

Kindness, Kith, Kin, Compassion, and Community: A Response Model Connecting Human Services and Education to Address Trauma

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Abstract

Many school children suffer from trauma the symptoms of which can be misidentified as classroom behavior problems. Teachers can be trained to correctly identify these behaviors and work with a human services professional who coordinates access to appropriate interventions for students and their families. The authors review literature on community school partnerships and propose a compassionate community model stressing three things: (a) the need to recognize and process trauma and vicarious trauma in school settings, (b) the intentional connection with community, kith, and kin in creating healthy and healing environments for children, and (c) the role a professional with a degree in human services can play as a coordinator between schools, services, and the broader community. The model is based on a web of circular and holistic relationships that can contribute to the well-being and resilience of communities, families, and children.

Introduction

We want to live in a world of peace, compassion, and justice; one where diversity is honored and life is celebrated. We live in a world of wars, genocide, human trafficking, refugees, and displaced persons and in communities where domestic disputes, rape, robbery, school shootings, homicide, suicide, and accidental death are far more prevalent than most understand. These issues and others create trauma for individuals of all ages who struggle to lead normal lives among people who do not understand the circular natures of violence and trauma or of resiliency and social justice (Finkelhor et al., 2009; Snyder & Sickmund, 2006).

On the pages that follow, we propose a model that emerged from our research related to trauma, resiliency, education, human services, and social justice. In examining trauma related behaviors in the classroom, the importance of human services, community resiliency, and healthy (kind and compassionate) interaction between adults and children becomes an obvious factor needed in achieving academic success that could result in adults who are capable, responsible, employable, and engaged in citizenship. There are numerous successful school-community partnership and community resilience models, some of which we will spotlight as they inform our work.

We begin with background and definitions of stress, trauma, complex trauma, and vicarious trauma providing a summary of the recent research into how trauma affects school performance. We then review current trauma-sensitive/compassionate approaches to teaching that foster resilience both in classroom and community. Lastly, we discuss potential and existing

partnerships between k-12 teachers and human services professionals whose roles are defined, metaphorically, as “weavers” of the web. We present a compassionate school-community partnership model based on kindness, kith and kin for analysis and discussion.

Stress, Trauma, Complex Trauma, and Vicarious Trauma

Stress (physical, mental or emotional strain or tension) is a normal part of life. Stress may be acute (brief and severe) or chronic (over a long duration). In smaller quantities stress may be positive, motivating us to make positive changes or improve our focus. However, persistent and unrelenting stress can lead to anxiety (uneasiness and apprehension about future uncertainties) and unhealthy behaviors (overeating, substance abuse, and lack of appropriate self-care). When stress overwhelms the capacities of an individual or community to respond, trauma may result. The etymology of the word “trauma” is the Greek word for wound. However, in contemporary thought, trauma is neither the wound nor the event that caused it. Rather, trauma is an umbrella term used to describe the inability of an individual or community to respond in a healthy way (physically and/or mentally) to acute or chronic stress thereby compromising the health and welfare of that victim or community (Pynoos, Steinberg & Goenjian, 1996; Wallace, 1996).

Mental health professionals have come to realize that there is nothing “post” about the traumatic stress exhibited by many young children. Consequently, new labels such as “complex,” “developmental” and “broad spectrum” trauma have emerged to describe the onset of affects of multiple or chronic and prolonged, developmentally adverse traumatic events (most often from sexual or physical abuse, family violence, war, or community violence) in young children. Although the symptoms of complex trauma are very similar to post traumatic stress disorder (PTSD), the manifestation of symptoms are, as the labels infer, far more complex because they are affecting the developing child (Anda et al., 2006; Cook et al., 2005; Spinazzola et al., 2005). More importantly, it is now fair to conclude that many of the behaviors manifested by children affected by trauma are not behaviors of choice, but rather the effect of prolonged stress on the neurological functioning of the child. Lasting alterations in these children’s endocrine, autonomic and central nervous systems have been linked to the inability of traumatized children to calm down under stress, develop language, and/or acquire academic reasoning skills (De Bellis & Kuchibhatla, 2006; Diseth, 2005; Rick & Douglas, 2007; Teicher, 2007; Watts-English et al., 2006).

