

What's Your ACE Score? What's Your Resilience Score?) <http://acestoohigh.com/got-your-ace-score/>

There are 10 types of childhood trauma measured in the ACE Study.

Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect

Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one.

There are, of course, many other types of childhood trauma — watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, etc.

The ACE Study included only those 10 childhood traumas because those were mentioned as most common by a group of about 300 Kaiser members; those traumas were also well studied individually in the research literature.

The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No__ If Yes, enter 1__
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No__ If Yes, enter 1__
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No__ If Yes, enter 1__
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No__ If Yes, enter 1__
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No__ If Yes, enter 1__
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
No__ If Yes, enter 1__
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No__ If Yes, enter 1__
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No__ If Yes, enter 1__
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No__ If Yes, enter 1__
10. Did a household member go to prison?
No__ If Yes, enter 1__

Now add up your "Yes" answers: _ This is your ACE Score _____

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

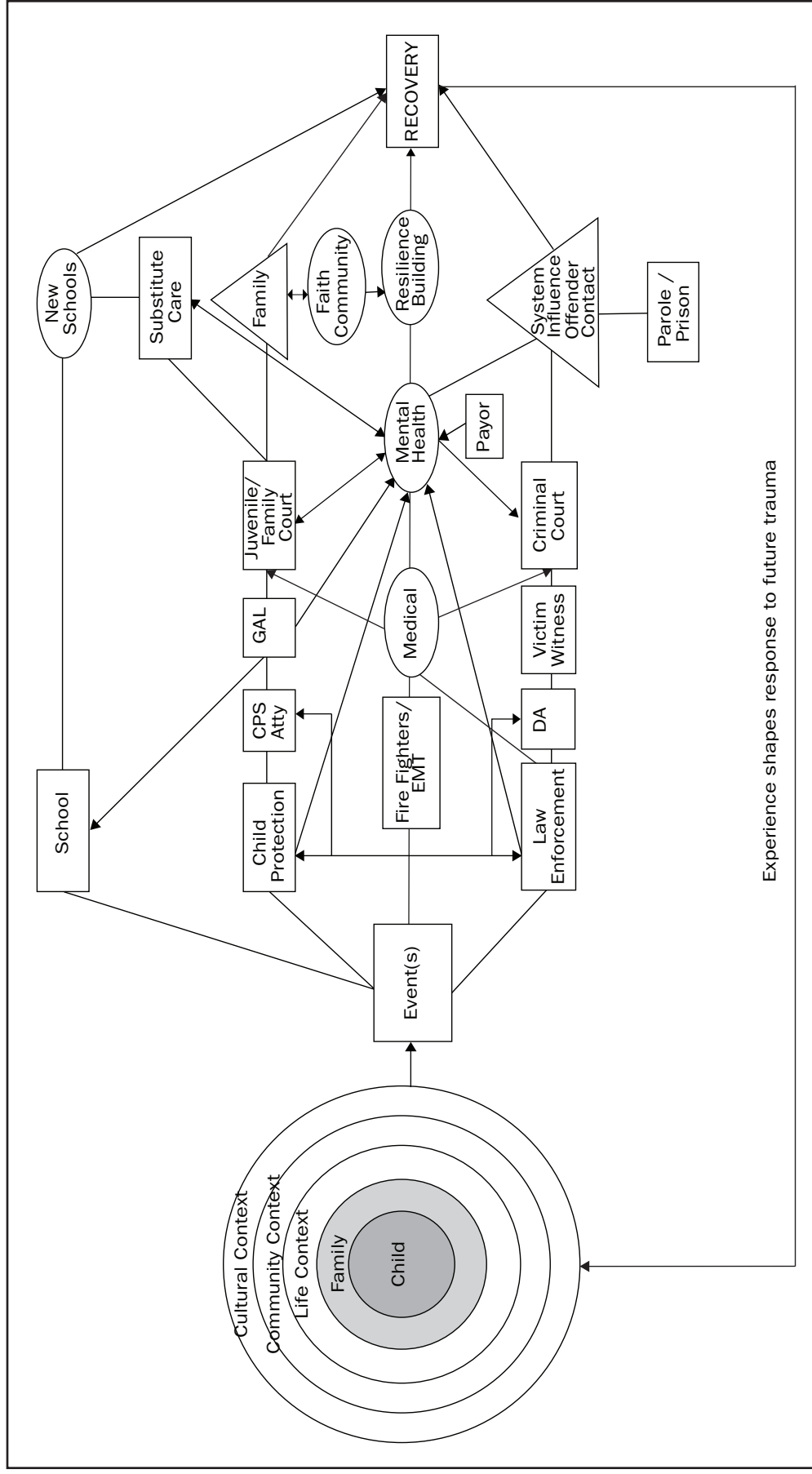
Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____

