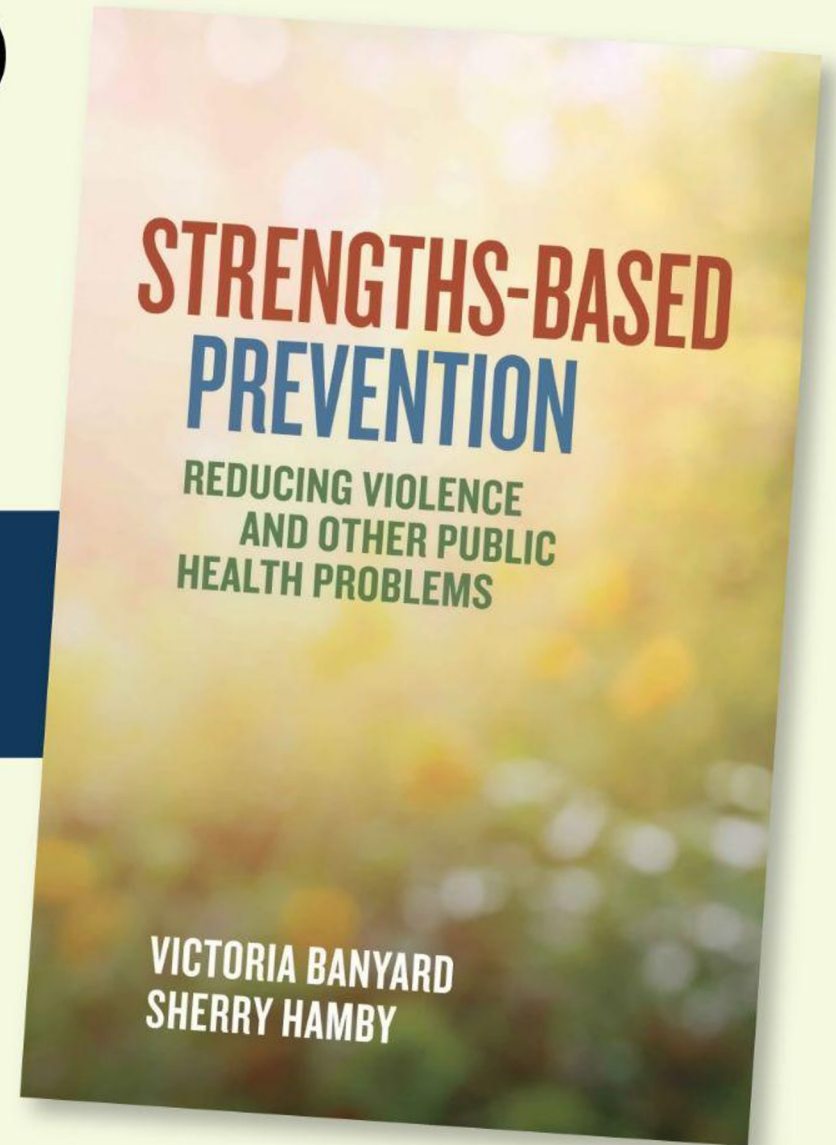


STRENGTHS-BASED PREVENTION THAT WORKS

Tuesday, December 13, 2022
11:00 AM PT/2:00 PM ET



prevent
connect
A ValorUS® PROJECT



Meet the PreventConnect Team



Ashleigh Klein-Jimenez
Director of Prevention
she/her/hers



Janae Sargent
Project Coordinator
she/they



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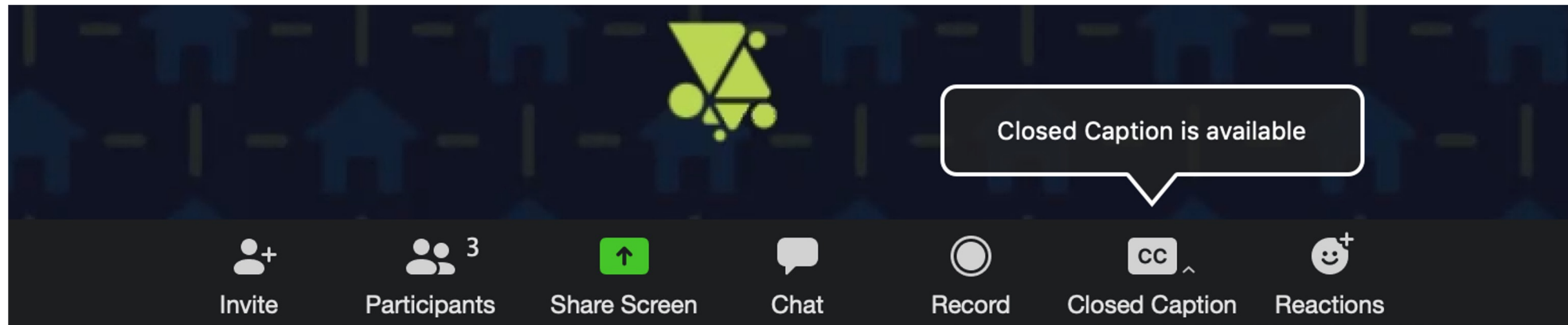
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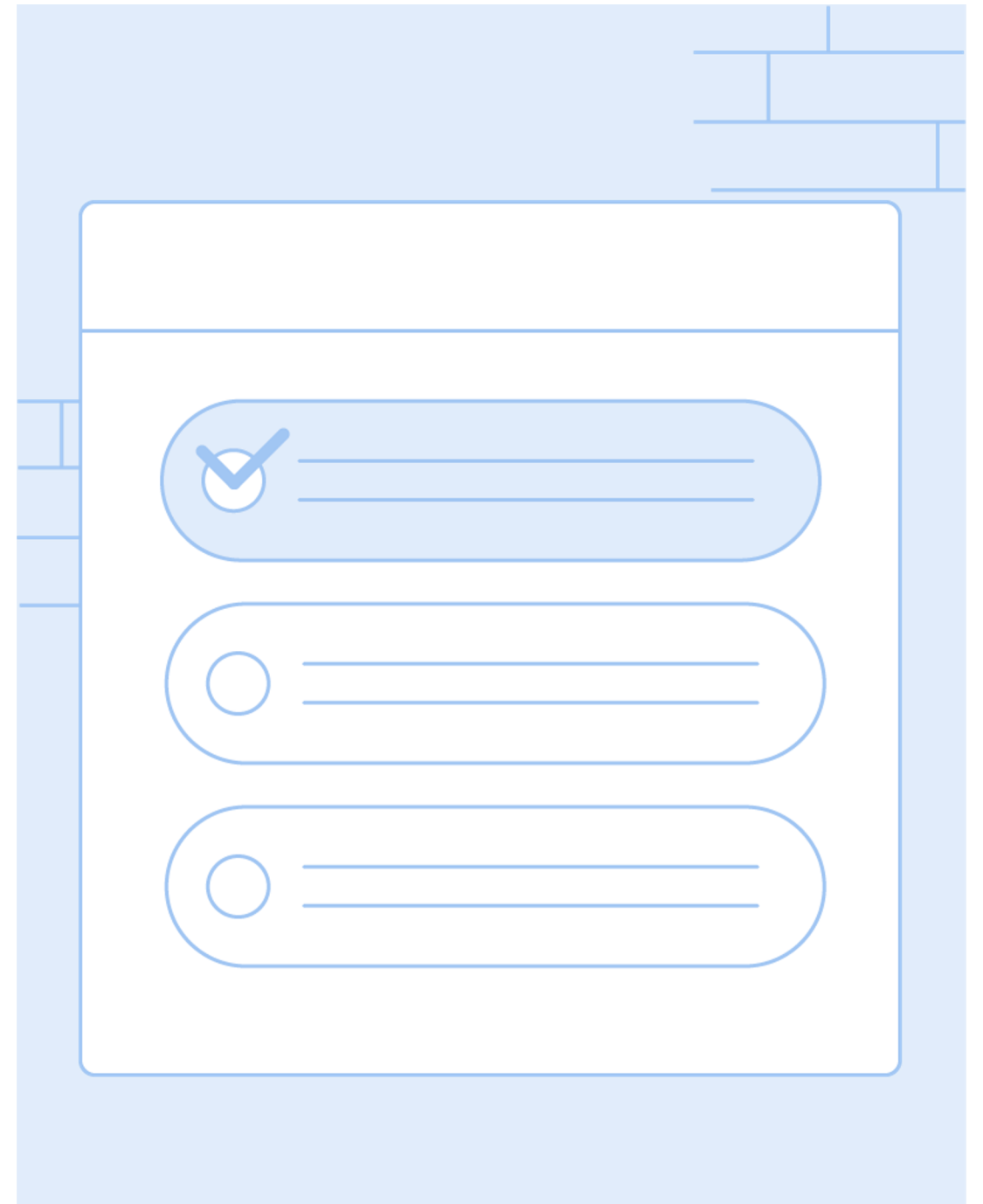
How to use Zoom

