



TRAUMA INFORMED Community of Care

1. A shared understanding among the entire community
2. A community that supports all children to feel safe physically, socially, emotionally, and academically

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3. A community that addresses all children and their needs in holistic ways, taking into account their relationships, self-regulation, academic and social competence, and physical and emotional well-being
4. A community that provides multiple opportunities to practice newly developing skills

5. A community that embraces teamwork and all adults share responsibility for all children
6. Leadership and staff (government, agencies, faith communities, and schools) anticipate and adapt to the ever-changing needs of children

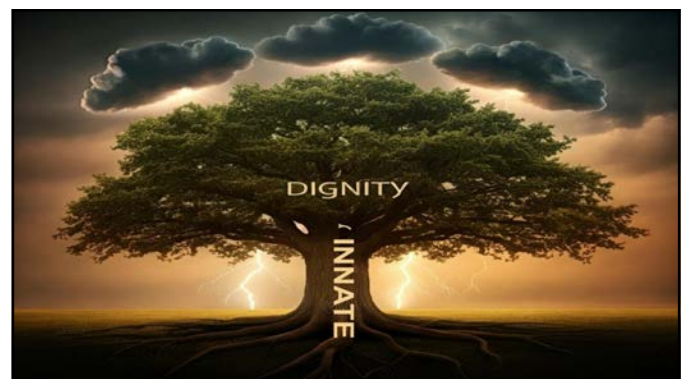
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Are the youth in gangs fundamentally good or bad? Proof?

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6

Every single person...

Is foundationally or fundamentally good, regardless of how deep one's pain and distorted one's path.



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Finding the Underlying Positive

Seeing What the Person Can't See.



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What is the underlying positive?

- A child constantly seeks attention?
- An adolescent uses illegal drugs?
- An adult complains their work is boring and too hard?
- A spouse complains constantly about their spouse?



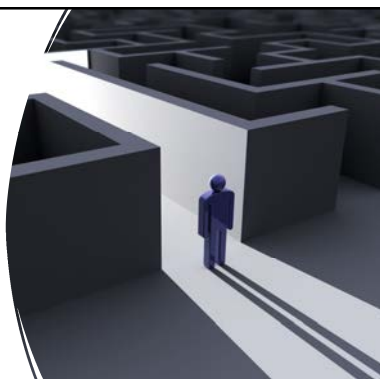
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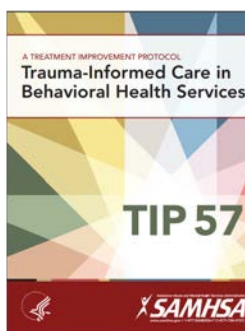
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Every single person...

Is created to flourish, even in the most adverse situations, and all behaviors are adaptive or fulfill a purpose even if they currently appear maladaptive



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Trauma-informed care recognizes symptoms as originating from adaptations to the traumatic event(s) or context. Validating resilience is important even when past coping behaviors are now causing problems. Understanding a symptom as an adaptation reduces a survivor's guilt and shame, increases their self-esteem and provides a guideline for developing new skills and resources to allow new and better adaptation to the current situation." (Elliot et al., 2005, p. 467)

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Keys to Trauma Informed Treatment

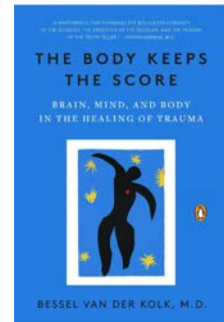
Understand	Understand the impact of trauma on brain development
Assess	Comprehensively assess trauma experiences and their impact on development and behavior to guide services.
Address	Address impact of trauma and changes in the person's behavior, learning, development, and relationships.

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THE BODY KEEPS THE SCORE

BRAIN, MIND, AND BODY
IN THE HEALING OF TRAUMA

Bessel A. van der Kolk, M.D.



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The Triune (Three-part) Brain. The brain develops from the bottom up. The **reptilian brain** develops in the womb and organizes basic life-sustaining functions. It is highly responsive to threat throughout our entire lifespan. The **limbic system** is organized mainly during the first six years of life but continues to evolve in a use-dependent manner. Trauma can have a major impact on its functioning throughout life. The **prefrontal cortex** develops last and is also affected by trauma exposure, including being unable to filter out irrelevant information. Throughout life, it is vulnerable to going offline in response to threat.