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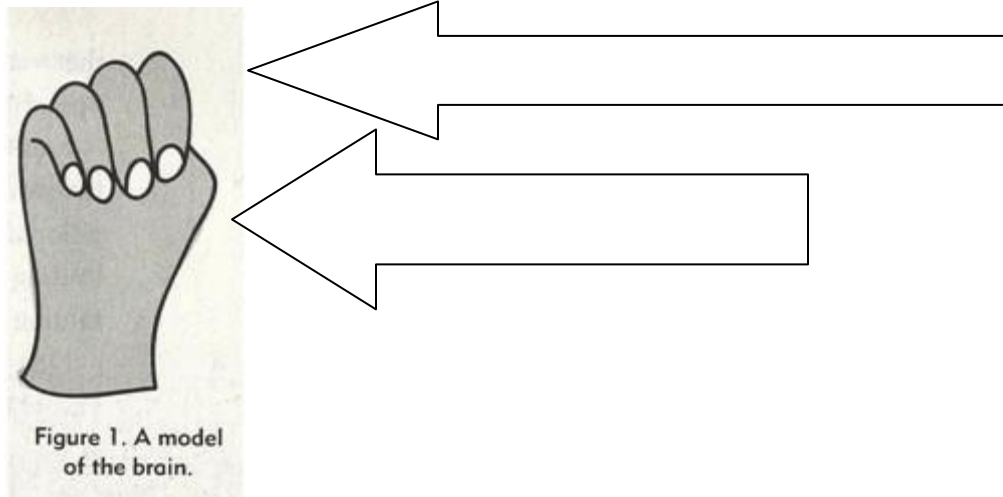
Emotional Chain of Custody



NOTES:

Hand Model of the Brain-Dr. Dan Siegel

Make a fist with your thumb tucked inside your fingers. This is a model of your brain; your fist is the brain and your wrist and forearm are the spinal cord.