- ▶ Text chat
- ▶ PowerPoint Slides
- ▶ Polling Questions
- ▶ Phone
- ▶ Closed Captioning
- ▶ Web Conference Guidelines



Have you attended a
PreventConnect Web
Conference before?

Polling Question

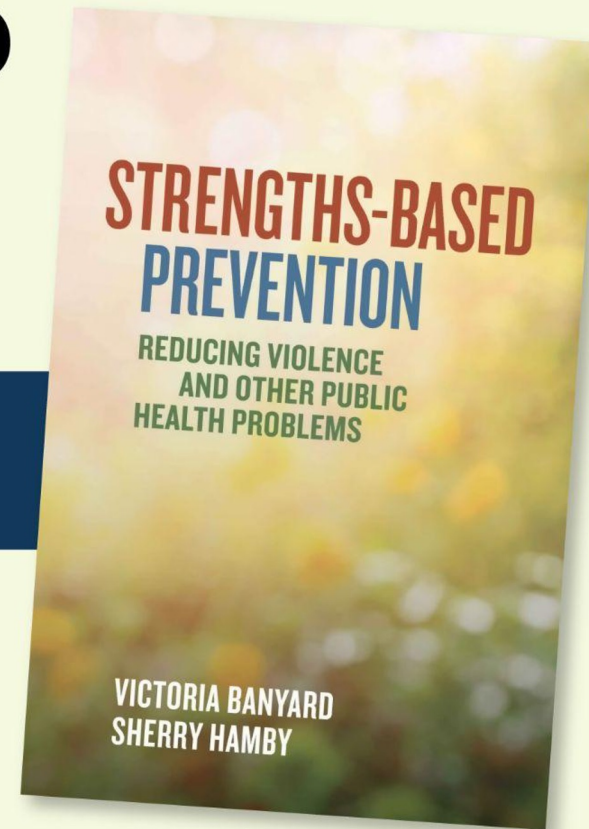


PreventConnect

- ▶ Domestic violence/intimate partner violence
- ▶ Sexual violence
- ▶ Violence across the lifespan, including child sexual abuse
- ▶ Prevent before violence starts
- ▶ Connect to other forms of violence and oppression
- ▶ Connect to other prevention practitioners

STRENGTHS-BASED PREVENTION THAT WORKS

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PreventConnect is a national project of ValorUS sponsored by the U.S. Centers for Disease Control and Prevention. The views and information provided in this web conference do not necessarily represent the official views of the U.S. government, CDC or VALOR.

Objectives

- Participants will be able to identify at least two problems with existing prevention efforts, such as over-reliance on admonishment programs and boomerang effects.
- Participants will be able to describe at least two ways that specific strengths-based prevention can improve upon current limitations in prevention effectiveness.

Meet Today's Guest Speaker



Victoria Banyard, Ph.D.
Rutgers University School of Social Work
and Center for Research on Ending
Violence

Sherry Hamby, Ph.D.
(she/her)
University of the South and Life
Paths Research Center

Mindfulness Moment

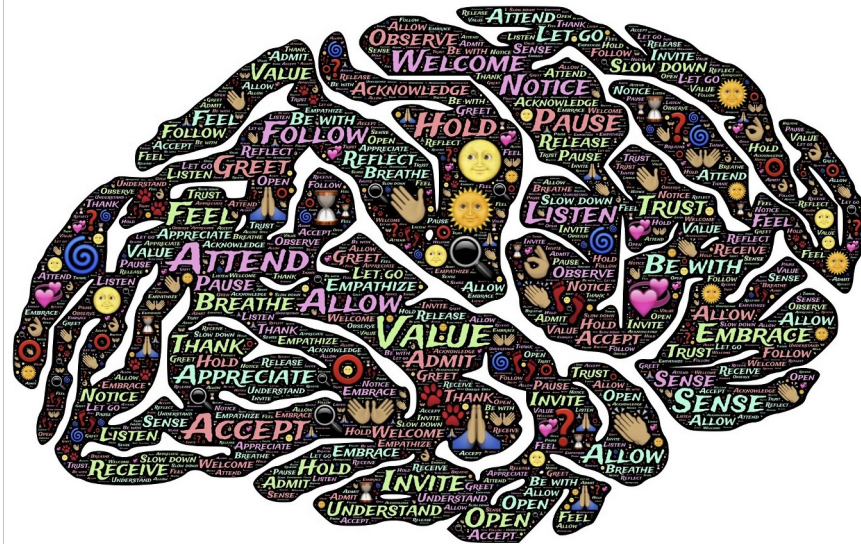


Image source: Wikimedia via <https://www.maxpixel.net/Mindfulness-Brain-Mindset-Mind-Presence-Meditation-744207>

Once dismissed, this 2500-year-old practice, originally a Buddhist practice, has stood the test of time and now the test of numerous, independent randomized controlled trials.

MORE ON THIS IN WEB CONFERENCE #2

What We Will Discuss Today

- Problems with existing prevention (briefly)
- The Prevention Portfolio Model
- ***Interview interlude***
- Shifting to approaches that put strengths at the center
...and what it means to let go of admonishment
- Examples of strengths-centered prevention (more to come in later webinars)
- ***Interview interlude***

Problems with Existing Prevention

Who Is Against Prevention?



(Photo from USDA, <https://www.flickr.com/photos/usdagov/16762770039>)

Maybe one will become a perpetrator?



<https://pixabay.com/photos/cap-boy-smile-tomboy-emotions-2923682/>

Looking forward to a life of addiction?



<https://pixabay.com/photos/yoga-yogawomen-aesthetics-woman-4812834/>

Dreams of becoming HIV-positive?

