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GROWING RESILIENT COMMUNITIES 2.0

# Growing Resilient Communities 2.0



JANE STEVENS ○ 9/18/17 @ 12:00 AM ✱

[FOR AN INTERACTIVE VERSION OF THE GROWING RESILIENT COMMUNITIES 2.0 INFOGRAPHIC, [CLICK HERE.](#)]

The four basic activities of GROWING a local ACEs initiative are:

1. **Educate**....everybody and every organization about ACEs science, and how people are integrating trauma-informed and resilience-building practices based on ACEs science.
2. **Engage**....people and organizations to join the local ACEs initiative to become involved. A little bit or a lot...any involvement is good.
3. **Activate**....organizations to commit to integrating trauma-informed and resilience-building practices. This results in systems change.

4. **Celebrate**....any accomplishment by posting to their community on ACEs Connection and other social media, and by holding events to highlight progress.

## **EDUCATE**

Assemble a **Speakers Bureau**. Peruse existing **Content** for presentations and add local stories and data. Do **Presentations** across all sectors and subsectors in the community. Make sure you're including community leaders and residents. Get **Feedback** to keep improving.

**Speakers Bureau.** Any member who's knowledgeable about **ACEs science 101** and comfortable doing presentations can do basic education about ACEs science. Some people are self-taught. Some work in an organization that is integrating trauma-informed and resilience-building practices and have learned on the job. Some have been trained by organizations such as ACE Interface, National Council for Behavioral Health, Sanctuary, Risking Connection and SaintA. People in the speakers bureau will be called on to do presentations at two levels: basic ACEs science 101, and what trauma-informed/resilience-building practices look like in a specific sector.

**Content.** Develop PowerPoint presentations, handouts, videos, elevator pitches. Use content from the ACEs Connection community: **Presentations. Elevator Pitches. Handouts. Videos.** Personalize materials for the community by adding local stories and data. Include one slide that lists all current participants of your the ACEs initiative.

**Presentations.** Ask an **ACEs Connection Community Facilitator** about accessing these two tools to measure your initiative's progress:

1. the Community Outreach by Sector and Subsection tool, to identify organizations in sectors and subsectors in the community to do presentations for (education, social services, juvenile justice, faith-based, business, parenting organizations, etc.), and
2. the ACEs Connection Community Tracker to map those presentations and analyze data from those presentations (number of people attending, sector represented, etc).

Set goals, such as....500 ACEs presentations to organizations in the community over two years; one ACEs 101 presentation in each sector of the community by year's end.

It takes repeated exposures for new information to take hold, so expect to make more than one presentation to the same organization. Remember that becoming trauma-informed is a long-term process; not everyone will come on board right away.

For presentations where most people know about ACEs, do an instant poll (e.g., PollEverywhere.com) of the 10-question ACEs survey. The result is a powerful understanding about how common ACEs are, and that ACEs are not a them-us issue. The survey is taken anonymously by every audience member with a smart phone; the group results appear immediately on the screen.

There are three general levels of presentations that an organization is likely to request:

1. What is ACEs science? — Anyone from the speaker's bureau can do a basic ACEs 101 presentation.
2. What would integrating trauma-informed practices look like in our organization? — People who have experienced integrating ACEs science in that organization's sector do this presentation, e.g., a trauma-informed pediatrician presents to pediatricians; a trauma-informed teacher presents to teachers. The presentation addresses what trauma-informed/resilience-building practices look like, and how an organization becomes trauma-informed. If you don't know of someone from a particular sector available to do a presentation, contact an ACEs Connection community facilitator.
3. We're ready to become trauma-informed. Now what? — At this point, the organization needs to start on the one- to three-year journey to change its practices and policies, and they'll need more than a one-day workshop. Organizations such as the National Council for Behavioral Health, Sanctuary, Risking Connection and SaintA can provide such training for individual organizations or multiple organizations in the community. If your organization needs more resources, check out the Resources Center on ACEsConnection, ask your ACEs Connection community facilitator, or post a question in Ask the Community on ACEs Connection.