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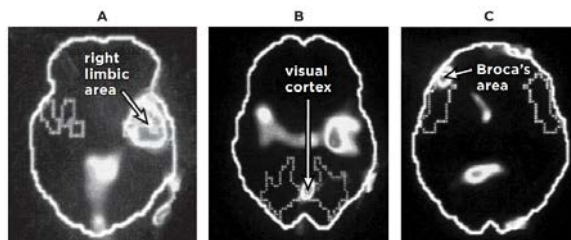


Prefrontal cortex - Planning and anticipation, Sense of time and context, Inhibition of inappropriate actions, Empathic understanding

Limbic brain - Map of relation between the organism and surroundings, Emotional relevance, Categorization, Perception

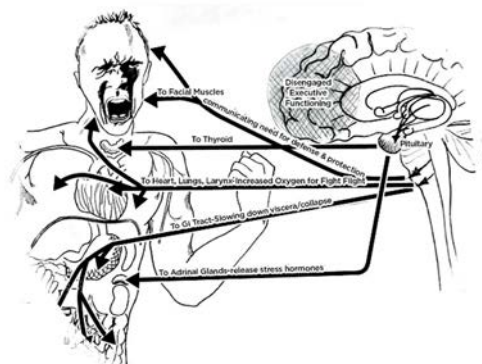
Brainstem: Basic housekeeping – Arousal, Sleep/Wake, Hunger/Satiation, Breathing, Chemical balance

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Picturing the brain on trauma. Bright spots in (A) the limbic brain, and (B) the visual cortex, show heightened activation. In drawing (C) the brain's speech center shows markedly decreased activation.

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Association Between ACE Score and First Hospitalization of Any of 21 Autoimmune Diseases Identified Through Hospital Discharge Records Between Baseline and December 31, 2005 Among 15,357 Adults by Sex: Adverse Childhood Experiences Study 1995 to 2005

	Person-Years	Hospitalizations With Autoimmune Diseases (No.) ^a	Unadjusted Rate (per 10,000 Person-Years)	Adjusted HR (95% CI) ^b
Women	61,688	194	31.4	
ACE Score				
0	22,010	69	31.3	1.0 (reference)
1	15,511	37	23.8	0.4 (0.1-0.2)
2	15,572	53	34.0	2.1 (1.4-3.2)
≥3	8,596	35	40.7	2.1 (1.4-3.2)
Men	51,723	178	34.4	
ACE Score				
0	20,148	60	34.2	1.0 (reference)
1	14,472	46	31.8	1.5 (1.0-2.2)
2	12,642	40	38.8	1.6 (0.9-2.9)
≥3	4,460	14	31.4	1.6 (0.9-2.9)

ACE = adverse childhood experience; HR = hazard ratio; CI = confidence interval.

^aAutoimmune diseases: Addison's disease, autoimmune hemolytic anemia, autoimmune thrombocytopenia purpura, celiac disease, dermatomyositis, Graves' disease, Hashimoto's thyroiditis, idiopathic myocarditis, idiopathic pulmonary fibrosis, insulin-dependent diabetes mellitus, irritable bowel disease, multiple sclerosis, myositis, pernicious anemia, psoriasis, rheumatoid arthritis, scleroderma, Sjögren disease, systemic lupus erythematosus, vitiligo, and Wegener granulomatosis.

^bHR and 95% CI obtained from sex-specific Cox proportional hazards regression model that included ACE score, age, and race.

Dube, S. R., Fairweather, D., Pearson, W. S., Felitti, V. J., Anda, R. F., & Croft, J. B. (2009). Cumulative Childhood Stress and Autoimmune Diseases in Adults. *Psychosomatic Medicine*, 71(2), 243–250.

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Key to Trauma Informed Treatment

Understand	Understand the impact of trauma on brain development
Assess	Comprehensively assess trauma experiences and their impact on development and behavior to guide services.
Address	Address impact of trauma and changes in the person's behavior, learning, development, and relationships.

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ChildTrauma*
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<https://www.childtrauma.org>

ABOUT CTA

With a long history of working with high-risk children through education, research and the dissemination of innovation, CTA's insight remains online as a shared resource.

OUR EVOLUTION

In late 2018, the Neurosequential Network was formed to develop a whole host of online trainings for front-line professionals working in education, mental health, coaching, early childhood and research. The new entity continues to serve professionals from around the world at www.neurosequential.com.