Working with those affected by trauma is stressful, and sometimes the cause of a secondary “vicarious” form of trauma, what Figley (1995) calls “the cost of caring.” This cost can impact the professional and personal lives of educators and human service professionals who may experience faulty judgment, irritability, fatigue, and distracting thoughts, detachment from colleagues and/or decreased quality and quantity of work. Working with those affected by trauma may also impact the personal life of these professionals as manifested in a wide array of cognitive, emotional, behavioral, physical and interpersonal consequences such as loss of sleep, anxiety, depression, self-doubt, change in appetite or forgetfulness (Yassen, 1995; van Dernoort Lipsky, 2009). For example, in their study of compassion fatigue as a theoretical framework to help understand burnout among special education teachers, Hoffman, Palladino, and Barnett (2007) found that special education teachers engaged in unhealthy behaviors (at significant “emotional cost) to avoid and circumvent collaborative breakdowns and perceived negative stereotypes towards them and their students (p.20). Given these possibilities, preventive self-care training may be seen not as a luxury, but as a professional necessity and ethical imperative

(Norcross & Guy, 2007).

How Trauma Affects School Performance

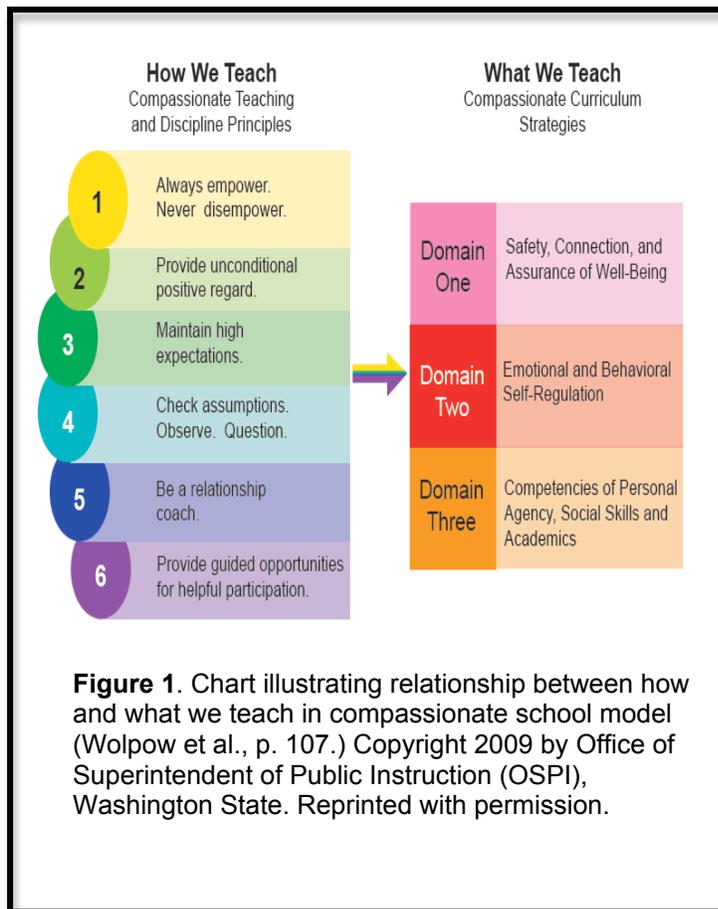
For more than a decade, researchers have established and quantified a direct measure of cause and effect between trauma and health issues (Felitti et al., 1998). For example, Felitti et al. established a relationship between adverse childhood experiences and co-occurring conditions such as heart disease, depression, substance abuse, liver disease, obesity, and suicide attempts. Subsequent studies have revealed that these health issues directly impact student learning in schools; e.g., traumatized children are 2-1/2 times more likely to fail a grade, have achievement test scores below grade-level, have receptive or expressive language difficulties, and are more likely to be suspended, expelled and/or designated for special education services (Grevstad, 2007; Sanger et al., 2000; Shonk & Cicchetti, 2001). Not surprisingly, studies establishing the detrimental effects between traumatic experience and scores on tests that measure everything from IQ to reading test scores are coming to the fore (Blackburn, 2006; Delaney-Black et al. 2002; Duplechain, Reigner & Packard, 2008). Those engaged in speech and language pathology have also begun to establish implications for appropriate assessment and treatment (Atchison, 2007; Way et al., 2007).

