1976
David Barker publishes landmark research and theories on the fetal and early life origins of health and adult disease, launching a now vital new field of study on the developmental origins of health and adult disease (DOHaD).

1976
Norman Cousins (UCLA) publishes *Anatomy of an Illness* in the NEJM

Richard Davidson publishes first neuroscience paper evaluating the effects of meditation on brain physiology and attentional and affective capacities.

1982
Eugene Gendlin from University of Chicago publishes "Focusing" which lays out a 6 step process for changing the way thoughts and emotions impact the body.

1986
David Barker publishes landmark research and theories on the fetal and early life origins of health and adult disease, launching a now vital new field of study on the developmental origins of health and adult disease (DOHaD).

1990
Jon Kabat Zinn publishes bestselling *Full Catastrophe Living* -- the first textbook describing mechanisms of stress on the bodymind and role of mindfulness-based stress reduction approaches to reduce pain and improve mental and physical health

1996
CDC/Kaiser Permanente launch the Adverse Childhood Experiences (ACE) Study to understand links between childhood social and emotional experiences and adult health.

1996
Former JHU NIMH scientist central to Nobel Prize winning discovery of the opioid receptor site publishes *Molecules of Emotion* documenting the molecular underpinnings of the mind-body connection.

1998
Daniel Siegel publishes *The Developing Mind* textbook that integrates multiple streams of neuroscience, biologic and human development sciences into a coordinated theory called Interpersonal Neurobiology

1999
Daniel Siegel publishes *The Developing Mind* textbook that integrates multiple streams of neuroscience, biologic and human development sciences into a coordinated theory called Interpersonal Neurobiology

2000
The Institute of Medicine/National Academy of Sciences releases *Neurons to Neighborhoods*
Nobel Prize winning Elizabeth Blackburn’s research team finds **mindfulness meditation** may slow the rate of *cellular aging* and extend life expectancy.

The **World Health Organization** documents impact of ACEs and other adversities across 21 countries, finding similar results as the CDC/Kaiser ACE study.

The **National Survey of Children’s Health** includes questions about ACEs and resilience, providing first ever population based data for all US children, youth and families.

The **US Centers for Medicare and Medicaid Services (CMS)** issues its first (of several) State Medicaid Directors policy memos to advance screening for addressing interpersonal, social and emotional trauma in children served by Medicaid and child welfare systems in the US.

**Exponential uptake** of ACEs Study and other accumulated findings lead to national, state, local and international efforts that include paradigm shifting “trauma-informed” initiatives that incorporate **mindfulness-based approaches** in schools, policing, medicine, social work, community and public health.

The **American Academy of Pediatrics** issues its first policy statement to pediatricians explaining and advancing the science and practice of preventing and addressing early **childhood stress and trauma**.

Numerous high profile studies published linking early childhood investments to adult health.

**Precedent setting lawsuit** launched against CA School District giving children with social and emotional trauma rights under the American’s With Disabilities Act.

The **American Academy of Pediatrics** will publish its first policy statement to US pediatricians on the use of **mind-body methods** to improve health of children and youth.

North Carolina ACO specifically studies Community Resilience Model as strategy for chronic disease management.

The **World Mental Health Survey Initiative** documents impact of ACEs and other adversities across 21 countries, finding similar results as the CDC/Kaiser ACE study.

The **World Health Organization** documents impact of ACEs and other adversities across 21 countries, finding similar results as the CDC/Kaiser ACE study.

**Evolving the Story: What Core Memories Will We Draw On**
History is not destiny

“In my beginning is my end.” (?)
T.S. Eliot, Four Quartets

“What if the sun waited for me to rise?”
Thousand Pieces of Soul

separate......alone

with...together
Becoming Real: Lessons from the Velveteen Rabbit

The Velveteen Rabbit

...Once you are
REAL
you can't be ugly,
except to people who don't understand.
—Margery Williams, The Velveteen Rabbit

thought the Skin Horse might be sensitive,
But the Skin Horse only smiled.

"The Boy's Uncle made me Real," he said.

"That was a great many years ago; but once
you are Real you can't become unreal again.
It lasts for always."