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THE BOY WHO WAS RAISED AS A DOG

AND OTHER STORIES FROM A CHILD PSYCHIATRIST'S NOTEBOOK

What Traumatized Children Can Teach Us About Loss, Love and Healing

Bruce D. Perry, M.D., Ph.D.

BRUCE D. PERRY, M.D., Ph.D. and MAIA SZALAVITZ

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Each year in United States more than five million children experience some extreme traumatic event.

Extreme Traumatic Events

- natural disasters (e.g., tornadoes, floods, hurricanes),
- motor vehicle accidents,
- life threatening illness and associated painful medical procedures (e.g., severe burns, cancer)
- physical abuse,
- sexual assault,
- witnessing domestic or community violence,
- kidnapping
- sudden death of a parent

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More than 60 percent of adults report having had at least one adverse childhood experience (ACE), and almost 25 percent report three or more

Extreme Traumatic Events

- natural disasters (e.g., tornadoes, floods, hurricanes),
- motor vehicle accidents,
- life threatening illness and associated painful medical procedures (e.g., severe burns, cancer)
- physical abuse,
- sexual assault,
- witnessing domestic or community violence,
- kidnapping
- sudden death of a parent

Adverse Childhood Events

- Growing up in a seriously dysfunctional household:
- Alcohol or other substance abuse in the home
- Parental marital discord (as evidenced by separation or divorce)
- Mentally ill or suicidal household members
- Crime in the home (as evidenced by having a household member imprisoned)
- Emotional abuse
- Neglect – Emotional & Physical

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Extreme Traumatic Events

- More than 40 % of these children develop some form of chronic neuropsychiatric problem
- Significant impairment in their emotional, academic, and social functioning.
- Majority of disorders are classified as Anxiety Disorders, most common being Post-traumatic Stress Disorder (PTSD)

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Childhood Response to Trauma is Different from PTSD

Adults / Adolescents

- One re-experiencing/ intrusive symptom
- One avoidance symptom
- Two negative changes in thoughts and/or mood
- Two arousal and reactivity symptoms

Children

- Attention
- Affect Regulation
- Relationships
- ADHD
- Disruptive Mood Dysregulation Disorder
- Mood Disorders
- Personality Disorders

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Children and Trauma and Stressor-Related Disorders

National Institute of Mental Health. *Helping Children and Adolescents Cope with Violence and Disasters*. NIH Publication No. 01-3518. Bethesda, MD: National Institute of Mental Health; 2001

- Children may have different reactions to trauma than do adults.
- For children aged 5 years or younger, typical reactions can include a fear of being separated from a parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions, and excessive clinging. Parents may also notice regressive behaviors. Children of this age tend to be strongly affected by their parents' reactions to the traumatic event.

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Children and Trauma and Stressor-Related Disorders

- Children aged 6-11 years may show extreme withdrawal, disruptive behavior, and/or an inability to pay attention.
- Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger, and fighting are also common.
- The child may have somatic complaints with no medical basis. Schoolwork often suffers. Also, depression, anxiety, feelings of guilt, and emotional numbing are often present.
- Adolescents aged 12-17 years may have responses similar to those of adults.

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The enduring effects of abuse and related adverse experiences in childhood : A convergence of evidence from neurobiology and epidemiology

Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield Ch, Perry BD, Dube ShR, Giles WH *European Archives of Psychiatry and Clinical Neuroscience*. 2006 Apr;256(3):174-86.

BACKGROUND: Childhood maltreatment has been linked to a variety of changes in brain structure and function and stress-responsive neurobiological systems. Epidemiological studies have documented the impact of childhood maltreatment on health and emotional well-being.

METHODS: After a brief review of the neurobiology of childhood trauma, we use the **Adverse Childhood Experiences (ACE) Study** as an epidemiological "case example" of the convergence between epidemiologic and neurobiological evidence of the effects of childhood trauma.

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The enduring effects of abuse and related adverse experiences in childhood : A convergence of evidence from neurobiology and epidemiology

METHODS: The ACE Study included **17,337** adult HMO members and assessed 8 adverse childhood experiences (ACEs) including abuse, witnessing domestic violence, and serious household dysfunction.

We used the number of ACEs (ACE score) as a measure of cumulative childhood stress and hypothesized a "dose response" relationship of the ACE score to 18 selected outcomes and to the total number of these outcomes (comorbidity).