The Pressure to Provide Services

- Justifiable pressure to “do something.”
- Systemic, legal, or policy demands to offer prevention.
- Front-line providers cannot wait until some definitive solution is developed.
- All in an environment of limited resources
 - Can struggle to find the financial and personnel resources to change programs and policies
- *However, only by truly reckoning with the current state of research can we make the best choices about what to do now and how to make the best plans to move ahead.*
- *The good news is that there are better alternatives available now!!*

Admonishment Programs Do Not Work

- Hyper-rational, admonishment-based prevention is the dominant model in most arenas.
- We are told to “just say no” to drugs, meanwhile the worst drug epidemic in the history of the US rages.
- We are told “it gets better” while suicide rates climb.
- We are told to avoid junk food and eat healthy, while obesity rates increase.
- Most of the time, admonishment programs can't even show results immediately after the program ends (unless they cherry pick their data to such an extent that no one can replicate their findings).
 - More information ≠ better decision making
 - Changing attitudes ≠ changing behavior (in fact, reverse may be easier!)



“We are not thinking machines. We are feeling machines that think.” --Antonio Damásio

Can't Use “Cold” Cognitive Approaches For “Hot” Moments

If you have ever eaten (or drank) more than you intended to, exercised less than you hoped, or yelled at a loved one, then you know from personal experience that even people who are pro-healthy diets, pro-exercise, and anti-verbal aggression can struggle in difficult or even just tempting circumstances.



Image from Wikimedia,
[https://commons.wikimedia.org/wiki/File:Our_\(Almost_Traditional\)_Thanksgiving_Dinner.jpg](https://commons.wikimedia.org/wiki/File:Our_(Almost_Traditional)_Thanksgiving_Dinner.jpg)

- Cognitive psychologists (e.g., Nobel Laureate Daniel Kahneman) identify a distinction between “cold” or “slow” thinking vs “hot” or “fast” thinking.
- Most of the problems we are trying to prevent occur in moments of peer pressure, interpersonal rejection, stress, or temptation, when our good intentions are easily overwhelmed by situational factors.
- The secret to making a bigger impact is focusing on preparing people for dealing with the “hot” moments in their lives.

The Prevention Portfolio Model

What is your Secret Sauce/Superpower/ a Professional Strength?

Text Chat Question



Chat

From Me to **Everyone**:

Use this text chat box to respond to our questions, ask your own, and connect with others!

To: **Everyone** ▼

Type message here...

The Alternative: Strengths-Based Approaches

- Bring people in the door
- Improve outcomes
- Offer more inclusive prevention
- Help people (especially youth) develop assets and resources that will be useful for many life goals, not just the identified problem.

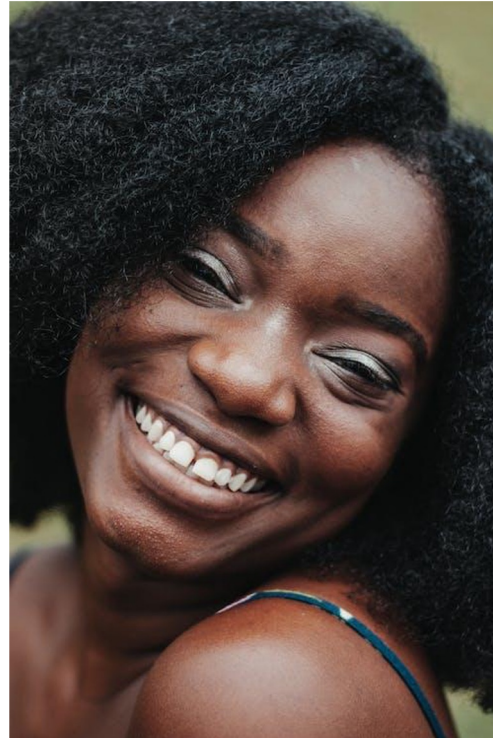


Instead of umbrellas,
focus on Swiss Army
knives

What Do People Want From Life?



MEANING



HAPPINESS



LOVE

<https://www.pexels.com/photo/cheerful-black-woman-with-wavy-hairstyle-smiling-5608918/>;
<https://pixabay.com/photos/child-boy-portrait-cute-kid-817373/>; <https://pixabay.com/photos/elder-man-dogs-puppy-man-senior-1281284/>

What Do People Want From Life?



A CBCL Score <60



**Not too much
delinquency**



**Relatively low
levels of anxiety**

<https://pixabay.com/photos/kid-soap-bubbles-girl-child-fun-1241817/>;

<https://www.pexels.com/photo/smiling-man-and-woman-wearing-jackets-1642883/>;

<https://pixabay.com/photos/hunger-hungry-eating-cookie-413685/>



<https://www.pexels.com/photo/person-holding-a-green-plant-1072824/>

We define resilience as the process of achieving well-being and thriving after adversity, by using strengths (assets and resources) to counter the effects of adversity.

Not a personality trait

Strengths Domains of P/RPM



<https://pixabay.com/photos/juggler-trick-magician-juggle-1216853/>

Regulatory:

- Emotion awareness
- Emotion regulation
- Endurance



<https://www.pexels.com/photo/photo-of-people-putting-their-hands-up-3228685/>

Interpersonal:

- Social support
- Generativity
- Community support



Meaning making:

- Purpose
- Optimism
- Service
- Cultural traditions
- Mattering

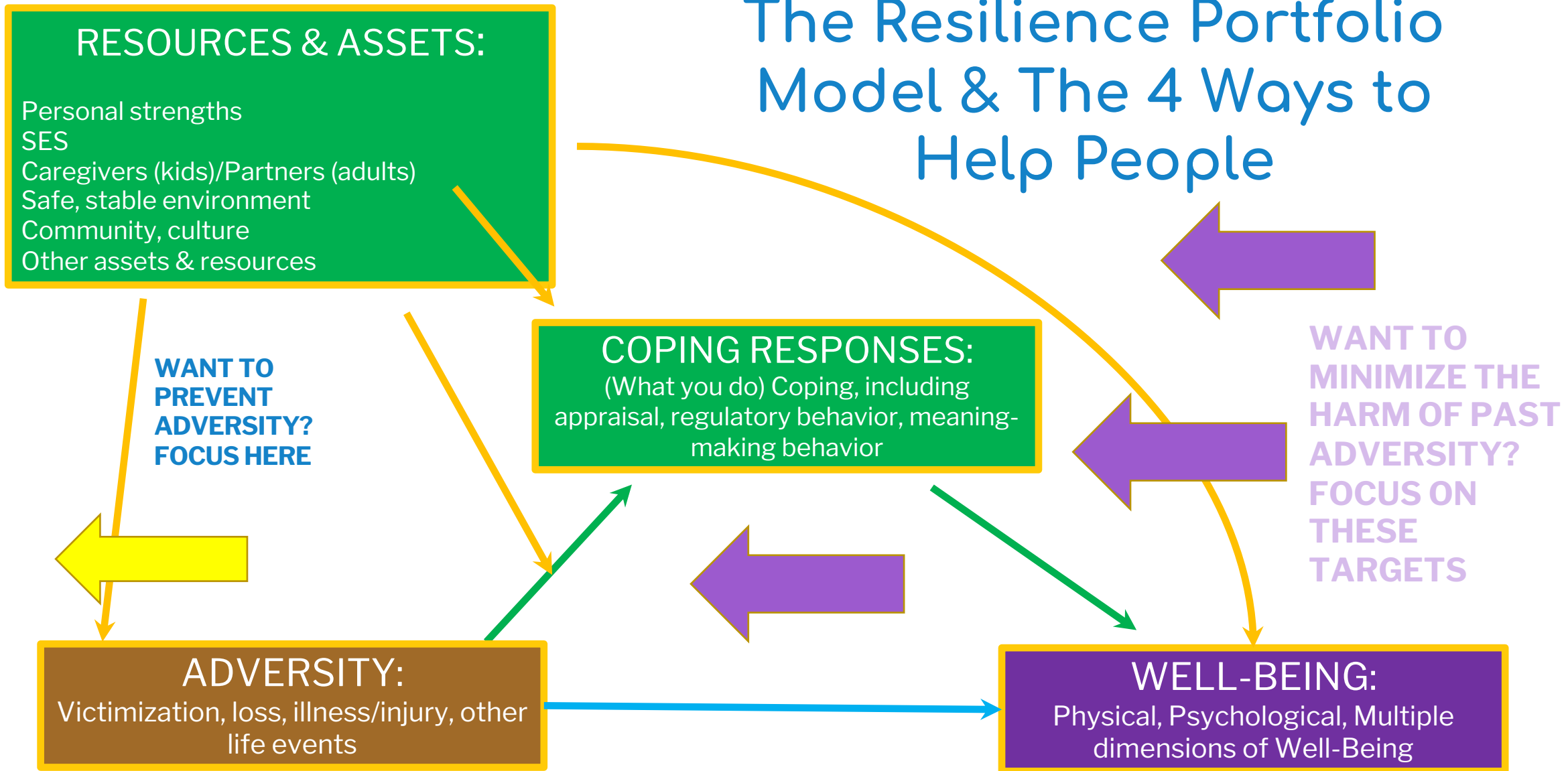
Banyard, V. & Hamby, S. (2021). *Strengths-Based Prevention: Reducing Violence and Other Public Health Problems*. Washington, DC: APA Books.

