

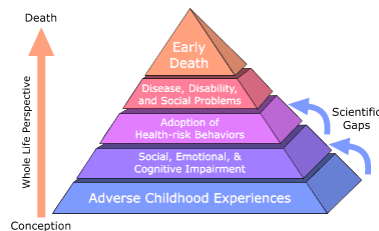
## N.E.A.R. Science Defined

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**N**euroscience: a branch (as neurophysiology) of science that deals with the anatomy, physiology, biochemistry, or molecular biology of nerves and nervous tissue and especially their relation to behavior and learning.

**E**pigenetics: the study of how genes produce their effect on the phenotype of the organism

**A**dverse Childhood Experiences Study: The ACE Study takes a whole life perspective, as indicated on the orange arrow leading from conception to death. By working within this framework, the ACE Study began to progressively uncover how adverse childhood experiences (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan



**R**esilience research: In the strictest sense, resiliency research refers to a body of international cross-cultural, lifespan developmental studies that followed children born into seriously high-risk conditions such as families where parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were poverty-stricken or war-torn.

## THE SCIENCE OF NEAR – WHAT’S BEHIND THIS?

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Parents deserve to know the largest public health discovery of our time – to have opportunity to talk about their own life experiences and consider how they might like to use new scientific discoveries to give their children greater health, safety, prosperity and happiness than they might have had for themselves.

Just in the past two decades, new technologies, new ways of thinking and new alliances among experts from many disciplines have combined to reveal key answers to an age old debate: nature verses nurture. We now understand how adversity becomes embedded into biology, behavior and risk, and how simple supports and opportunities can deliver stunning improvement in the lives of the people we serve.

Life is complex. And, the story of how lives unfold is equally complex. In this toolkit, we will combine into one science discoveries from:

- Neuroscience
- Epigenetics
- Adverse Childhood Experiences Study (ACEs)
- Resilience Research

And learn about the science called **NEAR**.

**Neuroscience** findings help us to understand how human beings adapt biologically to stress experienced during their development. Recent discoveries in this field provides answers to questions about biological pathways which will explain why ACEs (Adverse Childhood Experiences Study) have such an impact on the public’s health, safety and well-being.

**Epigenetics** findings help us to understand why some groups of people seem to have more challenging lives generation after generation. It gives clues about how these groups might be helped.

**Adverse Childhood Experiences Study** (ACE’s) provides a window of understanding into lifelong habits and patterns which can be revealed and also managed in an adult’s life. ACE’s will also provide solutions towards developing a powerful preventive support for future generations.

**Resilience Research** reminds us that our actions matter, and reminds us that human beings live in nested environments of families, communities and societies – any and all of these nested environments can be more or less resilient and can have a powerful influence on an individual’s health and well-being.

The human nervous system includes the brain, the spinal cord, and peripheral nerves throughout the body. Sensory information is conveyed by the peripheral nerves through an elaborate system of chemical and electrical signaling system that delivers information quickly. Our bodies understand and act upon that information almost instantaneously. The signaling system; including the way that we process and use information, are shaped by patterns of experiences during our development. From conception, as the first cell is formed, it divides into two, four, sixteen cells and more. These cells begin to specialize into a beating heart, a tiny spinal cord, and organs that

filter toxins, process nutrients, and help us develop immunities from disease. Experience has a powerful effect on how we relate to ourselves and relate to the world around us. Experience also has a powerful effect on health, safety and prosperity throughout the life course. It shapes patterns in population well-being, including intergenerational transmission of adversity.

In any major public health discovery, individuals save lives by: 1) telling everyone, and 2) changing actions within their own sphere of influence. People have a right to know of the most powerful determinant of the public's health. When parents understand the powerful impact of adversity on a human's development, they can be more compassionate with themselves and can better protect their children from accumulating adverse childhood experiences (ACE).

Parents who experienced a great deal of adversity during their own childhood should discover how their normal everyday responses to this adversity can make parenting more difficult. Understanding how their adverse childhood experiences affected them and that they can pass that pattern onto their children can impact a parent towards developing the strength to improving not only their own lives but the lives of their children; ultimately improving the future of our public health. They have the ability to protect their children from accumulating adverse childhood experiences and break the chains of dysfunction for generations to come. These parents are so greatly impacted, they are giving help and support to other parents, working together to create healed communities where everyone can flourish.

## SEQUENTIAL DEVELOPMENT

Human brain development is sequential. By the time a baby is born, capabilities essential for survival are well developed: regulation of internal functions, ability to suck and swallow, recognition of face and breast. Our capabilities unfold and develop over the course of many years. As we enter adulthood, well into the second decade of life, our brains continue to form neural connections and fine tune major pathways of communication amongst and between brain regions. These connections and pathways enable us to master abstract reasoning, goal-directed action and the emotional and physiological abilities that help us navigate life challenges.

Human brains are literally shaped by experience; the brain's mass and functioning are shaped by experiences during childhood. Specific impacts to brain development reflect a biological assumption that our adult life will continue to be as safe – or as dangerous, as our childhood experience. Biological adaptation prepares us for survival in the anticipated world – whether peaceful or malevolent. Our brains are hard-wired to face the world we anticipate we will live in for the rest of our lives. Our experiences generate our “state of mind.”

Until very recently, scientists believed that some changes to the brain mass or functioning were adaptive, while some were mal-adaptive. But that is not true. Neuroscientists now have a broad agreement that childhood experience affects changes to the brain's architecture and chemical-electrical functioning; and that these changes are adaptive. They help to keep the species alive when conditions remain consistent throughout the life span of the person. And, these same adaptations can be difficult when they don't match with societal expectations, or, when they don't match with what is needed to accomplish an important life task – parenting.

## AGE, GENDER, TYPE OF EXPERIENCE

Neuroscientists have found when children experience neglect, abuse, even bullying, three factors influence their outcomes: age, gender and type of experience.

