

ADVANCING PREVENTION PROJECT

Mental Emotional Behavioral (MEB) Health Language Crosswalk

A Reference Tool for Practitioners

July 8, 2015



The need for a common language in Mental Emotional Behavioral (MEB) Health has been identified by practitioners working on the 2013-17 NYS Prevention Agenda. Staff with the Department of Health, Office of Mental Health and Office of Alcoholism and Substance Abuse Service Departments discussed the definition of terms commonly used in the fields, and developed a crosswalk of the language used, or context within which the MEB concepts are discussed. This “Language Crosswalk” will help with communicating on issues related to the “Promote Mental Health and Prevent Substance Abuse” Priority of the Prevention Agenda. A crosswalk of terms used across three broad fields: (1) Mental Health and Substance Abuse; (2) Public Health and Healthcare; and (3) Education and related sectors are shown in the table. This “crosswalk” may be a useful reference at meetings, discussions and in writing reports with partners across sectors. This document is work-in-progress, and will be modified and updated on an ongoing basis.

Terms Defined

Adverse Childhood Experiences (ACES)
Behavioral Health
Backward Design – see Theory of Change
Child Development and Early Learning – see Developmental Framework
Child Maltreatment or Neglect
Chronic Diseases
Data-driven decision making – see evidence informed practice or policy
Developmental Framework
Essentials for Childhood Framework – see Developmental Framework
Evidence-Based Public Health
Evidence-Informed Policy
Environmental Health and Healthy Environment
Environmental Justice Framework
Evidence-Informed Policy

Evidence-Based Public Health
Flourishing (also struggling, surviving, thriving)
Framework
Grit
Growth Mindset/Fixed Mindset – see Learned Optimism/Helplessness
Learned Optimism and Learned Helplessness
Logic Model
Mental Emotional Behavioral (MEB) Health
Mental Emotional Behavioral (MEB) Intervention Spectrum
Mental Health and Substance Abuse – See MEB Health
Mental Health
Mental Health Promotion
Perseverance – see Resilience
Public Health
Public Health Approach
Public Health Framework – see MEB Intervention Spectrum
Positive Behavioral Intervention Supports (PBIS)
Prevention Agenda
Resilience
Risk and Protection factors
School Readiness – See Developmental Framework
Social/Emotional Learning (SEL)/Social/Emotional Development and Learning (SEDL) – see Behavioral Health, MEB Health
Social Determinants of Health
Substance Abuse
Theory of Change
Trauma
Trauma-Informed Care/Trauma-Sensitive Environment
Violence in their lives

Language Used Across Various Fields of Practice		
Mental Emotional Behavioral (MEB), Substance Abuse, Psychology, social work and affiliated fields	Public Health/Health Care/Environment Health and affiliated fields	Education/Academia and affiliated fields
<p>Adverse Childhood Experiences (ACEs)¹ include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance-abusing family member; domestic violence; or absence of a parent because of divorce or separation). ACEs have been linked to a range of adverse health outcomes in adulthood, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality.</p>	<p>Adverse Childhood Experiences (ACEs) Child maltreatment or neglect Violence in people’s lives</p>	<p>Unsure (need to check)</p>
<p>Behavioral Health (used interchangeably with Mental Emotional Behavioral Health): includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices, and is important at every stage of life, from childhood and adolescence through adulthood². Some professionals say that using the term “behavioral” health on its own is ambiguous, misleading, stigmatizing and has a “blaming” connotation³.</p>	<p>Mental Health and Substance Abuse</p>	<p>Social Emotional Learning: Social and Emotional Learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. SEL is often discussed in the context of school discipline and school climate.</p>
<p>Developmental Framework:⁴ The developmental framework organizes risk and protective factors and their potential consequences and benefits according to defined developmental periods. This enables practitioners to match their prevention and promotion efforts to the developmental needs and competencies of their audience. It also helps planners align prevention efforts with key periods in young peoples’ development, when</p>	<p>Essentials for Childhood Framework⁵ proposes evidence-based strategies communities can consider to promote relationships and environments that help children grow up to be healthy and productive citizens so that <i>they</i>, in turn, can build stronger and safer families and communities for <i>their</i> children.</p>	<p>Child Development and Early Learning Framework School Readiness</p>