The Rabbit sighed. He thought it would
be a long time before this magic called Real
happened to him. He longed to become Real,
to know what it felt like; and yet the idea of
growing shabby and losing his eyes and whiskers
was rather sad. He wished that he could
become it without these uncomfortable things
happening to him.
Healing is Upon Us!
(and within and between us!)
EXTRA SLIDES FOR REFERENCE
“Led by a new paradigm, scientists adopt new instruments….and see new and different things when looking with familiar instruments.” Thomas Kuhn, The Structure of Scientific Revolutions, 1962

<table>
<thead>
<tr>
<th>ACEs Measurement Tool Name and Sponsor</th>
<th>Target population (TP), primary purpose (PP), data source (DS)</th>
<th>Adversity Content Included: (1) Number of adversity topics and number of survey items (No.); (2) Types of adversity (Topics); (3) Assess age experienced (Age); (4) Assess frequency, intensity, or impact (FII)</th>
<th>Scoring and Reporting Conventions (CS): Continuous score; CA: Categorical score; O: other</th>
<th>Concurrent content included</th>
<th>Comparison to NSCH, ACEs and other notes (FNS: Not in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC/Kaiser Study ACEs</td>
<td>TP: Adults about self; PP: Research; DS: Self-Report</td>
<td>No.: 28 questions, 10 topics Types: PA, PN, EA, EN, SA, HHS, AHMI, DV, DIV; Age: no; FII: none</td>
<td>CS: 0-10 (0-7 in 1st wave) CA: 0, 1, 2, 3, 4+ typical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults: WHO, ACE-IQ</td>
<td>TP: Adults about self; PP: Advocacy &amp; International companions; DS: Self-Report</td>
<td>No.: 29 questions; 13 topics Types: PA, PN, EA, EN, SA, HHS, AHMI, DV, DIV/PD, J, B, CNV, OE</td>
<td>CS: 0-13 (0-10 in 1st wave) CA: 0, 1, 2, 3, 4+ typical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults BRFSS</td>
<td>TP: Adults about self; PP: State policy &amp; practice; DS: Self-Report</td>
<td>No.: 11 questions; 8 topics Types: PA, PN, EA, SA, HHS, AHMI, DV, DIV; Age: no; FII: none</td>
<td>CS: 0-8 CA: 0, 1, 2, 3, 4+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children-NSCH-ACEs</td>
<td>TP: Adults about child; PP: Research; DS: Parent-Report</td>
<td>No.: 9 questions; 9 topics Types: HHHS, AHMI, DV, DIV, J, EB, CNV, PD, WE</td>
<td>CS: 0-9 CA: 0, 1, 2, 3, 4+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Summary and Comparison of Methods to Construct Adverse Childhood Experiences (ACEs) Cumulative Risk Metrics

<table>
<thead>
<tr>
<th>NSCH-ACEs Acceptability, Efficiency, Consistency and “Single Score” Construct Validity</th>
<th>Missing Values</th>
<th>Additional ACEs</th>
<th>Item-Total Correlation</th>
<th>Unidimensional Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Adverse Childhood Experience</td>
<td>Don’t Know</td>
<td>Refused</td>
<td>None</td>
<td>1-2 Other</td>
</tr>
<tr>
<td>Extreme Economic Hardship</td>
<td>.2%</td>
<td>.5%</td>
<td>48.5%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Divorce/parental separation</td>
<td>.3%</td>
<td>.2%</td>
<td>30.4%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Lived with someone with alcohol or drug problem</td>
<td>.2%</td>
<td>.2%</td>
<td>10.3%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Victim or witnessed neighborhood violence</td>
<td>.5%</td>
<td>.1%</td>
<td>15.1%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Lived with someone mentally ill or suicidal</td>
<td>.4%</td>
<td>.2%</td>
<td>17.2%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Domestic violence witness</td>
<td>.6%</td>
<td>.3%</td>
<td>6.4%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>.2%</td>
<td>.2%</td>
<td>8.6%</td>
<td>41.4%</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>.5%</td>
<td>.1%</td>
<td>29.7%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Death of parent</td>
<td>.1%</td>
<td>.1%</td>
<td>25.7%</td>
<td>42.9%</td>
</tr>
</tbody>
</table>
Developmental heterotopia of trauma

- Substance abuse
- Dissociative and somatoform disorders
- Affective disorders
- Personality disorders
- Self-injury suicidal ideation
- Disorder in social behavior
- ADHD
- Oppositional deviant disorder
- Bipolar disorders in childhood
- Emotional disorders
- Attachment disorders
- Regulation disorders