**Feedback.** Evaluations of presentations help refine the information provided.

## **ENGAGE**

*Invite people and organizations across sectors to **join the local ACEs movement**, and ask your **local government** to provide official recognition.*

**Join The Movement.** Ask people in the presentations to join the local ACEs initiative.

**Local Government.** Develop a memorandum of understanding (MOU) for city/county government to provide official recognition of the local ACEs initiative and its goal of creating an ACEs aware/ trauma-informed/ resilience-building/ self-healing community. See how Tarpon Springs, FL, and Walla Walla, WA, did this. States, such as California and Utah, do this by passing resolutions.

## **ACTIVATE**

Encourage **organizations** to implement trauma-informed/resilience-building practices.  
Develop and inform **policy**.

**Organizations.** Encourage all who participate in the local ACEs initiative to integrate trauma-informed and resilience-building policies and practices based on ACEs science in their workplaces, with an understanding that each organization moves at its own pace. (See the **Letter of Commitment** from the Children's Resilience Initiative in Walla Walla, WA, and the **Memorandum of Understanding from Tarpon Springs, FL.**) To measure your community's progress, ask an ACEs Connection Community Facilitator about accessing the ACEs Connection Community Tracker to track where participating organizations in your community are on their journey to becoming trauma-informed.

**Develop Policy.** Examine state and local policies (legislative and administrative) through an ACEs-, trauma-informed, resilience-building lens and change them (or create new ones) to support the broad goals embodied in these concepts. This includes government agency policies that are internal (e.g., human resources policies) and external (e.g., child welfare policies). A snapshot of ACEs-related state statutes provides examples of enacted legislation that embody these concepts. For examples of proposals considered during the 2017 state legislative sessions, read *Bumper Crop of State ACEs Bills in 2017*. An article from MARC (Mobilizing Action for Resilient Communities) provides good information about how to make policy change.

## **CELEBRATE**

Tell **stories**. Host **events**.

**Tell your Local ACEs Initiative's Story.** This shows people how learning about ACEs science and implementing practices based on ACEs science results in their community becoming a happier, healthier, and safer place to live, and saves the community tax dollars. Documenting your efforts with stories and data helps others learn from your community's experience, and you can use the information in progress reports or to apply for funding. Telling the story includes:

- Writing posts about presentations, steering group and working group meetings, an organization's progress in becoming trauma-informed (e.g. *Health Clinic ABC just started phase two of our trauma-informed journey...*), new policies and practices that member organizations are implementing (*Pediatric Clinic CDE is now screening parents*

for ACEs), new organization that joins the group, and results (*Elementary school FGH saw a 90% reduction in suspension*). **No item is too small to post.**

- Posting events to the calendar, including presentations to organizations.
- Uploading documents, such as workgroup and steering group minutes to the archives.
- Telling local media — newspapers, magazines, radio, online news sites — about what you're doing.
- Gathering local data — This is a critical part of showing progress, and includes the number of organizations that have had ACEs science 101 presentations and the number of organizations that have implemented practices based on ACEs science and the results of those changes. Ask an ACEs Connection Community Facilitator about accessing the ACEs Connection Community Tracker to map and measure your progress.

**Host Events.** Organize screenings of documentaries — such as *Paper Tigers*, *Resilience*, *Caregivers* — to raise awareness and inspire the community (e.g. the workshop and screening of *Paper Tigers* in Sacramento, CA). Sponsor annual ACE Summits to celebrate progress and map next steps. (Iowa's 2013 and 2014 summits; summit in Albany, NY.)