<p>they are most likely to produce the desired, long-term effects.</p>		
<p>Environmental Health and Healthy Environment: Environment includes all that is external to an individual – the air we breathe, the water we drink and use, the land and built structures that surround us – all of the natural as well as human-formed conditions that influence the quality of our lives.</p>	<p>Environmental Health and Healthy Environment: Environment includes all that is external to an individual – the air we breathe, the water we drink and use, the land and built structures that surround us – all of the natural as well as human-formed conditions that influence the quality of our lives. A healthy community environment encompasses aspects of human health, disease, and injury that are determined or influenced by factors in the overall environment. Examining the interaction between health and the environment requires studying not only how health is affected by the direct pathological impacts of various chemical, physical, and biologic agents, but also by factors in the broad physical and social environments, which include housing, urban development, land use, transportation, industry, and agriculture.</p>	<p>Environmental Health and Healthy Environment: Environment includes all that is external to an individual – the air we breathe, the water we drink and use, the land and built structures that surround us – all of the natural as well as human-formed conditions that influence the quality of our lives.</p>
<p>Environmental Justice Framework:⁶ Environmental Justice (EJ) means the fair treatment of people of all races, cultures and incomes by: 1) identifying, advocating for, and adopting public health and environmental laws, regulations and policies that reduce disparity in the exposure to pollution; and 2) implementing and enforcing these policies.</p>	<p>Environmental Justice: Same Framework</p>	<p>Equity:⁷ The concept may be related to Equity in Education. In education, the term equity refers to the principle of fairness. It is has been said that “equity is the process; equality is the outcome,” given that equity—what is fair and just—may not, in the process of educating students, reflect strict</p>

		equality—what is applied, allocated, or distributed equally.
Evidence-Informed Policy: ⁸ Evidence-informed health policy-making is an approach to policy decisions that aims to ensure that decision making is well-informed by the best available research evidence. It is characterized by the systematic and transparent access to, and appraisal of, evidence as an input into the policy-making process.	Evidence-Informed Policy: ⁸ same definition	Evidence-Informed Policy Data-driven Decision Making: ⁹ In education refers to teachers, principals, and administrators systematically collecting and analyzing various types of data, including input, process, outcome and satisfaction data, to guide a range of decisions to help improve the success of students and schools.
Evidence-Based Practice: ¹⁰ Evidence-based practice refers to a set of activities that evaluation research has shown to be effective.	Evidence-Based Public Health ¹¹ and Evidence-Based Practice: Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models. Using this approach is Evidence-based Practice.	Data-driven Decision Making: ⁸ In education refers to teachers, principals, and administrators systematically collecting and analyzing various types of data, including input, process, outcome and satisfaction data, to guide a range of decisions to help improve the success of students and schools.
Flourishing: ¹² Flourishing describes an experience that includes having happiness, optimism, self-efficacy, and a sense of purpose. One can be “ill” and still flourishing; or, one can be free of illness but not flourishing. Also part of the continuum are Struggling, Surviving and Thriving. Struggling: ¹¹ Diminished state of well-being, not solely attributable to the presence of illness. Thus, persons can	Flourishing, struggling, and surviving have meanings as used in the dictionary. Survival: ¹³ Related to being alive. May also be related to the persistence of freedom from a disease, or complication or some other endpoint.	Flourishing, surviving and thriving have meanings as used in the dictionary. Struggling: ¹⁵ Is used in the context of a struggling student or school, and involves formal or informal of learning progress or whether the student or