Symptoms of trauma include: hyperarousal--the persistent expectation of danger that may or may not be actually present resulting in an impaired capacity to modulate the intensity of responses; intrusion--recurring reenactment nightmares or flashbacks while awake; and/or, constriction – disconnecting or dissociation from the environment during which time events may register into consciousness but do not take on ordinary meaning (American Psychological Association, 1987, p. 247). These symptoms can be observed in most U.S. classrooms. For example, while reading aloud, an energetic teacher may innocently speak more loudly and bang on the desk to illustrate a dramatic moment. This may arouse an intense and seemingly inappropriate response (e.g. kicking over a desk) from a student who is regularly exposed to violent outbreaks by an angry or intoxicated parent. Or, a teacher may observe a child that appears seriously inattentive during a test and conclude that this child is “spacing-out” when, in large part, the student is dealing with the added stress and manifesting the symptoms of constriction or intrusion. Or, a student may appear to have a “processing problem” when asked to sequence a series on an assessment leading the teacher to recommend this child for testing for a learning disability when a significant factor in this student’s reality is the symptom of intrusion caused by traumatic events.

Advocating for trauma-sensitive teaching in the schools, Cole et al. (2005) were the first to synthesize findings on the impact of trauma on student learning. They assert that children manifesting symptoms of trauma may exhibit limited abilities to process verbal and written academic information, understand or respond to classroom instructions or explanations, retrieve information on demand, define boundaries, make independent choices, articulate preferences and make transitions between classroom activities. Furthermore, they cite research that indicates that classroom behavioral adaptations to trauma include aggression, defiance, withdrawal, perfectionism, hyperactivity, reactivity, impulsiveness, and/or rapid and unexpected emotional swings and that these trauma related behaviors are often confused with symptoms from other mental health issues such as ADHD and mood disorders such as bipolar disease and depression.

Compassionate Approaches to Foster Resiliency in Classroom and Community

In 2005 the National Child Traumatic Stress Network (NCTSN) first published an intervention model for working with complexly traumatized youth. Built around three core domains impacted by trauma, attachment, self-regulation, and competency, it provides primary treatment targets embedded in a developmental and social context (Kinniburgh et al, 2005). This same group of mental health professionals published a handbook for mental health clinicians providing a rationale, key concepts for each target, as well as a menu of suggested mental health interventions to be implemented within this framework (Kinniburgh & Blaustein, 2005). That same year, Massachusetts Advocates for Children (MAC) published *Helping Traumatized Children Learn* (Cole, et al. 2005) creating the concept of “trauma sensitive education.” Their model features a flexible framework designed to “help each school community develop a plan for integrating trauma sensitive routines and individual supports throughout the school day” (p.7). Their framework articulates three “overarching teaching approaches” grounded in the three domains previously articulated by NCTSN. Funded in part by the Massachusetts legislature, trauma-sensitive school programs spread throughout the Commonwealth and beyond. One such application of the MAC flexible framework is detailed in a teacher handbook published by the Framingham Schools (Framingham Public Schools, 2008) providing examples of strategies applied in a k-12 setting. Borrowing heavily from the works of NCTSN, MAC, and Framingham Schools, a team of writers from the State of Washington (Wolpow et al., 2009) created a



“compassionate school curriculum and instruction model” that explicitly infuses the three domains, respective learning objectives and examples of strategies with findings from the literature of childhood resiliency (See figure 1). The counterbalance of traumatic effect, resiliency, is the ability to withstand and rebound from stress. The six instructional principles, labeled “compassionate teaching and discipline principles” were drawn directly from the literature of resiliency. Longitudinal studies of populations from urban, suburban, and rural communities have been conducted with the resilient offspring of psychotic parents, alcoholics, mothers prone to child abuse, divorced parents, teenage parents, and those raised in extreme poverty (Werner, 1990). The cross-cultural universality of individual and protective factors may be found in the anecdotal narrative studies of the resiliency of abandoned, orphaned

and refugee progeny who survived the horrors of wars in Europe, Central America, the Middle East, and Southeast Asia (Ayala-Canales, 1984; Benard, 2004; Heskin, 1980; Rosenblatt, 1983; Sheehy, 1987) and of child-survivors of the Holocaust (Hemmendinger & Krell, 2000).

These studies reveal that resiliency is primarily a process, not a list of genetic traits. The dispositional characteristics (e.g., internal locus of control, positive self-esteem, autonomy) and the coping skills needed to adapt to stressors (e.g., assertiveness, anger control, self-reflection, problem solving and positive attitude) can be modeled, learned, and supported by educators and others (Benard, 2004; Fox & Serlin, 1996; Sesna, Mannes, & Scales, 2006). One of the most important factors associated with effective coping is the support of “kith and kin” (families, alternative caregivers, communities, peer groups, and schools) that often play significant roles in providing compassionate support to foster resiliency (Werner & Smith, 1992).