Each brain region has critical and sensitive developmental periods at different ages. Consequently, the age of the person at the time they may have experienced neglect, abuse or bullying will affect the brain mass and functioning of that brain's region. When people experience chronic adversity or toxic stress during the critical or sensitive development period of a region of the brain, that region will adapt biologically. For example, a study published in 2012 reports that the hippocampus, a part of the limbic system in the brain, is highly affected by experiences from age 3 to age 5. Adults, who were of that age and experienced abuse, neglect, verbal aggression at home or by peers, may be dealing with the impact to the volume and the functioning of the hippocampus. One role of the hippocampus is to help us stay emotionally regulated during psychologically stressful situations. Other important roles are to reduce risk for stress-induced cravings for drugs, psychiatric disorders, short term and autobiographical memory, processing of visual information, navigation through space, and our ability to experience joy when something good unexpectedly happens in our lives. All of these are certainly relevant to how Care Net of Puget Sound's Parenting Mentors can help a family with parenting, attachment and establishing healthy patterns of family life.

Boys and girls have different biological responses to chronic adversity or trauma. For example, the Corpus Collosum is the super highway of the nerve cells that connect the right and left sides of the brain; and also connects the front and back of the brain. These connections are vital for complex thinking, integration of creativity and rational analysis, the integration of language and math and much more. The Corpus Collosum is impacted by experience from the time of conception through middle childhood. Within that time period, the brains of boys and girls respond differently to experience. For boys, the Corpus Collosum is most impacted when experiencing neglect in the infant and toddler years. For girls, the greatest impact is realized from sexual abuse in middle childhood (ages 9-10). While both boys and girls are affected by both neglect and sexual abuse, the ultimate affect to the mass and the functioning of the Corpus Collosum will vary depending on the gender.

Adversity experienced during human development may become hard-wired into brain and bodily functioning across the human's life course. There are at least five sensitive periods for brain development when experiences have a powerful effect on the brain mass and functioning of specific brain regions. Experiences realized during earlier sensitive periods will set a trajectory for later brain development.

As we develop through our different stages; in utero, our first five years, early childhood, pre-puberty, adolescence through early adulthood, experience shapes us. Experience can be positive or negative. For the individual who has learned to survive from adverse childhood experience (ACE), parenting can feel more difficult because is difficult, biologically. Every human being is created with core gifts that they offer to the world. They have strengths to build upon, offering significant contributions to the health and well-being of future generations.

## EXECUTIVE FUNCTION

Most parents enrolled in Care Net of Puget Sound's Parenting Support Program are young adults, under the age of 30. This is good news in terms of the neuroscience of adaptation.

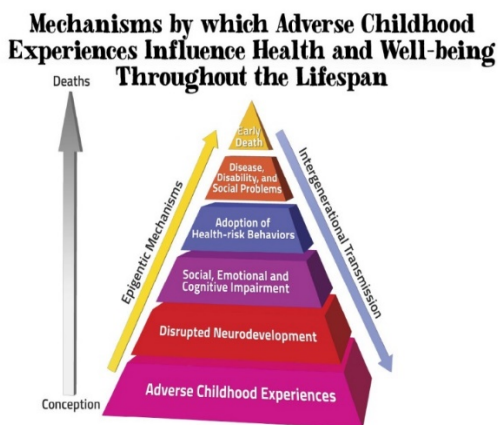
Executive function is a complex array of cognitive and self-regulation abilities that allow us to set a goal and take systematic actions to achieve that goal. Executive Function requires a lot of neuronal connections throughout the brain along with well-developed habits of using those connections in specific ways.

Elements of executive function include working memory, response inhibition, flexible thinking, emotional control, sustained attention, task initiation, planning, prioritizing, organization, time management, persistence, and metacognition (thinking about thinking). All these elements come together to help individuals and groups to achieve goals and aspirations.

Scientists believe that executive function continues to develop well into the latter part of the second decade of life. All this to say that the majority of the young parents we are serving in our centers in our parenting program can be positively impacted during one of the most powerful sensitive development periods of the brain; the period when connections among brain regions and development of capabilities necessary for goal-directed actions can be positively impacted by experience.

## THE ADVERSE CHILDHOOD EXPERIENCE STUDY

The Adverse Childhood Experience Study (ACE Study) is the largest epidemiologic study of its kind and reveals the most powerful determinant of the public's health. The study began in the early 1990's as a partnership between the Department of Preventive Medicine at Kaiser Permanente in San Diego, California and the Centers for Disease Control and Prevention in Atlanta, Georgia. Over 17,400 Kaiser Permanente members participated in the study answering dozens of questions about their childhood experience and giving permission for the investigators to access medical records. The study findings include correlations between ACE's (adverse childhood experience) and mental, physical and behavioral health and continued to provide findings across the life course of its participants.



Two physicians were co-principal investigators of the ACE Study; Dr. Vincent Felitti from San Diego and Dr. Robert Anda from Atlanta, Georgia. When the study was designed, the state of art for preventive medicine research was to identify risks for disease so that risks could be reduced, thereby reducing disease and early death.

After his award winning work in the field of heart disease prevention, Dr. Anda recognized that risk for heart disease did not occur randomly in the population. Rather, something was driving the risk. He and Dr. Felitti hypothesized that adversity during human development was impacting neuro-development, which in turn drives risk, disease and early death.

The investigators considered ten types of experience that occur within households that can be prevented.

Five categories of household dysfunction:

1. Mentally ill, depressed or suicidal person in the home.
2. Drug addicted or alcoholic family member.
3. Parental discord indicated by divorce, separation, or abandonment
4. Witnessing domestic violence against the mother.
5. Incarceration of any family member.