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For guidelines about and tools for **how to organize your local ACEs/ trauma-informed/ resilience-building initiative**, go to: <http://www.acesconnection.com/blog/organizing-your-aces-initiative-steps-to-growing-a-resilient-community>

## Comments (7)

Newest • Oldest • Popular



DOREEN GUMA ○ 3/18/18 @ 8:20 AM

The goals of the Enjoy Life Community(r) program of the Time to Play Foundation are to focus on the positive and possibilities in communities, build on community strengths, decrease social isolation, and create a purposeful life. This "Growing Resilient Communities 2.0" will absolutely fit in perfectly under the Enjoy Life Community(r) umbrella, which is a practical implementation of positive psychology and a model to help our people focus on what they need to enjoy life. The social and emotional skill set of resilience is definitely a component of the ELC, of which there are models for school and workplace communities, as

well. This all fits together beautifully, and why I was so excited to find the ACESConnection. Please help me to discover the next step in implementation.



GAIL KENNEDY ○ 1/10/18 @ 2:25 PM

Hi Leslie - the app is available now! Contact Cissy White (Cwhite@acesconnection.com), ACES Connection's Northeast Community Facilitator for more info!



LESLIE ANNE BROWER ○ 1/9/18 @ 12:19 PM

Thanks for this resource! This sounds like a really useful tool for supporting local communities on their Road to Resilience. When will the app be available?



ELIZABETH RUKEYSER JOHNSON ○ 9/12/17 @ 12:08 PM ✉

On Sep 12, 2017 11:53 AM, "ACESConnection" <communitymanager@acesconnection.com> wrote:



BECKY HAAS ○ 9/12/17 @ 10:36 AM

“ Jane Stevens posted:

Thanks, Becky. This week, we're in the process of morphing the Roadmap to Resilience 1.0 to Growing Resilient Communities 2.0 on ACES Connection.

More to come!!

Great! I personally like this version better as it's a little more concise for people to follow. I think we are all growing in our understanding of the steps to take and I'm excited to be part of the movement 😊



JANE STEVENS ○ 9/12/17 @ 10:33 AM

Thanks, Becky. This week, we're in the process of morphing the Roadmap to Resilience 1.0 to Growing Resilient Communities 2.0 on ACES Connection.

More to come!!



BECKY HAAS ○ 9/12/17 @ 10:23 AM

Awesome! This is a great road map to developing a resilient community. We keep saying in NE TN, where are our "charging stations" 😊

# ACES Science 101 (FAQs)



JANE STEVENS ○ 11/1/17 @ 12:00 AM ✱

## ACES Science FAQs

### What is ACEs science?

ACEs science refers to the research on the prevalence and consequences of adverse childhood experiences, and what to do to prevent them. It comprises:

1. The CDC-Kaiser Permanente ACE Study and subsequent surveys that show that most people in the U.S. have at least one ACE, and that people with four ACEs— including living with an alcoholic parent, racism, bullying, witnessing violence outside the home, physical abuse, and losing a parent to divorce — have a huge risk of adult onset of chronic health problems such as heart disease, cancer, diabetes, suicide, and alcoholism.
2. Brain science (neurobiology of toxic stress) — how toxic stress caused by ACEs damages the function and structure of kids' developing brains.
3. Health consequences — how toxic stress caused by ACEs affects short- and long-term health, and can impact every part of the body, leading to autoimmune diseases, such as arthritis, as well as heart disease, breast cancer, lung cancer, etc.
4. Historical and generational trauma (epigenetic consequences of toxic stress) — how toxic stress caused by ACEs can alter how our DNA functions, and how that can be passed on from generation to generation.
5. Resilience research and practice — Building on the knowledge that the brain is plastic and the body wants to heal, this part of ACEs science includes evidence-based practice, as well as practice-based evidence by people, organizations and communities that are integrating trauma-informed and resilience-building practices. This ranges from looking at how the brain of a teen with a high ACE score can be healed with cognitive behavior therapy, to how schools can integrate trauma-informed and resilience-building practices that result in an increase in students' scores, test grades and graduation rates.

