

IDENTIFYING TRAUMA AND SUBSTANCE USE FACTORS

Overview:

This presentation will provide educators with an understanding of trauma with an impact on substance-use in families and/or students, its impact on students' emotional, psychological, and academic development, with practical strategies for creating trauma-sensitive classrooms.

Learning Objectives:

1. Understand the nature of trauma and its effects on learning and behavior.
 1. Trauma in students could consist of:
 1. Addiction in the home
 2. Domestic violence
 3. Police interventions at home
 4. School Violence
2. Recognize common signs of trauma in students.
 1. See HANDOUT 1

General Behavioral Signs of Trauma In Adolescents

These signs may appear in different age groups but may vary in intensity or presentation:

1. Emotional Dysregulation

- Mood swings, irritability, angry outbursts
- Excessive fear, anxiety, or sadness
- Numbness or apathy
- Difficulty calming down or self-soothing

2. Academic Issues

- Drop in grades or school performance
- Lack of motivation or interest in schoolwork
- Difficulty concentrating, frequent daydreaming
- Forgetfulness or disorganization
- Overachievement as a form of control or distraction

3. Social Withdrawal or Aggression

- Isolating from friends or activities they once enjoyed
- Difficulty trusting peers or adults
- Bullying others or being bullied
- Difficulty maintaining friendships
- Strong fear of separation from caregivers
- Intense desire for approval or fear of punishment
- Drastic changes in friend groups or identity exploration
- Complaints of boredom or refusal to engage in activities
- Risk-taking behavior (substance use, unsafe sex, reckless driving)
- Defiance or rule-breaking
- Depression, suicidal thoughts or attempts
- Cynicism or hopelessness about the future

4. Physical Symptoms

- Frequent headaches, stomachaches, or fatigue
- Eating disorders or dramatic weight changes
- Self-harm (e.g., cutting, burning)

5. Hypervigilance or Avoidance

- Easily startled or constantly "on edge"
 - Avoiding certain people, places, or conversations
 - Dissociation (zoning out or appearing disconnected from reality)
-

Psychological Diagnoses Commonly Linked to Trauma

- PTSD or Complex PTSD
 - Generalized Anxiety Disorder
 - Major Depression
 - Oppositional Defiant Disorder (ODD)
 - Dissociative Disorders
-

When to Be Concerned

If a student shows **multiple signs persistently for more than a few weeks**, or if behaviors **interfere with daily functioning**, school staff or caregivers should consider involving:

- School counselors or psychologists

- Pediatricians or mental health professionals
- Trauma-informed care programs

Curriculum

Session 1: Introduction to Trauma

Objective: To provide a foundational understanding of trauma and its implications for learning.

1. **Definition of Trauma**
 - Psychological and emotional impact of trauma
 - Types of traumas: acute, chronic, and complex trauma
2. **Types of Traumatic Experiences**
 - Child Abuse
 - Addiction in the home
 - Domestic Violence
 - Police intervention at home
 - School Violence
 - Natural Disasters
 - Witnessing or being involved in a traumatic event
 - Loss of caregiver
3. **Understanding Adverse Childhood Experiences (ACEs) Alternative Use of PEARLS for TEENS**
 1. See **HANDOUT # 2 ACEs**
 2. See **HANDOUT # 3 PEARLS**
 3. See **HANDOUT # 4 PEARLS (TEEN – Self Report)**
 - Link between ACEs and later health and academic outcomes
 - Statistics and data on ACEs
 - ACEs and brain development
4. **Impact of Trauma on the Brain and Behavior**
 - The role of the amygdala, hippocampus, and prefrontal cortex
 - How trauma affects attention, memory, and learning
 - The impact on executive function

Activity:

- Quietly take the ACEs (Not to be shared with anyone unless you desire)
 - Reflective journaling: How might trauma manifest in the classroom?
 - Group discussion on how trauma affects students' academic progress and behavior.
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Session 2: Recognizing Trauma in Students

Objective: To help teachers identify signs and symptoms of trauma in students.

