



HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES



Spreading HOPE

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Commonwealth Prevention Alliance



The HOPE National Resource Center



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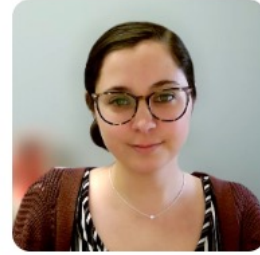
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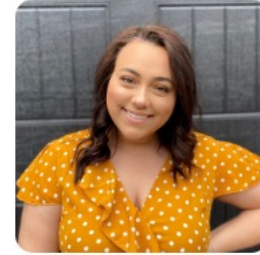
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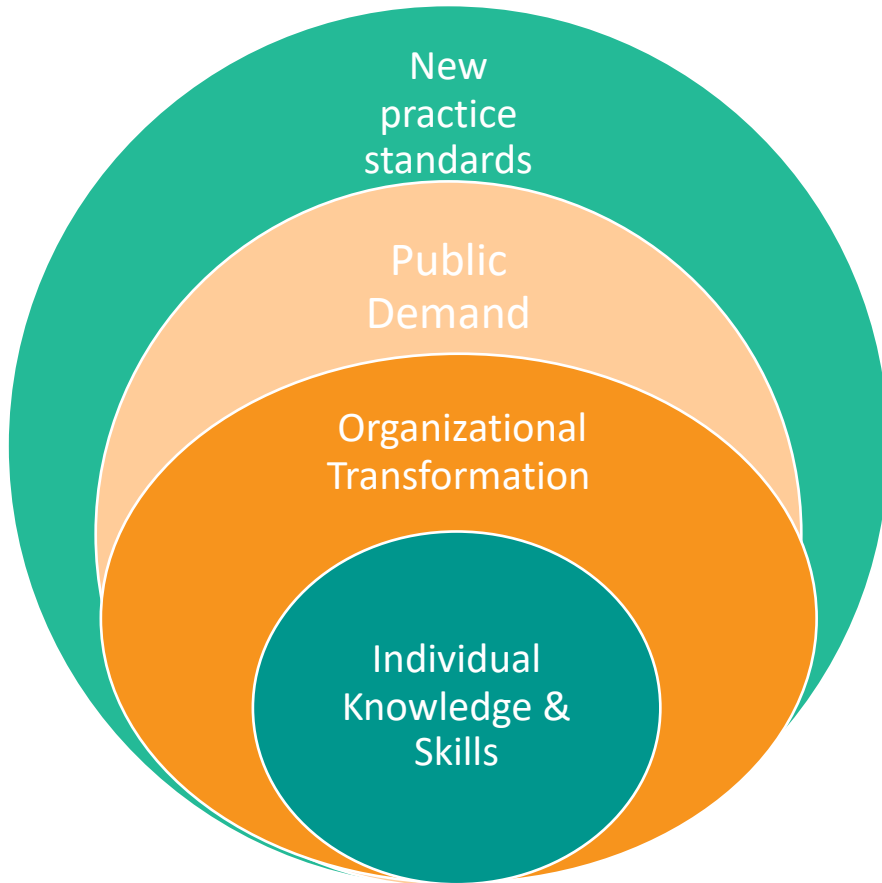


QUINN TUCKER



Allison Stephens, PhD, MEd uses her extensive experience in family and community engagement, including family peer support and systems advocacy, to support the relevance of the HOPE framework for diverse families and communities. Her background spans over 20 years and includes defining clinical treatment protocols, public policy and leadership, K-12/higher education, and children's mental health. Additionally, Dr. Stephens' longstanding involvement in social justice activism, advocacy, and policy are especially relevant to HOPE's commitment to anti-racism, anti-bias, and equity. Since joining HOPE, Dr. Stephens has expanded meaningful community outreach through the National Advisory Board, the new FACEs (Family and Community Experts) Advisory Council, and the HOPE Innovation Network.

HOPE Multi-level Dissemination Strategy



Objectives :

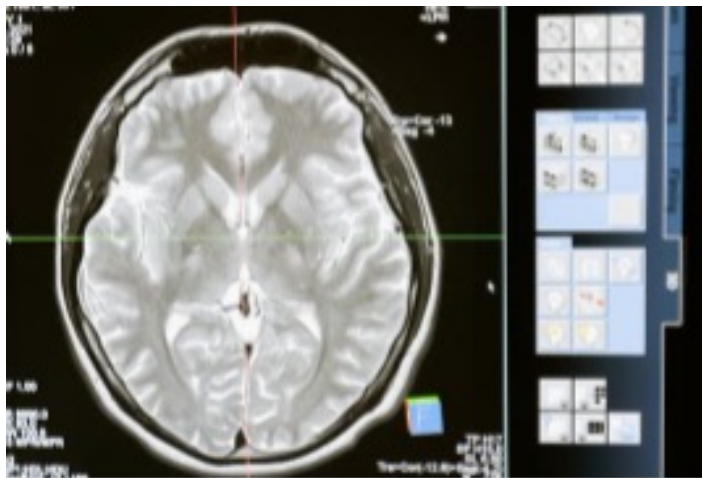
1. Training and Technical Assistance *build knowledge and skills*
2. Organizational transformation through *training and technical assistance*
3. Build public will for public policy change *through FACE, ambassadors, and publications*
4. Certification and standards *define high quality service delivery*



Children's Brains Respond to Positive Experiences

New science shows brain changes after:

Stroke



1. Nakagawa et al. (2016) Effects of post-traumatic growth on the dorsolateral prefrontal cortex after a disaster. *Nature/Scientific Reports*. 6:34364

2. Fujisawa et al., (2015) Neural Basis of Psychological Growth following Adverse Experiences: A Resting-State Functional MRI Study. *PLoS ONE* 10(8)

3. Cassidy JM, Cramer SC. Spontaneous and Therapeutic-Induced Mechanisms of Functional Recovery After Stroke. *Transl Stroke Res*. 2017 Feb;8(1):33-46.