### What are ACEs?

ACEs are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence.

“ACEs” comes from the CDC-Kaiser Adverse Childhood Experiences Study, a groundbreaking public health study that discovered that childhood trauma leads to the adult onset of chronic diseases, depression and other mental illness, violence and being a victim of violence, as well as financial and social problems. The ACE Study has published about 70 research papers since 1998. Hundreds of additional research papers based on the ACE Study have also been published.

The 10 ACEs the researchers measured:

- Physical, sexual and verbal abuse.
- Physical and emotional neglect.
- A family member who is:
  - depressed or diagnosed with other mental illness;
  - addicted to alcohol or another substance;
  - in prison.
- Witnessing a mother being abused.
- Losing a parent to separation, divorce or other reason.

Subsequent to the ACE Study, other ACE surveys have expanded the types of ACEs to include witnessing a sibling being abused, witnessing violence outside the home, witnessing a father being abused by a mother, being bullied by a peer or adult, involvement with the foster care system, living in a war zone, living in an unsafe neighborhood, losing a family member to deportation, etc.

### **Resources:**

CDC ACE Study site

Wikipedia -- Adverse Childhood Experiences Study

The 10 ACE Questions (and 14 resilience survey questions)

Why are ACEs significant?

1. The ACE Study revealed six main discoveries:

- ACEs are common...nearly two-thirds (64%) of adults have at least one.

- They cause adult onset of chronic disease, such as cancer and heart disease, as well as mental illness, violence and being a victim of violence
- ACEs don't occur alone....if you have one, there's an 87% chance that you have two or more.
- The more ACEs you have, the greater the risk for chronic disease, mental illness, violence and being a victim of violence. People have an ACE score of 0 to 10. Each type of trauma counts as one, no matter how many times it occurs. You can think of an ACE score as a cholesterol score for childhood trauma. For example, people with an ACE score of 4 are twice as likely to be smokers and seven times more likely to be alcoholic. Having an ACE score of 4 increases the risk of emphysema or chronic bronchitis by nearly 400 percent, and attempted suicide by 1200 percent. People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases. People with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years.
- ACEs are responsible for a big chunk of workplace absenteeism, and for costs in health care, emergency response, mental health and criminal justice. So, the fifth finding from the ACE Study is that childhood adversity contributes to most of our major chronic health, mental health, economic health and social health issues.
- On a population level, it doesn't matter which four ACEs a person has; the harmful consequences are the same. The brain cannot distinguish one type of toxic stress from another; it's all toxic stress, with the same impact.

What's particularly startling is that the 17,000 ACE Study participants were mostly white, middle- and upper-middle class, college-educated, and all had jobs and great health care (they were all members of Kaiser Permanente).

### Resources:

ACE Study primer -- KPJR Films, which came out with *Paper Tigers* in 2015 and *Resilience* in 2016, put together this five-minute overview of the ACE Study.

ACE Study video -- Three-minute trailer for a four-hour CD of interviews with ACEs researchers produced by the Academy on Violence and Abuse.

How childhood trauma affects health across a lifetime (16-minute TED Talk by Dr. Nadine Burke Harris)

The Adverse Childhood Experiences Study – the largest public health study you never heard of – started in an obesity clinic

Has anyone else done an ACE Study?

Thirty-five states and Washington, D.C. (infographic) have done one or more ACE surveys. Here are links to some of their reports (some states haven't produced reports).

There are numerous other ACE surveys, including cities, such as Philadelphia; organizations, including the Crittenton Foundation; schools, including Spokane elementary schools; by pediatricians, including Dr. Nadine Burke Harris and Dr. Victor Carrion (2011 and 2013); several countries, including England, Saudi Arabia, and a World Health Organization ACE survey of university students in Romania;; and 64,000 juvenile offenders in the Florida juvenile justice system. You can find a list of ACE surveys, including expanded ACE surveys with more questions, in the Resources Section of ACESConnection.com, the social network that accompanies ACESTooHigh.com.