Foundational work by: Grych, J., Hamby, S. & Banyard, V. (2015). The Resilience Portfolio Model: Understanding healthy adaptations in victims of violence. *Psychology of Violence*, 5, 343.

Key Features of the Resilience Portfolio Model

- Focuses on:
- ***Under-appreciated strengths***
- ***Thriving***, not just absence of pathology
- Multiple elements of the ***social ecology*** (individual, peer, family, community)
- ***Malleable*** characteristics.
 - Proximal rather than distal
- Informing prevention and intervention. ***If you have limited time and resources with a client or group, what are most important targets?*** Emotion regulation or social support? A sense of purpose or compassion?
- ***Head-to-head comparisons of strengths*** to guide the best use of resources for prevention and intervention.

The Resilience Portfolio Model & The 4 Ways to Help People



#1 Increase Coping Responses

RESOURCES & ASSETS:

Personal strengths
SES
Caregivers (kids)/Partners (adults)
Safe, stable environment
Community, culture
Cognitive abilities

COPING RESPONSES:

(What you do) Coping, including appraisal, regulatory behavior, meaning-making behavior

ADVERSITY:

Victimization, loss, illness/injury, other life events

WELL-BEING:

Physical, Psychological, Multiple dimensions of Well-Being

Examples: Promote self-disclosure and helpseeking.

In CBT framework, increase positive self-talk.

In insight-oriented framework, increase processing of childhood events.

Could also include adding medications.

(Often relies on external social resources.)

#2 Change Coping Responses

RESOURCES & ASSETS:

Personal strengths
SES
Caregivers (kids)/Partners (adults)
Safe, stable environment
Community, culture
Other assets & resources

COPING RESPONSES:

(What you do) Coping, including appraisal, regulatory behavior, meaning-making behavior

ADVERSITY:

Victimization, loss, illness/injury, other life events

WELL-BEING:

Physical, Psychological, Multiple dimensions of Well-Being

Examples: AA: Substitute substance abuse and self-injurious behavior with verbal processing & community. In CBT framework, modify biased cognitions (catastrophizing, black-and-white thinking) with more rational ones. In insight-oriented framework, substitute primitive defense mechanisms (projection, denial), with more sophisticated ones (sublimation).

#3 Work Directly on Promoting Wellbeing

RESOURCES & ASSETS:

Personal strengths
SES
Caregivers (kids)/Partners (adults)
Safe, stable environment
Community, culture
Other assets & resources

ADVERSITY:

Victimization, loss, illness/injury,
other life events

WELL-BEING:

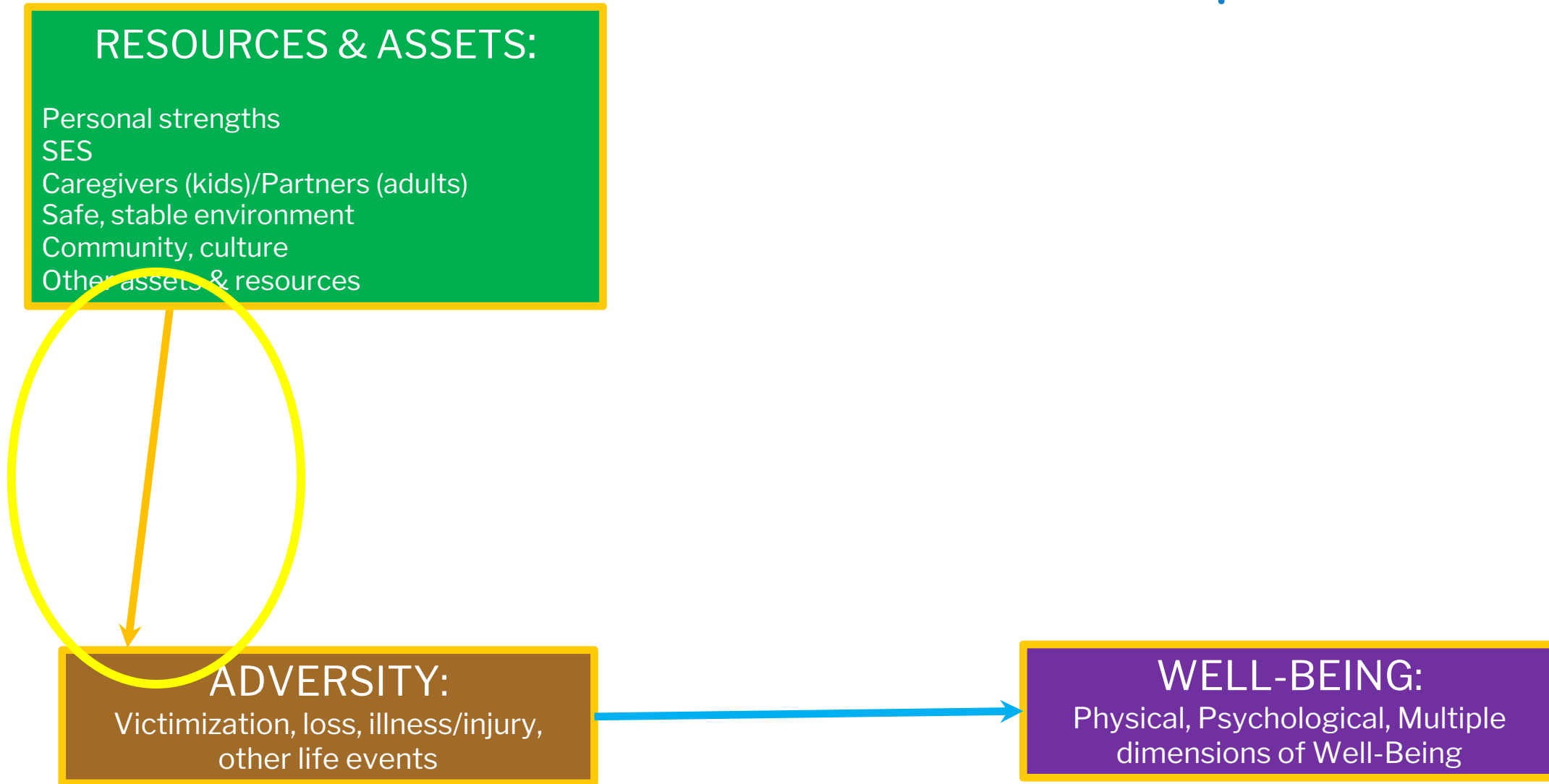
Physical, Psychological, Multiple
dimensions of Well-Being

Examples:

Most of what we will be discussing today!
Mindfulness, exercise, yoga, shinrin yoku
(forest bathing), volunteering/activism,
gardening, etc. Also many systemic changes.