Like the models created in Massachusetts, Washington State’s Compassionate School model affirms that school is a significant place where it is possible for children affected by complex trauma to forge strong relationships with caring adults and learn in a supportive, predictable, and safe environment. However, the “kith and kin” needed extends well beyond the school and into the community (Wolpow et al., 2009). Examining studies of diverse cultures dealing with trauma, the authors found four commonalities: (a) “open discussion of the trauma was encouraged,” (b) “survivorship was honored,” (c) “victimization was not stigmatized,” and (d) “post traumatic problems were acknowledged and accepted” (Wolpow et al., 2009, p. 26). Their model explicitly calls upon schools to establish and build school community partnerships, placing the student at the center. It acknowledges that although teachers are not mental health experts, as informed observers they can recognize trauma and assist those who would then provide students and their families with the social processes and mechanisms that are likely to foster intrapersonal and interpersonal competence. Like the models that preceded it, this model requires a coordinator who connects the student and family with human service resources in the community, providing the opportunity to utilize strengths in the community and increase well-being and resiliency (Benard, 2004; Wolpow et al., 2009).

In the same vein, City Connects (formerly Boston Connects), began in 2006 and is based on the premise that success in school is based on strengths, risks, and readiness to engage and thrive (Boston College, 2010). Each school in the program has a coordinator with a master’s degree in either school counseling or social work who works with the classroom teacher and others to individually assess each student, sorting them into three tiers. The coordinator works with others to create a plan of services tailored to provide intervention, prevention, and enrichment services that reduce risks and promote academic, socio-emotional, and physical well-being. *The Impact of Boston Connects: Summary Report 2008-2009* is available on the website (Boston College, Publications, 2010) and provides a summary of data comparing students in 12 program schools to students in seven randomly chosen non-program schools. Data analysis demonstrates, among other things, improvement in statewide test scores in writing, math, reading, and classroom behavior.

In each of these models, both teachers and coordinators are involved with students in healing as a “transitioning toward meaning, balance, connectedness and wholeness (Katz, 1982)” (as cited in Katz & St. Denis, 1991). Based on their study of indigenous groups, Katz and St. Denis described the role of teacher as healer, one who fosters “interconnections—between herself, her students, and the subject matter; between the school, the community and the universe at large—

while respect[ing] each part of these interconnected webs” (p. 24). The webs they describe place both the student and the school in the larger context of the community.

Human Service Professionals Weave the Web

The web is one of relationships between individuals in various settings, and it is the human services professional who facilitates and coordinates the weaving of the web between the services, the students, their families, and members of the community. While there is a common understanding of the public k-12 school system as it operates in the United States and of the roles teachers and staff play both in the educational system and in the lives of children, fewer people understand human services both as practice and a discipline. Yet, we propose that a human services professional is uniquely prepared educationally to fill the role of coordinator (Note: We are arguing for their qualifications, not against the qualifications of others). The practice of human services is generally perceived in connection with poverty-related issues such as welfare, food stamps, disability services, and other government programs. The actual context for human services is much broader, extending to, for example, child protective services, after school programs, advocacy, domestic violence, crime victim support, community education, and the juvenile justice and probation systems (Kincaid, 2009; Mandell & Schram, 2009). In addition, many human services professionals are involved in community education such as family planning, parenting, early childhood, language acquisition, and life skills.

Although drawn from an interdisciplinary knowledge base, the study of human services is arguably a discipline in its own right (Kincaid, 2009). There are national professional organizations, an accrediting body, textbooks, refereed journals, associates through doctoral degree programs, and a national board certified exam and credential. Students in human services programs learn to facilitate processes for change at all levels of society; personal, interpersonal, family, small group, organizational, community, and global. The theoretical emphasis is on systemic change, social justice, and strengths-based models (Kincaid, 2008). Students graduate with the knowledge and skills to provide direct and/or indirect service to individuals, families, and communities including change through advocacy, grassroots organizing, community development, and global activism. The skills to network and maximize community and organizational resources are part of the National Standards for Human Services Education (Council for Standards in Human Service Education, 2009).