Learning meditation & literacy



4. Kwak et al., (2019) The Immediate and Sustained Positive Effects of Meditation on Resilience Are Mediated by Changes in the Resting Brain. *Front. Hum. Neurosci*. 13:101

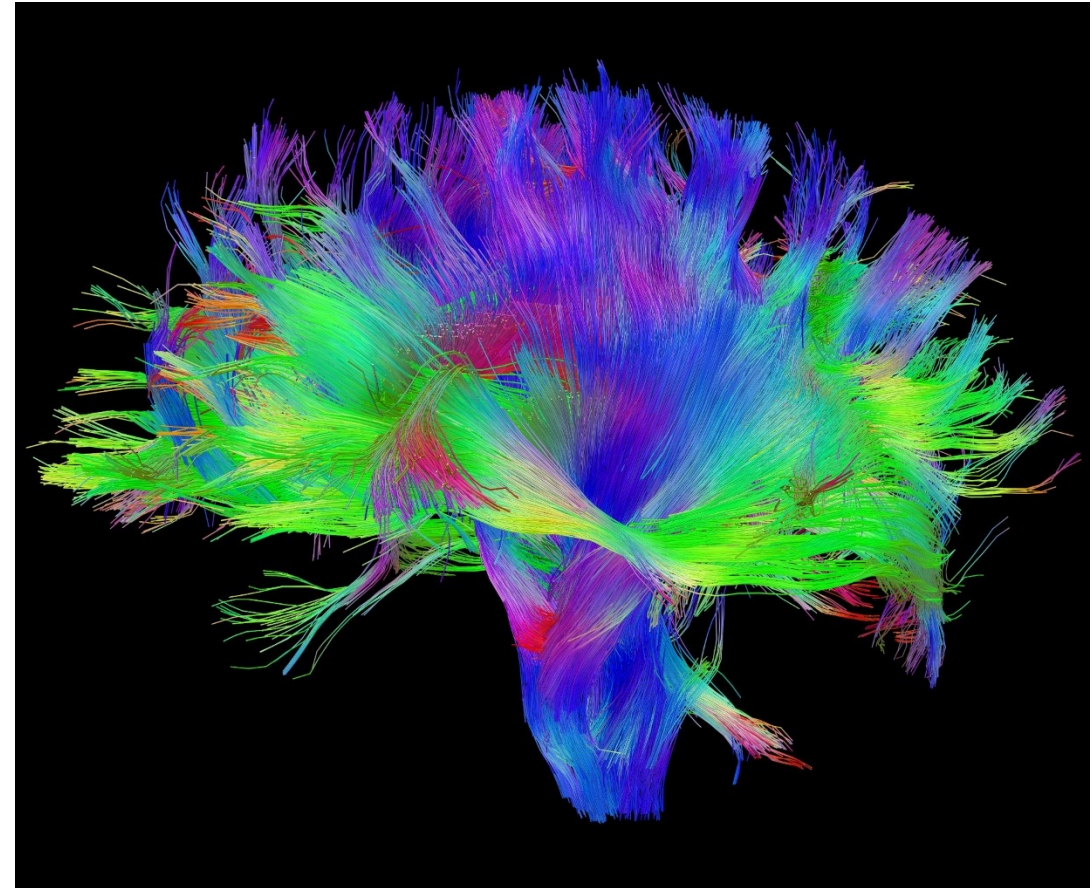
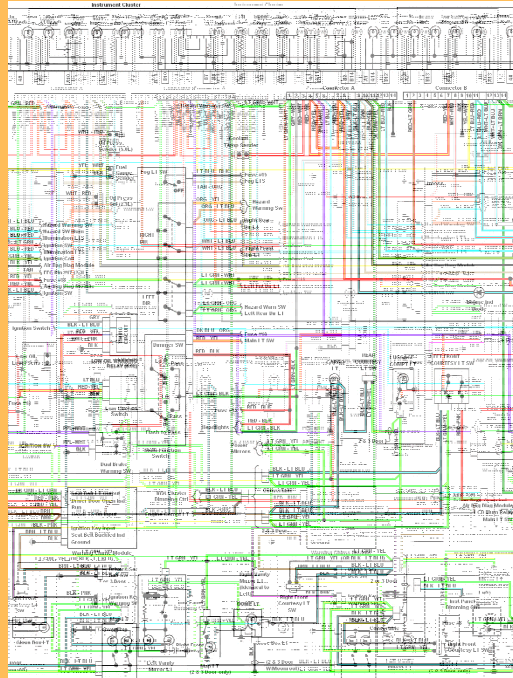
5. Thiebaut de Schotten et al., (2014). *Cerebral Cortex*. 24:989-995. and *** T Dehaene, et al *SCIENCE* DEC 2010 : 1359-1364

