
NASPA Strategies Conference
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Proud Presenters

- Gina Baral Abrams, DrPH, EdM, LSW, MCHES®
  Director of Research and Program Evaluation & Assistant Professor
  International Institute for Restorative Practices Graduate School

- Ashleigh Hala, MSW, LCSW
  Director of Wellness & Prevention Services, Babson College

- Elizabeth Smull, MS, CADC
  Lecturer, International Institute for Restorative Practices Graduate
  School
Agreements
Not the what, but the how.
Check-In Circle

Please share:

1. Your name and pronouns
2. Where you’re from
3. Why you’re here
4. You are about to welcome students back for another semester – in 1-2 words, how are you feeling?
Learning Objectives

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

1. Describe restorative practices concepts and principles.

2. Explain how restorative practices aligns with community health and prevention frameworks.

3. Evaluate how restorative practices can create the social conditions to advance the health and well-being of a campus community.

4. Identify tangible resources to help apply restorative practices on your campus.
Higher Education Context

1. What are the values of higher education? Your institution?
2. How have campuses changed over the last 10 years? 5 years?
3. What do colleges and universities offer that other organizations don’t/can’t?
4. What are the challenges of implementing prevention strategy and initiatives on your campus?
5. What do your most challenging days/experiences/projects have in common?
6. How can your most challenging days/experiences/projects become less challenging?
Well-Being and a Community Health Approach
Shared Language

• Well-Being
• Community Health
• Determinants of Health
• Sense of Community
• Flourishing
Inter-Association Commitment

“We believe it is time to transcend reactive, siloed, programmatic approaches to health and establish foundational, proactive, well-being initiatives for the campus community.”
Inter-Association Well-Being Definition (Working)

• Simple Definition: We define well-being as an optimal and dynamic state that allows people to achieve their full potential.

• Expanded Definition: Our focus is on two interdependent types of well-being:

  1. Individual well-being is defined by three interrelated components – subjective well-being, objective well-being, and civic well-being.

  2. Community well-being is defined by the systems and norms of an environment that contribute to an equitable infrastructure of opportunities, resources, conditions, and other socio-ecological supports that make it possible for all individuals to achieve their full potential. By focusing on the whole – the whole person, the whole educational experience, the whole institution, the whole community – well-being becomes a multifaceted goal and a shared responsibility for the entire campus.
Community Health

“A multi-sector and multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health and quality of life of all persons who live, work, or are otherwise active in a defined community or communities.”

Hallmarks of Community Health

1. Broad definition of community
2. Focus on prevention
3. Social-ecological approach
4. Aim to improve the determinants of health
5. Cross-functional process
6. Engagement with community members
Community – Simple Definition

Components of a community:

• Functional spatial units
• Units of patterned social interaction
• Symbolic units of collective identity
Community – Expanded Definition

“Communities are not built of friends, or of groups with similar styles and tastes, or even of people who like and understand each other.

They are built of people who feel they are part of something that is bigger than themselves: a shared goal or enterprise, like righting a wrong, or building a road, or raising children, or living honorably, or worshipping a god.

To build community requires only the ability to see value in others, to look at them and see a potential partner in one’s enterprise.”

– Suzanne Goldsmith from her memoir, A City Year
Community Elements

• It’s about people.
• People live in multiple communities.
• Communities are nested within each other.
• Communities have formal and informal institutions.
• Communities are organized in different ways.

Group v. Community

• Although any collection of people can be called a group, not all groups could be called communities.

• Communities are distinguished from groups by the fact that they share a common interest, background, or purpose that gives them a sense of cohesion.
Activity: Campus as Community

Think about your campus community and reflect on the following questions:

1. What do you have in common with other members of the community?
2. What responsibilities or obligations does membership involve?
3. Are those who do not contribute to this purpose still considered members of the community?
Prevention, Risk, and Intervention

## Levels of Prevention

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Prevention</td>
<td>General population benefit for all, regardless of risk</td>
</tr>
<tr>
<td>Selected Prevention</td>
<td>Sub-group that has increased risk</td>
</tr>
<tr>
<td>Indicated Prevention</td>
<td>Individual who has risk behaviors</td>
</tr>
</tbody>
</table>

Social Ecological Model (SEM)

Policy
Local, state, and federal policies and laws that regulate or support healthy actions and practices

Organizational
Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors

Intrapersonal
Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits

Interpersonal
Interpersonal processes and primary groups, including family, friends, and peers, that provide social identity, support, and role definition

Community
Social networks and norms (standards), which exist formally or informally among individuals, groups, and organizations

Image: Society for Public Health Education
Population Health v. Community Health

Population Health – TO and FOR?