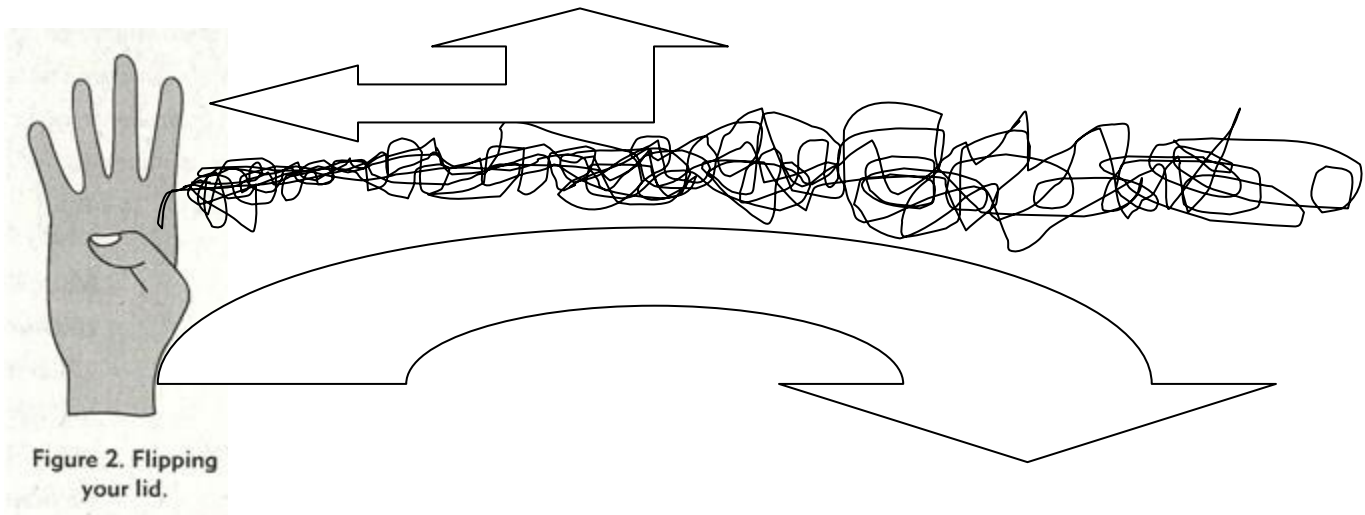


Your thumb, tucked in the middle of your fist, is the midbrain. This is where our emotions and memories are created and processed, as well as where the fight-or-flight reflex is triggered. The midbrain is our “emotional brain.”

The back of your hand and fingers, encasing everything, is the cerebral cortex. This is where higher functioning occurs. This part of our brain allows us to think logically, act with kindness and empathy, and it houses our reasoning and problem-solving abilities. The cortex is our “rational brain.”

The brain is set up to communicate with itself. It sends messages from section to section about what our bodies are feeling and needing. So, when a child screams, “NOOOO!” and lashes out to hit because he is angry, a parent’s brain interprets this data as, “Hmm, I don’t like this, and I need to be treated differently.” Only we don’t always react so calmly, right?

Take another look at your brain-fist. See where your fingernails are? This is the logic and reasoning part of the brain that kicks into gear when we have a problem to solve. But sometimes the emotional brain (thumb) and the rational brain (fingers) don't communicate so well. The emotions of the midbrain are simply too overwhelming, our fight-or-flight reflex triggers, and we "flip our lids." Now make all four of your fingers stand straight up. Flip.



See your fingertips now? See how far away from the midbrain they are? When we "flip our lids," our rational brains have a very poor connection with our emotional brains. Our feelings are intense, and we're not able to access the logical, problem-solving part of our brain. In order to restore our rational brain to its coherent state, we need to calm our anger and ease our fears (close fingers over thumb again).

Of course, our brains don't actually change shape like this, but this simple demonstration is a valuable tool in understanding how they function during emotionally charged situations. Both children and adults experience flipped lids. But as the human brain isn't fully mature (all parts communicating effectively) until the mid-twenties, children flip their lids much more often. They need a lot more help "re-connecting" the rational brain with the emotional brain—that is, calming down—and learning how to respond to strong emotions.

