

PROACTIVE RESTORATIVE PRACTICES: CREATING THE CONDITIONS FOR INDIVIDUALS AND COMMUNITIES TO FLOURISH

Gina Baral Abrams, DrPH, EdM, LSW

Mary Jo Hebling, MS

Beth Smull, MS, CADC

October 25, 2018



International Institute
for Restorative Practices

LEARNING OBJECTIVES

At the end of the session, you will be able to:

1. Describe the relationships between proactive restorative practices and sense of community, flourishing, and well-being.
2. State three ways to develop the strengths/assets in the individuals and communities with which they work.

AGENDA

1

Check-In

2

Community Health Models and Proactive Restorative Practices (RP)

3

Small Group Exercise and Discussion

4

Application of Proactive RP

5

Small Group Exercise and Discussion

6

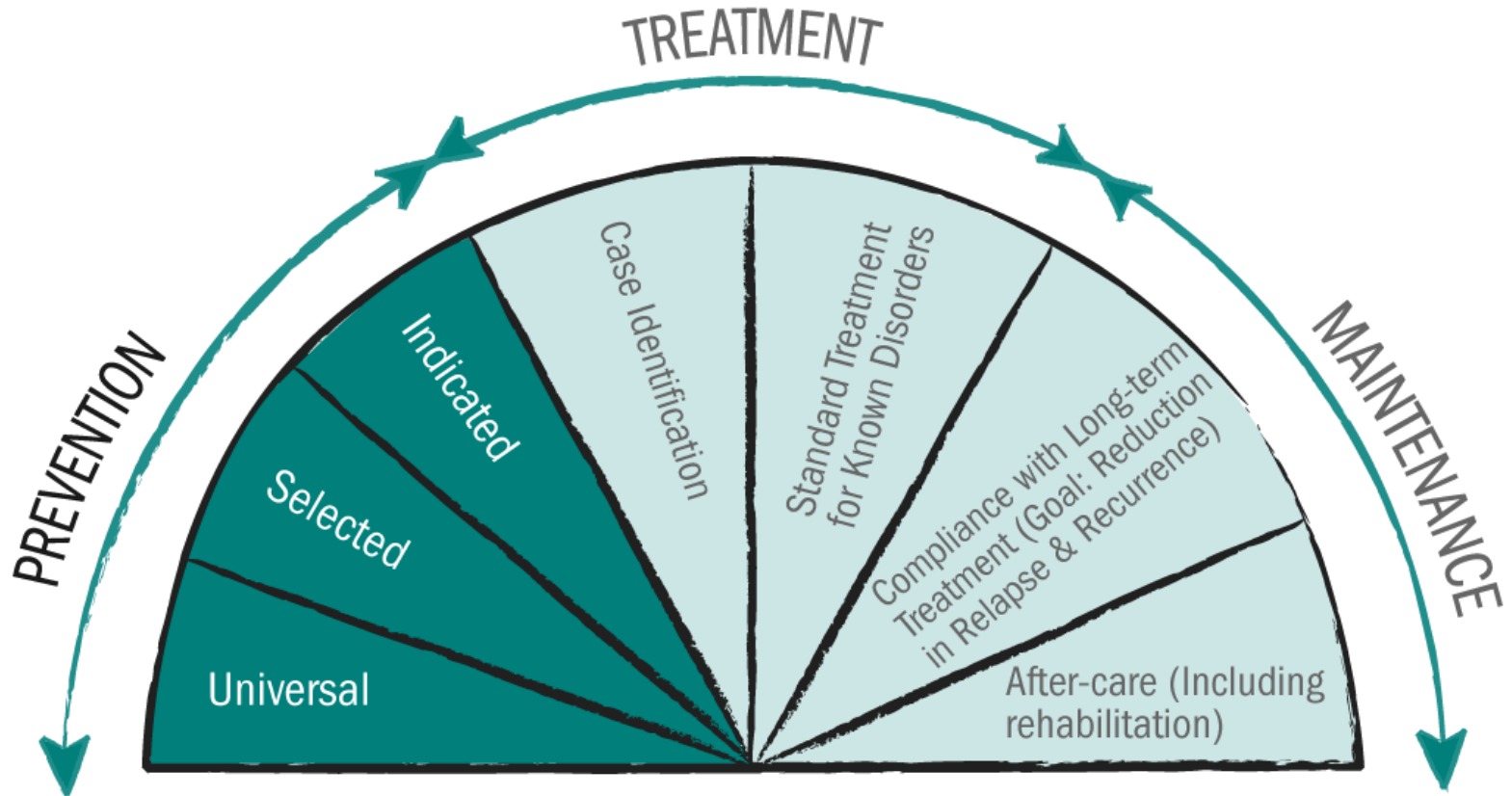
Check-Out

ARE WE REALIZING THE 80/20 GUIDELINE?



- **Eighty percent of restorative practices is intended to be done proactively.**
- However, much of the discussion on restorative practices highlights processes after harm has occurred.

PREVENTION, RISK, AND INTERVENTION



Springer, F. & Phillips, J.L. (2006). The IOM model: A tool for prevention planning and implementation. *Prevention Tactics*, 8. 1-8.