<p>be dispirited, lack a sense of purpose, and have low self-regard, even when they have not illness. Struggling is one end of a continuum that has flourishing at the other.</p> <p>Surviving:¹¹ Responses usually aimed at minimizing negative outcomes, rather than promoting positive ones. In the long run, this approach can result in diminished well-being.</p> <p>Thriving:¹¹ Adaptation that allows a person to respond to a challenge or opportunity in ways that are more likely to result in positive outcomes such a child moving to a new school may be stressed, but learns to make new friends.</p>	<p>Thriving:¹⁴ Used in the context “Failure to thrive” refers to children whose current weight or rate of weight gain is much lower than that of other children of similar age and gender. The causes may be medical, socioeconomic or psychological.</p>	<p>school performance is on track to meeting expected learning standards.</p>
<p>Framework:¹⁶ A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality.</p>	<p>Framework: same definition</p>	<p>Framework: same definition</p>
<p>Grit:¹⁷ perseverance and passion for long-term goals</p>	<p>Not used</p>	<p>Grit:⁸ perseverance and passion for long-term goals</p>
<p>Learned Optimism/Learned Helplessness:¹⁸ University of Pennsylvania psychologist Martin Seligman broke new ground in the 1990s with his concept of "learned optimism," widely considered a precursor to today's study of happiness. Learned optimism was an outgrowth of Seligman's earlier work on the concept of "learned helplessness," the apathy and depression that can ensue when people or animals are placed in aversive situations where they have little control (like a baby whose cries are never answered). Seligman described optimism as a trait of most happy people, and found that optimism could be nurtured by teaching people to challenge their patterns of negative thinking and to appreciate their strengths. This idea that people can become happier by bolstering and</p>	<p>Not used</p>	<p>Growth Mindset/Fixed Mindset:¹⁹ In a growth mindset, people believe their most basic abilities can be developed through dedication and hard work – brains and talent are just the starting point. In a fixed mindset, people believe their basic qualities, like their intelligence or talent, are fixed traits, and believe talent alone creates success, without effort. This concept is used to enhance resilience and learning in the education sector.</p>

<p>using their inherent strengths is central to positive psychology.</p>		
<p>Logic Model:²⁰ A logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve. Logic models are rooted within a theory of change. (see theory of change)</p>	<p>Logic Model: same definition (see also theory of change)</p>	<p>Logic Model (same definition)</p>
<p>Mental Emotional Behavioral (MEB) Health: Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.³ Mental, emotional, and behavioral problems are difficulties that may be early signs or symptoms of mental disorders but are not frequent or severe enough to meet the criteria for a diagnosis²¹. Mental, emotional, and behavioral disorders are a diagnosable mental or substance use condition based on a formal assessment by a qualified provider¹⁷. Mental illness is a condition that meets DSM-V diagnostic criteria¹⁷.</p>	<p>Health Behavioral Mental Health Substance Abuse Social Emotional Wellbeing</p>	<p>Social Emotional Development and Learning (SEDL used in the Educational Sector) Social Emotional Learning (SEL used in the Educational Sector)</p>
<p>Mental Emotional Behavioral (MEB) Intervention Spectrum:³ This spectrum developed by the Institute of Medicine is based on a classification of populations based on risk levels and the developmental onset of MEB disorders. The costs and benefits of delivering interventions to targeted populations varies along the spectrum classifications. There are four major classifications” (1) Mental Health Promotion; (2) Prevention is reserved for only those populations before</p>	<p>Public Health Framework and Levels of Prevention:²² In public health it has been common practice to categorize the different goals – or levels – of prevention across a ‘stages of disease’ continuum in terms of primary, secondary and tertiary prevention. The goal of primary prevention is to limit the incidence of disease and disability in the population by</p>	<p>Social/Emotional Learning (SEL) or Social/ Emotional Development Learning (SEDL):²³ Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and</p>