Trauma related symptoms + biological factors

- Birth
- Toddlers
- School age
- Adolescence
- Young adulthood
Policy Area: Addressing barriers to advancing concrete tools to engage families and children (www.wellvisitplanner.org)

Parents, welcome to the Well-Visit Planner™ website (WVP)! The purpose of the WVP is to help you prepare, learn about and identify your priorities for your child’s next well-visit. The WVP is for parents of children who are from 4 months through 3 years of age. Complete it before every well-child care visit by going through these steps:

**Step 1**
Answer a Questionnaire about your child and family

**Step 2**
Pick Your Priorities for what you want to talk or get information about at your child’s well-visit

**Step 3**
Get Your Visit Guide. The health care provider will use to tailor the visit to your child & family needs.

Your privacy is important to us. Please review our terms and conditions, check each box and click the Get Started button below.

- I am 18 years old or older. I agree to the Terms and Conditions of the Well-Visit Planner.
- I voluntarily consent to the Well-Visit Planner.

Get Started!
Click here

Are you a health care provider? Click here for more info
“The free market is not very good at distributing compassion, nor is it particularly good at deciding whose suffering deserves recognition”

Gary Greenberg
The Book of Woe: The DSM and the Unmaking of Psychiatry (May, 2015)
Power of a name: do we need a “developmental trauma disorder” diagnostic category? How many would qualify?

Developmental Trauma Disorder (DTD): National Traumatic Stress Network suggests that DTD includes assessing:

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

2) internalized negative attributions and diminished hope and expectations for life;

3) difficulty with self-esteem regulation; and

4) functional impairments in key areas such as making social connections, participating in school,…
Trauma Informed Care Principles

**Realizes**
- the widespread impact of trauma and understands potential paths for recovery

**Recognizes**
- the signs and symptoms of trauma in clients, families, staff, and others

**Responds**
- by fully integrating knowledge about trauma into policies, procedures, and practices

**Resists**
- re-traumatization by fully integrating knowledge about trauma into policies, procedures, and practices

Source: Substance Abuse Mental Health Services Administration, National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/trauma-interventions)
Resilience Informed Care Principles

Recalls
- Remembering critical events, experiences, memories
- Storytelling: creating meaning, coherent narrative from experiences
- Being Heard: sharing with others

Reflects
- Goes deeper into the meaning and feelings
- Sitting with emotional pain
- Facilitated journey for skill-building, self-reflection, managing emotions

Realizes
- Things can get better.
- Help is available through relationships
- Other people have same experiences and can relate

Reframes
- Redefines experiences, meaning and narrative away from blame and shame to self-love and compassion
- It's not "what's wrong with you", but "what happened to you"
- at the inherent possibilities for change, growth, healing and thriving
- that we are all healers and the one with the wound is the one with the wisdom to heal

Rejoices
16 Proactive Classroom Management Strategies

Relationship Strategies

1. Strategically and intentionally establishing positive relationships with all students in the class
2. 5 to 1 ratio of positive to negative interactions (Magic ratio)
3. Smiling and being nice
4. Positive greetings at the door to precorrect and establish a positive climate
5. Communicating competently w/ students
Compton Unified sued for allegedly failing to address trauma-affected students

Students who experience traumatic events while growing up in poor, turbulent neighborhoods could be considered disabled, a federal judge has ruled in a high-profile case involving the Compton, Calif., schools.

The ruling from U.S. District Judge Michael W. Fitzgerald, released on Wednesday, involves a class-action lawsuit filed against the Compton Unified School District. The plaintiffs argued that students who have experienced trauma are entitled to the same services and protections that schools must provide to traditionally disabled students.

The ruling wasn’t a complete win for the plaintiffs and the pro bono firm representing

Ruling In Compton Schools Case: Trauma Could Cause Disability

Updated October 1, 2015 - 8:28 PM ET

CORY TURNER
Mindfulness Implicated Again

By being with yourself, by watching yourself in your daily life with alert interest, with the intention to understand rather than to judge, in full acceptance of whatever may emerge, because it is there, you encourage the deep to come to the surface and enrich your life and consciousness with its captive energies. This is the great work of awareness; it removes obstacles and releases energies by understanding the nature of life and mind. Intelligence is the door to freedom and alert attention is the mother of intelligence.

Nisargadatta Maharaj, 1971
Study characteristics

What will be measured?

- **Skills**  Focus on social and emotional skills
- **Learning contexts**  School, family and community learning contexts
- **Learning outcomes**  Education, labour market and social outcomes