LEVELS OF PREVENTION

Universal
Prevention

General population benefit for all,
regardless of risk

Selected
Prevention

Sub-group that has increased risk

Indicated
Prevention

Individual who has risk behaviors

SOCIAL ECOLOGICAL MODEL (SEM)

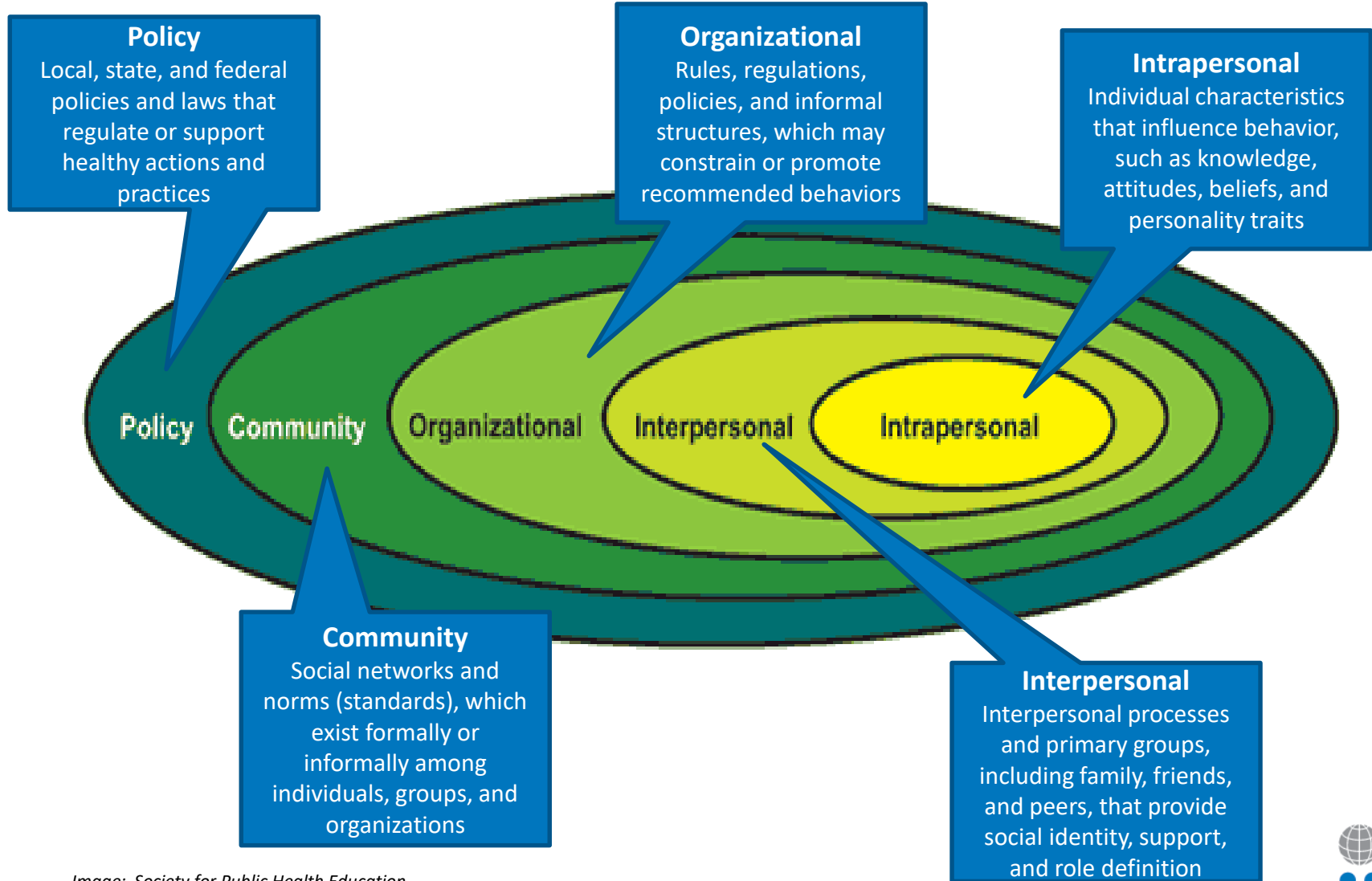


Image: Society for Public Health Education

7 McLeroy, K.R., Bibeau, D., Steckler, A. & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.

COMMUNITY DEFINED

- Components of a community – whether it be a neighborhood, city, school, university, organization:
 - functional spatial units
 - units of patterned social interaction
 - symbolic units of collective identity
- Must build upon the inter-relationships and interdependencies among their members and contextual systems (read: Social Ecological Model) to influence health and well-being.

Glanz, K., Rimer, B., and Viswanath, K.. (Eds.) (2015). *Health Behavior: Theory, Research and Practice, 5th edition*. San Francisco: Jossey-Bass Inc. Publishers.