1. **Physical and Behavioral Indicators of Trauma**
 - Withdrawal or isolation
 - Hyperactivity or impulsiveness
 - Difficulty concentrating or memory problems
 - Emotional outbursts or shutdowns
 - Sudden changes in academic performance
2. **Emotional Responses to Trauma**
 - Fear, anxiety, and chronic stress
 - Anger or irritability
 - Feelings of helplessness, shame, or guilt
3. **Trauma Responses: Fight, Flight, or Freeze**
 - Recognizing these responses in students
 - How each response affects learning
4. **Cultural Considerations in Identifying Trauma**
 - Understanding the role of culture and community in trauma responses
 - Trauma may not always be visible or recognized in the same way across different cultures

Activity:

- Review different scenarios and identify potential signs of trauma.
 - Group discussion: What are the challenges of recognizing trauma in diverse student populations?
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Session 3: Creating a Trauma-Sensitive Classroom Environment

Objective: To provide strategies for creating a classroom environment that is safe, predictable, and supportive for trauma-affected students.

1. **The Importance of Safety and Predictability**
 - Physical environment (e.g., seating arrangements, classroom routines)
 - Emotional safety: Building trust and relationships with students
 - Predictability: Consistent routines and clear expectations
2. **Trauma-Informed Classroom Practices**
 - Using non-verbal cues to support emotional regulation (e.g., calm body language, soft voice)
 - Incorporating mindfulness practices into the daily routine
 - Creating space for self-regulation (e.g., calming corners, breaks)
3. **Classroom Routines to Promote Stability**
 - Establishing clear expectations and providing structure

- Strategies for addressing disruptions with compassion, not punishment
4. **Building Positive Teacher-Student Relationships**
- Importance of trust, empathy, and consistency
 - Active listening and validating feelings
- Activity:**
- Design a trauma-sensitive classroom routine or lesson plan incorporating trauma-informed strategies.
 - Group work: Role-playing trauma-informed teacher responses to student behavior.
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Session 4: Teaching Strategies for Trauma-Affected Students

Objective: To equip educators with specific teaching techniques to support trauma-affected students.

1. **Differentiated Instruction for Trauma Survivors**
 - Adapting teaching strategies for different learning needs
 - Visual aids, verbal cues, and hands-on activities
 - Providing additional time for assignments and assessments
2. **Supporting Emotional Regulation through Teaching**
 - Teaching self-regulation skills (e.g., breathing exercises, grounding techniques)
 - Encouraging emotional expression through art, journaling, or other creative outlets
3. **Restorative Practices and Conflict Resolution**
 - Encouraging dialogue and emotional expression rather than punishment
 - Helping students resolve conflicts through mediation
4. **Supporting Group Work and Peer Relationships**
 - Encouraging cooperative learning and peer support
 - Addressing bullying and fostering a culture of kindness and inclusivity

Activity:

- Simulation of teaching techniques: Demonstrating how to integrate trauma-informed strategies into a lesson plan.
 - Peer feedback on lesson design.
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Session 5: Building Resilience in Trauma-Affected Students

Objective: To help educators foster resilience in students who have experienced trauma.

1. **Understanding Resilience**

- Defining resilience and why it matters
- Protective factors that build resilience in children
- 2. **Encouraging Hope and Self-Efficacy**
 - Helping students recognize their strengths
 - Goal-setting and small victories
- 3. **Positive Reinforcement and Praise**
 - Using praise effectively to build confidence
 - Celebrating effort, progress, and growth
- 4. **Social-Emotional Learning (SEL) and Trauma**
 - Integrating SEL into the curriculum to help students cope with trauma
 - Key SEL competencies: Self-awareness, self-management, social awareness, relationship skills, responsible decision-making

Activity:

- Develop a class resilience-building activity (e.g., a strengths-focused journal or group discussion).
 - Group discussion: How can SEL be integrated into existing curricula?
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Session 6: Teacher Self-Care and Coping Strategies

Objective: To support educators in managing the emotional impact of working with trauma-affected students.

