**Childhood Experiences Survey**

**Quick Facts about the Tool**

**Author(s):** The Co-principal Investigators of the foundational Adverse Childhood Experiences, ACEs, study are Robert F. Anda, MD, MS, with the CDC; and Vincent J. Felitti, MD, with Kaiser Permanente. Dr. Joshua Mersky and Dr. James Topitzes in consultation with the WI DCF, DHS, and CTF adapted the ACEs work to create the Childhood Experiences Survey, CES.

**Authors’ Intent:** Dr. Mersky and Dr. Topitzes’ work on the CES is designed to expand the ACE framework and help home visiting professionals and the families they serve understand and respond to the connections between childhood adversity and adulthood functioning across socio-emotional, health related and economic domains.

**About the Tool:** Building on the Adverse Childhood Experiences Study that was conducted at Kaiser Permanente from 1995 to 1997, the Centers for Disease Control developed an 11 question ACE survey that is included in the CDC’s Behavioral Risk Factor Surveillance System (BRFSS). An ACEs study was replicated on a smaller scale in Wisconsin by the Children’s Trust Fund and Children’s Hospital based on 2010 data from the Behavior Risk Survey. Survey respondents self-reported childhood experiences related to poverty, psychological abuse, peer victimization, physical neglect, emotional neglect, physical abuse, domestic violence, sexual abuse, household mental illness, household substance abuse, incarcerated household member, parental divorce, separation, or absence, death of parent, caregiver, or sibling, victim of violent crime.

**Purpose**

The ability of home visitors and families to see the connections between a parent’s adverse childhood experiences, ACEs, and current family situations, can help parents to create the families they want. Insight about ACEs and present circumstances may also uncover the parents’ coping strategies and strengths that may be critical resources in addressing current stressors.

**Pitfalls**

- Don’t assume that people are necessarily ready or resistant to talk about abuse or negative experiences
- Don’t just hand the mom the screen and say, please fill this out
- Don’t wait until you’re entering the data into SPHERE to determine if it is a positive or negative screen

**Value to Families**

- Understanding ACEs can motivate parents to create different opportunities for their children than they themselves experienced.
- Identifying resiliency can build bridges to strategies and problem solving in current life.

**Framing it for Families**

- **Convey Compassion:**
  “Sometimes what people experience in childhood can impact their own beliefs and parenting practices. I’ll be asking you questions that some people find uncomfortable. If you want to talk more about what a question means, let me know. We can do that. If there is a question you’d prefer not to answer, let me know and we can skip it.”

- **Be Open/Explain Why:**
  “We ask these questions to all families we work with because often what parents experience in their own childhood can influence what happens or how they feel when they raise children of their own.”

- **Emphasize Parent Control:**
  “I am going to go through some questions with you about difficult experiences you may or may not have had before you turned 18, please feel free to skip any question you prefer not to answer or ask what a question means.”

**Protocol**

- Be compassionate, open, flexible, conversational, and respectful when introducing the tool
- Make sure that the person completing the screen can speak freely/safely
- Start the screen early in a home visit to make sure the screening process is unhurried. Take your cues from the parent.
- If you are aware of abuse history already, acknowledge your awareness and explain that the screen simply insures that you haven’t overlooked something important that happened in the person’s life
- Explain that the focus will be on the first 18 years of their life
- Hand the family a survey and keep a copy for yourself. Review responses together and record answers.
- Inquire with the person about their need/interest for ongoing support with a warm hand-off to a community referral. If the need for services isn’t immediate but the person wants additional support, they can call 211 or 1-800-422-4453 to reach a referral service or to locate local services.
- Complete the tool within 90 days of enrollment in home visiting services.
- Enter data into SPHERE

Tip sheets created by Lilly Irvin-Vitela, 2014 on behalf of UW Milwaukee Child Welfare Partnership and WI Dept. of Children and Families
**Usefulness to Practitioners**

- Provides an opportunity to understand how a parent sees her/his own childhood
- May uncover motivations for change and progress in family goals
- Can build trust and strengthen partnership if person’s responses or decisions not to respond are honored
- Helps to contextualize family goal setting
  - Understanding a parent’s trauma history opens the door to discuss what parenting practices a parent wants to continue or change from what they themselves experienced.
  - The ACE survey gives insight to home visitors about barriers families may be experiencing in meeting goals. A family may be having trouble making progress with a parenting practice they have little or no procedural memory of from their own childhood.
  - Choosing parent education strategies: When trauma or toxic stress histories have disrupted or inhibited the development of procedural memories related to care and nurturing, meeting goals requires less of a focus on sharing curriculum and didactic teaching with a parent and more hands-on coaching of the parent-child relationship.