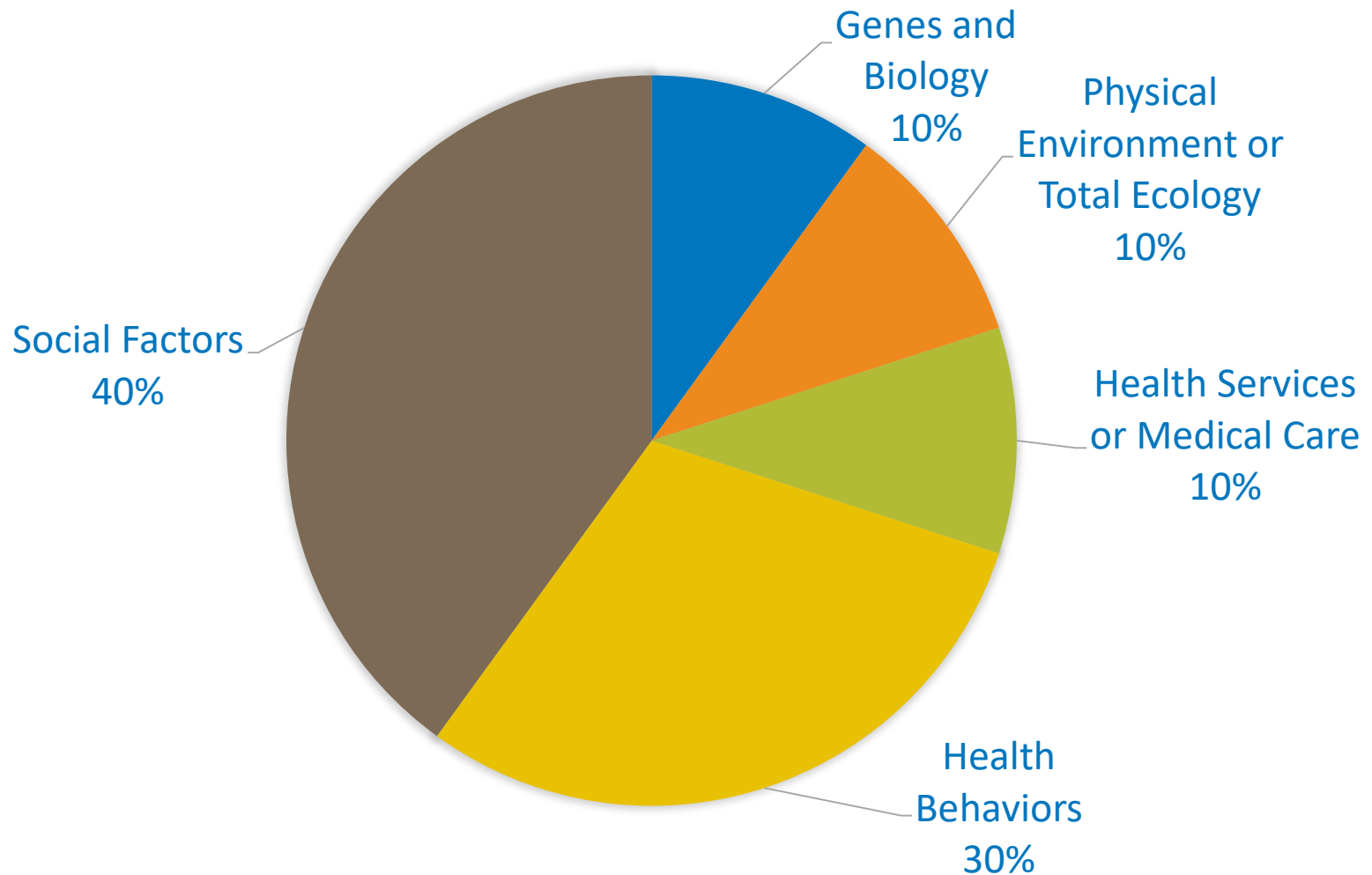
American College Health Association. (2012). *Standards of Practice for Health Promotion in Higher Education, Third Edition*.

DETERMINANTS OF HEALTH

- Five major factors contribute to a person's current state of health.
 - Genes and biology
 - Health behaviors
 - Social environment or social characteristics
 - Physical environment or total ecology
 - Health services or medical care

U.S. Department of Health and Human Services. (2018). *Determinants of Health*. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

ESTIMATES OF HOW THE DETERMINANTS INFLUENCE POPULATION HEALTH



Tarlov, A.R. (1999). Public policy frameworks for improving population health. *Annals of the New York Academy of Sciences*, 896, 281-293.

Kindig, D., Asada, Y. & Booske, B. (2008). A population health framework for setting national and state health goals. *JAMA*, 299(17), 2081-2083.