Three categories of abuse:

1. Child physical abuse.
2. Child sexual abuse.
3. Child emotional abuse.

Two categories of neglect:

1. Physical
2. Emotional

Major findings from the ACE Study includes:

1. Adverse childhood experiences (ACE) are common. About two-thirds of the population has experienced at least one, over a quarter of the population experienced three or more, over 5 percent of the population experienced six or more.
2. ACEs are common in all socio-economic groups.
3. ACEs tend to cluster. Where there is one category, there are likely others. Of the people involved in the ACE Study who have experience in one ACE category, 87% experienced others and over half experienced four or more.
4. Accumulation of ACE categories matter. The higher the number of ACE categories experienced, (ACE score), the higher the population risk for mental, physical, behavioral and productivity challenges.
5. There is a strong graded relationship between the ACE score in a population and the rates of mental, physical, behavioral and social problems, including the leading causes of death in the United States of America.
6. ACE scores are a good measure of the high doses of toxic stress experience during early childhood development. While ACE's are not the only kind of stress that shape neuro-development, the ten categories of experience listed above provide a solid indicator of the types of common toxic stresses that children experience.
7. We have a very strong case for asserting that the relationship between adverse childhood experience and its

effects is a causal relationship. The ACE Study meets all of the tests for inferring cause in epidemiology. In the years after the ACE Study publications began, neuroscience findings have affirmed the causal relationship between adverse childhood experiences and the ACE effect by explaining the biological pathways that make ACE's so powerful. For example, research about the impact of maltreatment on the hippocampus (a region of the Limbic System of the brain) found that "subfields of the hippocampus were significantly smaller among research subjects with an ACE score of three or more.

8. ACE's are the most powerful determinant of health because they drive the rates of so many problems and because they drive such a high percentage of the rates of those problems.

After the analysis of ACE prevalence in Washington in 2009, Dr. Robert Anda, co-principal investigator of the ACE study explained: "For an epidemic of influenza, a hurricane, earthquake, or tornado, the worst is over quickly. Treatment and recovery can begin. In contrast, the chronic disaster that results from ACE's is insidious, constantly rolling out from generation to generation.

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*"The great news is that what's predictable is preventable."*  
*- Dr. Robert Anda, 2009*

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The ACE Study is a study of population health. Knowing the prevalence of ACEs in a population reliably predicts the prevalence of many kinds of health and social problems. The ACE score of an individual provides us a window to a person's personal history. It is not an assessment or screening tool for an individual. When we learn about ACE history, we have a basis for the types of questions we could ask in order to know the person more appreciatively. ACE's are not a person's destiny. Talking to a parenting client about her ACE history opens an important conversation and provides a foundation for trust and partnership between the parenting client and the parenting mentor.

## STRENGTH

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*"Understanding a parent's adverse childhood experience takes nothing away from understanding her strength. It puts into perspective how spectacularly resilient she may be, the strengths she is building on for the next phase of her life, and opens the space to talk about the life she wants for her family and her new baby." -Laura Porter*

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After learning about brain science, epigenetics and adverse childhood experience, almost everyone wants to talk about strength. We want to learn how noticing and acting with strengths, core gifts, and healthy processes can generate solutions and focus communities on the best people have to offer. Our profound appreciation and respect for every human being draws us towards strength as a centerpiece for our work. But where does the term "strength"



come from and what does it mean?

Strength is a term that comes from the physics of materials. In that context, it means the ability to return to original form after having been bent or compressed. For example, bamboo is considered to be resilient because the plant can be bent to the ground and will spring back, grow well and be essentially unchanged.

But human beings are not based on the physics of materials. In humans, strength means the ability to return to original form is actually changed by experience through a complex process of adaptation. Adversity brings about a new form and function that fits the new environment.

Strength is more than the absence of psychopathology. It is not just recovery immediately after crisis. Strength is like surfing. It requires continuous balance and grace, ability to spontaneously respond to the demands of the unforeseeable dynamics of life, eagerness to learn and use new skills, and maintenance of one's physical and emotional health and one's spirit for living life with joy. We don't bounce back, we bounce forward; hopefully to a joyful and fulfilling life. Strength is a journey.

Strength is a developmental process. Essentially, this means that individuals develop the skills, characteristics and attributes that are necessary to adapt to the environment as it changes and as it challenges us. We have lots of opportunities to practice our strength. Every new situation, every challenge, every disappointment allows us to practice our strength muscles. With the help of relationships, culture and environment, we build up strength. None of us is perfect! We all have had experiences where we didn't adapt very well. Maybe we got a new boss at work. Or a teenage child brought home a new and terrible girlfriend. Or we got a divorce. And for a time, maybe a long time, we had difficulty doing work, communicating or having an even temper. Maybe we cried or yelled or acted inappropriately. It's important to recognize that because resilience represents our ability to have and apply skills and attributes when faced with challenges, it occurs along a continuum. It is possible to be perfectly resilient in one setting and do very poorly in another.

## FOSTERING STRENGTH

We know that all humans fare better when they live in healthy relationship with others. People do better with a history of nurturing for generations, a current experience of belonging in nurturing and healthy families, and when they live in healthy communities. We are affected by nested environments, and by both our generational history and our hope and aspirations for the future. Individuals, as well as families and communities, can be more or less resilient.

There are three systems for promoting strength in individuals, families and communities.

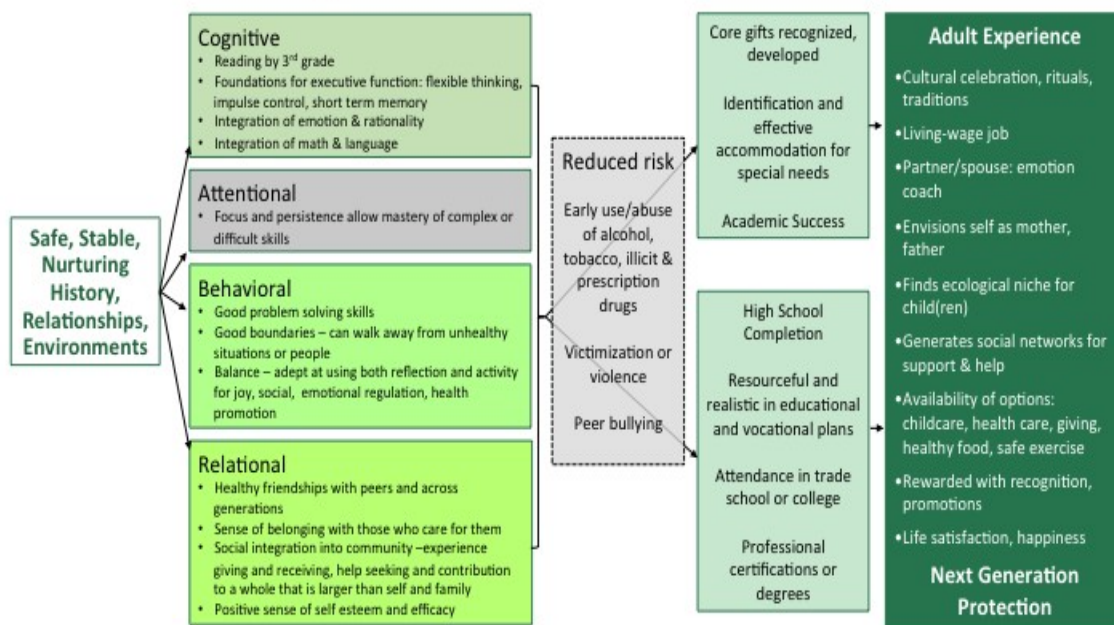
1. Capabilities
2. Attachment and belonging
3. Community, culture and spirituality