• Emphasizes an outcome-driven approach to “manage” health for a specific group of individuals.

• Tracking “health status indicators” provides insight and direction on how to best prevent the onset or future development of certain health conditions.

• Interventions tend to be led by organizations outside the target group.

Community Health – WITH?

• Emphasizes collective efforts of individuals.

• Community members are collectively empowered to address self-identified vulnerabilities (e.g., education, employment, public safety).

• Interventions originate from the community members.

The (Social) Determinants of Health
Determinants of Health

Five major factors contribute to a person’s current state of health.

1. Genes and biology
2. Health behaviors
3. Social environment or social characteristics
4. Physical environment or total ecology
5. Health services or medical care

Estimates of How the Determinants Influence a Population’s Health


Social Determinants of Health

Key Factors Within 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.

Social Relationships and Health

• Social relationships—both quantity and quality—affect mental health, health behavior, physical health, and mortality risk.

• Studies show that social relationships have short- and long-term effects on health, for better and for worse, and that these effects emerge in childhood and cascade throughout life to foster cumulative advantage or disadvantage in health.

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.

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

Factors and Dimensions Reflecting Mental Health as Flourishing

<table>
<thead>
<tr>
<th>Positive emotions (i.e., emotional well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive affect</td>
</tr>
<tr>
<td>Regularly cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life.</td>
</tr>
<tr>
<td>Avowed quality of life</td>
</tr>
<tr>
<td>Mostly or highly satisfied with life overall or in domains of life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive psychological functioning (i.e., psychological well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-acceptance</td>
</tr>
<tr>
<td>Holds positive attitudes toward self, acknowledges, likes most parts of self, personality.</td>
</tr>
<tr>
<td>Personal growth</td>
</tr>
<tr>
<td>Seeks challenge, has insight into own potential, feels a sense of continued development.</td>
</tr>
<tr>
<td>Purpose in life</td>
</tr>
<tr>
<td>Finds own life has a direction and meaning.</td>
</tr>
<tr>
<td>Environmental mastery</td>
</tr>
<tr>
<td>Exercises ability to select, manage, and mold personal environs to suit needs.</td>
</tr>
<tr>
<td>Autonomy</td>
</tr>
<tr>
<td>Is guided by own, socially accepted, internal standards and values.</td>
</tr>
<tr>
<td>Positive relations with others</td>
</tr>
<tr>
<td>Has, or can form, warm, trusting personal relationships</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive social functioning (i.e., social well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social acceptance</td>
</tr>
<tr>
<td>Holds positive attitudes toward, acknowledges, and is accepting of human differences.</td>
</tr>
<tr>
<td>Social actualization</td>
</tr>
<tr>
<td>Believes people, groups, and society have potential and can evolve or grow positively.</td>
</tr>
<tr>
<td>Social contribution</td>
</tr>
<tr>
<td>Sees own daily activities as useful to and valued by society and others.</td>
</tr>
<tr>
<td>Social coherence</td>
</tr>
<tr>
<td>Interested in society and social life and finds them meaningful and somewhat intelligible.</td>
</tr>
<tr>
<td>Social integration</td>
</tr>
<tr>
<td>A sense of belonging to, and comfort and support from, a community.</td>
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</tbody>
</table>

Why Does This Matter?

“Health promotion requires a positive, proactive approach, moving beyond a focus on individual behaviour towards a wide range of social and environmental interventions that create and enhance health in settings, organizations and systems, and address health determinants.”
Conceptual Framework for Restorative Practices and Well-Being

- Explicit Restorative Practices
  1. Social Discipline Window
  2. Fair Process
  3. Psychology of Affect
  4. Restorative Practices Continuum

- Improved relationships/increased social connectedness between individuals and groups
- Improved health status of community
- Increased sense of personal and collective efficacy
- Increased sense of community and flourishing
- Overall well-being of the community and its members

Building Community Through Restorative Practices
Are restorative justice and restorative practices the same thing?

Sometimes.

But not today.
RJ and RP Fundamentals (1)

• Both are based in indigenous practice.

• Both focus on relationships.

• Both include all voices in repairing harm.
RJ and RP Fundamentals (2)

RESTORATIVE JUSTICE

• Developed from a justice framework.