Post-traumatic Growth





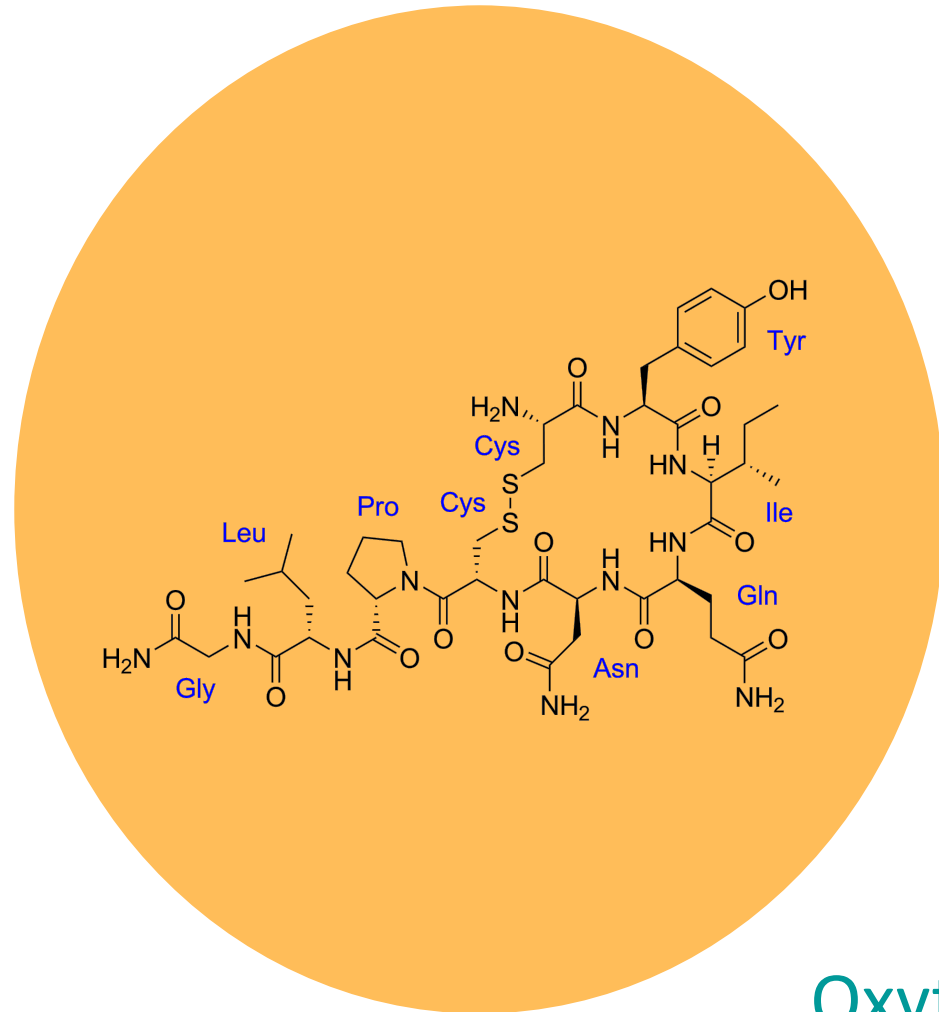
1. Brains can re-wire throughout life



Neurons that fire together wire together



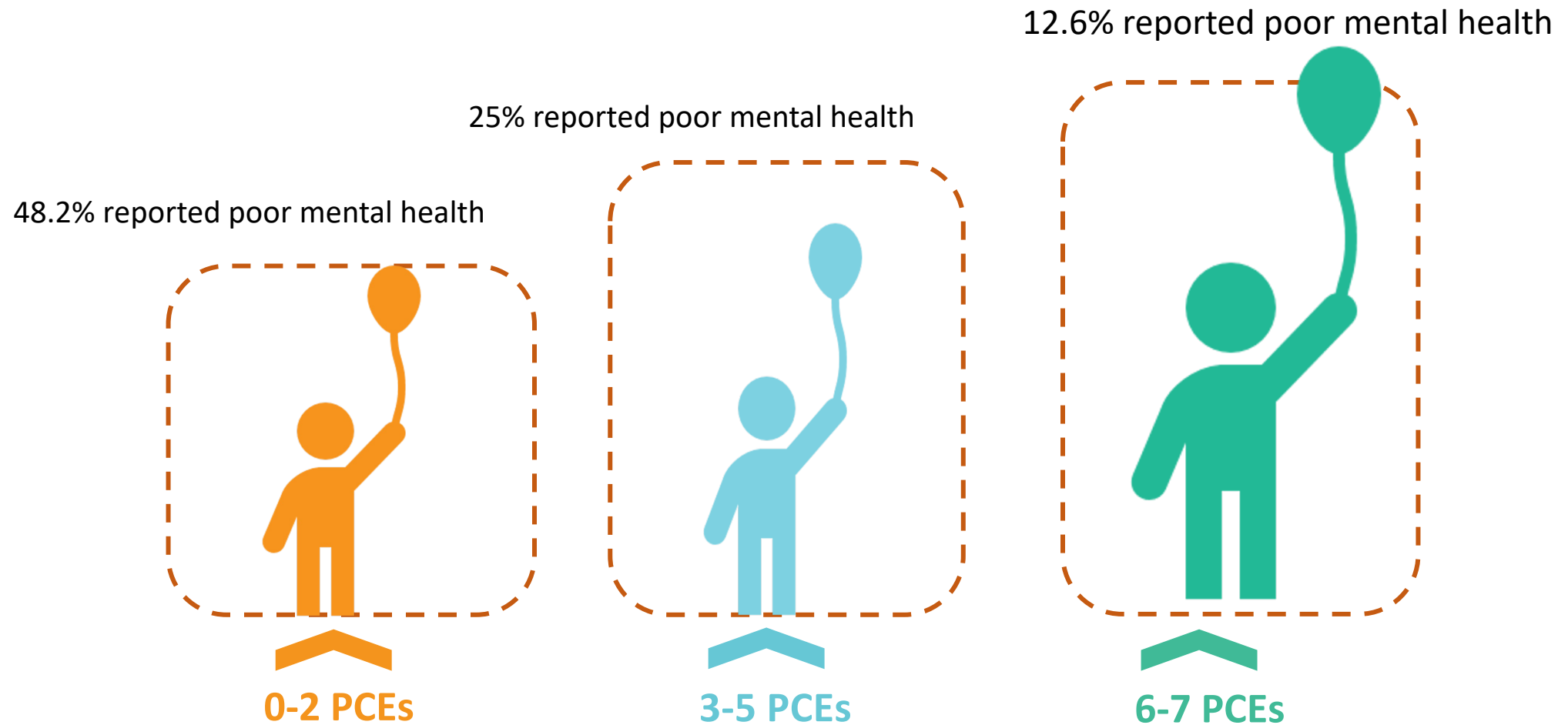
2. Love changes brain function



Oxytocsin and vasopressin change brains



Positive Childhood Experiences (PCEs) protect adult mental health





Adverse Childhood Experiences (ACEs)

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

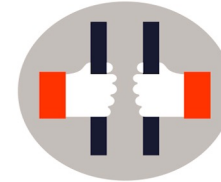


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



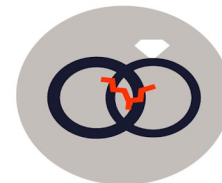
Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



ACEs cause chronic disease:
Population attributable fractions by ACEs score

Outcome	1 ACE	2-3 ACE	4 or more	Overall
Heart Disease	2.6	3.4	6.6	12.7
Asthma	4.2	8.1	11.7	24.0
Depression	6.4	14.7	23.0	44.1
Heavy Drinker	5.6	9.0	9.3	23.9
Education < HS			4.6	4.6