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Adverse Childhood Experiences Are Common

- Substance abuse 27%
- Parental separate/divorce 23%
- Mental illness 17%
- Battered mother 13%
- Criminal behavior 6%
- Household dysfunction:
 - Abuse:
 - Psychological 11%
 - Physical 28%
 - Sexual 21%
 - Neglect:
 - Emotional 15%
 - Physical 10%

Prevalence of the ACE Score by Gender

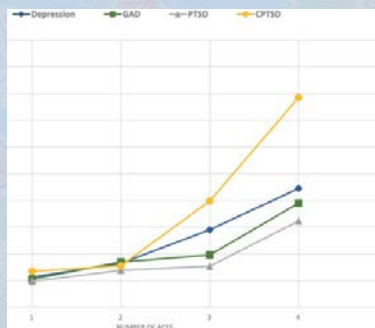
	Prevalence (%)		
ACE Score	Women	Men	Total
0	31.3	34.2	32.7
1	24.2	27.3	25.6
2	14.8	16.4	15.5
3	10.4	9.3	9.9
4	6.8	4.8	5.9
≥5	12.5	8.0	10.5

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Dose response associations between number of ACEs and mental health outcomes.

McCutchen, C., Hyland, P., Shevlin, M., & Cloitre, M. (2022). The occurrence and co-occurrence of ACEs and their relationship to mental health in the United States and Ireland. *Child Abuse & Neglect*, 129, 105681. <https://doi.org/10.1016/j.chiabu.2022.105681>



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Danielsdóttir, H. B., Aspelund, T., Thordardóttir, E. B., Fall, K., Fang, F., Tómasson, G., Rúnarsdóttir, H., Yang, Q., Choi, K. W., Kennedy, B., Halldorsdóttir, T., Lu, D., Song, H., Jakobsdóttir, J., Hauksdóttir, A., & Valdimarsdóttir, U. A. (2022). Adverse childhood experiences and resilience among adult women: A population-based study. *ELife*, 11, e71770.

- Participants were 26,198 women between 18–69 years.
- Data on 13 ACEs measured with the ACE- International Questionnaire.
- Self-reported coping ability was measured with the Connor-Davidson Resilience Scale and psychiatric resilience was operationalized as absence of psychiatric morbidity.

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Danielsdóttir, H. B., Aspelund, T., Thordardóttir, E. B., Fall, K., Fang, F., Tómasson, G., Rúnarsdóttir, H., Yang, Q., Choi, K. W., Kennedy, B., Halldorsdóttir, T., Lu, D., Song, H., Jakobsdóttir, J., Hauksdóttir, A., & Valdimarsdóttir, U. A. (2022). Adverse childhood experiences and resilience among adult women: A population-based study. *ELife*, 11, e71770.

- **Results:**
- Number of ACEs was inversely associated with adult resilience in a dose-dependent manner; every 1SD unit increase in ACE scores was associated with both lower levels of coping ability and lower psychiatric resilience in adulthood.
- Compared to women with 0 ACEs, women with ≥5 ACEs had 36% lower prevalence of high coping ability and 58% lower prevalence of high psychiatric resilience.

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ACEs can have lasting effects on...



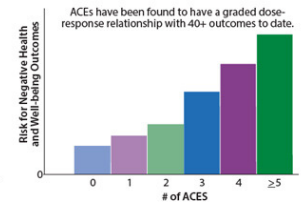
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

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Health and Social Problems with a Graded Relationship to the ACE Score

Type of Problem

- Prevalent Diseases
- Risk Factors for Common Diseases/Poor Health

Outcomes Associated with Adverse Childhood Experiences

- Ischemic heart disease, cancer, chronic lung disease, skeletal fractures, sexually transmitted diseases, and liver disease
- Smoking, alcohol abuse, promiscuity, obesity, illicit drug use, injected drug use, multiple somatic symptoms, poor self-rated health, high perceived risk of AIDS

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Health and Social Problems with a Graded Relationship to the ACE Score

Type of Problem

- Poor Mental Health

Outcomes Associated with Adverse Childhood Experiences

- Depressive disorders, anxiety, hallucinations, panic reactions, sleep disturbances, memory disturbances, poor anger control, risk of perpetrating or being a victim of domestic violence

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Health and Social Problems with a Graded Relationship to the ACE Score