## **What's the neurobiology of toxic stress?**

Brain science shows that, in the absence of protective factors, toxic stress damages children's developing brains. Stress is the body's normal response to challenging events or environments. Positive stress -- the first day of school, a big exam, a sports challenge -- is part of growing up, and parents or caregivers help children prepare for and learn how to handle positive stress, which is moderate and doesn't last long. It increases heart rate and the amount of stress hormones in the body, but they return to normal levels quickly.

But when events or the environment are threatening or harmful -- we stumble across a bear in the woods -- our brains instantly zap into fight, flight or freeze mode and bypass our thinking brains, which can be way too analytical to save us (Is the bear really mean? Is it more interested in berries or killing me? Should I wait until I see it charge?). With help from caring adults, children also recover from this tolerable stress.

Too much stress -- toxic stress -- occurs when that raging bear comes home from the bar every night, says pediatrician Nadine Burke Harris. Then a child's brain and body will produce an overload of stress hormones -- such as cortisol and adrenaline -- that harm the function and structure of the brain. This can be particularly devastating in children, whose brains are developing at a galloping pace from before they are born to age three. Toxic stress is the kind of stress that can come in response to living for months or years with a screaming alcoholic father, a severely depressed and neglectful mother or a parent who takes out life's frustrations by whipping a belt across a child's body.

### **Resources:**

Harvard University Center on the Developing Child

Video: Toxic Stress Derails Healthy Development (2 min)

## An Unhealthy Dose of Stress (Center for Youth Wellness white paper)

### The Science Behind PTSD Symptoms: How Trauma Changes the Brain

#### **What are the health effects of toxic stress?**

Chronic toxic stress—living in a red alert mode for months or years — can also damage our bodies. In a red alert state, the body pumps out adrenaline and cortisol continuously. Over time, the constant presence of adrenaline and cortisol keep blood pressure high, which weakens the heart and circulatory system. They also keep glucose levels high to provide enough energy for the heart and muscles to act quickly; this can lead to type 2 diabetes. Too much adrenaline and cortisol can also increase cholesterol.

Too much cortisol can lead to osteoporosis, arthritis, gastrointestinal disease, depression, anorexia nervosa, Cushing's syndrome, hyperthyroidism and the shrinkage of lymph nodes, leading to the inability to ward off infections.

If the red alert system is always on, eventually the adrenal glands give out, and the body can't produce enough cortisol to keep up with the demand. This may cause the immune system to attack parts of the body, which can lead to lupus, multiple sclerosis, rheumatoid arthritis, and fibromyalgia.

Cortisol is also extremely important in maintaining the body's appropriate inflammation response. In a normal response to a bee sting or infection, the body rushes antibodies, white blood cells and other cell fighters to the site and the tissues swell while the battle rages. But too much swelling damages tissue. Cortisol controls this fine balance. So without the mediating effects of cortisol, the inflammatory response runs amok and can cause a host of diseases.

If you're chronically stressed and then experience an additional traumatic event, your body will have trouble returning to a normal state. Over time, you will become more sensitive to trauma or stress, developing a hair-trigger response to events that other people shrug off.

Biomedical researchers say that childhood trauma is biologically embedded in our bodies: Children with adverse childhood experiences and adults who have experienced childhood trauma may respond more quickly and strongly to events or conversations that would not affect those with no ACEs, and have higher levels of indicators for inflammation than those who have not suffered childhood trauma. This wear and tear on the body is the main reason why the lifespan of people with an ACE score of six or higher is likely to be shortened by 20 years.

#### **Resources:**

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Childhood Disrupted: How Your Biography Becomes Your Biology and How You Can Heal, by Donna Jackson Nakazawa

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma, by Bessel Van Der Kolk

The Deepest Well: Healing the Long-Term Effects of Childhood Adversity, by Nadine Burke Harris, 2018.