The Pair of ACEs

Adverse Childhood Experiences

Maternal
Depression

Physical &
Emotional Neglect

Emotional &
Sexual Abuse

Divorce

Substance
Abuse

Mental Illness

Domestic Violence

Homelessness

Incarceration

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing
Quality &
Affordability

Community
Disruption

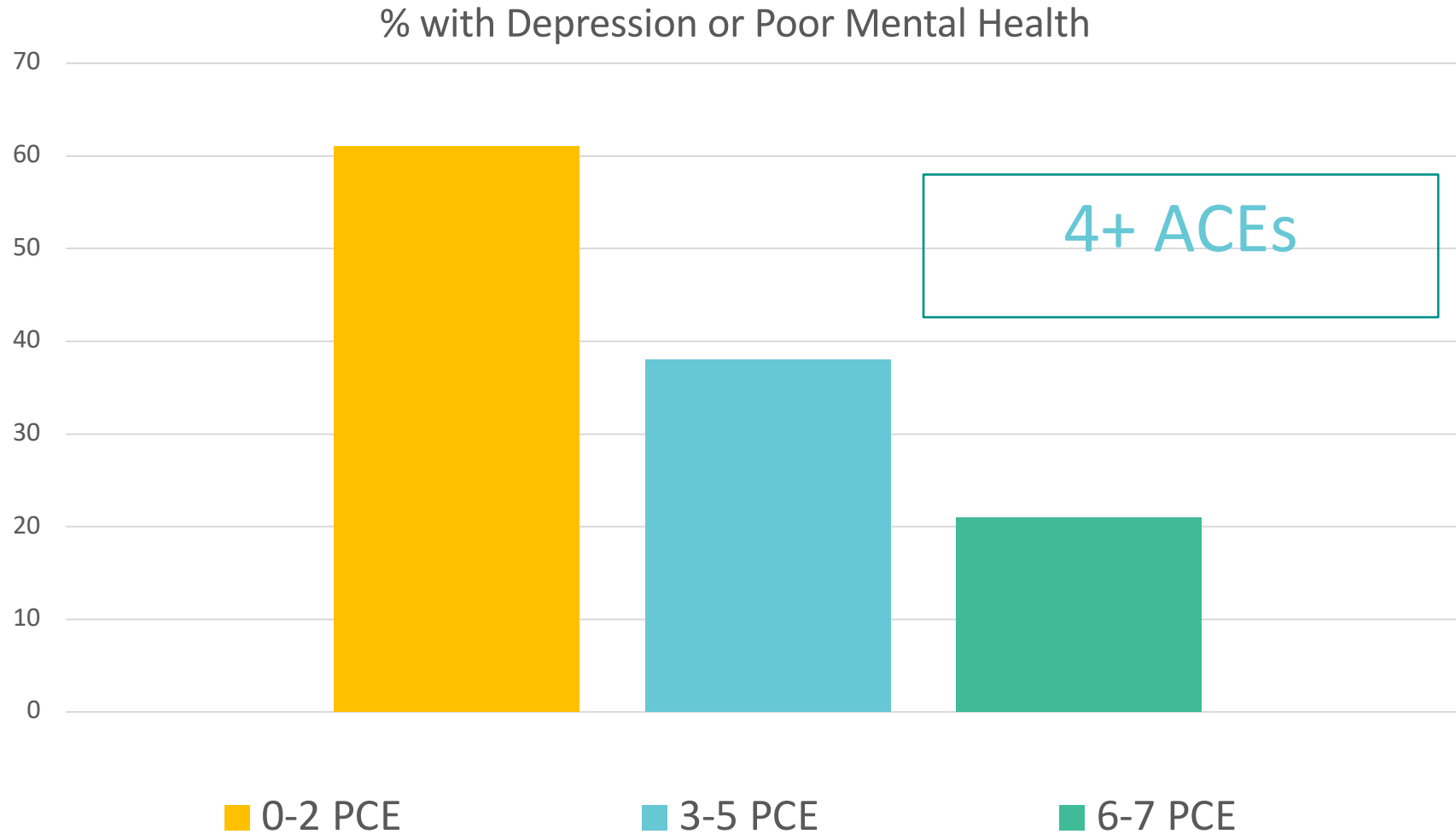
Lack of Opportunity, Economic
Mobility & Social Capital

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011





Positive Childhood Experiences mitigate ACEs effects



More PCEs correlate to:

Montana BRFSS data related to
substance use

Graupensperger S, Kilmer JR, Olson DC, Linkenbach JW.
Associations Between Positive Childhood Experiences and Adult
Smoking and Alcohol Use Behaviors in a Large Statewide
Sample. Journal of Community Health. 2022 Nov 15:1-9.



Less cigarette
smoking



Less alcohol
consumption



Lower lifetime odds of
illicit drug use



Lower lifetime odds of
ANY substance use



Higher PCEs protects overall health

2021 Tennessee BRFSS Data



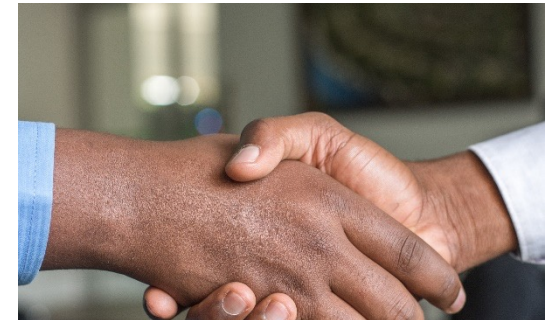
Lower rates of
depression



Lower rates of heart
disease



Improved physical
health



More likely to be
employed

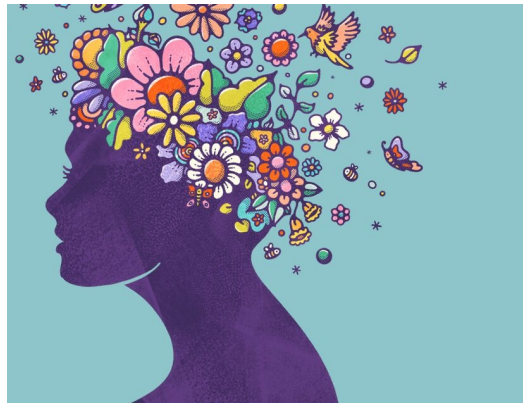
Source: TN Department of Health. *PCEs among Tennesseans 2021*.
<https://www.tn.gov/content/dam/tn/health/documents/PCEs-Factsheet%202021.pdf>



Higher PCEs improve youth outcomes

National longitudinal survey of
Australian children

HOPE Framework validated in prospective study



Improved mental
health

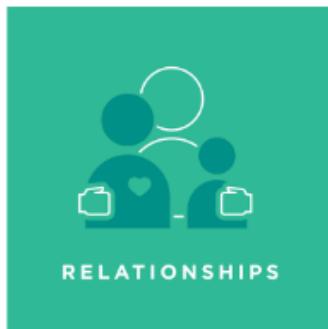


Better academic
skills

Source: Guo, Shuaijun, et al. "Measuring positive childhood experiences: testing the structural and predictive validity of the health outcomes from positive experiences (HOPE) framework." *Academic Pediatrics* 22.6 (2022): 942-951.



The Four Building Blocks of HOPE



Relationships with other children and with other adults through interpersonal activities.



Safe, equitable, stable environments for living, playing, learning at home and in school.