Type of Problem

- Sexual and Reproductive Health
- General Health and Social Problems

Outcomes Associated with Adverse Childhood Experiences

- Early age at first intercourse, sexual dissatisfaction, teen pregnancy, unintended pregnancy, teen paternity, fetal death
- High perceived stress, difficulty with job performance, relationship problems, marriage to an alcoholic

A complete bibliography of ACE Study publications listed by topic area is available online at <https://www.cdc.gov/aces/about/index.html>

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Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

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- Did a parent or other adult in the household 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?
Yes No If yes enter 1
- Did a parent or other adult in the household often ...
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Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1
- 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
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1
- Did you 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?
Yes No If yes enter 1

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	Event	Individual	Family and Social
Increase Risk (Prolong the intensity and duration of the acute stress response)	<ul style="list-style-type: none"> Multiple or repeated event (e.g., domestic violence or physical abuse) Physical injury to child Involves physical injury or death to loved one Disembodied or disfigured bodies seen Destroys home, school or community Disrupts community infrastructure (e.g., earthquake) Perpetrator is family member Long duration (e.g., flood) 	<ul style="list-style-type: none"> Female Age (Younger more vulnerable) Subjective perception of physical harm History of previous exposure to trauma No cultural or religious anchors No shared experience with peers (experiential isolation) Low IQ Pre-existing neuropsychiatric disorder (especially anxiety related) 	<ul style="list-style-type: none"> Trauma directly impacts caregivers Anxiety in primary caregivers Continuing threat and disruption to family Chaotic, overwhelmed family Physical isolation Distant caregiving Absent caregivers

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	Event	Individual	Family and Social
Decrease Risk (Decrease intensity or duration of the acute stress response)	<ul style="list-style-type: none"> Single event Perpetrator is stranger No disruption of family or community structure Short duration (e.g., tornado) 	<ul style="list-style-type: none"> Cognitively capable of understanding abstract concepts Healthy coping skills Educated about normative posttraumatic interventions Immediate posttraumatic interventions Strong ties to cultural or religious belief system 	<ul style="list-style-type: none"> Intact, nurturing family supports Non-traumatized caregivers Caregivers educated about normative posttraumatic interventions Strong family beliefs Mature and attuned parenting skills

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Key to Trauma Informed Treatment

Understand	Understand the impact of trauma on brain development
Assess	Comprehensively assess trauma experiences and their impact on development and behavior to guide services.
Address	Address impact of trauma and changes in the person's behavior, learning, development, and relationships.

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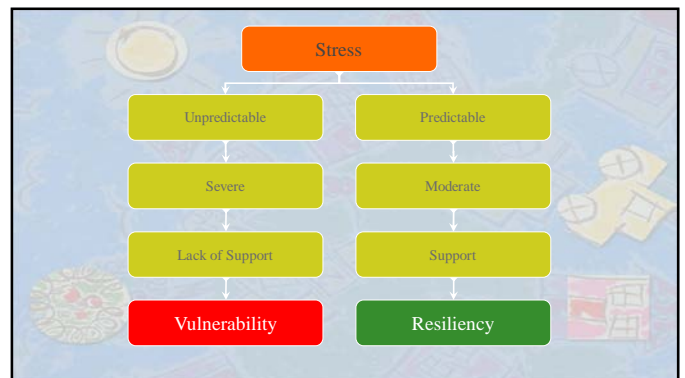
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Every single person...

In the midst of struggles and challenges have amazing capacities to think, decide, choose, act, sense, perceive, feel, and relate and are directed, at the deepest levels of one's inclinations, for the good (adaptive).

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The Body's Response To Trauma

- The brain mediates threat with a set of predictable neurobiological, neuroendocrinological and neuropsychological responses.
- These responses may include different 'survival' strategies -- ranging from fighting or fleeing to 'giving up' or a 'surrender' reaction.
- There are multiple sets of neurobiological and mental responses to stress. These vary with the nature, intensity and frequency of the event. Different individuals may have differing 'response' sets to the same trauma.

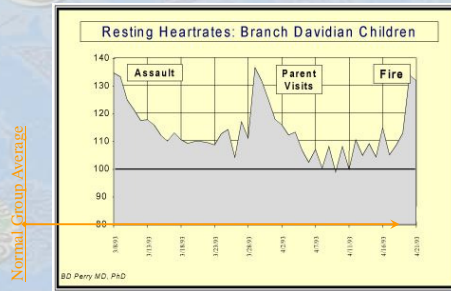
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Key Points: The Response To Trauma

- In general, the predominant adaptive style of an individual in the acute traumatic situation will determine which post-traumatic symptoms will develop -- hyperarousal or dissociative.
- A traumatized child is often, at baseline, in a state of low-level fear—responding by using either a hyperarousal or dissociative adaptation—the child's emotional, behavioral, cognitive functioning will reflect this (often regressed) state.