<https://www.youtube.com/watch?v=DD-lfP1FBfk>

Key Developmental Domains Effected by Complex Trauma

<p>Attachment and Relationships:</p> <ul style="list-style-type: none"> • Relationship problems with family members, adults, and peers • Problems with attachment and separation from caregivers • Problems with boundaries • Distrust and suspiciousness • Social isolation • Difficulty attuning to others and relating to other people's perspectives 	<p>Thinking & Learning:</p> <ul style="list-style-type: none"> • Difficulties with executive functioning and attention • Lack of sustained curiosity • Problems with information processing • Problems focusing on and completing tasks • Difficulties with planning and problem-solving • Learning difficulties • Problems with language development
<p>Physical Health: Body & Brain:</p> <ul style="list-style-type: none"> • Sensorimotor developmental problems • Analgesia • Problems with coordination, balance, body tone • Somatization • Increased medical problems across a wide span • Developmental delays/regressive behaviors 	<p>Behavior:</p> <ul style="list-style-type: none"> • Difficulties with impulse control • Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.) • Problems with externalizing behaviors • Sleep disturbances • Eating disturbances • Substance abuse • Oppositional behavior/difficulties complying with rules or respecting authority • Reenactment of trauma in behavior or play (e.g., sexual, aggressive)
<p>Emotional Responses:</p> <ul style="list-style-type: none"> • Difficulty with emotional self-regulation • Difficulty labeling and expressing feelings • Problems knowing and describing internal states • Difficulty communicating wishes and needs • Internalizing symptoms such as anxiety, depression, etc. 	<p>Dissociation:</p> <ul style="list-style-type: none"> • Disconnection between thoughts, emotions and/or perceptions • Amnesia/loss of memory for traumatic experiences • Memory lapses/loss of orientation to place or time • Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real) • Experiencing alterations or shifts in consciousness
<p>Self-Concept & Future Orientation:</p> <ul style="list-style-type: none"> • Lack of a continuous, predictable sense of self • Poor sense of separateness • Disturbances of body image • Low self-esteem • Shame and guilt • Negative expectations for the future or foreshortened sense of future 	

*The information above is adapted from Cook et al., 2005.

NOTES:

As defined by the National Child Traumatic Stress Network (NCTSN)

A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

A service system with a trauma-informed perspective is one in which programs, agencies, and service providers:

- (1) routinely screen for trauma exposure and related symptoms
- (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms
- (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment
- (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- (5) address parent and caregiver trauma and its impact on the family system
- (6) emphasize continuity of care and collaboration across child-service systems
- (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience

<http://www.nctsnet.org/resources/topics/creating-trauma-informed-systems>

NOTES:

"Vulnerability Mountain"

Self Care &
Protective Factors



Stressors

Negative
Self-Talk
Statements

Distress
Fight, Flight, Freeze

NOTES:



Trauma Informed Care: Perspectives and Resources

A collaborative project with JBS International, Inc.
and Georgetown University National Technical Assistance Center for Children's Mental Health

Resilience
treatment
Healing

Changing the fundamental question
from **“What’s wrong with you?”**
to **“What happened to you?”**

This tool is a comprehensive web-based, video-enhanced resource. It supports state and local decision-makers, administrators, providers, and youth and family advocates to become more trauma-informed.

Go to <http://trauma.jbsinternational.com/traumatool>
or to [http://gucchdtacenter.georgetown.edu/
TraumaInformedCare.html](http://gucchdtacenter.georgetown.edu/TraumaInformedCare.html)

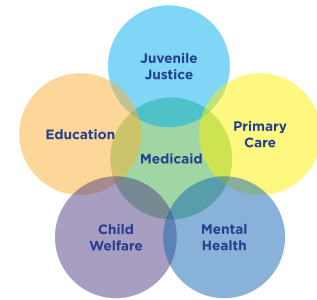


 **JBS**
INTERNATIONAL

 National Technical Assistance Center
for Children's Mental Health
GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT

The resource tool includes video interviews, issue briefs, key resources, and links to help understand, build and enhance a trauma-informed workforce through the following eight modules:

1. Understanding Impact of Trauma (e.g., effects on the brain, screening and assessment, historic trauma)
2. Trauma-Informed Child-Serving Systems (Federal, State, and local levels) (e.g., building capacity, trauma-informed policies)
3. Creating Trauma-Informed Provider Organizations (e.g., Sanctuary, secondary trauma, trauma-informed care)
4. Evidence-Based Treatments Addressing Trauma (e.g., Trauma Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy, Cognitive Behavioral Intervention for Trauma in Schools)
5. Public Health Approach and Cost-Benefits of Trauma-Informed Care (prevention/early intervention initiatives or universal, targeted, intensive interventions)
6. Youth and Family Perspectives on Trauma-Informed Care
7. One Year Later (lessons learned from one year of trauma-informed efforts)
8. What's Next? The New Frontier for Research and Practice in Trauma-Informed Care.



Trauma Informed Care

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