Social and civic engagement to develop a sense of belonging and connectedness.



Emotional growth through playing and interacting with peers for self-awareness and self-regulation.



Relationships



RELATIONSHIPS

Standard Practice:

Screen for Intimate Partner Violence

Screen for parental mental health (post partum depression)

HOPE-informed Practice:

Early Relational Health

Who helps you with parenting?

Mentoring (formal or informal)

Stable nurturing **Relationships** with other children and adults



Environment



Standard Practice:

Housing stability and quality

Intimate Partner Violence

HOPE-informed Practice:

Positive School Environment

Recreational opportunities

Family check-ins

Safe, equitable, stable **environments** for living, playing, & learning



Engagement



Standard Practice:



HOPE-informed Practice:

Sense of belonging at school

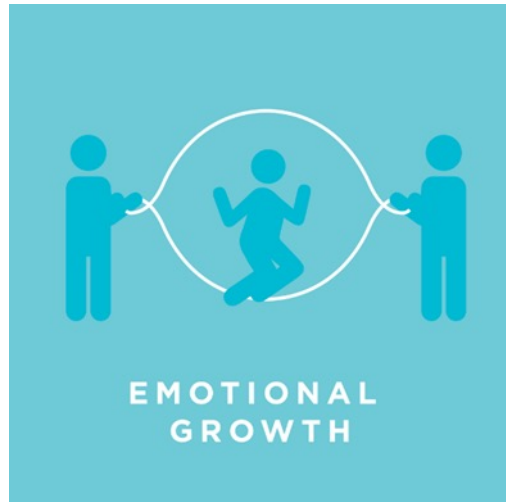
Family chores

Out-of-school time activities

Social and civic **engagement** develops a sense of mattering



Emotional Growth



Standard Practice:

Screening: ASQ-SE

Social-Emotional learning
and anger management
classes

HOPE-informed Practice:

Access to safe playgrounds

Child-centered play

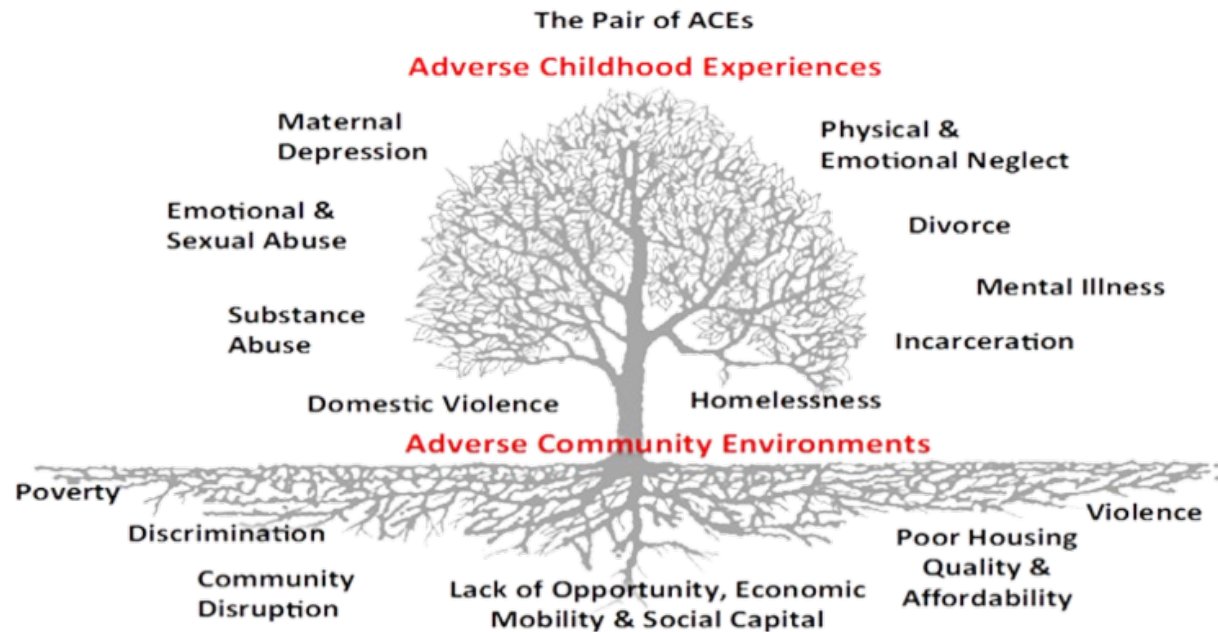
Green spaces

Cultural and spiritual practice

Emotional growth through play, nature, and spirituality



HOPE and equitable access



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

- There are social and systemic barriers to PCEs in each of the Four Building Blocks of HOPE.
- Cannot practice HOPE framework without a specific focus on equity, including anti-racism.



HOPE

HEALTHY OUTCOMES
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Anti-racism

“One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an antiracist. One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an antiracist.”

Dr. Ibram X. Kendi



Equity in HOPE

- Implicit bias
- Cultural humility
- Anti-racism
- Reduce systemic bias in assessment



Type 1 vs. Type 2 thinking

Type 1 thinking

- ✓ Fast, intuitive, unconscious thought
- ✓ Everyday activities
- ✓ Effortless
- ✓ Training and experience
- ✓ **Implicit bias**



Type 2 thinking

- ✓ Slow, calculating, conscious Solving a problem
- ✓ Takes more effort!
- ✓ Something novel
- ✓ **Perceiving variability**
- ✓ **Perspective taking**



Type 1 vs. Type 2 thinking

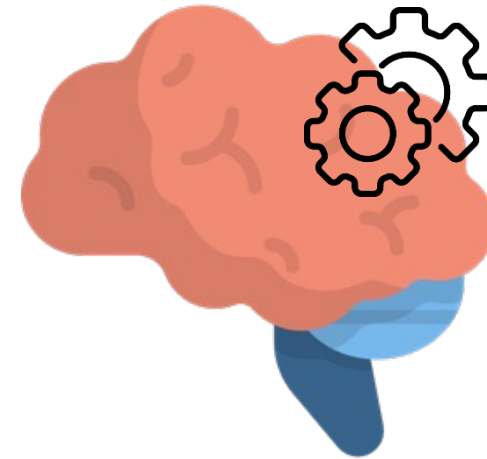
Implicit biases are imbedded in Type 1 thinking



Unconscious, immediate reactions to difference



Type 2 thinking can help us notice and navigate our biases



Slow, conscious strategies to mitigate bias

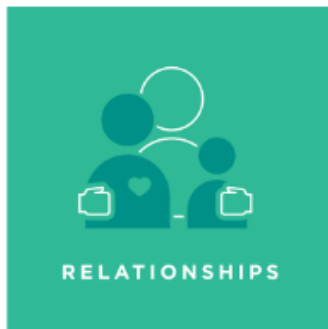
Family story: Meet TJ

- TJ has multiple disabilities, including: Juvenile Idiopathic Arthritis and Central Auditory Processing Disorder
- After his Arthritis was under control, TJ's specialist recommended swimming for his joints and for his sensory perception
- TJ was welcomed to the community-based swim team. TJ and his mother were told that they do not discriminate in any way, and that they make all activities, including swimming, accessible to any child who wants to participate.