1. **Burnout and Compassion Fatigue**
 - Recognizing the signs of burnout and compassion fatigue
 - The importance of self-care for teachers
2. **Strategies for Maintaining Emotional Well-Being**
 - Mindfulness, meditation, and relaxation techniques
 - Time management and setting healthy boundaries
3. **Seeking Support**
 - Peer support and professional counseling
 - Engaging in a trauma-informed community within the school
4. **Building a Supportive School Culture**
 - Creating a network of trauma-informed staff
 - Professional development and ongoing training

Activity:

- Reflective self-care plan: Develop a personal self-care plan to avoid burnout.
 - Group discussion: Share coping strategies and support systems.
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Recognizing Common Signs of Trauma in Students

A Guide for Teachers, Counselors, and Parents

EMOTIONAL	<ul style="list-style-type: none"> - Mood Swings or Irritability - Anxiety, sadness, or numbness - Depression, hopelessness, or talk of suicide - Frequent crying or emotional outbursts - Regressing to younger behavior (e.g., tantrums) - Loss of future goals or sense of purpose
BEHAVIORAL	<ul style="list-style-type: none"> - Withdrawn or aggressive - Sudden defiance or rule-breaking - Clinginess or fear of being alone - Sudden changes in personality or interests - Persistent defiance or authority issues - Trying hard to please or win approval
ACADEMIC	<ul style="list-style-type: none"> - Drop in Grades - Lack of focus or motivation - Complaints of boredom or avoidance of new situations
SOCIAL	<ul style="list-style-type: none"> - Loss of friends or isolation - Bullying or being bullied - Drastic change in social circles
PHYSICAL	<ul style="list-style-type: none"> - Headaches, stomachaches - Fatigue, Sleep Changes - Substance Use, self-Harm - Risk-taking (Drugs, alcohol, sex, reckless behavior)
COPING	<ul style="list-style-type: none"> - Substance Use, self-Harm - Risk-taking (Drugs, alcohol, sex, reckless behavior) - Compulsive behavior - Overachieving or perfectionism to feel in control

Responding Supportively to Students' Trauma

Validate: "I hear you. That sounds really hard."

Observe: Keep notes of concerning patterns over time.

Refer: Connect students to counselors or mental health professionals.

Build Safety: Offer predictable routines and trauma-informed classroom practices.

When to Refer for Immediate Help

- Talk of self-harm or suicide
- Signs of abuse or neglect
- Complete academic or social shutdown
- Threats toward others

Adverse Childhood Experience (ACE) Questionnaire

PROVIDER INSTRUCTIONS (Revised April 11, 2019)

Beginning June 1, 2019, the ACE Questionnaire shall be given to all adults ages 18 and older* who are seeking behavioral health services from the ODMHSAS and the OHCA (SoonerCare/Medicaid); with minimal exception**. The ACE score shall be reported on all CDC/PA 23 (admissions) and CDC/PA 42 (6-month updates/extensions). The questionnaire only has to be given once per person, per provider- but the score must be reported/carried forward on all subsequent CDCs like some of the other CDC responses (ex: gender and race are typically reported/carried forward on each CDC and rarely change). Valid ACE Scores should be entered on the CDC in one of the following formats: 00 to 10 or 0 to 10 (00 to 10, double digits, is preferred). For currently admitted/open adult clients, the ACE Questionnaire shall be given at the next 6-month treatment update and reported on the CDC/PA 42 (6-month update/extension).

*Note: This questionnaire should only be given to adults ages 18 and older; it should not be given to children or youth under the age of 18.

**Exceptions: Due to the nature of some levels of care and program types, there are circumstances in which the ACE Questionnaire shall not be required. They are as follows:

- *Community Living (CL) Level of Care* (ex: Homeless, Housing, Residential Care)
- *Service Focus- 11* (Homeless, Housing, Residential Care); 23 (Day School); 24 Medication Clinic Only; and 26 Mobile Crisis.