The needs met by human services occur across all social strata and are not always a function of socio-economic status (Ericksen, 1977). In other words, humans need services because they are human, not because they are poor. The difference is in how they access those services. Trauma causing events such as domestic violence, addiction, and disaster occur in every neighborhood, and, as an issue of social justice, we should be as concerned for children of the elite as we are for children of the poor. A compassionate community model is based on partnership between communities and schools facilitated by human services professionals. The goal is to form a web of healthy community relationships that extend deep within community life, crossing barriers of social class.

A Compassionate Community Model

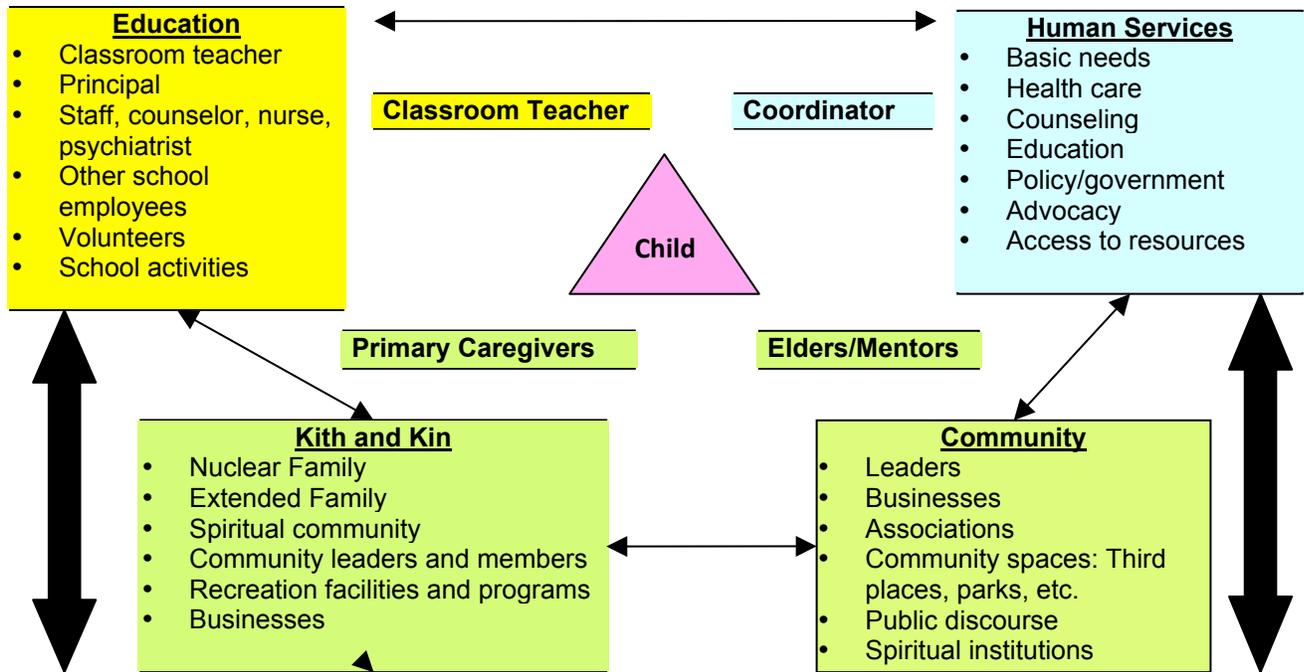
In our model, we stress three things: (a) the need to recognize and process trauma and vicarious trauma in school settings, (b) the intentional connection with community, kith, and kin in creating healthy and healing environments for children, and (c) the role a human services professional can play as a coordinator between schools, services, and the broader community.

We endeavor to weave these factors together in a web that is circular and holistic, contributing to the well-being and resilience of community, school, families, and children. Our focus is on recognition and intervention for children suffering from trauma. The model we propose (see Figure 2) combines aspects of prior community school partnership models developed by others (Boston College, 2010; Cole et al, 2005; Communities in Schools, 2010; Katz & St. Denis, 1991; Kretzman & McKnight, 1993; Wolpov et. al., 2009) with community resilience models (Benard, 2004; Canadian Center for Community Renewal, 2009; Gurwitch, et al., 2007). We have emphasized the roles of teachers and human services professionals in developing a web of relationships that extends deep within the community to foster resiliency, literacy, and social justice. This (and any) community school partnership model requires a revised vision of the role of schools as a social institution and the transformation of the mission of public education system to more holistically meet the needs of children and families (Anderson, Homan & Lawson, 2001).