<p>the initial onset of a disorder, and has three subcategories: (a) <i>Universal</i> populations targeted without regard to risk level, e.g., all middle school students or all adults in a community center; (b) <i>Selected</i> populations that are members of subgroups with elevated levels of risk factors, e.g., children of substance abusers, or people who have experienced trauma; and (c) <i>Indicated</i> populations demonstrate elevated risk levels and exhibit initial symptoms of the disorder, though they are not currently diagnosable for the disorder, e.g., with elevated risk factors who are using alcohol and tobacco, or adults who exhibit depressive symptoms; (3) Treatment populations with diagnosed conditions requiring therapeutic interventions (such as psychotherapy, support groups, medication, and hospitalization); and (4) Maintenance populations who have received treatment and require educational, pharmacological and/or other supportive services provided on a long-term basis to individuals who have met DSM-III-R diagnostic levels and whose illness continues (especially the more severe disorders).</p>	<p>measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health. Secondary prevention aims to reduce progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention. The goal of tertiary prevention is to improve function and includes minimization of the impact of established disease, and prevention or delay of complications and subsequent events through effective management and rehabilitation. A fourth, more fundamental level of prevention is sometimes described as ‘primordial’ prevention. This term is used to refer to preventing the emergence of predisposing social and environmental conditions that can lead to causation of disease. Because of the many different interpretations of primary prevention and the association of primary prevention with a disease-focused approach, some commentators suggest the use of the primordial prevention level to address upstream (distal) determinants.</p>	<p>show empathy for others, establish and maintain positive relationships, and make responsible decisions. It is based on the understanding that the best learning emerges in the context of supportive relationships that make learning challenging, engaging, and meaningful. Five interrelated sets of cognitive, affective and behavioral competencies are identified. They are: self-awareness, self-management, social awareness, relationship skills and responsible decision-making.</p>
<p>Mental Health²⁴: Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life,</p>	<p>Mental Health: Same definition</p>	<p>Mental Health: Same definition</p>

<p>can work productively and fruitfully, and is able to make a contribution to her or his community.</p>		
<p>Mental Health Promotion: Interventions that aim to enhance the ability to achieve developmentally appropriate tasks (developmental competencies) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity¹⁷.</p>	<p>Mental Health Promotion: Mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health²⁵.</p>	<p>School-based Mental Health Services²⁶ School-based mental health services include a broad spectrum of assessment, prevention, intervention, postvention, counseling, consultation, and referral activities and services.</p>
<p>Not used</p>	<p>Not used</p>	<p>Positive Behavioral Interventions and Support (PBIS):²⁷ Positive Behavior Interventions and Supports is a proactive school-based approach to establishing the behavioral supports and social culture and needed for all students in a school to achieve social, emotional and academic success. It is an evidence-based framework for planning and implementing an integrated set practices to improve student outcomes.</p>
<p>Prevention Agenda: Same definition as in public health</p>	<p>Prevention Agenda:¹ The Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them. “Promote Mental Health and Prevent Substance Abuse” is one of the five priorities; the others being “Prevent Chronic Diseases”; “Promote a Healthy</p>	<p>Prevention Agenda: Same definition as in public health</p>

	and Safe Environment”; “Promote Healthy Women, Infants and Children” and “Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections”	
<p>The Public Health Approach²⁸ consists of four steps: (1) To define the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence; (2) To establish why violence occurs using research to determine the causes and correlates of violence, the factors that increase or decrease the risk for violence, and the factors that could be modified through interventions; (3) To find out what works to prevent violence by designing, implementing and evaluating interventions; (4) To implement effective and promising interventions in a wide range of settings. The effects of these interventions on risk factors and the target outcome should be monitored, and their impact and cost-effectiveness should be evaluated.</p>	<p>The Public Health Approach:²⁸ same definition.</p>	<p>Evidence-based decision-making: same as data driven decision-making.</p>
<p>Resilience:²⁹ Resilience is the capacity to adapt successfully in the face of threats or disaster. People can improve their capacity for resilience at any time of life.</p>	<p>Resilience: Same definition</p>	<p>Perseverance:³⁰ continued effort to do or achieve something despite difficulties, failure, or opposition.</p>
<p>Risk and Protective factors³¹ Risk factors are conditions in community, school, family, and peer environments, as well as physiological and personality traits that increase the probability of negative health behaviors and developmental outcomes such as drug abuse, delinquency, teenage pregnancy, and school failure. Protective factors prevent people who are</p>	<p>Risk and Protective Factors³² Risk Factors are characteristics that increases the likelihood of a person practices unsafe risk leading to negative health consequences such as a victim or perpetrator of violence. Protective</p>	<p>At-risk³³ and Protective Factors³⁴ May be used in the context of at-risk that may be applied to students who face circumstances that could jeopardize their ability to complete school, such as homelessness, incarceration, teenage pregnancy etc.</p>