SOCIAL DETERMINANTS OF HEALTH

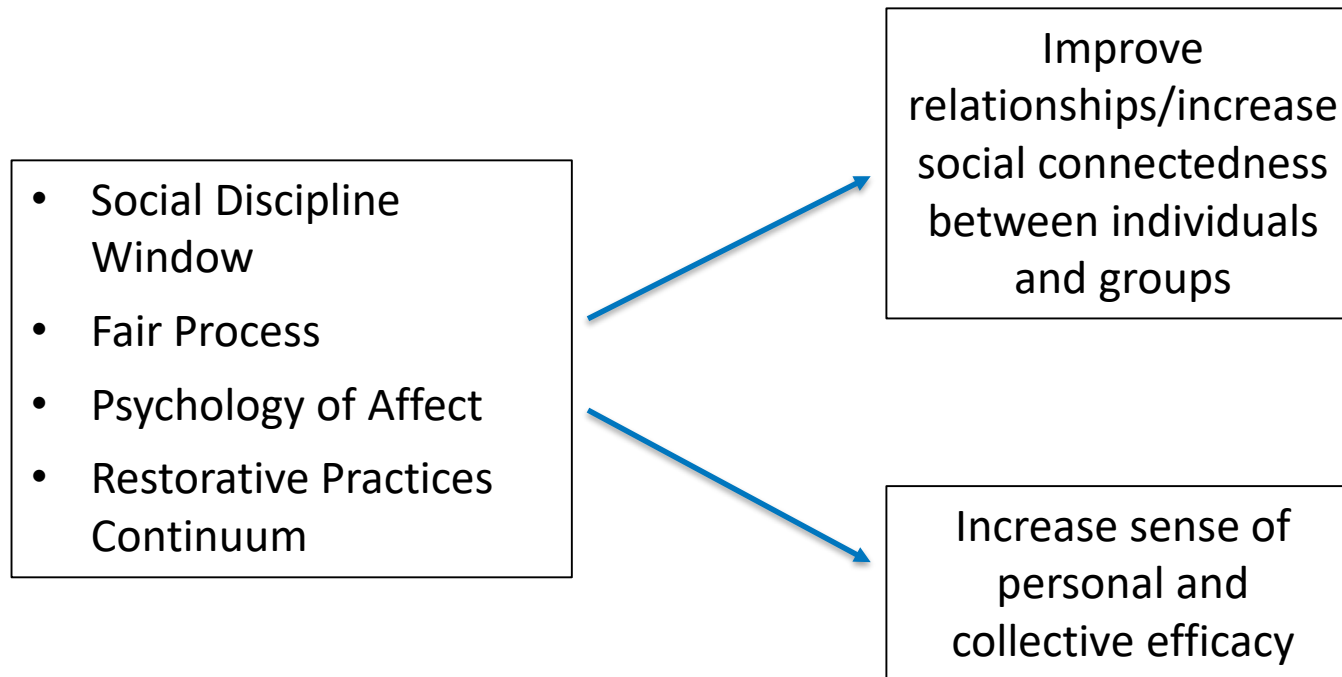


Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2014). *Social determinants of health*. Retrieved from <https://www.cdc.gov/nchstp/socialdeterminants/faq.html>.