Scared Sick: The Role of Childhood Trauma in Adult Disease by Robin Karr-Morse with Meredith S. Wiley

Biological Embedding of Early Social Adversity, Proceedings of the National Academy of Sciences, 2012

PubMed childhood adversity research publications

## **What's epigenetics and how does that relate to historical or generational trauma?**

Most people believe that the DNA we're born with does not change and that it determines all that we are during our lifetime. That's true, but the research from epigenetics — the study of how social and other environments turn our genes on and off — shows that toxic stress can actually change how our genes function, which can lead to long-term changes in all parts of our bodies and brains. What's more, these changes can be transferred from generation to generation.

Epigenetics means “above the genome” and refers to changes in gene expression that are not the result of changes in the DNA sequence (or mutations).

### **Resources:**

WhatIsEpigenetics.com -- This New York-based blog and news aggregator covers the field of epigenetics and is funded by EpiGentek. It includes backgrounders, including epigenetics fundamentals.

Epigenetics -- From the Genetics Science Learning Center at the University of Utah, this section includes explainers and an overview of how the social environment affects your epigenome.

Epigenetics 101: A beginner's guide to explaining everything (TheGuardian.com, 2014)

## **Resilience research: If you have a high ACE score, are you doomed? No!**

The good news is that the brain is plastic, and the body wants to heal.

The brain is continually changing in response to the environment. If the toxic stress stops and is replaced by practices that build resilience, the brain can slowly undo many of the stress-induced changes.

There is well documented research on how individuals' brains and bodies become healthier through mindfulness practices, exercise, good nutrition, adequate sleep, and healthy social interactions.

Research on families shows that interventions -- such as Nurse-Family Partnership, Healthy Steps, and Child First -- can improve the lives of parents and children. Evidence-based parenting practices (Incredible Years, Triple P Parenting, etc.), increase the health of parents and children.

Research on communities and systems is emerging, but early data, especially from schools and juvenile detention centers, is showing promise.

Here's a good article that weaves the unified science of human development together: Scars That Don't Fade, from Massachusetts General Hospital's Proto Magazine.

## **Who's using ACEs science?**

Many people, organizations, agencies, systems and communities are beginning to implement trauma-informed, resilience-building practices based on ACEs science.

- Pediatricians (here's an update on the Children's Clinic) and public health clinics are screening patients for ACEs. By the end of 2017, between 1,000 and 2,000 pediatricians had integrated ACEs screening into their practices. Here's an article about Kaiser Permanente pediatricians in Northern California who have started screening kids for ACEs. Dr. Jeffrey Brenner, MacArthur genius award winner, recommends physicians adding ACE screening to measurement of other vital signs, such as blood pressure. A rural health clinic in Pueblo, CO, changed its medical practice after it integrated ACEs screening. A family physician in Tennessee educates his opioid patients about their ACEs, and it helps motivate them to heal themselves. The physician also understands that ACEs leads to damage that is chronic and, thus, he treats addictions as he does diabetes, as a chronic disease.