We do not do yoga “about” our trauma, we
just do yoga (ditto with mindfulness, exercise,
etc.). They still make us feel better. In fact,
they more reliably make us feel better,
probably because they are simpler and more
straightforward processes.

#4 Insulate People From Trauma



What do you feel
would be the
benefits of using a
strengths-based
approach to your
prevention work?

Text Chat Question



Chat

From Me to **Everyone**:

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To: **Everyone** ▼

Type message here...



INTERVIEW

INTERLUDE

INTERLUDE
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PODCAST



Putting Strengths at the Center
...and what it means to let go of
admonishment

Putting Strengths At the Center Means Shifting Your Thinking

- As we've discussed, most problems that preventionists tackle are challenges of regulation.
- Although regulation is often thought of as "self-regulation," in fact environmental supports are key to helping people regulate
- Changing environment is much more effective than admonishment.
- One approach is to think about ways to "nudge" people to better behavior.
- *Nudges are environmental tweaks.*
- "there is no such thing as a "neutral" design" –Richard Thaler & Cass Sunstein

The Public Bathroom Challenge

- In one famous example, an airport in Amsterdam was having problems with “spillage” in the men’s bathroom.
- The admonishment approach to address this would be to put up signs that say “DON’T MAKE A MESS IN THIS BATHROOM”
- Even polite versions of this-- “Please keep this bathroom clean” or “Please be sure to aim for the urinal”—are still admonishments that don’t address the systemic problems.
 - People in airports are tired, stressed, and don’t feel a sense of ownership over the space.
 - You can’t take away all the fatigue and stress that comes with air travel, but you can switch to incentivizing what you want people to do and recognize that changing the environment (one time) is easier and more effective than expecting every bathroom visitor to improve their regulation by themselves.

A tiny (literally) nudge that solved the bathroom problem



Although you can't take away the fatigue & stress of travel, you can add a moment of levity to the travel experience.



According to Hubbub, their ballot bin cuts litter by up to 46%, again by adding humor to a usually humorless situation and inviting people to play instead of scolding them.

36

Example: Harnessing the Social Environment to Promote Diabetes Screening

- Problem: Low rates of diabetes screening, with lowest rates among Muslim members of a community. Diabetes screening is challenging because requires fasting before blood is drawn, so can't be done on just any doctor visit.
- In the mainstream option, this is accomplished by fasting overnight and scheduling an early doctor visit before breakfast.
- Admonishment approaches:
 - Put up signs in various places, reminding people to get their diabetes screenings
 - Have doctors remind/scold patients about need for screening (and why not mix that scolding in with a bunch of other messages about exercise, diet, other screenings, with no indication about which is the priority?)
 - Distribute flyers about the importance of diabetes screenings.
 - Ignore the systemic challenges

An alternative that rides the energy of existing cultural norms & practices

MEETING PEOPLE WHERE THEY ARE
.....

DIABETES SCREENINGS

- Normally, 10 hours of fasting
- During Ramadan

UNDERSTANDING CULTURAL CONTEXTS HELPS YOU REDUCE FRICTION.



Nudges can take advantage of the social ecology as well as the built environment.

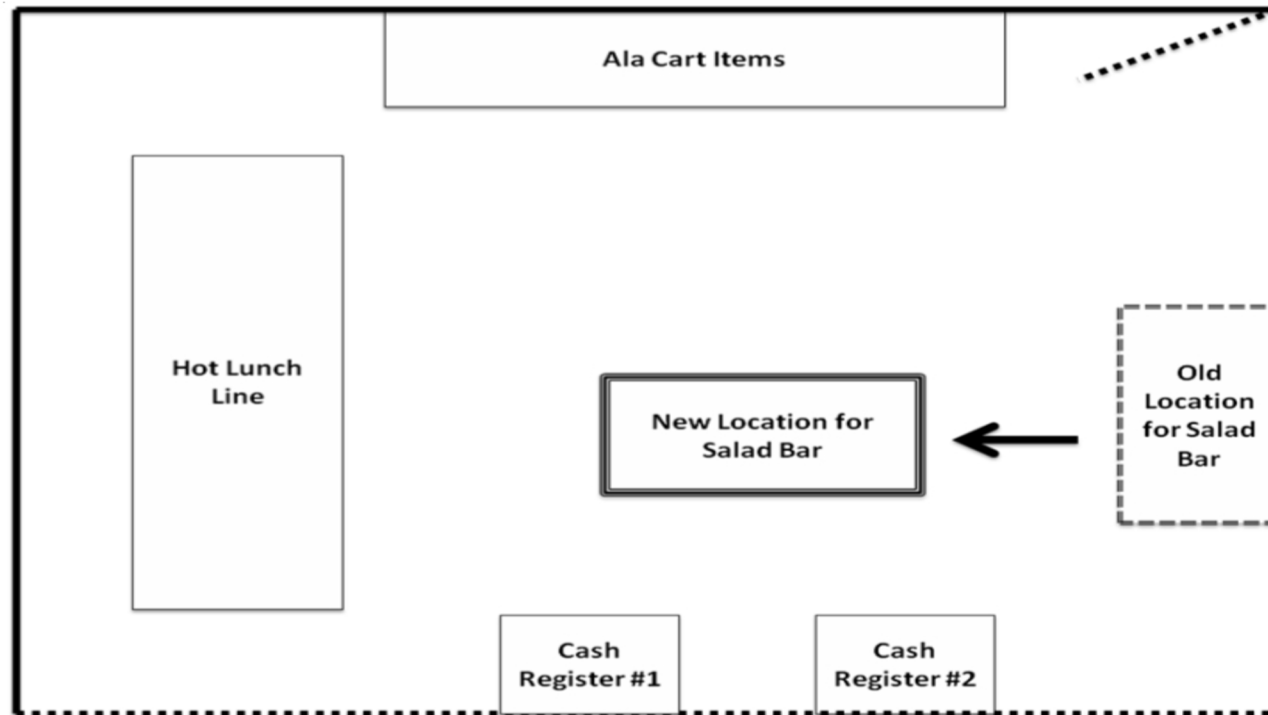
Example: Understanding Choice Architecture & the Power of Default Settings



Image from Wikimedia,
[https://commons.wikimedia.org/wiki/File:Deposit_Into_Piggy_Bank_Savings_Account_\(6093700157\).jpg](https://commons.wikimedia.org/wiki/File:Deposit_Into_Piggy_Bank_Savings_Account_(6093700157).jpg)

- Opting in versus opting out
 - Automatic opt-in to retirement accounts leads to more savings (Chetty et al., 2014)
 - Automatic opt-in to organ donation not only increases number of donors but also number of transplants (Shepherd, O'Carroll, & Ferguson, 2016)
 - Be on the lookout for ways that defaults can also reinforce bias, such as default "skin tone" band aids or emojis in beige.