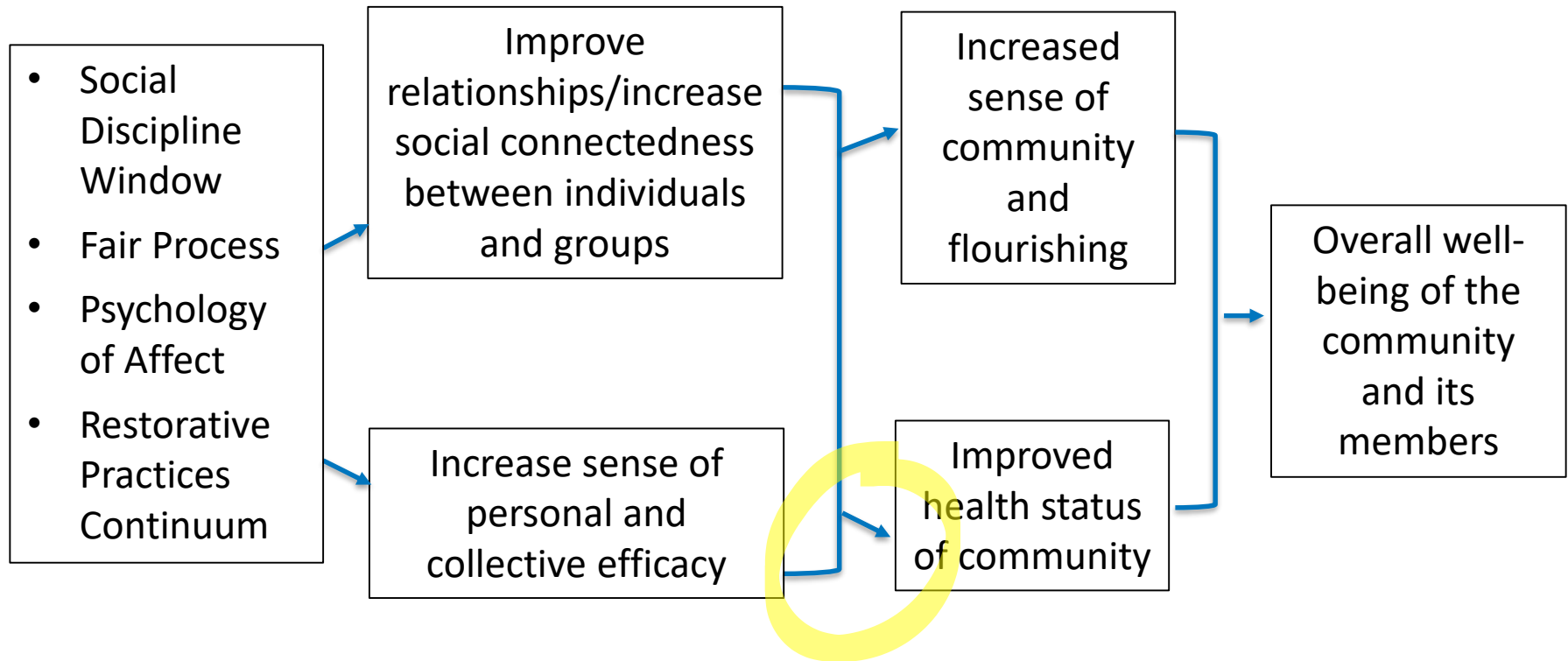
SOCIAL DETERMINANTS OF HEALTH

- Social connectedness: Many studies indicate that “belonging” – whether to a large extended family, a network of friends, a social or volunteer organization, or a faith community – is related to longer life and better health, as well as to community participation.
- Sense of personal or collective efficacy: This refers to people’s sense of control over their lives. People with a higher sense or stronger history of efficacy tend to live longer, maintain better health, and participate more vigorously in civic life.

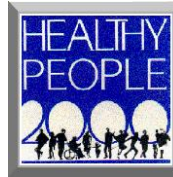
BUILDING A CONCEPTUAL MODEL FOR PROACTIVE RP



BUILDING A CONCEPTUAL FRAMEWORK FOR PROACTIVE RP



EVOLUTION OF HEALTHY PEOPLE

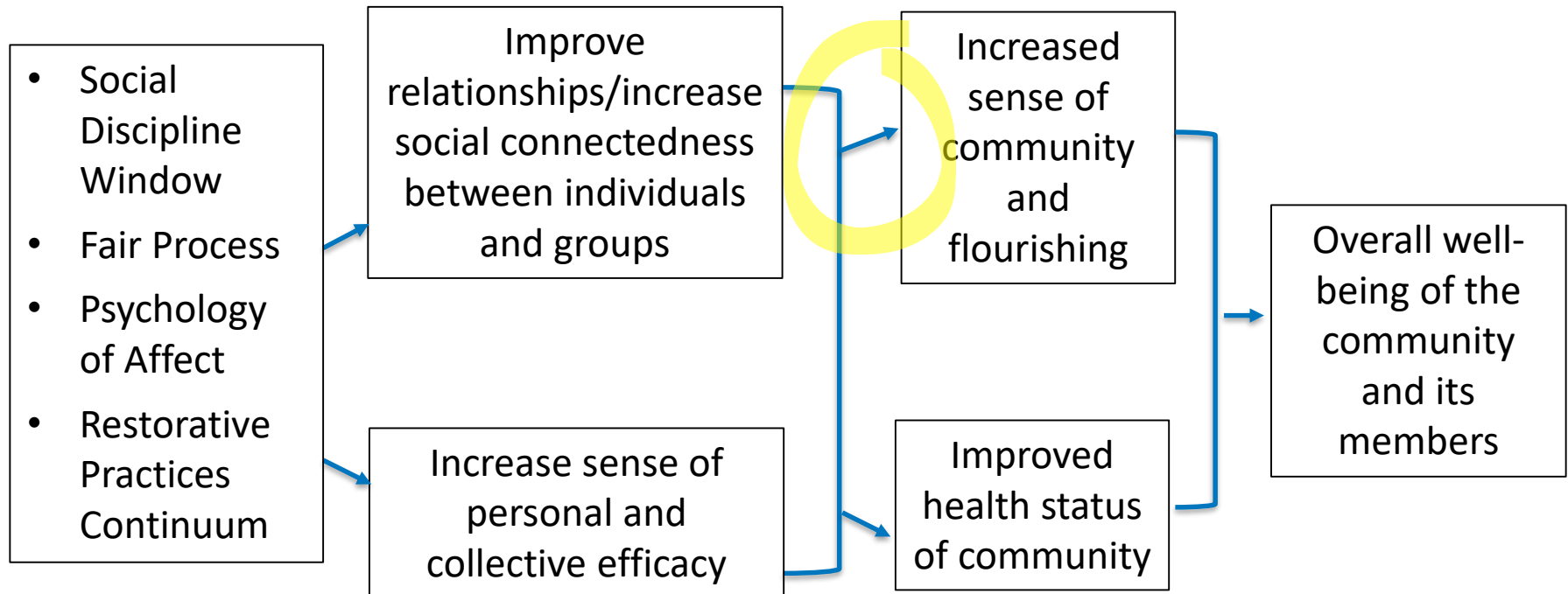


| Target Year | 1990 | 2000 | 2010 | 2020 |
|-------------------|---|--|---|--|
| Overarching Goals | <p>Decrease mortality: infants-adults</p> <p>Increase independence among older adults</p> | <p>Increase span of healthy life</p> <p>Reduce health disparities</p> <p>Achieve access to preventive services for all</p> | <p>Increase quality and years of healthy life</p> <p>Eliminate health disparities</p> | <p>Attain high quality, longer lives free of preventable disease...</p> <p>Achieve health equity, eliminate disparities...</p> <p>Create social and physical environments that promote good health...</p> <p>Promote quality of life, healthy development, healthy behaviors across life stages...</p> |
| # Topic Areas | 15 | 22 | 28 | 41 |
| # Objectives | 226 | 312 | 467 | >580 |

HEALTHY PEOPLE 2020 LEADING HEALTH INDICATORS

- Access to health services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

BUILDING A CONCEPTUAL FRAMEWORK FOR PROACTIVE RP



SENSE OF COMMUNITY

- The psychological construct, Sense of Community, is a measure of one's *experience* of community and includes four dimensions:
 1. Needs Fulfillment: a perception that members' needs will be met by the community
 2. Group Membership: a feeling of belonging or a sense of interpersonal relatedness
 3. Influence: a sense that one matters, or can make a difference, in a community and that the community matters to its members
 4. Emotional Connection: a feeling of attachment or bonding rooted in members' shared history, place or experience

McMillan, D.W., & Chavis, D.M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, 14(1), 6-23.