Referring to these three systems, Dr. Ann Masten, a leader in strength research explains: "These systems afford the most important preparation or "inoculation" for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals." (Masten, 2009)



What kind of capabilities have strength researchers found to be important for fostering resilience? Capabilities are developed sequentially; early accomplishments for a foundation for later strengths. For individuals, there are developmental milestones that are associated with strength; like reading well by age 10, emotional regulation, self-efficacy and self-esteem. These capabilities, we want to keep in mind, can be harder for people who experienced toxic stress during development. When one capability is difficult, another may be possible. As we support development of capabilities in individuals, we need to keep in mind the individual's core gifts and help to develop capabilities that are a good match to those gifts. Capabilities are developed throughout life and some are especially important to develop during early adult years as people become parents. Dr. Katherine Barnard found that young pregnant women and new moms and who found an ecological niche for their children, such as a circle of friends for themselves that included playmates for their babies and toddlers, had better child and mom well-being. Young parents who have options for childcare and who are recognized for their strengths and talents are also more likely to flourish.

## Progressive Nature of Flourishing



Emotional regulation is important for lifelong strength; yet emotional regulation can be more difficult for people who experienced a lot of adversity during childhood. Here is a list of things that help adults self-regulate:

- Mindfulness, reflection, biofeedback, massage, movement and music, exercise and play (including activities that integrate visual information with fine and gross motor movements like striking, kicking, and catching, or physical activities for exploration of environment), and practicing connection with other people.

Self-efficacy is a person's believe that her actions influence what happens to her. People who have experienced

trauma have also experienced the loss of choice or the loss of efficacy. That makes it very hard to answer a challenge with effort or to believe in oneself or others. That is why it is important to focus on choice instead of control, to offer options and ask about preference, rather than promote one way of being or doing. Facilitating opportunities for people to give their community or family something of real value helps build efficacy. People want to give. In the act of giving, we can build skills that are complex and take time to develop. Those skills help to further develop self-efficacy. Self-efficacy is a good thing. But the truth is that none of us can control many of the things that happen to us. So, it's important to develop relationships with people who help us find a balance between knowing that our efforts are valuable and accepting that some things are out of our control.

#### The Serenity Prayer

God grant me the serenity  
to accept the things I cannot change;  
courage to change the things I can;  
and wisdom to know the difference.

Living one day at a time;  
Enjoying one moment at a time;  
Accepting hardships as the pathway to peace;  
Taking, as He did, this sinful world  
as it is, not as I would have it;  
Trusting that He will make all things right if I surrender to His will;  
That I may be reasonably happy in this life and supremely  
happy with Him forever in the next.

Amen

#### Endnotes

- i. Childhood maltreatment is associated with reduced volume in the hippocampus subfields CA3, dentate gyrus, and subiculum; Teicher, M; Anderson, C; Polcari, A; February 28, 2012, *Proceedings of the National Academy of Sciences of the United States of America*, vol. 109 no. 9
- ii. Guare and Dawson, 2013, pp. 42-43
- iii. Childhood maltreatment is associated with reduced volume in the hippocampus subfields CA3, dentate gyrus, and subiculum; Teicher, M; Anderson, C; Polcari, A; February 28, 2012, *Proceedings of the National Academy of Sciences of the United States of America*, vol. 109 no. 9
- iv. Krista Goldstone-Cole, 2008, *The High Cost of Adverse Childhood Experience*; Washington State Family Policy Council

## **PARENTS need to know the truth about POWERFUL DETERMINANTS OF THEIR CHILDREN'S FUTURE.**

The most powerful people to reduce ACE scores in the next generation are the adults parenting the next generation. Parents can change the course of behaviors and patterns of future generations. They have the most opportunity and the most potential for changing the trajectory for generations to come. But parents must first know of the habits and behaviors they inherited while growing up to be able to change things for their children. They must be made aware about ACE's and their effects in order to realize the potential for a better future for their children. (1)

We use to think that a person who experienced a type of adversity, for example physical abuse as a child, was more likely to pass that type of adversity on to their children. In other words, more likely to physically abuse their children. But, data about ACE's shows that intergenerational transmission is not that simple. Normal responses to experiencing maltreatment during development can, for example, include depression, risk for alcohol dependence, and difficulty with emotional regulation that can lead to relationship problems. These risks, when manifested,

become ACEs for the next generation. Parents can do a great job protecting their children from physical abuse, and if they don't know the importance of also protecting their children from other experiences that generate childhood toxic stress, they don't have the opportunity to protect their children from the effects of that stress.

Because ACEs can affect emotion, behavior, and illness, adult history of ACEs can affect the climate inside the family or household. Parenting adults may affect this climate through over-disclosure or through avoidance (including numbing of emotions and avoiding reminders of past experiences) or through chronic illness that can make it difficult to actively engage with children. Parents who know the impact of ACEs and have a chance to reconstruct personal narrative about their lives can make meaning from their experiences and intentionally chose a more protected developmental path for their children. They also report feeling more self-worth and fulfillment in their lives.