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1993 standoff between federal law enforcement and David Koresh and his Branch Davidian followers that ended after 51 days in a fire that claimed the lives of 80 members, including 25 children.



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The Body's Response To Trauma

- Two primary adaptive response patterns in the face of extreme threat are the hyperarousal continuum (defense -- fight or flight) and the dissociation continuum (freeze and surrender response). Each of these response 'sets' activate a unique combination of neural 'systems'.
- These response patterns are somewhat different in infants, children and adults though they share many similarities. Adult males are more likely to use hyperarousal (fight or flight) response -- young children are more likely to use a dissociative pattern (freeze and surrender) response.

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Adaptation



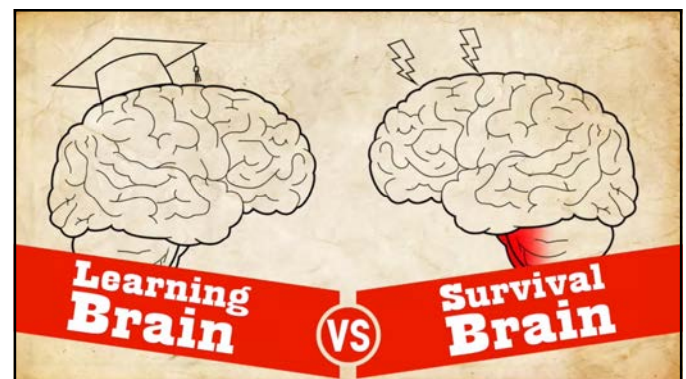
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Adaptive Response	Rest	Vigilance	Freeze
Hyper-arousal Continuum	Rest	Vigilance Crying	Resistance Freeze
Dissociative Continuum	Rest	Avoidance Crying	Compliance Freeze
Primary & Secondary Brain Areas	Neo-cortex Sub-cortex	Subcortex Limbic	Limbic Midbrain
Cognition	Abstract	Concrete	Emotional
Mental State	Calm	Arousal	Alarm

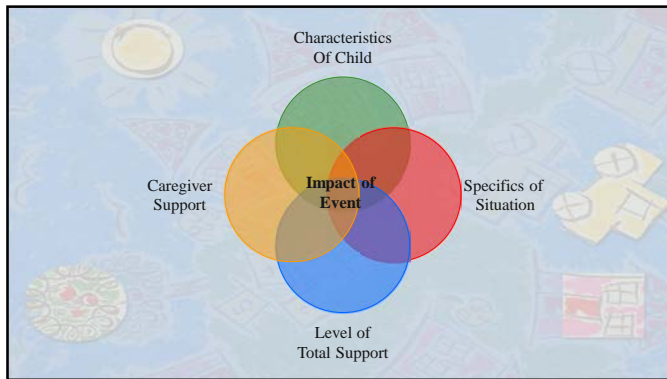
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Adaptive Response	Tend and Befriend	Flight	Fight
Hyper-arousal Continuum	Defiance Protecting?	Defiance Posturing	Aggression
Dissociative Continuum	Dissociation Connecting?	Dissociation Numbing	Fainting Mini-psychosis
Primary & Secondary Brain Areas	Oxytocin Pituitary Gland	Midbrain Brainstem	Brainstem Autonomic
Cognition	Reactive?	Reactive	Reflexive
Mental State	Protective of Other	Fear	Terror