Research supports Sense of Community as a measure of individuals' social well-being and of the community's overall well-being in the aggregate.

Peterson, N.A., Speer, P.W., & McMillan, D.W. (2008). Validation of a brief sense of community scale: Confirmation of the principal theory of sense of community. *Journal of Community Psychology, 36*(1), 61-73.

FLOURISHING

- The psychological construct, Flourishing, is a measure of one's positive mental health and well-being and includes three dimensions:
 1. Emotional well-being
 2. Psychological well-being
 3. Social well-being

Keyes, CLM (2007). Promoting and Protecting Mental Health as Flourishing: A Complementary Strategy for Improving National Mental Health. *American Psychologist*, 62(2), 95–108.

FACTORS AND DIMENSIONS REFLECTING MENTAL HEALTH AS FLOURISHING

Positive emotions (i.e., emotional well-being)

| | |
|------------------------|--|
| Positive affect | Regularly cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life. |
| Avowed quality of life | Mostly or highly satisfied with life overall or in domains of life. |

Positive psychological functioning (i.e., psychological well-being)

| | |
|--------------------------------|---|
| Self-acceptance | Holds positive attitudes toward self, acknowledges, likes most parts of self, personality. Seeks challenge, has insight into own potential, feels a sense of continued development. |
| Personal growth | |
| Purpose in life | Finds own life has a direction and meaning. |
| Environmental mastery | Exercises ability to select, manage, and mold personal environs to suit needs. |
| Autonomy | Is guided by own, socially accepted, internal standards and values. |
| Positive relations with others | Has, or can form, warm, trusting personal relationships |

Positive social functioning (i.e., social well-being)

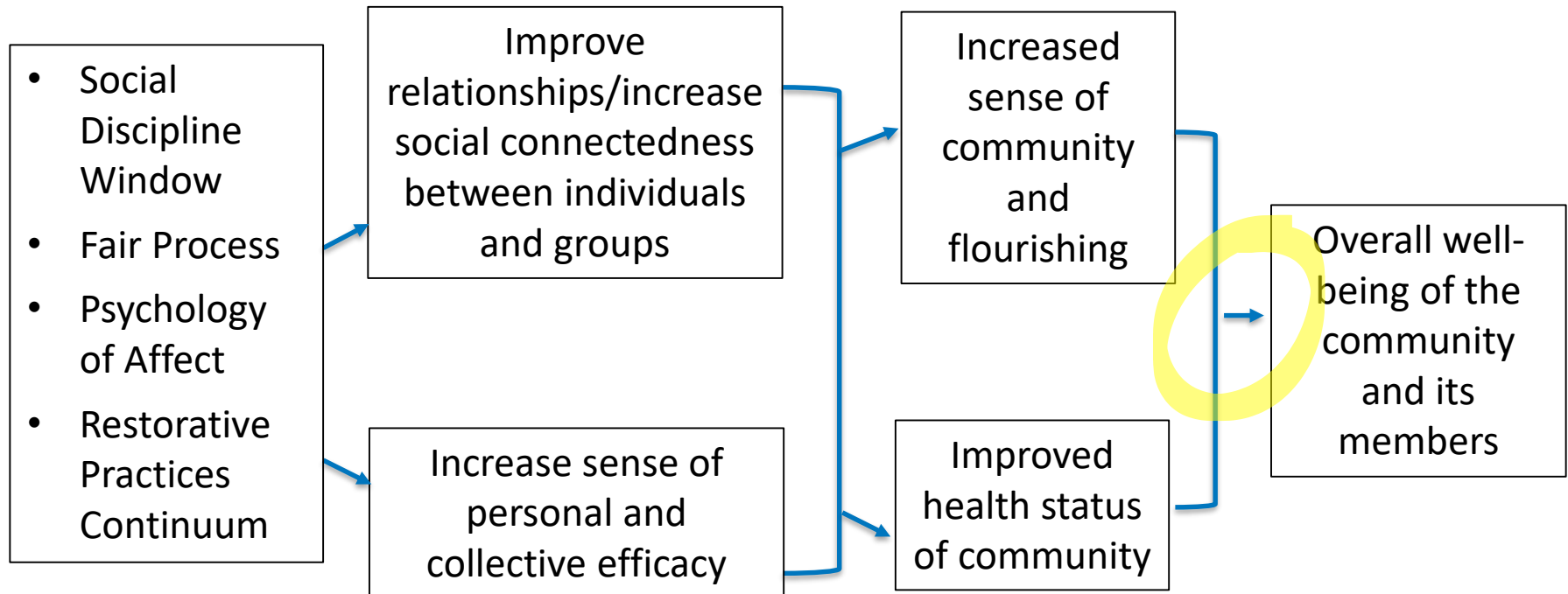
| | |
|----------------------|--|
| Social acceptance | Holds positive attitudes toward, acknowledges, and is accepting of human differences. Believes people, groups, and society have potential and can evolve or grow positively. |
| Social actualization | |
| Social contribution | Sees own daily activities as useful to and valued by society and others. |
| Social coherence | Interested in society and social life and finds them meaningful and somewhat intelligible. |
| Social integration | A sense of belonging to, and comfort and support from, a community. |

Keyes, C.L.M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 3*(73), 539-548.