One parent, after learning about ACEs and having a chance to talk with other parents about her experience reports:

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*"The ACE Study gave me my humanity – my mind and body adapted to the experience I had as a child just like everyone else's did. I just had more adversity."*

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*"I feel human now. When I want something for my children, people know it's because I want something better for them than I had for myself."*

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(1) <http://www.relevantmagazine.com/life/relationship/features/24911-escaping-the-sins-of-our-parents>

## NEAR TOOLKIT

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Parents deserve to know the largest public health discovery of our time. They should have the opportunity to talk about their own life experience and consider how they might like to use new scientific discoveries to give their children greater health, safety, prosperity and happiness than they had.

Just in the past two decades new technologies, new ways of thinking and new alliances among experts from many disciplines have combined to reveal key answers to an age old debate: nature vs nurture. (1)

We now understand how adversity becomes embedded into biology, behavior and risk, and how simple supports and opportunities can deliver stunning improvement in the lives of the people we are and the people we serve.

Life is complex. And the story of how lives unfold is equally complex. In this toolkit, we combine into one science discoveries from:

- Neuroscience
- Epigenetics
- Adverse Childhood Experience (ACE) study
- Resilience Research

### The science of NEAR

Materials in the toolkit have been adapted from the NEAR@Home – home visiting procedures. This toolkit was adapted for the parenting mentors, staff and directors of Care Net of Puget Sound's Parenting Program.

When we avoid talking about ACEs, we may inadvertently send a message that people should be ashamed of their childhood experience. (2) Shame can increase risk of intergenerational (sin) transmission because it reinforces one of the pathways for transmission: avoidance. A parent may re-create the emotional conditions of past adversity without consciously choosing this path for her children. People need to have an opportunity to appropriately and voluntarily share information about their personal histories as a part of the healing process.

Parenting mentors have pre-evangelism relationships with their clients. They are highly skilled in building trust and creating safe spaces for meaningful conversations, and they are practiced in the art of spiritual support. Adopting a protocol of asking, listening, praying, affirming and remembering the life experience of each parent, including her ACE history, can be an important part of strengthening each family.

(1) Therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all people, because all sinned... Romans 5:12

(2) for all have sinned and fall short of the glory of God... Romans 3:23

## BECOMING NEAR INFORMED

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### NEAR EDUCATION

Implementation science tells us that for an intervention to be successful, all layers of the program must be informed, involved and committed to the process. Brining NEAR science into Care Net of Puget Sound's Parenting Support

Program requires all staff involved to have education about NEAR. We recommend for all staff to complete their own ACE histories privately, without sharing the score. Completing a personal ACE history is an important process for staff to understand the process parenting mentors will have with families. It is possible that a significant portion of staff will have high ACE scores.

Items in red are elements important for successful evidence based curriculum

## 1. REFLECTIVE SUPERVISION

Before introducing NEAR into our work, we recommend that Care Net of Puget Sound's Parenting Support Program have established, ongoing quality reflective supervision (RS). RS is required by all evidence-based parenting support program models. There are different models of RS, but there are some shared goals and processes. RS provides critical emotional support to staff and volunteers who carry a burden of secondary trauma and expectations of sharing Biblical Truth. RS builds capacity to deliver truth to families with safety, integrity, quality and fidelity; it provides a model for the parenting mentor of how to be with the client and family. Quality RS requires a trusting relationship built by regularity predictability and mutual respect. Becoming reflective is a developmental process and is best supported when both the supervisor and the supervisee are committed to the process and bring attitudes of curiosity, empathy, openness, self-awareness and respect.

S. Scott Heller & L. Gilkerson (Eds.), *A Practical Guide to Reflective Supervision*. Washington DC: Zero To Three.

<http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/three-building-blocks-of-reflective-supervision.html>

## II. DIMENSIONS OF SAFETY

The most common type of safety discussed in the majority culture in the United States is physical safety, yet that is not the only kind of safety we should consider as we infuse NEAR Science into appointments. Physical safety, psychological safety, social or relational safety and moral safety are all important capacities that we need to foster in ourselves and the environments we create, as well as the families we serve.

- **Physical safety** means that the physical environment is protective – designed in a way that prevents problems before they arise.
- **Psychological safety** refers to the ability to be safe with one-self; to rely on one's ability to self-protect against any destructive impulses coming from within or derived from other people and to keep one-self out of harm's way. Discernment from the Holy Spirit is paramount. This ability to self-protect is one of the most shattering losses that occur as a result of traumatic experience, and it manifests as an inability to protect one's boundaries from the trespass of other people. Another loss is a sense of self-efficacy, which is having the ability to relate to the world on one's own terms without abusing power and without being abused by it. A sense of personal safety is achieved as the injured individual learns how to be effecting in protecting herself from violations of personal and psychological space.
- A **Socially Safe** environment is one that is free from abusive relationships of all kinds. People are not isolated but are connected in a network of support. Emotion is successfully managed and the level of emotional intelligence is high. The past can be looked at, dealt with, and finally left behind. There is tolerance for diverse opinions, beliefs and values but what ties everyone together is a shared belief in the importance of being safe. Boundaries are clear and firm, but flexible.

- **Moral Safety** includes giving attention to the question, “Are we helping, or are we hurting?” Organizations and groups that invest in reflection, honest appraisal, open dialogue and principle-centered practice promotes moral safety. Based on Sanctuary Model <http://www.sanctuaryweb.com/safety.php>

### III. CLIENT-CENTERED

A client-centered, goal oriented approach to working with families is based on viewing challenges or problems as an opportunity for growth. Being client-centered is deeply knowing the client has the ability to make changes and to move forward, presenting Biblical Truth and values (1) not our own biases when speaking with clients. The client-centered parenting mentor focuses on the client’s positive achievements, however large or small, to encourage continued movement toward the goal. The client sets her goal through the parenting mentor’s facilitated exploration of class choices. The parenting mentor offers partnership in moving toward the goal. Key concepts: The client is the expert on her life. Focus on strengths. Only a small change is needed. Assume her intentions are for the best.