- Many schools – including schools in San Francisco, CA, Spokane, WA, San Diego, CA, and Walla Walla, WA -- have integrated trauma-informed practices into classrooms, playgrounds and school policies. These schools have seen 90 percent drops in suspensions after one year; after three years, the schools no longer expel students and some no longer even have the need for in-school suspensions. The grades, test scores and graduation rates increased, and the students most benefitted were those with the highest ACE scores. By the end of 2017, several hundred schools across the U.S. were integrating trauma-informed and resilience-building practices based on ACEs science.
- Head Start (early childhood education program) in Kansas City has integrated trauma-informed practices in a program called Head Start Trauma Smart. (NYTimes article about the program.)
- Home-based early childhood intervention, such as Child First. (NYTimes article about the program.)
- Police departments and courts have integrated trauma-informed approaches. Safe Babies Courts have integrated ACEs science in resilience-building practices that provide wrap-around services for families; a year after participating in Safe Babies Courts, 99 percent of the children suffer no further abuse.
- Homeless shelters and the faith-based community are integrating practices based on ACEs research. At the heart of their approach is educating those who are homeless and people in rescue missions about ACEs science; it often changes their whole understanding of their behavior, because they realize that they weren't born bad, that they had no control over what happened to them as children, that they coped appropriately, given what was available to them, and that they can change. Batterers intervention programs that have integrated ACEs science have reduced recidivism rates from what was accepted — 20 to 60 percent — to zero to four percent.
- Cities and states are integrating ACE-, trauma-informed practices and resilience-building practices. By the end of 2017, several hundred communities around the U.S. had launched ACEs initiatives. This report on self-healing communities describes how integrating ACEs science drastically reduced youth suicide, teen pregnancy, juvenile arrests, and high-school drop-out rates — all at the same time — in communities in Washington State that integrated practices based on ACEs science.

**Resources:**

Community Resilience Cookbook (nine case studies of cities and states that are integrating ACEs research)

Growing Resilient Communities 2.0 provides guidelines and tools for communities to launch, grow and measure the progress of their work.

## What does trauma-informed mean?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, a trauma-informed approach refers to how an organization or community thinks about and responds to children and adults who have experienced or may be at risk for experiencing trauma. In this approach, the whole community understands the prevalence and impact of ACEs, the role trauma plays in people's lives, and the complex and varied paths for healing and recovery.

A trauma-informed approach asks: "What happened to you?" instead of "What's wrong with you?" It is designed to avoid re-traumatizing already traumatized people, with a focus on "safety first" (including emotional safety), and a commitment to do no harm. But a trauma-informed approach is most successful when an organization or community builds policies and practices based on a foundation of ACEs science.

### **Resources:**

SAMHSA overview of what trauma-informed is and isn't

National Center for Trauma-Informed Care

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach -- Introduces a concept of trauma and offers a framework for how an organization, system, or service sector can become trauma-informed. Includes a definition of trauma (the three "E's"), a definition of a trauma-informed approach (the four "R's"), 6 key principles, and 10 implementation domains.

### Any legislation or federal policies?

Updates on U.S. state and federal legislation can be found in the State ACEs Resolutions and Laws section of State ACEs Action on ACESConnection.com. Some examples:

California legislature resolution to reduce ACEs

Massachusetts bill on trauma-informed schools

Vermont attempt to pass ACEs bill

Overview of state, federal legislation

US Department of Health and Human Services guidelines to state health directors (and the letter to state health directors)

**All resources:**

CDC ACE Study site

Wikipedia -- Adverse Childhood Experiences Study

The 10 ACE Questions (and 14 resilience survey questions)

Harvard University Center on the Developing Child (neurobiology of toxic stress)

Alberta Family Wellness Initiative (Canada)

ACEsTooHigh.com – News site covering ACEs research and practices

ACESConnection.com – Social network (with 18,000+ members across sectors) and more than 100 community sites that support ACEs initiatives in cities, counties, states, regions and nations.

WhatIsEpigenetics.com - News site covering epigenetics

Epigenetics -- Explainers and backgrounders about epigenetics

National Center for Trauma-Informed Care

Community Resilience Cookbook — Nine case studies of cities and states that are integrating ACEs research)

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach -- Introduces a concept of trauma and offers a framework for how an organization, system, or service sector can become trauma-informed. Includes a definition of trauma (the three "E's"), a definition of a trauma-informed approach (the four "R's"), 6 key principles, and 10 implementation domains.

**Videos:**

ACE Study video (three minute trailer)

Video: Toxic Stress Derails Healthy Development (2 min)

How childhood trauma affects health across a lifetime (16-minute TED Talk by Dr. Nadine Burke Harris)

**Books:**

Childhood Disrupted: How Your Biography Becomes Your Biology and How You Can Heal, by Donna Jackson Nakazawa

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma, by Bessel Van Der Kolk

The Deepest Well: Healing the Long-Term Effects of Childhood Adversity, by Nadine Burke Harris, 2018.