Does Our Environment Reflect Our Priorities?



If all we do is tell kids to eat more vegetables, are we really communicating that is what we want?

--Beware of "prevention theater" versus real prevention.

There are lots of ways to increase vegetable consumption. In addition to above, other famous nudges include re-arranging choices at checkout & changing names of dishes to sound more appealing.

From Just & Wansink, <https://www.choicesmagazine.org/magazine/article.php?article=87>

Understanding What Really Appeals to People

- Would you rather eat vegetables with:

Indulgent labels

- Twisted citrus-glazed carrots
- Rich butter roasted sweet corn
- Slow-roasted caramelized zucchini bits

Healthy restrictive labels

- Carrots with sugar-free citrus dressing
- Reduced-sodium corn
- Lighter-choice zucchini

Healthy positive labels

- Smart-choice vitamin C citrus carrots
- Vitamin-rich corn
- Nutritious green zucchini

Basic labels

- Carrots
- Corn
- Zucchini

In reality, all dishes were exactly the same under each label. Which got eaten more (larger amounts by more people) at a university cafeteria? (Turnwald, Boles, & Crum, 2017)

Summing Up: Ways to Nudge

- Change default rules—such as switching to automatic opt-in instead of automatic opt-out.
- Simplify—offer fewer choices to make it more likely people will choose.
- Increase ease or convenience
 - Put healthier choices at eye level in supermarket or by checkout.
 - When Netflix automatically sends you to another show.
- Disclose—such as current argument over up-front disclosure of medical costs

Summing Up: Ways to Nudge (cont.)

- Use precommitment strategies & implementation intentions—such as getting people to publicly commit to stopping smoking. Or asking people “Do you plan to vote?”
- Remind
- Provide better info about consequences of past choices (for example, about which devices run up electric bills).
- Use humor or other approaches to make things more relatable or enjoyable.
- Think outside box—such as example of violent movies (like *Batman*) drawing enough people with delinquent tendencies into theaters that it led to less violence in streets (Dahl & Dellavigna, 2009).
 - You don't need everyone to be motivated by noble intentions to reduce public health problems.

Beyond Nudges: Strengthening Portfolios Across the Social Ecology

- One thing that you may have noticed about these nudges is that most of them do not announce that “this is litter prevention” or “this is obesity prevention.”
- That is an important element of most strengths-based approaches—just focus on building up skills and ideally drop the admonishment and labeling all together.
- In certain funding or other systemic situations, you may be pressured to offer umbrellas.
- But there are creative ways to switch your services to focusing on offering Swiss Army knives. It doesn't matter if you call it violence prevention or substance abuse prevention or whatever, as long as you're still teaching something that's going to make a difference.
- A provider: Someone whose strengths portfolio is so robust that they have resources they can use to help others.
- Dosage matters—we use a concept called **“poly-strengths”** to capture the range of assets and resources that people have at their disposal.
- Be on the lookout for approaches that have evidence across multiple domains—that increases confidence not just a lucky fluke (or biased reporting) but a real effect that will happen in your setting too (and something much easier to see with Swiss Army knives than umbrellas)

Examples of Strengths-Based Approaches to Prevention

Evidence-Based Approaches That Promote Strengths & Help Insulate (Prevent)



- Mindfulness:
 - Improves Meaning making, emotion regulation
 - Reduces violence



- Gamification:
 - Promotes regulation
 - Can promote community/peer support



- Regular exercise
 - Reduces depression, anxiety
 - Associated with less suicidality

- Bystander approaches:
 - Improve response skills, sense of responsibility
 - Work on norms



Evidence-Based Approaches That Promote Strengths & Help Insulate (Prevent) Cont.



Social networks & norms:
Change the social ecology



Change the environment/increase nature contact:

- Shinrin-yoku
- Greening urban spaces
- Nudges to built environment
- Reduce depression/anxiety/violence



- Relationship skills:
 - Improve relationship quality, communication skills
 - Reduce IPV

Individual Level

Exercise

- Exercise is the first line of treatment for depression and anxiety in countries like Canada and Scotland. The “effect size”--the average amount of improvement—for exercise is similar to (perhaps even larger than) those for cognitive-behavioral therapy or antidepressants.
- More exercise associated with fewer suicide attempts in university students (Grasdalsmoen et al., 2020).
- Exercise has been called a “miracle cure” by the Academy of Medical Sciences (Goodlee, 2019).
- Plus, it is less expensive with fewer side effects (side effects, mainly risk of injury, can vary depending on the type of exercise, but for walking or other relatively safe choices, they are minimal).
- But wait! There's more! Exercise also has numerous other benefits on physical health and can alleviate other conditions, such as diabetes or related metabolic syndromes.

- **Exercise prescriptions.** Most exercise prescriptions recommend walking, biking, running, swimming or a similar activity for 20-30 minutes a day 3 to 4 days a week. Swimming and walking are good choices for low-impact exercise.
- Yoga, which combines mindful elements of breath and body awareness with exercise (although not all in Western adaptations), is also an evidence-based practice.



Incorporating Exercise Into Therapeutic & Professional Spaces

- Include an evaluation of regular physical activity into your intakes and assessments.
- Create paths on the grounds of your facilities for clients, students, and staff. Share information about local parks and trails.
- Incorporate exercise into the daily routine of domestic violence shelters, homeless shelters, or other residential treatment centers
- Make sure foster parents know the importance of regular exercise (don't count on schools to provide it).
- Incorporate exercise into therapeutic day camps, after school programs, etc., for kids.
- Consider walking sessions with clients.
- How can you promote this in your setting—starting a walking group, offering yoga in your building?