<p>exposed to risk factors from developing health and behavior problems.</p>	<p>Factors are characteristics that provide a buffer against risk.</p>	<p>Protective factors can buffer, ameliorate, and mitigate the effects of risk and stress, propelling the student to academic and life success.</p>
<p>Social determinants of health:³⁵ The social determinants of health (SDH) are the conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.</p>	<p>Social determinants of health: same definition</p>	<p>Social determinants of health: same definition</p>
<p>Trauma:³⁶ Trauma or Psychological Trauma can be “a single event, connected series of traumatic events, or chronic, lasting stress. Trauma is the direct experiencing or witnessing of an event(s) that involves actual or threatened death, serious injury, or threat to the psychological or physical integrity of the child or others”.</p>	<p>Traumatic Injury³⁷, an injury or wound to a living body caused by the application of external force or violence. Traumatic incident stress³⁸: Workers who experience physical, cognitive, emotional, or behavioral symptoms of stress due to exposure to catastrophic events due to a natural or manmade disaster.</p>	<p>Trauma: same definition</p>
<p>Theory of Change:³⁹ A Theory of Change defines all building blocks required to bring about a given long-term goal. This set of connected building blocks— interchangeably referred to as outcomes, results, accomplishments, or preconditions, interventions, and assumptions that explain both the connections between early, intermediate and long term outcomes and the expectations about how and why proposed interventions will bring them about. This is often reflected operationally in programs by a Logic Model. (see Logic Model)</p>	<p>Theory of Change⁴⁰ – same definition, while the term Theory of Change (TOC) may be used interchangeably with the Logic Model, it is different. A logic model is a tactical explanation of the process of producing a given outcome. It outlines the program inputs and activities, the outputs they will produce, and the connections between those outputs and the desired outcomes. Alternatively, a TOC is a strategic picture of the multiple interventions required to produce the early and intermediate outcomes that are</p>	<p>Backward Design:⁴¹ is a framework for designing courses “backward” in that it starts from the opposite end of the traditional planning process. It leaves teaching activities until the end and starts with the desired results of that teaching. <i>Explained in Understanding by Design</i>, a book by Grant Wiggins and Jay McTighe, the rationale is that you can’t start planning <i>how</i> you’re going to teach until you know exactly <i>what</i> you want your students to learn. “Teaching is a means to an end. Having a clear goal</p>

	<p>preconditions of reaching an ultimate goal. Once a precondition (or outcome) has been identified through the TOC process, a logic model can be used to explain how that outcome will be produced. Thus, one TOC could actually be linked to a number of logic models, because a logic model could be constructed to illustrate how to produce each outcome in the TOC map. The TOC summarizes work at a strategic level, while a logic model would be used to illustrate the tactical, or program-level, understanding of the change process.</p>	<p>helps us educators to focus our planning and guide purposeful action toward the intended results.”</p>
<p>Trauma-Informed Approach:³⁶ A program, organization, or system that is trauma-informed: (1) <i>Realizes</i> the widespread impact of trauma and understands potential paths for recovery; (2) <i>Recognizes</i> the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) <i>Responds</i> by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) <i>Seeks to actively resist re-traumatization.</i>” A trauma-informed approach is based on six principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific: (1) Safety; (2) Trustworthiness and Transparency; (3) Peer support; (4) Collaboration and mutuality; (5) Empowerment, voice and choice; (6) Cultural, Historical, and Gender Issues</p>	<p>Trauma-Informed Care:⁴² Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.</p>	<p>Trauma-sensitive schools Trauma-sensitive environments</p>

<p>Wellness:¹² Wellness describes the entirety of one’s physical, emotional, and social health; this includes all aspects of functioning in the world (physiological, intellectual, social, and spiritual), as well as subjective feelings of well-being.</p>	<p>Wellness: same definition</p>	<p>Wellness: same definition</p>
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¹ CDC. Adverse Childhood Experiences Reported by Adults --- Five States, 2009. MMWR 2010 / 59(49);1609-1613. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

² US Department of Health and Human Services. What is Mental Health. <http://www.mentalhealth.gov/basics/what-is-mental-health/>