**Follow-up Resources Resilience**

Robert Wood Johnson: Videos and Articles

Tools to Support Resilience for Parents, Providers and Communities
http://resilientcrumpsaces.org

**Quick Facts: ACEs**

**What We Know about ACEs in Wisconsin:**
- 56% of Wisconsinites have an ACE
- 14% have experienced 4+ ACEs

**What We Know about ACEs in the US:**
- 64% of people nationally experienced at least 1 ACE
- Over 12% experienced 4+ ACEs
- Health, mental health and behavioral outcomes associated with ACEs are related to the 10 leading causes of death in the US

**What We Know about ACEs in WI MIECHV**
- Over 1,100 women screened
- 16% reported 1 ACE
- Over 30% reported 5 or more ACEs
- 57% reported an absent parent
- 49% reported parent/caregiver substance abuse
- 42.3% reported parent divorce or separation
- 40% reported physical abuse
- 39.7% reported parent/caregiver mental illness (Data from Mersky & Topitzes Nov. 2015)

**Resilience and Protective Factors Matter!**
- Early intervention works and works best using a two generation model that addresses the needs of parents and children and their relationship
- High quality home visiting is linked to better mental health, physical health, and developmental outcomes
- Developmentally appropriate, positive, engaging early learning experiences
- Comprehensive physical and behavioral health services including but not limited to developmental screening and follow-up, a medical home, and a dental home

**Follow-up Resources ACES**

ACES
http://acesstudy.org/home

ACES in Wisconsin.
http://wisconsinchildrenstrustfund.org

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Tips for Supervisors

**Workplace Environment**
- Support formal and informal dialogue and debriefing.
- Have policies and practices in place for weekly/every other week reflective supervision and honor that time by being prepared and in the moment.
- Have an effective on-call system so home visitors have an accessible resource person if a crisis emerges during a visit.
- Have clear policies and practices in place to promote healthy boundaries and ethical practices.
- Create time in the office where staff see one another and can notice and check-in and support one another.
- Celebrate the strengths of all staff. Take time to celebrate when people handle difficult situations with grace, respect, and honesty.

**Promoting Self-Care**
- Evaluate paid-time off policies. Does paid time off allow sufficient time for relaxation, rejuvenation, and work-life balance?
- Does time away really mean time away or are people regularly contacted on days off? Develop an on-call rotation so time off can be honored.
- Evaluate compensation policies. Are the stressors of challenging caseloads being intensified by the stressors of meeting financial obligations with low-wages? Complete regular salary studies to make sure that compensation is competitive with industry standards. Free tools such as Payscale.com provide free wage and benefit comparisons.
- Have regular check-ins about boundaries that recognize the nuances and difficulty of negotiating boundaries with colleagues and families.

**Use Data to Celebrate Successes**
- SPHERE analysis can inform supervisors when benchmarks around screening are being met and provide opportunities to celebrate progress and success related to completing screens on time.
- Spot checking SPHERE screening results for Childhood Experiences can give insight into the complexity of someone’s caseload. If one home visitor has a caseload with few reported ACEs and another as a caseload with the majority of mom’s with a score of 4 or more, consider what additional supports the home visitor may need to individualize services for higher need families.

**Becoming Trauma Informed**
- Being a trauma informed program is not simply a matter of professional development and awareness of trauma informed practices. Becoming trauma informed is an ongoing process of practice, reflection, and attention to outcomes.

Reflective Exercises

**Learn More about Happiness**
- Flow, the Secret to Happiness
  [www.ted.com/talks/mihaly_csikszentmihalyi_on_flow](http://www.ted.com/talks/mihaly_csikszentmihalyi_on_flow)
- Jessica’s Affirmation
  [www.youtube.com/watch?v=qR3rK0kZFkg](http://www.youtube.com/watch?v=qR3rK0kZFkg)
- Validation
  [http://www.youtube.com/watch?v=Cbk980jV7Ao](http://www.youtube.com/watch?v=Cbk980jV7Ao)

“Researchers have found that happiness is surprisingly contagious. Psychologist James H. Fowler studied the data of 5,000 people over 20 years and found that happiness benefits other people through three degrees and that the effects last for a year. He says: “We found a statistical relationship not just between your happiness and your friends’ happiness, but between your happiness and your friends’ friends’ friends’ happiness.”
[http://www.pbs.org/thisemotionallife/topic/happiness/helping-others](http://www.pbs.org/thisemotionallife/topic/happiness/helping-others)

**Learn More about Resilience**
- Resilience in a Cross-Cultural Perspective: How resilience is generated in different cultures.
  Prof. Arve Gunnestad
  [http://www.immi.se/intercultural/nr11/gunnestad.htm](http://www.immi.se/intercultural/nr11/gunnestad.htm)
- A brief video on resilience
  [http://resiliencetrumpasses.org/popups/5minutes.html](http://resiliencetrumpasses.org/popups/5minutes.html)

**Take Time and Make Time for the Positive**
- Talk one-on-one or as a group with your supervisor or colleagues about how you define success with a family
- Little steps can make a big difference in building engagement, trust, and a strong working alliance. Recognize high quality engagement and appreciate it when it happens. Notice why it’s working. Notice what creates barriers.
- Identify a family strength or many family strengths, ask them to identify their family strengths, put it on a post it note on their file to remember during hard visits

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