Based on Solution-Focused Brief Therapy [http://www.sfbta.org/about\\_sfbt.html](http://www.sfbta.org/about_sfbt.html)

### IV. RELATIONSHIP-CENTERED Jesus seeks relationship

Care Net of Puget Sound affirms that each person is fearfully and wonderfully made. We seek to serve the whole person (body, soul, spirit) physical, emotional and spiritual, a holistic approach. We prioritize the salvation relationship of the client and the Lord, Jesus Christ as a model of the perfect parent-child relationship. The parenting mentor and the parent are the primary tool to support engagement and learning, and to motivate the parent to reflect on and make positive changes in the family environment. A central goal of this relationship is to invite the client to make decisions to insure a strong and safe attachment relationship between the parent and child. Attachment processes interact with and impact brain development, epigenetics, and physical and socio-emotional health and development. Our attachment relationships in infancy are the foundation for all emotionally intimate relationships throughout the life span: familial, romantic and parental.

(1) CNPS prospective interview form

Attachment is a biologically driven process intended to keep us alive.

- The young child survives, stays safe and develops by engaging with a protective parent.
- The child adapts to his or her family as a way to keep the parent engaged and protective.

In healthy families, the adults prioritize the infant’s needs and change their life to care for and protect the infant. In families who are coping with a lifetime of overwhelming stress, the parents are sometimes so focused on survival that the infant needs for protection and nurturing are unmet. ACEs can be experienced by the very young child as life-threatening because their survival depends on a protective relationship. Attachment theory poses that the infant feels: “I must be unlovable if my own parents don’t protect and care for me.” If this is the constant relationship environment, without protective relationships and experiences, the child internalizes these experiences and views herself as inadequate, unworthy, shameful and lacking adequate self-regulation; she experiences the world as unsafe. Note that ACEs research has all of childhood in the same category, though we know some periods of development are more vulnerable.



Coping with unsafe attachment and ACEs can lead to similar behaviors: risk-taking, impulsivity, substance use, mental illness, and unsafe and revolving relationships. Thinking about clients in the context of ACEs and attachment helps us to understand a client's behavior. For the ACE survivor with an unsafe attachment history, the experience of being with someone who can think about her and see her as important and capable, hopeful person might be difficult and scary. The opportunity to be heard, understood, and accepted by the parenting mentor can be a powerful experience for the ACE survivor in developing healthier and more flexible coping and adaptive strategies.

With different stages of development and a widening circle of relationships come potential opportunities for adapting a more flexible, balanced way of relating.

Bringing NEAR processes into the ministry helps parenting mentors find compassion, patience and stamina to:

- Meet the client where she is at.
- Stay engaged with her even when she is acting difficult.
- Understands that what might appear to be small steps of change are really leaps forward.
- Address spiritual issues with discernment.
- Develop her accommodations to ease ACE-related challenges in her life, and help her to better protect her children from ACE accumulation.

*Based on: Patricia McKinsey Crittenden, Raising Parents: Attachment, Parenting and Child Safety. Willan Pub., 2008*



## MENTOR TRAINING

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The Core Elements include scripts to support learning and to bring a degree of consistency to this process. Scripts reflect the diversity of roles and experiences among parenting mentors. Each parenting mentor should use and adapt scripts that feel authentic. The scripts are not intended to be memorized. The critical element of the script has been bolded.

“How have these experiences affected you?” is the script shown to be effective when used by physicians in the original research project at Kaiser-Permanente. They also discovered that contrary to their initial expectations, not a single person of the approximately 17,000 patients needed to access emergency psychiatric help.

1. Parenting program staff is introduced to NEAR and have completed their own ACEs questionnaires privately.
2. Program staff and parenting mentors are committed to using ACE questionnaires to discover ACE scores.
3. Supportive structures are in place (reflexive supervision and reflective case conferencing.)
4. Relevant protocols or policies are written (mandated reporter, documentation, HIPAA, red flag issues and resources)
5. NEAR Training Session: As a team, take turns reading out loud each section of Core Elements of a Parenting Intake Appointment, then discuss. This allows for deep reflection. We are more likely to remember and repeat what we have said out loud to another person. The scripts are not intended to be memorized but used for learning. “How have these experiences affected you?” is the script used by providers in the original research project at Kaiser-Permanente and has data to prove its effectiveness. Adapt and write your own scripts to fit your style but honor the intention and process of the original script.
6. Practice, practice, practice! In groups of 3, if possible, parenting mentors and staff-role play using the provided scripts. Rotate being the client, the parenting mentor and the coach who observes the process and offers suggestions to the parenting mentor. Discuss in your larger group what it was like to be the client and the parenting mentor.
7. Ask each parenting mentor to commit to doing Parenting Intake Appointments within one week and continue to prioritize as many NEAR visits as possible in the following six weeks. Expect some messiness as experience is developed. It is more important to bring NEAR to families than being perfect.
8. Directors and trainers use reflective supervision and case conferencing to facilitate this learning.

## CORE ELEMENTS OF A PARENTING INTAKE APPOINTMENT

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*“Slowly, I have come to see that Asking, and Listening, and  
Accepting are a profound form of Doing”*

Vincent J. Felitti, M.D.

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### Preparing for Implementation

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#### A. WHAT:

Set program-wide goals to determine when to introduce NEAR and gather an ACEs history.

#### WHY:

Share expectations of how and when the NEAR visit will occur to assist the parenting mentor in achieving this goal.

#### CONSIDERATIONS:

The Director will track NEAR visits and use reflective supervision in overseeing the consistency of NEAR visits.

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#### B. WHAT:

The Director and the Task Force decide how to introduce NEAR and gather an ACEs history (a NEAR visit) to successfully fit the model’s process and Care Net’s Mission Statement.

#### WHY:

Honor the model and staff expertise. Support professional development of volunteers and staff.