Children develop in a context, and many models place the child at the center of the community in which the child is developing (e.g., the Schools in Partnership model developed by Wolpov et al., 2009, pp. 135-136). In a holistic model, it is important to view individuals as participants in multiple roles and systems. Therefore, in our proposed model (see Figure 2), we, too, have used the label child as opposed to student in recognition of the various roles filled by children (e.g., sibling, grandchild, cousin, playmate, student, soccer player) and of students as teachers and teachers as students (Katz & St. Denis, 1991). In the model, the child is surrounded by kith and kin, compassionate schools, human services, and the institutions of society (spiritual, government, health care, business, and associations). It is the people managing businesses and associations, not the entities themselves, who make decisions and policies, participate in the surrounding community, and form relationships that cross the organizational boundaries. It is through this web of relationships between people that a resilient and healthy community can be formed. A compassionate community recognizes the contributions individuals from all sectors of a community make to the community, families, and children.

We have also included third places (places that are not work or home) and public spaces such as parks and community centers. These places provide the opportunity for public discourse and political dialogue that underpin a democratic society as well as the opportunity for healthy cross-generational interaction. It is in these community spaces that the narrative of the community becomes the narrative of the individuals within the community. The narratives of child and community are intertwined—they develop, change, and grow together.

A compassionate school model is dependent upon teachers, how they teach and what they teach (see Figure 1 above). In the same way, a compassionate community model is dependent upon human services professionals, how they practice and what they practice. The how and what of teaching (Figure 1) can be extended to human services professionals (Figure 2). Human services professionals are involved in community education of various types (e.g., parenting, family planning, life skills, early childhood). Likewise, the teacher and school staff are involved in human services to some degree as they assist children and families in accessing resources and working through problems. The classroom teacher is trained to identify children who may have been traumatized and to use strategies to help the child deal with trauma-related behavior while in the classroom in hopes that the child will be able to continue learning (See Figures 1 and 2).



<p>Education/Instruction</p> <p>How We Teach and Classroom Support</p> <ul style="list-style-type: none"> Always empower. Never disempower. Provide unconditional positive regard Maintain high expectations. Check assumptions. Observe. Question. Be a relationship coach. Provide guided opportunities for helpful participation. 	<p>Education/Human Services</p> <p>Curriculum-Direct Services</p> <p>Teaching-Practice</p> <table border="1" style="margin-top: 10px;"> <tr> <td style="background-color: pink;">Domain One</td> <td style="background-color: pink;">Safety, Connection, and Assurance of Well-Being</td> </tr> <tr> <td style="background-color: pink;">Domain Two</td> <td style="background-color: pink;">Emotional and Behavioral Self-Regulation</td> </tr> <tr> <td style="background-color: pink;">Domain Three</td> <td style="background-color: pink;">Competencies of Personal Agency, Social Skills, and Academics/Knowledge</td> </tr> </table>	Domain One	Safety, Connection, and Assurance of Well-Being	Domain Two	Emotional and Behavioral Self-Regulation	Domain Three	Competencies of Personal Agency, Social Skills, and Academics/Knowledge	<p>Human Services</p> <p>How We Practice and Client Support</p> <ul style="list-style-type: none"> Always empower. Never disempower. Provide unconditional positive regard Maintain high expectations. Check assumptions. Observe. Question. Be a relationship coach. Facilitate opportunities for client self-determination.
Domain One	Safety, Connection, and Assurance of Well-Being							
Domain Two	Emotional and Behavioral Self-Regulation							
Domain Three	Competencies of Personal Agency, Social Skills, and Academics/Knowledge							

Figure 2. A Compassionate Community Model. Illustrates relationships between education professionals and human services professionals and both with members of the community. How/What We Teach Adapted from Wolpow et al., 2009.

The human services professional is also trained to work with children who are victims of trauma (see Figure 2) and works with the family through a professional network to assess the needs and obtain appropriate professional help for dealing with the trauma-related behaviors inside and outside the classroom. But, the model we propose goes much deeper within the community. As Kretzman and McKnight (1993) have asserted, people can be isolated from kith, kin, and community when they are surrounded by professional help. In a compassionate community, there is a web of adults throughout the community who are prepared to teach children informally and interact with them in healing ways, another type of teacher as healer (Katz & St. Denis, 1991). The human services professional in the role of coordinator is intentional in connecting children with kith, kin, and community members. In the words of Katz and St. Denis, “It may be that education is best served by several kinds of ‘teachers as healers’, including school teachers in the classroom and elders in the community, collaborating in their common purpose of sharing knowledge and educating the young” (p. 31).