GIVING THE ACE QUESTIONNAIRE

The ACE Questionnaire is to be given at the time of clinical assessment (at initial clinical assessment for new clients, and for currently admitted/open clients- at clinical assessment update completed as a part of the service plan update process at 6-month treatment update). This is to ensure ready access to a therapist should one be needed to address any issue that might arise from revisiting childhood trauma.

It is a self-administered instrument and shall be completed by the individual seeking services without intervention from staff (ex: staff may not reframe the question or give explanation regarding the intent of the question). The only assistance that staff may provide is with regard to literacy or vision challenges, and in that instance the introduction statement and questions must be read aloud to the individual exactly as written on the questionnaire. To ensure a trauma informed process, it is important that the introduction statement on the questionnaire is either read by the client or read to the client.

Due to the sensitive nature of the questions, the individual completing the ACE Questionnaire should be given a confidential space in which to complete it. They may choose to have someone with them in the room for support (ex: Peer Support Specialist, family, friend).

Scoring

For each of the ten (10) questions on the questionnaire, the individual will give a Yes or No answer. When scoring, each "Yes" answer will be given one (1) point. These points will be tallied to determine the individuals ACE Score.

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

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

Attempt or actually have oral, anal, or vaginal intercourse 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

Adverse Childhood Experience (ACE) Questionnaire

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. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

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 _____

ACE SCORE (Total "Yes" Answers): _____



Pediatric ACEs and Related Life Events Screener

TEEN (Self-Report)



Many families experience stressful life events. Over time these experiences can affect your health and wellbeing. We would like to ask you questions so we can help you be as healthy as possible.



PART 2:

Please check "Yes" where apply.



1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Have you experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Have you ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?
5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Have you ever lived with a parent or caregiver who died?
8. Have you ever been detained, arrested or incarcerated?
9. Have you ever experienced verbal or physical abuse or threats from a romantic partners?
(for example, a boyfriend or girlfriend)

How many "Yes" did you answer in Part 2?:





Pediatric ACEs and Related Life Events Screener

TEEN

Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.



PART 2:

Please check "Yes" where apply



1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
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(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?
8. Has your child ever been detained, arrested or incarcerated?
9. Has your child ever experienced verbal or physical abuse or threats from a romantic partners?
(for example, a boyfriend or girlfriend)

How many "Yes" did you answer in Part 2?:



General Behavioral Signs of Trauma In Adolescents

These signs may appear in different age groups but may vary in intensity or presentation:

1. Emotional Dysregulation

- Mood swings, irritability, and angry outbursts
- Excessive fear, anxiety, or sadness
- Numbness or apathy
- Difficulty calming down or self-soothing

2. Academic Issues

- Drop in grades or school performance
- Lack of motivation or interest in schoolwork
- Difficulty concentrating, frequent daydreaming
- Forgetfulness or disorganization

3. Social Withdrawal or Aggression

- Isolating from friends or activities they once enjoyed
- Difficulty trusting peers or adults
- Bullying others or being bullied
- Difficulty maintaining friendships
- Strong fear of separation from caregivers
- Intense desire for approval or fear of punishment
- Drastic changes in friend groups or identity exploration
- Complaints of boredom or refusal to engage in activities
- Risk-taking behavior (substance use, unsafe sex, reckless driving)
- Defiance or rule-breaking
- Depression, suicidal thoughts or attempts
- Cynicism or hopelessness about the future

4. Physical Symptoms

- Frequent headaches, stomachaches, or fatigue
- Eating disorders or dramatic weight changes
- Self-harm (e.g., cutting, burning)

5. Hypervigilance or Avoidance

- Easily startled or constantly "on edge"
- Avoiding certain people, places, or conversations
- Dissociation (zoning out or appearing disconnected from reality)

Psychological Diagnoses Commonly Linked to Trauma

- PTSD or Complex PTSD
- Generalized Anxiety Disorder
- Major Depression
- Oppositional Defiant Disorder (ODD)
- Dissociative Disorders

When to Be Concerned

If a student shows **multiple signs persistently for more than a few weeks**, or if behaviors **interfere with daily functioning**, school staff or caregivers should consider involving:

- School counselors or psychologists
 - Pediatricians or mental health professionals
 - Trauma-informed care programs
-

Recognizing Trauma in Students

A Guide for Teachers, Counselors, and Parents:

Common Signs of Trauma

Category	Signs
Emotional	- Mood swings or irritability - Anxiety, sadness, or numbness
Behavioral	- Withdrawn or aggressive - Sudden defiance or rule-breaking
Academic	- Drop in grades - Lack of focus or motivation
Social	- Loss of friends or isolation - Bullying or being bullied
Physical	- Headaches, stomachaches - Fatigue, sleep changes
Coping	- Substance use, self-harm - Risk-taking or compulsive behavior

Middle School Trauma Signs (Ages 11–14)

- Trying hard to please or win approval
 - Complaints of boredom or avoidance of new situations
-

High School Trauma Signs (Ages 14–18)

- Overachieving or perfectionism to feel in control

How to Respond Supportively

Validate: "I hear you. That sounds really hard."

Observe: Keep notes of concerning patterns over time.

Refer: Connect students to counselors or mental health professionals.

Build Safety: Offer predictable routines and trauma-informed classroom practices.

When to Refer for Immediate Help

- Talk of self-harm or suicide
- Signs of abuse or neglect
- Complete academic or social shutdown
- Threats toward others



Pediatric ACEs and Related Life Events Screener

TEEN

Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.



Pediatric ACEs and Related Life Events Screener (PEARLS)

_____ TEEN (Parent/Caregiver Report) - To be completed by: Caregiver _____

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

Please check "Yes" where apply.

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched or beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)



 UCSF Benioff Children's Hospital
Oakland

How many "Yes" did you answer in Part 1?

Please continue to the other side for the rest of questionnaire →

PART 2:

Please check "Yes" where apply.



1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?
8. Has your child ever been detained, arrested or incarcerated?
9. Has your child ever experienced verbal or physical abuse or threats from a romantic partners?
(for example, a boyfriend or girlfriend)

How many "Yes" did you answer in Part 2?:




UCSF Benioff Children's Hospital
Oakland



Pediatric ACEs and Related Life Events Screener

TEEN (Self-Report)

Many families experience stressful life events. Over time these experiences can affect your health and wellbeing. We would like to ask you questions so we can help you be as healthy as possible.



Pediatric ACEs and Related Life Events Screener (PEARLS)

_____ TEEN (Self-Report)- To be completed by: Patient _____

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

Please check "Yes" where apply.

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2. Have you ever felt unsupported, unloved and/or unprotected?
3. Have you ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put you down?
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Have you ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?
Or has any adult in the household ever hit you so hard that you had marks or were injured?
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9. Have you ever experienced sexual abuse?
(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)
10. Have there ever been significant changes in the relationship status of your caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out) _____

How many "Yes" did you answer in Part 1?:



This tool was created in partnership with UCSF School of Medicine.

Please continue to the other side for the rest of questionnaire

Teen (Self Report) - Identified

PART 2:

Please check "Yes" where apply.



1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Have you experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Have you ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
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GIVING THE ACE QUESTIONNAIRE

The ACE Questionnaire is to be given at the time of clinical assessment (at initial clinical assessment for new clients, and for currently admitted/open clients- at clinical assessment update completed as a part of the service plan update process at 6-month treatment update). This is to ensure ready access to a therapist should one be needed to address any issue that might arise from revisiting childhood trauma.

It is a self-administered instrument and shall be completed by the individual seeking services without intervention from staff (ex: staff may not reframe the question or give explanation regarding the intent of the question). The only assistance that staff may provide is with regard to literacy or vision challenges, and in that instance the introduction statement and questions must be read aloud to the individual exactly as written on the questionnaire. To ensure a trauma informed process, it is important that the introduction statement on the questionnaire is either read by the client or read to the client.

Due to the sensitive nature of the questions, the individual completing the ACE Questionnaire should be given a confidential space in which to complete it. They may choose to have someone with them in the room for support (ex: Peer Support Specialist, family, friend).