Scared Sick: The Role of Childhood Trauma in Adult Disease by Robin Karr-Morse with Meredith S. Wiley

The Last Best Cure: My Quest to Awaken the Healing Parts of My Brain and Get Back My Body, My Joy, and My Life, by Donna Jackson Nakazawa

#### Documentaries:

Paper Tigers -- What does it mean to be a trauma-informed school? And how do you educate teens whose childhood experiences have left them with a brain and body ill-suited to learn? This film follows six students through a year in America's first trauma-informed high school.

Resilience -- *Resilience* chronicles how trailblazers in pediatrics, education, and social welfare are using cutting-edge science and field-tested therapies to protect children from the insidious effects of toxic stress.

CAREgivers -- How is the professional care provider affected emotionally and physically, and who helps him or her?

## Comments (8)

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GAIL KENNEDY ○ 12/11/17 @ 3:01 PM

Thanks for identifying that, Dale! I just fixed it.



DALE FLETCHER ○ 12/11/17 @ 9:37 AM

Hi Jane,

FYI - a link above in the paragraph:

## Who's using ACEs science?

- Faith-Based Community - is broken. I found the new link:

<http://www.mercedsunstar.com/n.../article3306980.html>

Hope this helps! Have a great day!

Dale



EMILY READ DANIELS ● 10/24/17 @ 11:12 AM

Jane, this is great! Great! I love ACES Connection; I am grateful for the resource. It is connecting me to fabulous people and fabulous efforts - thank you!

But there is one "bone of contention" that I will pick - this reference list is missing the work of Bessel Van Der Kolk, Peter Levine, Pat Ogden, Bruce Perry... we DESPERATELY NEED TO MOVE BEYOND COGNITIVE/BEHAVIORAL APPROACHES to treating trauma. As someone that has YEARS of experience working with children and teens and working with that kind of approach to treating depression, anxiety, suicidality, substance misuse, cutting, ODD - you name it, I have worked with it - it's an epic fail. EPIC! The emerging modalities of treatment (e.g. somatic experiencing, trauma-informed yoga, trauma drama, rhythmic movement and music, etc.) make way for regulating the body's stress response!

We are a culture OBSESSED with the mind and the power of the mind - to the detriment of the body. We must remember that when someone is struggling with anxiety, depression, rage, etc., the individual is experiencing an overwhelming visceral body experience.

I just had to share this...in all the trauma-informed training and efforts I see going on, I am thrilled. But then I get "un-thrilled" when it's the same means of practice we have been endorsing and implementing for years (without success!). It's time to move beyond behavioral and cognitive behavioral approaches to resolving trauma.



JANE STEVENS ○ 9/24/17 @ 10:19 PM

Thank you for your comment, Vincent, and for all the work you did that provided the solid foundation for this new understanding of us humans!



VINCENT J. FELITTI, MD ○ 9/24/17 @ 8:54 PM

Jane, I am repeatedly grateful to you for your skills in disseminating all this information so interestingly and understandably. Thank you!



JANE STEVENS ○ 1/20/16 @ 10:38 AM

Thanks, Melissa & Paul. If there's anything else we need to add, let me know.



MELISSA L. BAKER, MPH ○ 1/20/16 @ 3:20 AM

Jane, this is SUCH a valuable compilation to have in one place!

i will use these resources and links in my next presentation.

thanks!



PAUL GILMORE ○ 7/27/15 @ 11:49 AM \*

**Thank you for this concise review of ACE's. My senior research project looks at the use of ACE scores in serving adjudicated youth with histories of harmful sexual behaviors. Your post provides a lot of information and resources that will be helpful to my project. Much appreciated!**