#### CONSIDERATIONS:

The NEAR visit is a part of the intake. The results are used to discuss goals and to help clients plan their sessions. Mentors will explain the benefits of NEAR information in their parenting education goals.

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#### C. WHAT:

As staff and volunteers learn, the Director supports parenting mentors in preparing for a NEAR visit using role playing. Parenting mentor can also use self-reflection on previous NEAR visits.

#### WHY:

A goal is safety and accountability through Buddy Checks, chart reviews, and **Mentor Meetings** that will allow learning and receiving support from peers and leadership.

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#### D. WHAT: Introduction timing and privacy

Plan the NEAR discussion to take place at the intake appointment.

At the start of the intake appointment, the parenting mentor asks the client if this is a safe day to discuss

sensitive, personal information. If there is any concern, delay the NEAR visit to another appointment. Clients are shown respect when the NEAR visit is on their time table.

**ACE visits should be one-on-one and not done as a couple or in a group.** Refrain from having the client complete the ACEs questionnaire if there is anyone else in the room (like older children, parents, a friend). Confidentiality for the client's sake is key.

**WHY:**

Maintaining a trauma-sensitive approach avoids surprises and demonstrates respect for the client. Promote her self-efficacy by offering her (him) a choice.

**CONSIDERATION:**

Privacy is considered a part of safety.

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**E. WHAT:**

**Ask for prayer during devotions when a NEAR discussion is planned.**

The parenting mentor should be calm and self-regulated and fully present with the client. If the Parenting mentor is having a bad day or is not feeling well, consider postponing the NEAR discussion. Balance the day so that some appointments are likely to be lighter than others in content.

**WHY: Listen to the Holy Spirit**

The parenting mentor's state of mind and spirit is critical for a safe and respectful NEAR visit. People with a trauma history, whether ACEs or other, will be sensitive to a parenting mentor who is not fully present. As parenting mentors work with clients with significant ACEs history, they too develop sensitivities and may have unintentional emotional responses to the discussion if they are engaging in this conversation while battling personal stress.

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## ACE Worksheet Dialogue

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**A. WHAT:**

Start the conversation by offering information on NEAR science.

**WHY:**

Offer accurate information in a manner tailored for each client.

*"... And now the scientists have proven that the things that happen to you when you are young, both good and bad, can affect your health for your whole lifetime. The good news is there are things you can do to buffer some of those experiences, so you can be the kind of parent you really want to be, be healthier, and do the things in life you hope to do."*

**"Remember when I told you we would talk about some sensitive issues today?"**

*(Wait for response)... "Well, part of what we like to offer you in our parenting program is*

*information on the latest, and best scientific findings on how you can be the best parent you can be. We are learning how powerfully affected our brains become by the stuff that we experienced when growing up. These experiences can be good experiences and they can be bad experiences. You are able to learn how your experiences shaped the person you are today and how these experiences can impact your success as a parent making this time of your life easy or difficult.*

**“We ask all our parenting clients these questions.”**

*“Many parents I work with find it very helpful to learn how their own adverse childhood experiences impact their parenting skills and consequently create and develop experiences in their children that continue unhealthy patterns in their lives. Knowledge is power and will give you the ability to see the stumbling blocks ahead and make changes along the way to lessen their impact. We do this by having you complete a questionnaire which will result in what we call your ACEs score. (Adverse Childhood Experiences Score) Knowing this score helps us **plan together** about how you can **protect your child/children** from having similar experiences. We can work on this questionnaire during this visit and determine your score. Remember, anything you share and everything we discuss is confidential.*

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## **B. WHAT:**

Remind the client that Care Net of Puget Sound is a mandated reporter.

*Remember that your best interest is a priority and I will respect confidentiality. If there is ever an exception to this, it's when there is something unlawful happening. We are responsible to report any concerns about **child abuse or neglect**.*

## **WHY:**

Care Net of Puget Sound is a mandatory reporter. If parenting mentors discover anything of concern, *bring the information to your director. Your director will make a report if needed.* Reporting does contribute to the safety of the family. Your center staff is familiar with state and agency policy on mandated reporting.

## **CONSIDERATIONS:**

When an ACEs questionnaire is completed by a minor (***a person under the age of 18***) attention is given to questions that identify abuse (circled, checked or otherwise indicated). The parenting mentor is required to report this to his/her director and CNPS is obligated to respond.

*“One of my very important responsibilities is your safety. If I am concerned about your safety I will talk to you about it and share the information with my director.”*

*“I will keep your answers confidential unless you share something that I need to report.”*

*“I will keep answers confidential unless you tell me about abuse that is happening to children or vulnerable adults, or have intent to harm yourself or someone else.”*

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**C. WHAT:**

Ask the client if this is a good time to do the ACEs history questionnaire.

**WHY:**

Asking the client this question offers a choice and contributes to trust and self-efficacy, while also indicating the importance of the questionnaire and its ultimate results. This is called trauma-informed strategy.

**CONSIDERATIONS:**

Experienced parenting mentors might be able to have a sense of the client's ability and capacity to complete the ACE's questionnaire and stay regulated. Parenting mentors can use their own judgement in deciding to offer education but delay the ACE's questionnaire. Parenting mentors are encouraged to speak to their directors about this for their support.

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**D. WHAT**

If the client agrees to complete the ACEs questionnaire, explain that the outcome is to discover her total score; not to discuss the details of any of these experiences. The client may choose to read and respond to the questions herself/himself or if she prefers the parenting mentor to read the questions to her/him. If the second choice is more appealing to the client, encourage the client to maintain her own answers/tallies.

If the client declines the ACEs questionnaire, ask if you can bring up the questionnaire at the next appointment. If the client still declines, thank her/him for the clarity but also let them know that they can change their mind at any time. All they need to do is let you know.

**WHY:**

The science is clear. No one category on the questionnaire is more important than the other. It is the cumulative load of experiences that contribute to the life course impact. *Respecting the client's decision to decline the questionnaire is trauma-informed and client centered.* You have offered important information even if she does not want to take the next step of completing the questionnaire. The client is aware that her/his life experiences can impact the success of their parenting goals for their child. Informing the client that you will offer the questionnaire at another visit will give time to process the information and will support accountability to the program goals.