The Four Building Blocks of HOPE



Relationships with other children and with other adults through interpersonal activities.



Safe, equitable, stable environments for living, playing, learning at home and in school.



Social and civic engagement to develop a sense of belonging and connectedness.



Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Family story: Mutual goal-setting to promote equity and access to PCEs

- What goals did TJ's doctor have in mind when recommending swimming?
- What goals did TJ and **his mother** have when they went to the community center for him to join the swim team?
- What goals did the community center have related to inclusive activities?
- What were the coaches goals?
- How could the building blocks help to prevent TJ from leaving the program?



How building blocks fit with protective factors

HOPE → Child-centered

Youth Thrive → Youth-centered

Strengthening families → Family-centered





HOPE

HEALTHY OUTCOMES
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YOUTH THRIVE™

PROTECTIVE & PROMOTIVE FACTORS FOR HEALTHY DEVELOPMENT AND WELL-BEING

Youth Thrive framework

- Companion framework to Strengthening Families
- Focuses on youth ages 9 -26 years old
- Based on current scientific research that supports building 5 protective and promotive factors to reduce risk and enhancing healthy development and well-being.

Protective and promotive factors

Knowledge of
adolescent
development

Social connections

Cognitive and
social-emotional
competencies

Concrete support in
times of need

Youth resilience



Youth Resilience





Strengthening Families Approach

A set of core values that are the foundational ideas that should guide service delivery and program practice designed to support families in building their protective factors.

Protective Factors Framework

A research-informed set of interrelated attributes of individuals, families, and communities that both reduce the impact of risk factors and promote healthy development and well-being.