• Emphasis on formal or informal responses to crime and other wrongdoing after it occurs.

• Definitions sometimes include proactive community-building.

RESTORATIVE PRACTICES

• Developed from a community framework.

• Definitions include formal or informal responses to crime and other wrongdoing after it occurs.

• Emphasis on proactive community-building.
Restorative Practices: A Prevention Strategy

- Eighty percent of restorative practices is intended to be done proactively.

Preventive and Proactive

• Preventive: Designed to keep something undesirable such as illness, harm, or accidents from happening.

• Proactive: Creating or controlling a situation by causing something to happen rather than responding to it after it has happened.

• You prevent the illness/harm with your proactive actions.
Restorative practices aims to strengthen the relationships between individuals and within communities for better social health outcomes.
Restorative Practices Defined (2)

• Provides an explicit relational framework that guides your practice.
• Offers a common language that you can share with faculty, staff, and students.
• Helps you lead by design not by default – to be consistent and purposeful in your practice.

Restorative Practices Framework

For restorative practices to be explicit, it must actively integrate:

1. Social Discipline Window
2. Fair Process
3. Psychology of Affect
4. Restorative Practices Continuum

Social Discipline
Window
Social Discipline Window

Adapted by Paul McCold and Ted Wachtel from Glaser, 1969
Social Discipline Window

Adapted by Paul McCold and Ted Wachtel from Glaser, 1969
Fundamental Hypothesis

People are happier, more cooperative and productive, and more likely to make positive changes in behavior when those in positions of influence/authority do things *with* them, rather than *to* them or *for* them.

Activity: Social Discipline Window #1

1. Describe the behaviors you would likely observe if a person was predominantly:
   - Punitive
   - Permissive
   - Neglectful
   - Restorative

2. How would the relationships they cultivate potentially be impacted?
Activity: Social Discipline Window #2

In small groups:

1. Talk about a time when someone in a position of influence/authority treated you restoratively.
2. What was that experience like for you?
3. What was it specifically that made it restorative?
4. What can YOU do to be more purposeful in your practice?
Fair Process
“Individuals are most likely to trust and cooperate freely with systems – whether they themselves win or lose by those systems – when fair process is observed.”

Three Principles of Fair Process

1. Engagement
2. Explanation
3. Expectation Clarity

What Fair Process Isn’t

• Decision by consensus.

• Does not set out to achieve harmony.

• Does not set out to win people’s support through compromises that accommodate every individual’s opinions, needs or interests.

• Democracy in your system.

• Leaders forfeiting their responsibility to make decisions, establish policies and procedures.

Fair Process: What it Achieves

**IIRP Workplace Basic Concepts**

1. We believe that people are capable of growing and learning in their work and behavior.

2. We respond to situations WITH people, not TO them, FOR them, or NOT at all.

3. We separate the deed from the doer by affirming the worth of the individual while disapproving of inappropriate behavior.

4. People function best in an environment that encourages free expression of emotion — minimizing the negative, maximizing the positive, but allowing people to say what is really on their minds.

5. We are not expected to have all of the answers. Instead of trying to answer or act without adequate knowledge, we need to ask others for help.

6. We hold each other accountable by giving and receiving feedback respectfully.

7. We act as role models by admitting when we are wrong and being humble.

8. We help people develop competencies rather than providing the answers for them.

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Activity: Fair Process

1. Think of a decision you are contemplating.

2. Create a plan for how to incorporate Fair Process with your students, staff, or collaborators.
Psychology of Affect
Affects, Feelings, and Emotions

Affects

• Nine innate, biological programs triggered in response to specific stimulus conditions.

Feelings

• The awareness an affect is present.

Emotions

• Scripted responses learned over a lifetime of the triggering of affects by environmental forces that surround us.

The Nine Affects


Compass of Shame

Activity: Compass of Shame

• Move to the pole on the compass of shame you are drawn to as you hear each scenario.
The Central Blueprint

Individuals are healthiest and at their best when they:

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


Interpersonal Relationships

Healthy intimacy and positive emotional connections occur when two people agree to:

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

Community

Community is when multiple people agree to:

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

Restorative Practices Continuum
Restorative Practices Continuum

80% Proactive

20% Responsive

<table>
<thead>
<tr>
<th>informal</th>
<th>formal</th>
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<tbody>
<tr>
<td>affective statements</td>
<td>affective questions</td>
</tr>
<tr>
<td>small impromptu conversation</td>
<td>circle</td>
</tr>
<tr>
<td>formal conference</td>
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</tbody>
</table>

Affect

• Verbal
• Non-verbal (body language)
• Technology
Affective Statements

• Set boundaries
• Provide feedback
• Teach empathy
• May be done as an ”I” statement

Affective 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

• 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.