For human services professionals, the model in Figure 2 is most successful when professional activity is firmly grounded in what Wolpov et al. (2009) refer to as the instructional principle of “check assumptions, observe, question” (p. 107, also see Figures 1 and 2). The professional must identify and abandon assumptions replacing them with unbiased observation and facts. The information is confirmed and expanded by asking questions of clients, colleagues, and community members followed by respectfully and intently listening to the response. Lastly, the professional must respond with compassion. The etymological meaning of compassion is “suffer with.” As teachers and professionals, we must be willing to engage empathically with those around us with a commitment to unconditional positive regard. In the words of Paulo Freire (1998), “It is impossible to teach without the courage to love, without the courage to try a thousand times before giving up. In short, it is impossible to teach without a forged, invented, and well-thought-out capacity to love” (p. 3). Unconditional positive regard or love relates to the model of the teacher as healer put forth by Katz and St. Denis (1991) and their definition of healing as “transitioning toward meaning, balance, connectedness, and wholeness (Katz 1982)” (as cited in Katz & St. Dennis, 1991, p. 24).

The importance of human connection within communities is a vital aspect of building community resilience (Benard, 2004; Gurwitsch et al., 2007) and of a compassionate community model. A resilient community has been defined as “one that takes intentional action to enhance the personal and collective capacity of its citizens and institutions to respond to and influence the course of social and economic change” (Canadian Center for Community Renewal, 2009). More importantly, “A resilient community can be described as having social competence, problem-solving capacity, a sense of identity, and hope for the future” (Benard, 2004, p. 104). What is more, a reciprocal opportunity to reinforce human connection exists in the intentional pursuit of both community resilience and a compassionate community.

Conclusions

Given the potential for violence, disaster, and economic change, many children and adults are adversely affected by trauma and vicarious trauma. If education levels the playing field in the job market for underprivileged social classes, we are remiss as educators and service providers if we do not attempt to level the playing field within the educational system itself. The teachers and staff within a compassionate school attempt to provide an equal learning opportunity for students suffering from trauma. We have defined teachers as healers and included human services

professionals and other adults (elders) in the community as teachers and healers, too. The model differs from other similar models in its (a) focus on the effects of trauma, (b) emphasis on the use of coordinators with degrees in human services, and (c) the intentional involvement of community members as teachers and healers. It is the combined efforts of school teachers and human services professionals that move the model off the page into the reality of a compassionate community allowing children and families suffering from trauma to be fully integrated into community life.

The circular relationships between individual and community resiliency and human services and education connect individuals and entities within the community. As teachers and human services professionals respond to children with compassion, the children learn to respond to each other with compassion. In addition, human services alums are employed in a variety of settings (e.g., after school care, early childhood, domestic violence advocacy, family planning, food banks, child protective services, family restoration services, juvenile probation) carrying a compassionate community model with them throughout the professional community. The model depends upon placement of human services professionals in schools (public, private, and alternative) to coordinate access to services and further interaction between the community and children. As children mature, they, too, carry a compassionate model with them, and the ripple effect strengthens the community, adding to the resilience of the community and its individual members. “As healing enters the teaching system, all the parts of the educational community become connected, and thereby strengthened. Teaching as healing creates a support system of education which is community based and pervasive—and because learning is stimulated throughout the community, teaching becomes an expanding and renewable resource” (Katz & St Denis, 1991, p. 32).

The model reflects an assumption that children are an integral part of communities and that the adults in those communities are willing to use their strengths for the healing (movement toward wholeness) of those children, that they are committed to resiliency as individuals and as a community, and that they are concerned that children have access to the resources needed to develop and contribute to the well-being of the community as a whole. The school, as part of the community, is relegated the specific task of formal education while the teachers and staff are charged to work within a compassionate model framework, as are other adults. To work, the model requires the community to engage with its own children and with each other in a compassionate manner. While some might argue that compassion is a value and values should not be taught in school, we would argue that a compassionate response is a way of being in the world, and that children learn how to be in the world from all the adults they encounter. In addition to healing for trauma victims and building individual and community resiliency, the model has implications for increasing the general well-being of community members.

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