Family Protective Factors

Parental resilience

Social connections

Knowledge of
parenting & child
development

Social & emotional
competence of
children

Concrete support in
times of need



The HOPE Framework

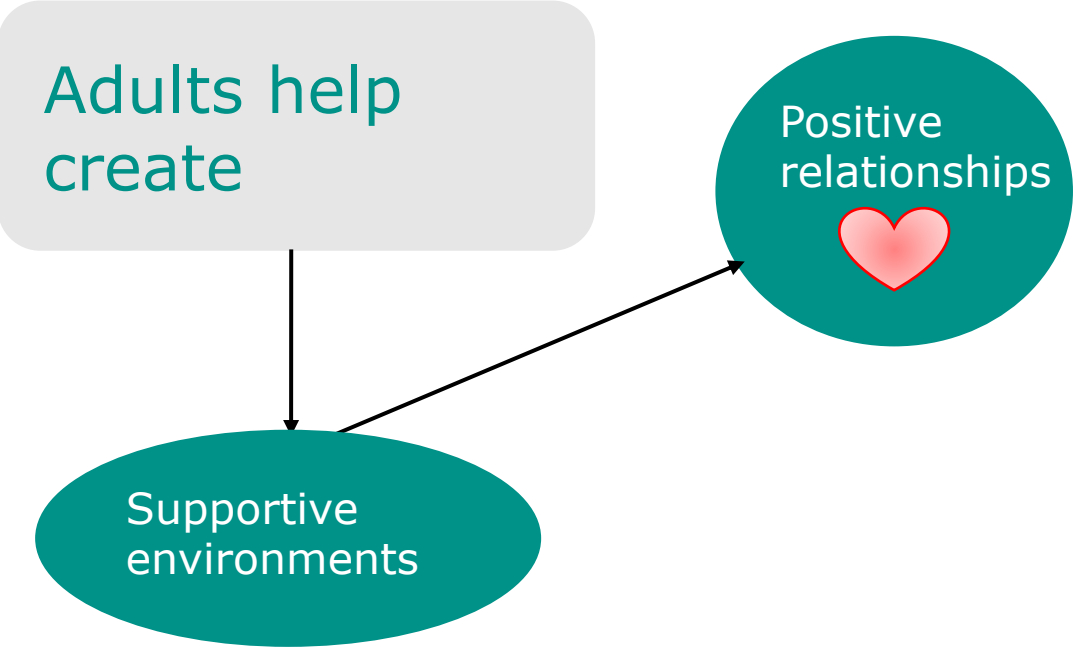
Adults help
create



Supportive
environments

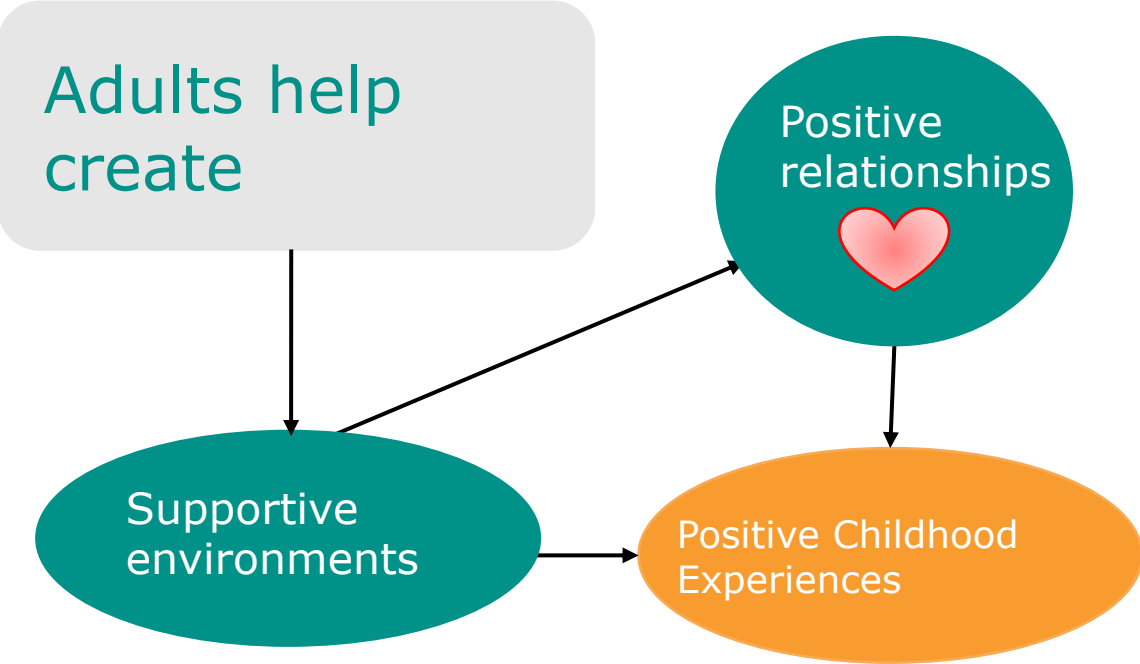


The HOPE Framework



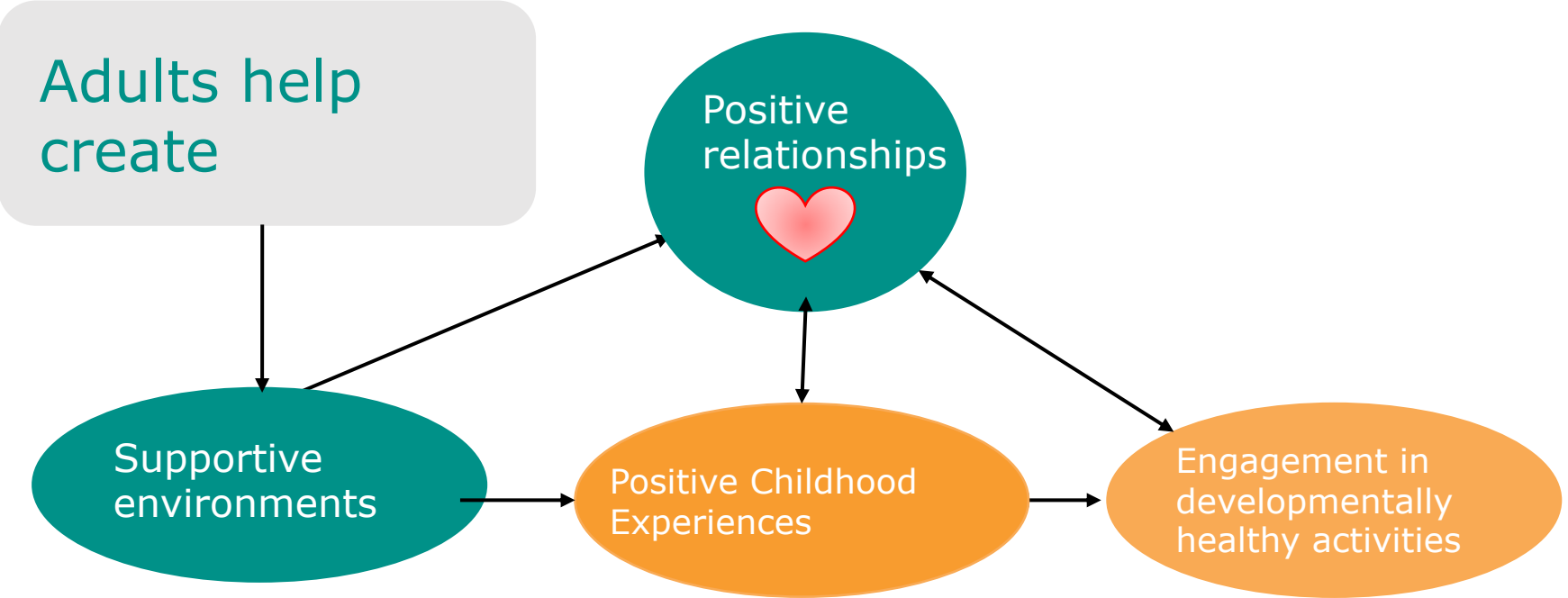


The HOPE Framework



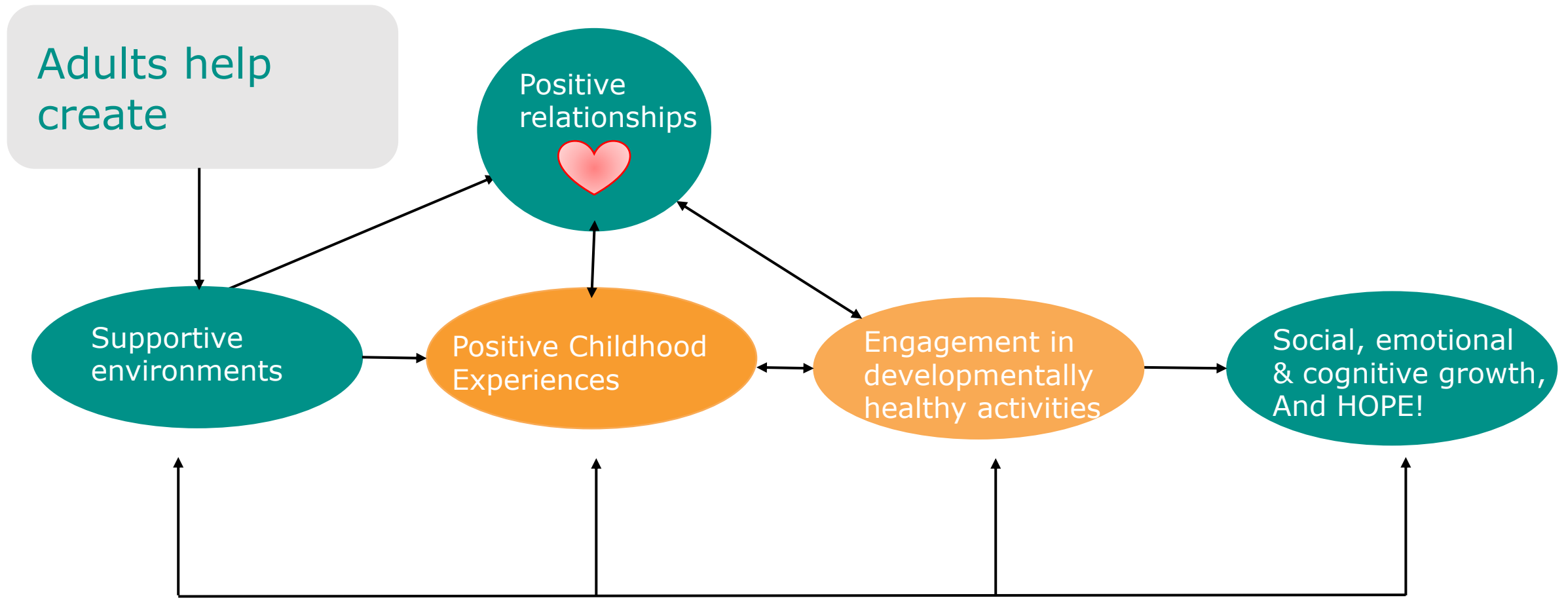


The HOPE Framework





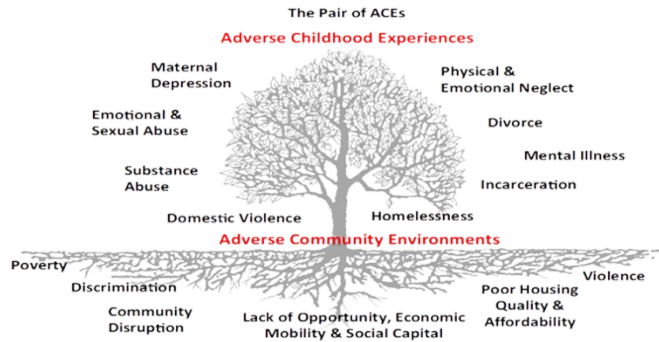
The HOPE Framework



Positive Feedback Effects



Community resilience looks like...



Ellis, W., Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Safe and stable neighborhoods

Community advocacy and agency

Environments that promote social connectedness

Healthy and supported individuals and families

Social and economic mobility

Access to capital



Health-promoting infrastructure

Affordable housing

Community-driven policy

Integrated social services

Living wages

Restorative justice

Fair policing practices

Fair lending practices

Equitably-resourced public education





Core assumption

from the Science of the Positive:

The **positive** exists, it is real and worth growing.

Positive experiences:

- Promote children's **health and well-being**
- Allow children to form strong **relationships** and connections
- Cultivate positive self-image and **self-worth**
- Provide a sense of **belonging**
- Build skills that promote **resilience**



HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

as an Anti-Racist Framework in Action



The Four Building Blocks of HOPE—supportive relationships, safe, equitable, and stable environments, social and civic engagement, and emotional growth—can be incorporated into decision making at every level and in every sector to ensure that all children, including children of color, have what they need to thrive.



Access to the Four Building Blocks is often disrupted by systemic racism, historical trauma, and adverse childhood experiences. HOPE-informed agencies can partner with their communities, and together identify existing resources to promote HOPE and identify unmet needs. Working together, HOPE and our partners seek to ensure that every family and child can have those key experiences that promote resiliency.



Racism is harmful to all of us. Anti-racist frameworks intentionally upend racist policies and practice in an effort to combat White supremacy. As author and anti-racist activist Ibram X. Kendi describes it, a racist policy is “any measure that produces or sustains racial inequality.” This work requires tacit acknowledgment that systems, institutions, policies, practices and norms privilege White people, even when they do not explicitly mention race. While bias operates at the individual level, providers, practitioners, and educators are also operating within

systems built on racist foundations. In this resource, we will be focusing specifically on systemic racism and unconscious bias.

This resource walks the reader through the process of thinking about policy and



Offering HOPE to Combat ACEs and Early Trauma

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

HOPE – Healthy Outcomes from Positive Experiences – is a new way of seeing and talking about experiences that support children’s growth and development into healthy, resilient adults.

Our research has led us to create a new paradigm, based on an understanding of how positive childhood experiences (PCEs) drive healthy development and mitigate the effects of adverse childhood experiences (ACEs). Positive experiences allow children to form strong relationships and meaningful connections, cultivate positive self-image and self-worth, experience a sense of belonging, and build skills to cope with stress in healthy ways. This shift in focus builds on previous understandings of the importance of experience in child development, including those ACEs associated with toxic stress.