• Can be done sequentially or non-sequentially.
Circle Lesson Plan

1. Type of Circle:
2. Purpose/Goal of Circle:
3. Circle Questions:
   • Past
   • Present
   • Future
Topic: Creating Norms

1. Type of Circle: Sequential

2. Purpose/Goal of Circle: To ensure all collaborators have a voice in the creation of norms.

3. Circle Questions:
   - *Think about a positive working/learning environment...and describe in a few words.*
   - *What will contribute to a healthy and productive learning/working environment?*
   - *What norms can we agree to that will contribute to a healthy and productive learning/working environment? (List the norms)*
   - *How we will share these norms with others who join the group?*
   - *Share one thing you will do to contribute to maintaining the norms.*
Topic: Community Building

1. Type of Circle: Sequential or Non-sequential

2. Purpose/Goal of Circle: Demonstrate Nathanson’s definition of community and self-disclosure.

3. Circle Questions:
   - Share one activity you enjoy doing in your free time.
   - Share three things that fill you up personally or professionally.
   - Share three things that deplete you personally or professionally.
   - Share one way you can do more of the things that fill you up.
Responsive Circles

• Should account for no more than 20% of the circles that are done within a setting.

• Are intentional and address conflict and manage tension in a community.

• Involve all who are impacted by conflict and tension.

• Allow a safe place for people to discuss issues as they arise.

• Responsive circles include but are not limited to: patterns of behavior, interpersonal issues, grief and loss.

Circle Lesson Plan

1. Type of Circle:
2. Purpose/Goal of Circle:
3. Circle Questions:
   - Past
   - Present
   - Future
Topic: Response to Harm on Campus

1. Type of Circle: Sequential and Non-sequential
2. Purpose/Goal of Circle: Give participants voice and space to process a difficult subject.
3. Circle Questions:
   - *What did you think or feel when you realized what happened?*
   - *How has this incident impacted you?*
   - *What has been the hardest thing for you?*
   - *Share one thing in your control that you can do moving forward?*
Formal Conferences

- Scripted process
- Responsive process
- Create mutual understanding around a specific incident
- Opportunity for all who are impacted to have voice
- Addresses harm and can repair relationships
- Agreements
- Can be used as alternative to or in conjunction with traditional conduct processes

Framework In Action: Stories From the Field
A Systemic and Sustainable Strategy

If having strong and supportive social relationships causes better health and longer life,

And proactive restorative practices is intended to strengthen relationships between individuals as well as social connections within communities,

Then we must adopt restorative practices as a primarily proactive approach and implement efforts in a systemic manner to advance health and well-being as a general population benefit for all, regardless of risk.
A Systemic and Sustainable Strategy

As a prevention strategy, restorative practices creates the social conditions to advance the health and well-being of a community and its members.
Conceptual Framework for Restorative Practices and Well-Being

Explicit Restorative Practices
1. Social Discipline Window
2. Fair Process
3. Psychology of Affect
4. Restorative Practices Continuum

Improved relationships/increased social connectedness between individuals and groups

Improved health status of community

Increased sense of personal and collective efficacy

Increased sense of community and flourishing

Overall well-being of the community and its members

Not the what, but the how.
It’s about relationships.

“It’s relationships, not programs that change children. A great program simply creates the environment for healthy relationships to form.”

- Bill Millikin, Founder of Communities in Schools
Explicit restorative practice isn’t all that difficult to actualize.
Explicit Restorative Practice

Increasing WITH

Infusing Fair Process

Maximizing Positive Affect

Practicing Across the Continuum
Our Opportunity

To advance well-being by being explicit to infuse restorative practice at all levels of the Social Ecological Model:

• Supporting intrapersonal development and healthy behaviors.

• Helping students improve their relationships and improving our own work relationships.