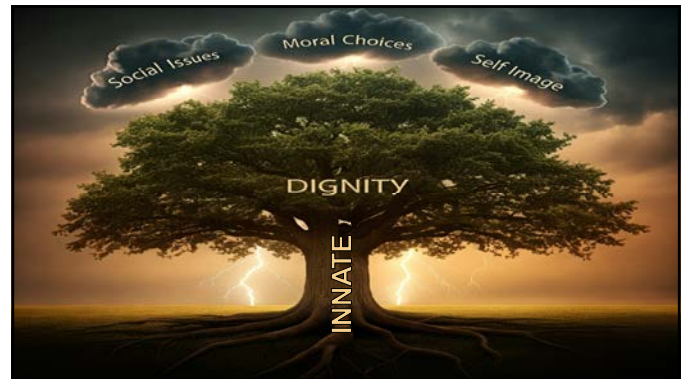
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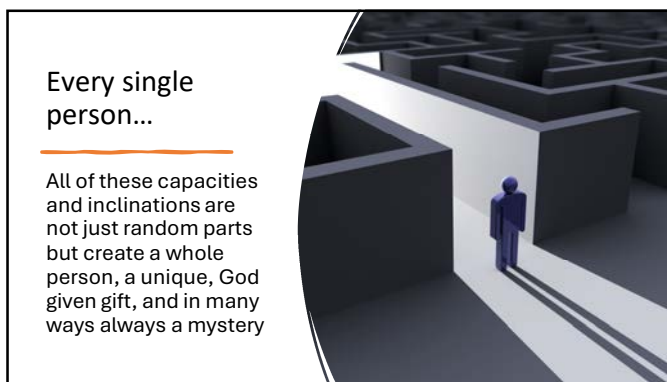
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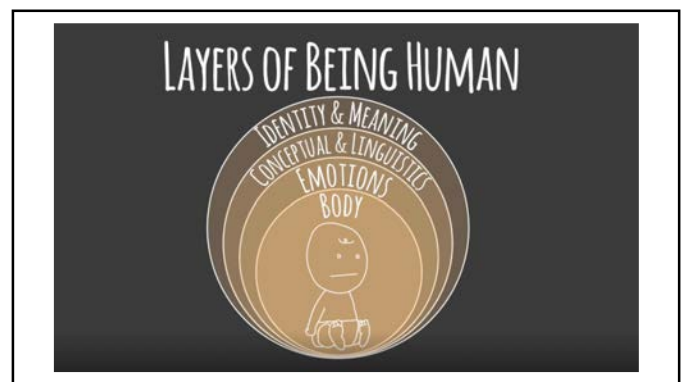
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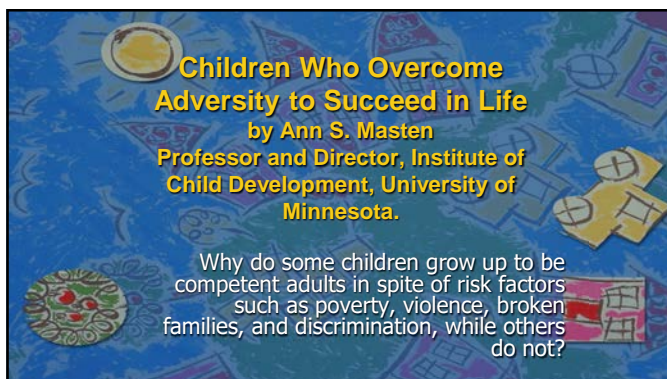
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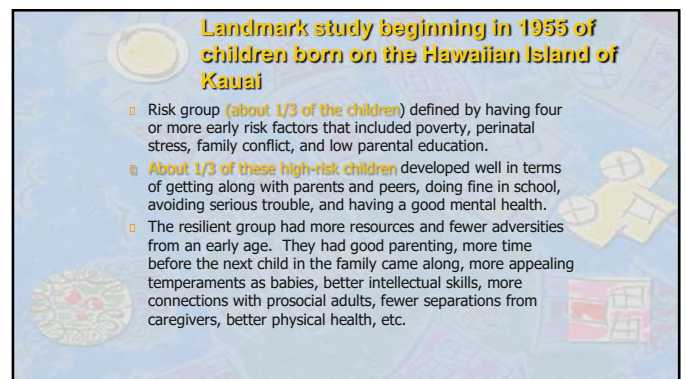
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Landmark study beginning in 1955 of children born on the Hawaiian Island of Kauai

- They also were more responsible, self-confident and motivated to achieve. They took advantage of opportunities such as military service or community education to shape their lives in positive ways.
- As the resilient group has grown up, their competence has endured and continued to flower in adult form. Yet there have been some signs of strain that may reflect long-term consequences of severe adversity in early childhood: **Resilient adults from troubled families appear to be more cautious about marriage and intimacy, and also report health problems that could be stress related.**
- Adapted from Resilience in Children at-Risk by Ann S. Masten. Research Article: Werner, E.E., (1993). Risk, resilience, and recovery: Perspectives from the Kauai Longitudinal Study. *Development and Psychopathology*, 5, 503-515.