Longitudinal research shows that positive emotions play a role in the development of well-being and flourishing.

Fredrickson, B. L. (2003). The value of positive emotions. *American Scientist*. 91: 330–335.

BUILDING A CONCEPTUAL FRAMEWORK FOR PROACTIVE RP



WELL-BEING

- Well-being is a construct that measures individuals' perceptions of their lives and their daily experiences.
- The Gallup-Sharecare Global Well-Being Index is the world's largest data set on well-being. Their definition of well-being includes five elements:
 1. Purpose: Having an inspiring leader, daily activity, goals, and strengths.
 2. Social well-being: Relationships with friends and family, personal time, and received encouragement and support.
 3. Financial well-being: Standard of living, ability to afford basic necessities, and financial worry.
 4. Community: Community pride, involvement, and safety and security.
 5. Physical well-being: Includes questions related to alcohol, drug, and tobacco use; current disease burden and past diagnoses; exercise; and eating habits.

Gallup, Inc. (2018). How Does the Gallup-Sharecare Well-Being Index Work? Measures Purpose, Social, Financial, Community, and Physical Well-Being Worldwide. Retrieved from <https://www.gallup.com/175196/gallup-healthways-index-methodology.aspx>.

PROACTIVE RP RECONSIDERED?

Proactive RP creates the conditions that advance the health and well-being of a community and its members.

CAN RP EXIST WHERE THERE IS NO HARM?



CENTRAL BLUEPRINT

Individuals are healthiest when they:

- Maximize positive affect
- Minimize negative affect
- Minimize inhibition around affect
- Do as much of the above three as possible

Tomkins, S. S. (1962). *Affect imagery consciousness: Vol. I. The positive affects*. New York, NY: Springer.

Tomkins, S. S. (1963). *Affect imagery consciousness: Vol. II: The negative affects*. New York, NY: Springer.

INTIMACY

Healthy intimacy and positive emotional connection is when two people agree to:

- Maximize and mutualize positive affect
- Minimize and mutualize negative affect
- Minimize inhibition around affects
- Do as much of the above three as possible

Kelly, V. C. (2012). *The art of intimacy and the hidden challenge of shame*. Rockland, ME: Maine Authors Publishing

COMMUNITY

A healthy community is when multiple people agree to:

- Maximize and mutualize positive affect
- Minimize and mutualize negative affect
- Minimize inhibition around affects
- Do as much of the above three as possible

Nathanson, D. L. (1995). Crime and nourishment: Sometimes the tried and true becomes the tired and false. *Bulletin of the Tomkins Institute*, 2, 25-30.

RESTORATIVE PRACTICES CONTINUUM

80 % Proactive



20 % Responsive



informal

formal

affective
statements

affective
questions

small impromptu
conversation

circle

formal
conference

AFFECTIVE STATEMENTS

- Set boundaries
- Provide feedback
- Teach empathy
- May be done as an "I" statement
- Statement made in relation to the central blueprint

RESTORATIVE QUESTIONS

- Open ended questions to help elicit emotion.
- Allow individuals space to explore issues in a non-threatening way.
- Address past, present, and future.
- May achieve Fair Process when addressing change.
- Proactively used to explore positive changes in behavior.
- Responsively used to explore harm and how that harm impacts others.

SMALL IMPROMPTU CONVERSATIONS

- Encourage people to communicate with each other empathetically while actively listening to one another.
- Facilitate opportunities to build relationships and increase social awareness.
- Proactivity used in small group settings – academic or social.
- Responsively used to resolve lower-level incidents through modeling a healthy approach to conflict resolution.

PROACTIVE CIRCLES

- Should account for 80% of the circles that are done within a setting.
- Are intentional and can allow for participants to take risks as the community strengthens.
- Build trust and social capital.
- Proactive circles include but are not limited to: creating norms, community building, course content, and games.

IS PROACTIVE RP AS ROBUST AS IT SHOULD BE?

- IF proactive RP supports a broad vision for advancing the well-being of a community and its members,
- AND prevention work in communities is best done in a social-ecological manner that considers the complex interplay between intrapersonal, interpersonal, institutional, community, and policy/media factors that influence the well-being of a community (i.e., all levels of the Social Ecological Model),
- THEN proactive RP must include strategies that reflect all levels of the Social Ecological Model.