• Engaging and empowering students, faculty, and staff to create success-facilitating environments.
Social Ecological Model (SEM)

**Policy**
Local, state, and federal policies and laws that regulate or support healthy actions and practices

**Community**
Social networks and norms (standards), which exist formally or informally among individuals, groups, and organizations

**Organizational**
Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors

**Intrapersonal**
Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits

**Interpersonal**
Interpersonal processes and primary groups, including family, friends, and peers, that provide social identity, support, and role definition

*Image: Society for Public Health Education*

Explicit restorative practice starts with you.
Not the **what**...
- Professional self identity: answering the question, “Who am I at work?”

...but the **how**.
- Modeling, embracing (and not inhibiting) restorative qualities and competencies
- Psychological safety
Trust vs. Psychological Safety

**Trust**
Will **YOU** give others the benefit of the doubt when you take a risk?

"Bob is probably going to freak out if I disagree with him."

**Psychological Safety**
Will **OTHERS** give you the benefit of the doubt when you take a risk?

"My team expects me to speak up. It's how we do things."

Activity: Self-Reflection

1. List 5 words that best describe your authentic self, in order of significance.

2. List 5 words that best describe how you see yourself at work, in order of significance.

3. List 5 words that best describe how your colleagues would perceive you at work, in order of significance.

4. List 5 words that best describe how your boss perceives you at work, in order of significance.
Explicit restorative practice influences how we relate with others.
Relating With Others (1)

Not the *what*...

- Collaboration: Working to inspire, develop, and implement a shared vision.

...but the *how*.

- Rapport and affect
- Engage WITH
- Fair process and transparency
- Influence instead of authority or power
Not the **what**...

- Motivational Interviewing
- Open-ended questions
- Affirming
- Reflecting
- Summarizing

...but the **how**.

- Practicing in the WITH to support change behavior

Activity: Relating With Others

• Think about a relationship at work that is neutral or negative.

• How can restorative practices help to support interpersonal connection and relationship growth or repair?
Explicit restorative practice changes how we develop organizational structures.
Developing Organizational Structures (1)

Not the **what**...

- Re-designing a peer education program

...but the **how**.

- Advising WITH
- Student-led fair process
- Staff meetings mirroring the continuum
- Connection over output

“The activities that are facilitated make the group feel like a family. It is a great opportunity to laugh, have fun and get closer to each other.”

- Babson Peer Educator, ‘21
Not the **what**...  

- Fundamentals could be applied to any campus coalition, for example:  
  - Healthy People/Healthy Campus  
  - Hub-and-Spoke Coalition  
  - CAS Cross-Functional teams  
    - *Advancing Health and Well-Being*  
    - *Identifying and Responding to Behavioral Concerns*  
    - *First-Year Experiences*  

...but the **how**.  

- Relationships first! Proactive circles to:  
  - Get to know each other’s challenges and contexts.  
  - Develop bonds and a group identity.  
  - Create shared norms.  
- Leader as coach of listen/observe-reflect-action process  
- Act in the WITH quadrant: Collective learning approach vs. traditional problem solving approach  
- Use fair process to safely exchange ideas and ensure equal voice.  
- Foster psychological safety by acting with transparency and modeling the way.
Traditional v. Collective Learning Approach

<table>
<thead>
<tr>
<th>Nature of Inquiry</th>
<th>Inquiry is focused on knowledge on hand, which tends to misdirect inquiry rather than facilitate problem resolution.</th>
<th>Inquiry is focused on fresh questions, not with constructs from the past, thus promoting new thinking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Engagement</td>
<td>Participants stay in silos; breeds competition which limits voice for some.</td>
<td>Pools intellectual capital. Empowers all participants to step up as informal leaders.</td>
</tr>
<tr>
<td>Leadership</td>
<td>Leader directs processes of how group is going to work together.</td>
<td>Leader as coach of listen-learn-reflect-action process enhances alertness to new opportunities that may lead to more productive ways of working together.</td>
</tr>
<tr>
<td>Action</td>
<td>Is frequently expressed in terms of knee-jerk, short-lived initiatives.</td>
<td>Is on-going and sustainable by adapting to changes in complex social-ecology.</td>
</tr>
<tr>
<td></td>
<td>Piecemeal and siloed change efforts.</td>
<td>Collaborative, co-created change.</td>
</tr>
</tbody>
</table>
Activity: Developing Organizational Structures

• Choose an existing structure (e.g., group, organization, or committee).

• How can restorative practices help to enhance the group?
Explicit restorative practice *ignites* culture change using the power of relationships.
Igniting Culture Change (1)

Not the **what**...

- Efforts that encourage helping behavior (e.g., bystander intervention, gatekeeper, medical amnesty)

...but the **how**.