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RESILIENT CHILDREN RESEARCH APPLICATION

Research

1. Involvement with positive adult
2. Developed skill or talent
3. Identity in working group
4. Ability to bounce back
5. Distance self from parents' struggles

Probable Application

1. Show Empathy, Integrity, and Commitment
2. Search for Significant Options
3. Belong with a Purpose
4. Practice Forgiveness
5. Provide times of Responsibility/Self-Efficacy

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Focus of a Trauma Informed Community

1. What makes this child feel safe?
2. What helps this child reduce no longer needed hyperarousal and/or dissociation (disorders of attention)?
3. How can this child enhance emotional regulation?
4. How can this child move beyond the many losses they has suffered?
 1. Resolution - Grief
 2. Repair
 3. Restore
5. How can this child envision a future and a different future than their past?

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Resilience is Made of Ordinary Magic

"The most striking conclusion arising from all the research on resilience in development is that the extraordinary resilience and recovery power of children arise from ordinary processes."

Ann S. Masten

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Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **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?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes 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
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **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?
Yes No If yes enter 1 _____
5. Did you **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?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or 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?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

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

Resilience

This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. Its purpose is limited to parenting education. It was not developed for research.

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? _____

Any positive memories that you feel has increased your ability to handle adversity? (Please explain)

Resource Sheet

Character - a set of qualities that make a person, place or thing different from other people, places or things

Character Strengths (KIPP)

- Work hard
- Be nice
- There are NO shortcuts
- Teamwork
- Empathy
- Self control
- Perseverance

Non-cognitive Skills – their importance to Success

- James Heckman: https://www.brookings.edu/wp-content/uploads/2012/12/NoncogSkillsSocioLearn_Brookings_STATIC_20121203b_mcp.pdf

ACEs - Adverse Childhood Experience

- Common ACEs
 - physical, sexual, verbal abuse
 - physical and emotional neglect
 - a parent who's an alcoholic (or addicted to other drugs) or diagnosed with a mental illness
 - witnessing a parent experience abuse
 - losing a parent to abandonment or divorce
 - bullying
- ACEs can be totaled using a score card (see above)
- An ACEs score of >4 indicates a child at risk
- ACEs questionnaire developed by the CDC and Kaiser Permanente

Community Organizations

- University of Washington Communities That Care: <http://www.communitiesthatcare.net>
- An example of a community-based program
- University of Vermont Family Wellness Center: <http://www.med.uvm.edu/vccyf/home>

Teams

- Engage and empower student/athletes to take ownership
- Consider an alternative lens
- Look at actions and investigate causes
- No-punitive, consequence-based
- Restorative Justice
- Opportunities
- Skills
- Recognition
- Bonding
- Healthy behaviors

Risk Factors (also called Toxic Factors) – Community (CTC)

- Identify your own community/team risk factors
 - Availability of drugs
 - Availability of firearms
 - Community laws favorable to the above
 - Media portrayals of “normal” behavior
 - Extreme economic deprivation

Protective Factors (CTC) – Identify/create your own community/team protective factors

- Opportunities
- Skills
- Recognition
- Bonding
- Clear Standards

Lincoln Alternative High School – A New Lens: Trauma-informed education

- <https://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walla-wa-tries-new-approach-to-school-discipline-expulsions-drop-85/>
- Paper Tigers movie - <http://kpjrfilms.co/paper-tigers/>

Neuroplasticity - The ability of the brain to produce chemicals that result in a permanent change in brain function

- Stress induces negative changes in the brain
- Poor mental health induces negative changes in the brain
- Exercise induces positive changes
- Adaptations can occur in the brain just like the physiological system we train
- Regular exercise ensures that changes become permanent
- You are training the brain not just physiology

Resilience –

- The capacity to recover quickly from difficulties; toughness
- The ability of a substance or object to spring back into shape; elasticity.
- Resilience movie - <http://kpjrfilms.co/resilience/>
- Resilience Questionnaire developed by Mark Rains and health advocates of Southern Kennebec Healthy Start, August Maine, 2006.

REMEMBER - The best way to overcome ACEs, build resilience, and provide a recipe for success is a compassionate, caring ADULT – its you, COACH!



Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 2	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 3	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 4	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 5	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 6	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.