Image by Lorraine Cormier via Pixabay

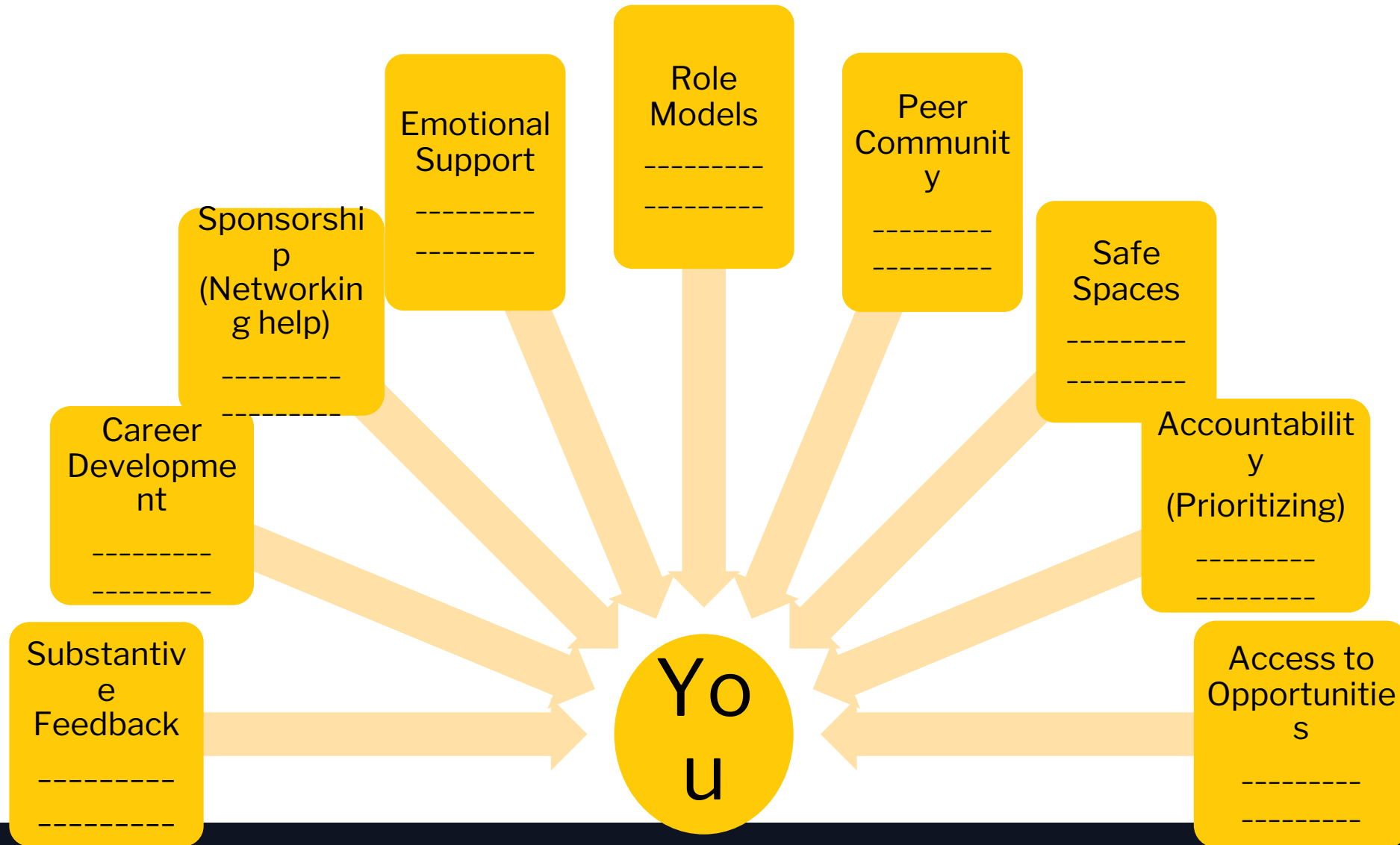
Relationships Matter Too

Mentoring Across the Lifespan “Talent Development”

- Intergenerational work teams
- JAIA – participatory action mentoring
https://www.youtube.com/watch?v=k5_YQLUER1w
- Big Brothers Big Sisters
- Involving adults in prevention with adolescents
 - C. Rizzo Project Strong for parents and teen boys
 - Project Dream, Own, Tell Adult Family Workshop
<https://www.youtube.com/watch?v=g9vWlWlUgWk>
 - Kroshus study of college football coaches influencing off-field behavior
 - Teacher intervention and bullying (Burger et al 2022)
- The regular contact allows mentors to catch people in hotter, teachable moments.

Create Your Own Mentor Map

(Based on one from National Center for Faculty Development & Diversity)



The Need For Activism And Policy Changes

OPINION
GUEST ESSAY

Mental Health Is Political

By Danielle Carr

Dr. Carr is an assistant professor at the Institute for Society and Genetics at U.C.L.A.

Sept. 20, 2022

Leer en español

What if the cure for our current mental health crisis is not more mental health care?

The mental health toll of the Covid-19 pandemic has been the subject of extensive commentary in the United States, much of it focused on the



1.2k



- Progressive LGBTQ+ laws >>> lower suicidality among youth.
- Child maltreatment linked to fuel prices, lowers with rises in minimum wage
- Implementation of policies – ex. School suicide prevention initiatives study.
- Moving away from “run over by a car syndrome” to truly addressing social determinants.

What is an example
of a strengths-based
prevention strategy
that you are
currently
implementing?

Text Chat Question



Chat

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Type message here...



INTERVIEW

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PODCAST



Where will we go from here?

Our next web conference will cover in more detail some of our favorite evidence-based prevention strategies across the social ecology:

- Mindfulness
- Improving relationships: bystander training, relationship skills training

References

- Antle, B. F., Karam, E., Christensen, D. N., Barbee, A. P., & Sar, B. K. (2011). An evaluation of healthy relationship education to reduce intimate partner violence. *Journal of Family Social Work, 14*, 387–406. <https://doi.org/10.1080/10522158.2011.616482>
- Banyard, V., Edwards, K., Herrington, R., Hopfauf, S., Simon, B., & Shroll, L. (2022). Using photovoice to understand and amplify youth voices to prevent sexual and relationship violence. *Journal of community psychology, 50*(1), 90–110.
- Bosson, J. K., Parrott, D. J., Swan, S. C., Kuchynka, S. L., & Schramm, A. T. (2015). A dangerous boomerang: Injunctive norms, hostile sexist attitudes, and male-to-female sexual aggression. *Aggressive behavior, 41*(6), 580–593.
- Braithwaite, S. R., & Fincham, F. D. (2014). Computer-based prevention of intimate partner violence in marriage. *Behavior Research and Therapy, 54*, 12–21. <https://doi.org/10.1016/j.brat.2013.12.006>
- Grych, J., Hamby, S., & Banyard, V. (2015). The resilience portfolio model: Understanding healthy adaptation in victims of violence. *Psychology of violence, 5*(4), 343.
- Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2020). Poly-victimization, trauma, and resilience: Exploring strengths that promote thriving after adversity. *Journal of Trauma & Dissociation, 21*(3), 376–395.
- Hamby, S., Taylor, E., Smith, A., Mitchell, K., Jones, L., & Newlin, C. (2019). New measures to assess the social ecology of youth: A mixed-methods study. *Journal of community psychology, 47*(7), 1666–1681.
- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of consulting and clinical psychology, 76*(5), 723.
- Kaczkowski, W., Brennan, C. L., & Swartout, K. M. (2017). In good company: Social network diversity may protect men against perpetrating sexual violence. *Psychology of violence, 7*(2), 276.
- Manco, N., & Hamby, S. (2021). A meta-analytic review of interventions that promote meaning in life. *American Journal of Health Promotion, 35*(6), 866–873.
- Markman, H. J., Renick, M. J., Floyd, F. J., Stanley, S. M., & Clements, M. (1993). Preventing marital distress through communication and conflict management training: A 4- and 5-year follow-up. *Journal of Consulting and Clinical Psychology, 61*, 70–77. <https://doi.org/10.1037/0022-006x.61.1.70>
- Moore, Q., Ayellar, S., Patnaik, A., Covington, R., & Wu, A. (2018). Parents and child together: Effects of two health marriage programs for low-income couples (OPRE Report #2018-58). Washington, DC: Mathematica Policy Research Reports. Retrieved from <https://www.mathematica-mpr.com/our-publications-and-findings/publications/parents-and-children-together-effects-of-two-healthy-marriage-programs-for-low-income-couples>
- Park, J. (2021). Going beyond the system: The role of trust in coworker support and organization-based self-esteem in dealing with sexual harassment issues. *International Public Management Journal, 24*(3), 418–434.
- Rothbaum, K., & Cortina, L. (2021). Equality, Diversity, and Inclusion: An International Journal, 40(4), 410–429.
- Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013). Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention science, 14*(1), 64–76.
- Thaler, R. H., & Sunstein, C. R. (2009) *Nudge: Improving decisions about health, wealth, and happiness*. Penguin.