SOCIAL ECOLOGICAL MODEL (SEM)

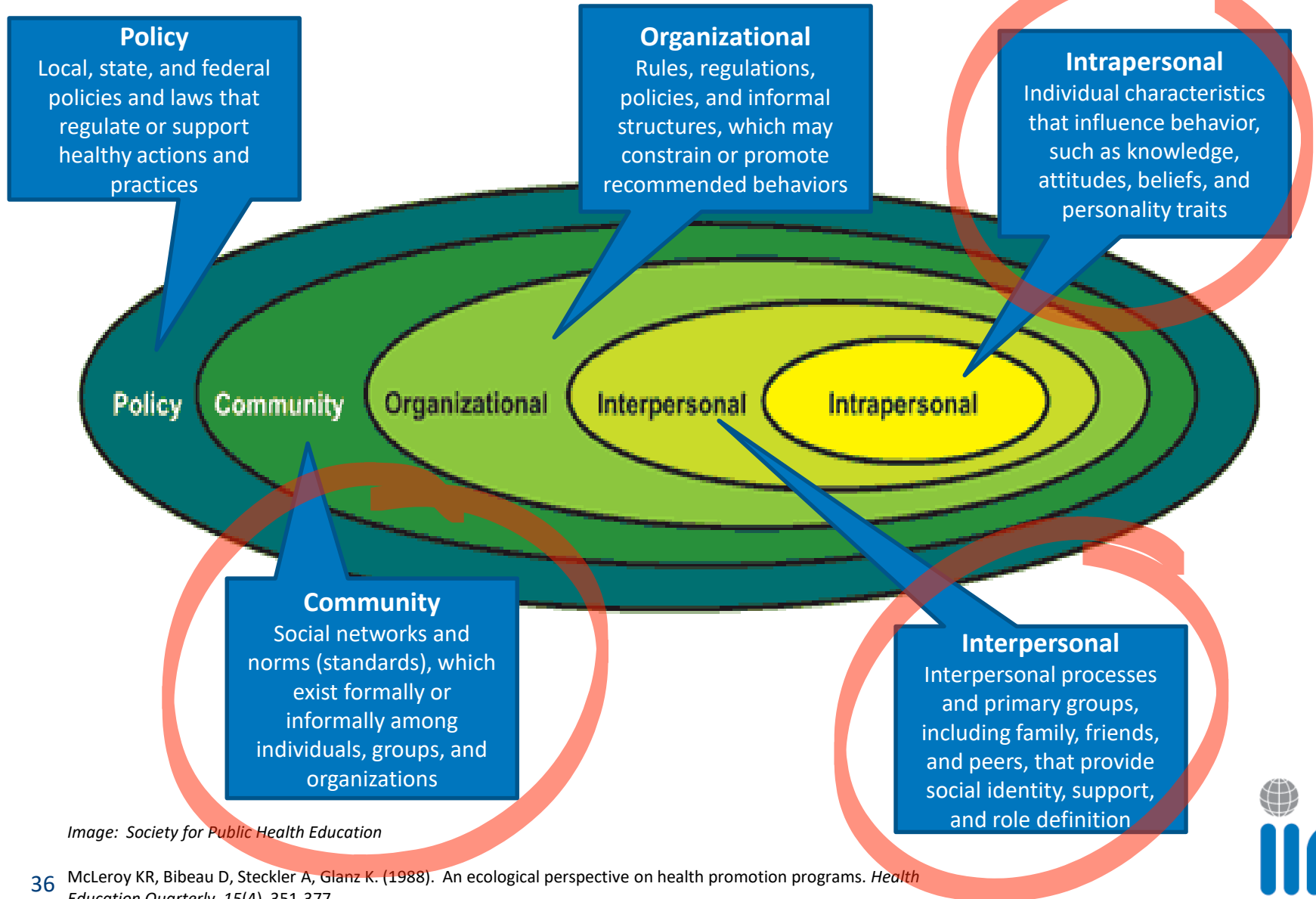


Image: Society for Public Health Education

QUESTIONS FOR A MORE FULLY ECOLOGICAL APPROACH TO RP

- What intentional implementation support and guidance do stakeholders need to **design and implement proactive RP efforts that address all levels of influence within the Social Ecological Model**, including community norms, formal and informal structures, policies, and media?
- How do we **create structures that bring together stakeholders trained in RP who use the practices as a common framework** to facilitate collaborative and synergistic efforts to advance health and well-being?
- How can we prepare leaders within these structures to **develop a strong and consistent “restorative vision,” regularly communicate that vision, and hold others accountable for adopting and modeling restorative thinking and behaviors?** How can that vision be sustained after any one champion leaves the system?
- How can these structures **influence local, state, and federal policies and laws** that regulate or support restorative practices?

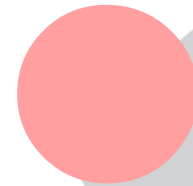
HOW CAN YOU BE EXPLICIT IN YOUR PROACTIVE PRACTICE?



**Do you have
any questions?** ?



International Institute
for Restorative Practices



FOR MORE INFORMATION

- Gina Baral Abrams, DrPH, EdM, LSW, MCHES
Director of Research and Program Evaluation and Assistant Professor, IIRP Graduate School
gabrams@iirp.edu
- Mary Jo Hebling, MS
Lecturer and Assistant Director of Continuing Education, IIRP Graduate School
maryjohebling@iirp.edu
- Beth Smull, MS, CADC
Lecturer, IIRP Graduate School
bsmull@iirp.edu