Scoring

For each of the ten (10) questions on the questionnaire, the individual will give a Yes or No answer. When scoring, each "Yes" answer will be given one (1) point. These points will be tallied to determine the individuals ACE Score.

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

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

Attempt or actually have oral, anal, or vaginal intercourse 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

Adverse Childhood Experience (ACE) Questionnaire

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. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

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?

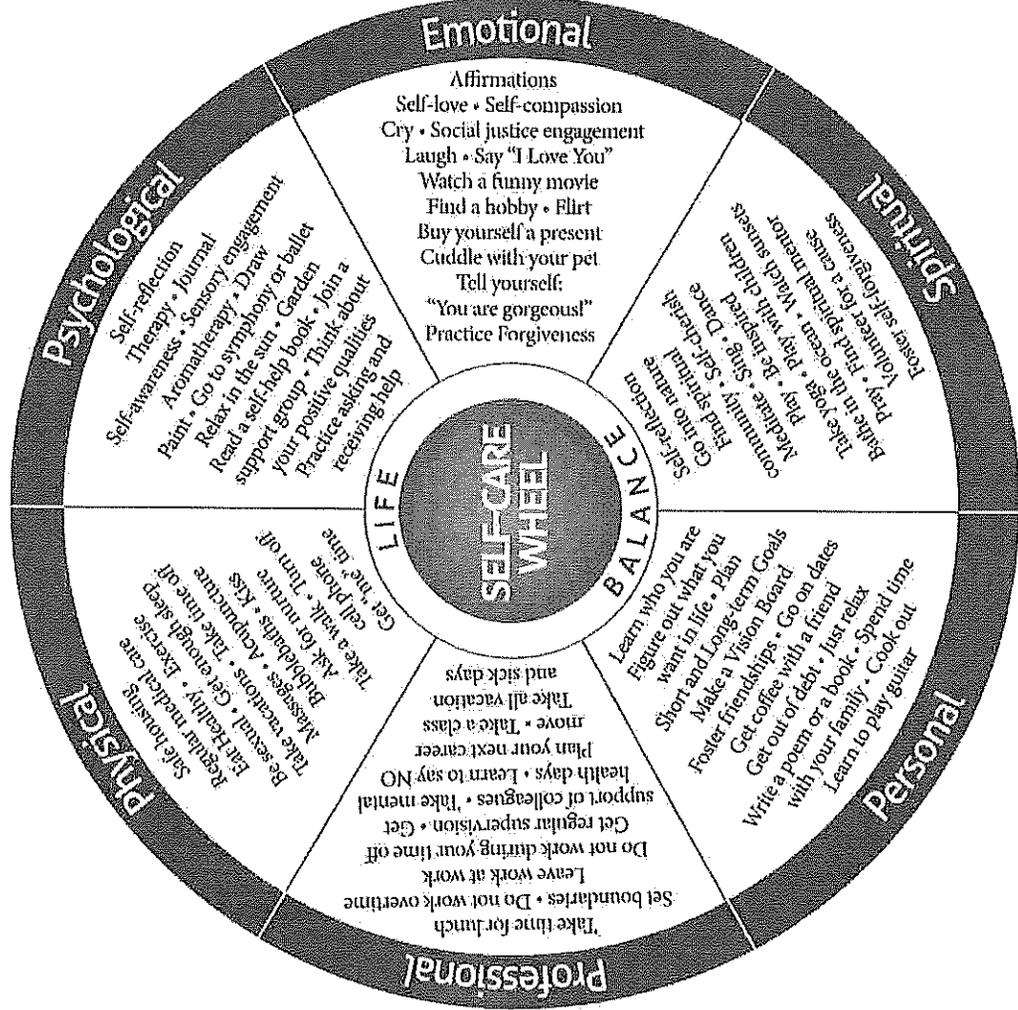
Yes No

If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____

SESSION 6: TEACHER SELF-CARE and COPING STRATEGIES

SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSU/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Dedicated to all trauma professionals worldwide.

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