References To Our & Our Colleagues' Research on Trauma Dosage and Resilience Portfolios

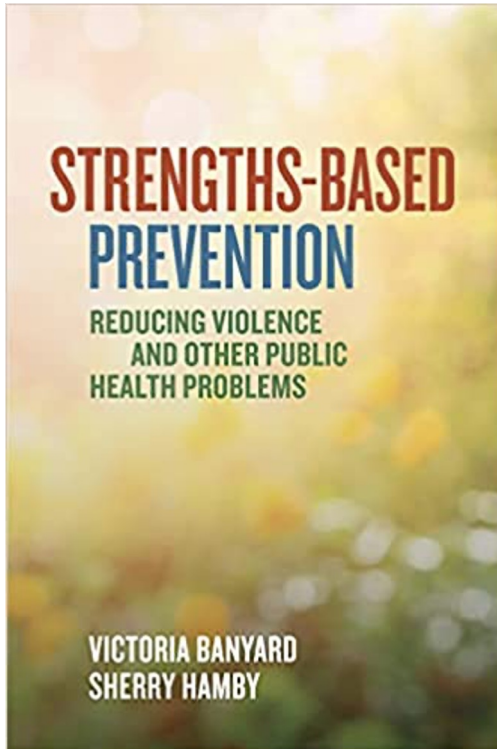
- Banyard, V. & Hamby, S. (2022). *Strengths-based prevention: Reducing violence & other public health problems*. American Psychological Association.
- Banyard, V., Hamby, S., & Grych, J. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical well-being. *Child Abuse & Neglect*, 65, 88-98.
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2005). Measuring poly-victimization using the juvenile victimization questionnaire. *Child Abuse & Neglect*, 29(11), 1297-1312.
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2013). Improving the adverse childhood experiences study scale. *JAMA Pediatrics*, 167(1), 70-75.
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, 48, 13-21.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5), 1411-1423.
- Grych, J., Hamby, S., & Banyard, V. (2015). The resilience portfolio model: Understanding healthy adaptation in victims of violence. *Psychology of Violence*, 5(4), 343-354.
- Hamby, S., Blount, Z., Smith, A., Jones, L., Mitchell, K., & Taylor, E. (2018). Digital poly-victimization: The increasing importance of online crime and harassment to the burden of victimization. *Journal of Trauma & Dissociation*, 19(3), 382-398.
- **Hamby, S., Elm, J., Howell, K., & Merrick, M. (2021). Recognizing the cumulative burden of childhood adversities transforms science and practice for trauma and resilience. *American Psychologist*, 76(2), 230-242.**

References To Our & Our Colleagues' Research on Trauma Dosage and Resilience Portfolios (cont'd)

- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect, 34*(10), 734-741.
- Hamby, S., & Grych, J. (2013). *The web of violence: Exploring connections among different forms of interpersonal violence and abuse*. Springer.
- Hamby, S., Grych, J., & Banyard, V. (2018). Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. *Psychology of Violence, 8*(2), 172-183.
- Hamby, S., Schultz, K., & Elm, J. (2020). Understanding the burden of trauma and victimization among American Indian and Alaska Native elders: Historical trauma as an element of poly-victimization. *Journal of Trauma & Dissociation, 21*(2), 172-186.
- Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2020). Poly-victimization, trauma, and resilience: Exploring strengths that promote thriving after adversity. *Journal of Trauma & Dissociation, 1-20*.
- Kelmendi, K., & Hamby, S. (online first). Resilience after trauma in Kosovo & southeastern Europe: A scoping review. *Trauma, Violence, & Abuse*.
- Manco, N. & Hamby, S. (2021). A meta-analytic review of interventions that promote meaning in life. *American Journal of Health Promotion, 35*(6), 866-873.
- Turner, H., Finkelhor, D., Ormrod, R., & **Hamby, S.** (2010). Infant victimization in a nationally representative sample. *Pediatrics, 126*(1), 44-52.

Key Studies By Others

- Academy of Royal Medical Colleges (2015). Exercise: The miracle cure and the role of the doctor in promoting it. London: Author. <http://bit.ly/2LTqDvc>
- Aho, N., Gren-Landell, M., & Svedin, C. G. (2016). The prevalence of potentially victimizing events, poly-victimization, and its association to sociodemographic factors: A Swedish youth survey. *Journal of Interpersonal Violence*, 31(4), 620-651.
- Almuneef, M., Hollinshead, D., Saleheen, H., AlMadani, S., Derkash, B., . . . Fluke, J. (2016). Adverse childhood experiences and association with health, mental health, and risky behavior in the kingdom of Saudi Arabia. *Child Abuse & Neglect*, 60, 10-17.
- Berens, A., Jensen, S., & Nelson, C. A. (2017). Biological embedding of childhood adversity: From physiological mechanisms to clinical implications. *BMC Medicine*, 15(1), 135.
- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, 173(11), e193007.
- Chan, K. (2013). Victimization and poly-victimization among school-aged Chinese adolescents: Prevalence and associations with health. *Preventive Medicine*, 56(3-4), 207-210.
- Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, 74(1), 1-5.
- Cyr, K., Chamberland, C., Clément, M.-È., Lessard, G., Wemmers, J.-A., Collin-Vézina, D., & Damant, D. (2013). Polyvictimization and victimization of children and youth: Results from a populational survey. *Child Abuse & Neglect*, 37(10), 814-820.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Gilbert, L. K., Breiding, M. J., Merrick, M. T., Thompson, W. W., Ford, D. C., Dhingra, S. S., & Parks, S. E. (2015). Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010. *Am J Prev Med*, 48(3), 345-349.
- Grasdalsmoen, M., Eriksen, H.R., Lønning, K.J. *et al.* Physical exercise, mental health problems, and suicide attempts in university students. *BMC Psychiatry* 20, 175 (2020). <https://doi.org/10.1186/s12888-020-02583-3>
- Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical psychology review*, 37, 1-12.
- Haahr-Pedersen, I., Ershadi, A., Hyland, P., Hansen, M., Perera, C., . . . Vallières, F. (2020). Polyvictimization & psychopathology among children and adolescents: A systematic review of studies using the juvenile victimization questionnaire. *Child Abuse & Neglect*, 107.
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., . . . Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.
- Méndez-López, C., & Pereda, N. (online first). Victimization and poly-victimization in a community sample of Mexican adolescents. *Child Abuse & Neglect*.
- Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., . . . Daniel, V. M. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 states, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999.



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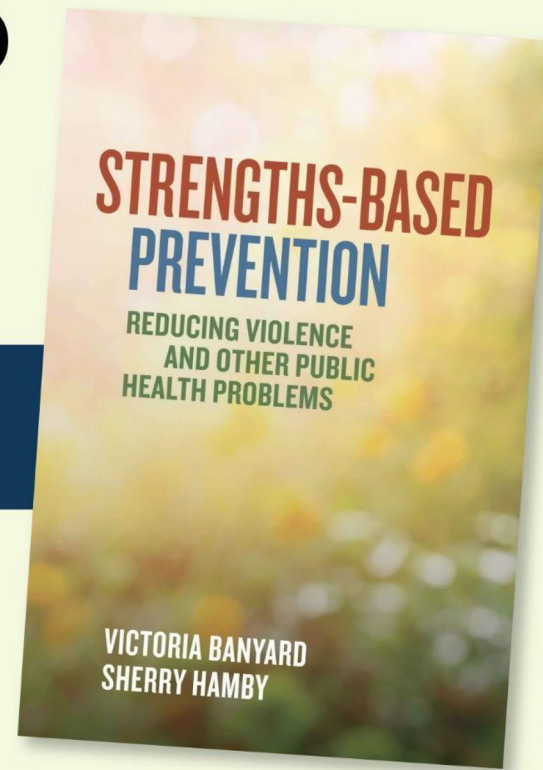
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