³ Why I’ve stopped using the term behavioral health. <http://socialworksynergy.org/2014/10/08/why-ive-stopped-using-the-term-behavioral-health/>

⁴ SAMHSA/. The Developmental Framework. <https://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/developmental-framework/>

⁵ CDC Injury Prevention and Control Violence Prevention. <http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>

⁶ Environmental Justice Framework: http://cchealth.org/topics/environmental/pdf/ej_framework_article_2007_11.pdf

⁷ Great School Partners. <http://edglossary.org/equity/>

⁸ Health Research Policy and Systems Volume 7 Supplement 1, 2009: SUPPORT Tools for evidence-informed health policy-making (STP) <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-s1.pdf>

⁹ Marsh JA, Pane JF, Hamilton LS. Making Sense of Data-Driven Decision Making in Education. Rand Education.

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¹⁰ SAMHSA. Evidence Based Practice Web Guide. <http://www.samhsa.gov/ebp-web-guide>

¹¹ Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. *Evidence-Based Public Health*. New York: Oxford University Press, 2003

¹² Child Trends and Robert Wood Johnson Foundation. Are Children Well? A model and Recommendations for Promoting the Mental Wellness of the Nation’s Young People, July 2014. <http://www.childtrends.org/wp-content/uploads/2014/07/2014-33AreChildrenWellRWJF.pdf>

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¹⁴ US National Library of Medicine. Medline Plus. <http://www.nlm.nih.gov/medlineplus/ency/article/000991.htm>

¹⁵ Adapted from the Glossary of Education Reform. <http://edglossary.org/formative-assessment/>

¹⁶ <http://www.thefreedictionary.com/framework>

¹⁷ Duckworth A, Peterson C. Mathews MD, Kelly DR. Grit: Perseverance and Passion for Long-Term Goals. *Journal of Personality and Social Psychology*, 2007, Vol. 92, No. 6, 1087–110. <http://www.sas.upenn.edu/~duckwort/images/Grit%20JPSP.pdf>

¹⁸ Seligman, Martin. *Learned Optimism*. New York, NY: Pocket Books. 1998

¹⁹ Dweck, C. S. (2006). *Mindset: The new psychology of success*. New York: Random House

²⁰ W.K. Kellogg Foundation. Logic model development guide: <http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>

²¹ National Research Council and Institute of Medicine. *Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities*, 2009. Washington, DC: The National Academies Press. Glossary at <http://www.ncbi.nlm.nih.gov/books/NBK32794/>.

²² National Public Health Partnership. Language of Prevention. 2006 http://www.health.vic.gov.au/archive/archive2014/nphp/publications/language_of_prevention.pdf

²³ Collaborative for Academic, Social and Emotional Learning (CASEL). <http://www.casel.org/social-and-emotional-learning/>

²⁴ World Health Organization. Mental Health- a state of wellbeing. http://www.who.int/features/factfiles/mental_health/en/

²⁵ World Health Organization. Mental Health: Strengthening our response. <http://www.who.int/mediacentre/factsheets/fs220/en/>

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- ²⁷ PBIS. <https://www.pbis.org/school/swpbis-for-beginners>
- ²⁸ WHO. Violence Prevention Alliance. http://www.who.int/violenceprevention/approach/public_health/en/
- ²⁹ PBS This Emotional Life – What is Resilience. <http://www.pbs.org/thisemotionallife/topic/resilience/what-resilience>
- ³⁰ Merriam Webster <http://www.merriam-webster.com/dictionary/perseverance>
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- ³⁵ World Health Organization. Social determinants of health. http://www.who.int/social_determinants/en/
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- ³⁹ Center for Theory of Change. What is Theory of Change? <http://www.theoryofchange.org/what-is-theory-of-change/>
- ⁴⁰ Harvard University. Harvard Family Research Project. An Evaluation Exchange. An introduction to Theory of Change
- ⁴¹ Wiggins G. and McTighe J., Understanding by Design (Prentice Hall, 2005)
- ⁴² Agency for Healthcare Research and Quality. Trauma-informed care. <http://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/preventive/trauma.html>