Our Mission We aim to inspire a HOPE-informed movement that fundamentally transforms how we advance health and well-being for our children, families, and communities.



The Four Building Blocks

Through our work we have identified four building blocks that promote positive experiences that help children grow into healthy, resilient adults. We know that PCEs in these four areas can buffer against long term health outcomes associated with adverse childhood experiences, and we want to help increase access to these opportunities for all children and families.

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

10 Ways for Families to Promote Positive Childhood Experiences



Many of us are concerned about increased stress for our children and families, especially during COVID-19. We aren’t powerless, though, and the unique circumstances of our current environment actually allow for new ways to engage and connect with our children. Using HOPE (Healthy Outcomes from Positive Experiences) as a guide, here are 10 suggestions to promote Positive Childhood Experiences now:

1. Think about social connection and physical distance, not social distance. The new way of the world ironically allows for increased connections with friends and loved ones far away. Take advantage of the extra time at home by having virtual story-time with Grandma, trivia night with cousins, or Zoom holiday dinners.
2. Talk with your children. Like us, children may be fearful or simply missing their routines. Connect with them. Ask them about their concerns. Their answers will guide you on how to talk with them. Reassure them that life will return to some semblance of normal at some point.
3. Reach out for support when you need it! Model for your child that everyone needs help sometimes, and it’s ok to ask for it when you need it.
4. Reach out to support. Reach out to your friends or relatives, encourage your children to touch base with their friends, and check in on how they’re feeling. Increase opportunities for your child to practice empathy and listening skills.

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HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

Positive Experiences are Key!

We have identified four building blocks that you can use to promote positive experiences for your child to help them build resilience!



The 4 Building Blocks of HOPE



Nurturing, supportive relationships are critical for children to develop into healthy, resilient adults.

- Play and connect with your child(ren) regularly! Be silly, move your bodies, read a book. The options are endless!
- Help your child make connections with other adults in your life – aunts, uncles, coaches, pastors. It takes a village, and the larger the village, the more opportunities your child has for connection and support.



Children thrive when they have safe, stable, equitable environments to live, learn, and play.

- Check your house for safety issues, like access to guns, medications, alcohol, and drugs. Create a plan to address any identified risks.
- Talk with your child(ren) about school. Do they feel safe there? Are they being treated well by their peers? If not, connect with their teacher and

<https://positiveexperience.org/resources/>



Spreading

HOPE



E M A I L : HOPE@tuftsmedicalcenter.org W E B S I T E : positiveexperience.org

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