- Prosocial priming
- Increasing connectedness and sense of community
- Mutual reciprocity
- Designing efforts WITH

![Babson Project Team](Babson-Project-Team.png)
Igniting Culture Change (2)

Not the **what**...

- Leadership, supervision, and cultivating workplace culture

...but the **how**.

“A deliberately developmental organizational culture persistently pushes team members to the edges of their current competencies. By definition, that is not a place where most people feel comfortable. Fear, insecurity, and conflict live in that place. It’s a reach into the unknown.

How do you get your team to go there? The first step is to convince them that no one will be asked to journey alone. You’ll go together.”

Explicit restorative practice *fosters* belonging within diverse communities.
Restorative Practices and Diversity, Equity & Inclusion

• Restorative practices are rooted in cultural humility, facilitating dialogue between diverse individuals and groups, and creating social capital.

• Thus, restorative practices can be an important “common underpinning” approach to addressing multiple health and well-being issues from a strengths-perspective.
INCLUSION
Thoughts, ideas and perspectives of all individuals matter

BELONGING
An org that engages full potential of the individual, where innovation thrives, and views, beliefs and values are integrated

EQUITY
Constantly and consistently recognizing and redistributing power

DIVERSITY
Multiple identities represented in an organization

Over saturation of similarity, homogeneous culture, and simplified points of view

The dominant group or ideology is deferred to for decision making, opportunities and promotions

Culture assimilation results in disengagement and low retention
Activity: Fostering Belonging

• At your institution, where are the areas of opportunity to infuse restorative practice as a proactive approach to foster belonging?
Explicit restorative practice complements other critical frameworks.
<table>
<thead>
<tr>
<th>Anti-Oppression Framework Principles</th>
<th>Trauma-Informed Framework Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowerment</td>
<td>Safety</td>
</tr>
<tr>
<td>Education</td>
<td>Trustworthiness &amp; Transparency</td>
</tr>
<tr>
<td>Alliance Building</td>
<td>Peer Support</td>
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<tr>
<td>Language</td>
<td>Collaboration &amp; Mutuality</td>
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<tr>
<td>Healing</td>
<td>Empowerment, Voice &amp; Choice</td>
</tr>
<tr>
<td>Advocacy &amp; Social Justice</td>
<td>Cultural, Historical, &amp; Gender Issues</td>
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<tr>
<td>Reflexivity</td>
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Increasing WITH Infusing Fair Process Maximizing Positive Affect Practicing Across the Continuum


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Commonalities Between the Frameworks

The anti-oppression framework(s), the trauma-informed framework(s), and restorative practices can:

• increase practitioner competencies,
• prevent, reduce, and respond to harms,
• and foster **belonging** for those who may not be accommodated or integrated within traditional systems
How can we codify explicit restorative practice using policy?
Transfer and Diffusion of Innovation
A Systemic and Sustainable Strategy

If having strong and supportive social relationships causes better health and longer life,

And proactive restorative practices is intended to strengthen relationships between individuals as well as social connections within communities,

Then we must adopt restorative practices as a primarily proactive approach and implement efforts in a systemic manner to advance health and well-being as a general population benefit for all, regardless of risk.
Explicit restorative practice isn’t all that difficult to actualize... 

...if we choose to lead by design rather than by default.
That’s not always easy.
Be Aware of Potential Pitfalls

- Being $TO$, $FOR$, or $NOT$
- (Un)Fair Process
- Inhibiting Affect
- Practicing some of the Continuum
Explicit restorative practice requires both learning and unlearning.
Process of Unlearning

1. Recognize that the old mental model is no longer relevant or effective.
2. Find or create a new model that can better achieve your goals.
3. Ingrain the new mental habits.

Activity: What can make it difficult to be restorative?

• In one or two words, what do you think will get in the way of you being more restorative?
Check-Out Circle

Please share:

• What is one thing you are willing to try based on what you’ve experienced today?
For More Information

• Gina Baral Abrams, DrPH, EdM, LSW, MCHES®
  Director of Research and Program Evaluation & Assistant Professor
  International Institute for Restorative Practices Graduate School
  gabrams@iirp.edu

• Ashleigh Hala, MSW, LCSW
  Director of Wellness & Prevention Services, Babson College
  ahalal1@babson.edu

• Elizabeth Smull, MS, CADC
  Lecturer, International Institute for Restorative Practices Graduate School
  bethsmull@iirp.edu