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**E. WHAT:**

During the same visit, you will review the questionnaire, calculate the score and discuss the score with the client.

**IMPORTANT Considerations**

The total score is important. **DO NOT ask for or probe for details of each experience.** See below for options when a client chooses to share. Remember that the score might not reflect the client's entire history. Some people are not ready to share all the details of their life. It is not the parenting mentor's job to force the truth.

The following are script responses that will offer support:

**For low scores or a score of zero, some options for response:**

***"Thank you for thinking about these difficult questions. Many of us who have had some of these experiences find we have to work harder at just about everything in life: staying healthy, quitting smoking and being a good mom. If you know someone who might have had these kind of experiences you can help by being there for her and sharing this information."***

***"We tell all of our parents this information because we know that they are hoping not to see their children have similar difficult experiences in their lives."***

An important part of building resilience is defining the meaning of ACEs. This script will let the client know she was "heard" and that the parenting mentor is open to help her.

**For scores over 0, some options for response:**

***"Thank you for thinking about these difficult questions. Did these questions make sense to you? I see you have had some/many/all of these difficult childhood experiences. How do you think these experiences have affected you?"***

***"Thank you for thinking about these difficult questions. Many of us who have had some of these experiences find we have to work harder at just about everything in life: staying healthy, quitting smoking and being a good mom."***

***"As your baby grows we will keep talking about how brains work, how to manage stress."***

Parenting mentors are encouraged to bring NEAR appointment concerns to dedicated Parenting Mentor trainings so that everyone can share what has worked, analyze what did not work as well and create adaptations for different families.

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**F. WHAT:**

How parenting support program clients might respond to learning their ACEs scores:

- "Well, duh!"
- "No wonder I'm so messed up! ... Sick all the time... Can't quit using..."
- "Now my life makes sense!"
- "My kid has already had some of these experiences."
- "I want it better for my child."

**CONSIDERATIONS:**

This is an opportunity for universal education and builds resilience. This is also an opportunity for reducing shame by identifying that everyone has adverse childhood experiences that have shaped and become a part of their life's story. This is a guaranteed consequence of our fallen world. Sin affects everyone! The mentor

might choose to make joining-normalizing statements by subtly sharing that she also has ACEs in her/his life story.

*My mom had a lot of ACEs in her childhood. When she decided to follow Jesus, she chose to make better decisions and choices for her life so her children would not have to deal with all the issues she experienced. I've benefitted by her decision by not feeling the burdens she has in her life. Consequently, my kids experience fewer still. We want to break the chain!"*

Of course, discretion is important. It would be inappropriate to share details of the mentor's ACE's score or specific life experiences. As it applies to the clients, it's not about the details of experiences but the cumulative load of ACEs that impacts the life's process and journey.

*"Many of us with high ACE scores have found we might have to work harder to achieve our goals but we still get there!"*

*"You might not have known this, but many people, all kinds of people, have high ACE scores: Doctors, teachers, and others."*

## Listening and Leading

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### A. WHAT:

After you have asked, "how have these experiences affected you?" WAIT...wait and wait. 30 to 60 seconds of waiting for her response could seem like forever. Focus on keeping yourself calm, receptive, and present. Notice how your body feels. You can count your breaths or push your feet against the floor to stay calm and alert.

### WHY:

Listening is critical! You honor her life story through your spacious listening. Self-regulation and being fully present is vital at this moment. Remember your AACC Pregnancy Coach training.

---

### B. WHAT:

If the information is overwhelming and she says, "My whole life is messed up," the mentor should breathe and pause. Don't be tempted to rush in and say "nice things" or become swamped with your own emotions. Watch the client. If she seems sad or pensive, or she wants to think and reflect, stay there with her. **Don't probe for details!** The goal is to recognize what she said, letting her lead, clarifying her statements and remaining open to her needs. This helps her build reflective capacity and resilience.

*"You've had a lot of tough/difficult things happen in your childhood, this is so hard to think about" (Then wait, wait, wait)*

*"It sounds like these questions brought up some feelings for you. If you want we can talk more."*

*"I heard you say..... I am wondering if this is something you want to talk about now or maybe later?"*



If she is silent or says she doesn't know how these experiences have affected her, pause. Don't fill the space. She is not ready or doesn't feel safe to go further at this time.

*"It is **hard to think about all this right now. Or who can you talk to tonight, or tomorrow that will support you?**"*

*"We can keep **thinking about this together.**"*

---

### C. WHAT:

Her score is higher and she says, "It hasn't bothered me at all. I'm fine." Do not challenge her response or agree with her; remain neutral.

*"Maybe you have had some people in your life who helped you through hard times." "How do you think you have protected yourself?"*

---

### D. WHAT:

If she starts to share details of her experiences, ***Breathe, self-regulate and find a safe way stay within your own scope of practice*** as outlined in the Parenting Support Manual

- To inform pregnant woman and fathers about their pregnancies, their changing bodies, and their developing unborn babies.
- Teaching mothers and fathers' positive ways to parent their children including healthy discipline and emotional nurturing.
- To help women connect and bond with their unborn babies.
- To provide knowledge about pregnancy to enable them to make good decision during and after their pregnancies.
- To break cycles of poor parenting and abuse.
- To share the Gospel of Christ through word and deed.

### WHY:

It is not the role of parenting mentors to probe for details. How the mentor responds to the client's sharing the details of her life is a critical part of the mentor/client relationship which keeps the client safe and respecting boundaries.

### CONSIDERATIONS:

Listening is very skilled and difficult work. The parenting mentor should avoid burnout and compassion fatigue, or risk the desire to "shut down" or develop blurred boundaries. This **REQUIRES** lots of attention, case review, reflective supervision, peer support and self-care. Practice utilizing the following examples of how to de-escalate client emotional responses.

*"I see you're getting pretty upset. I want to support you, but **first of all I want to help***

*you be safe, emotionally as well as physically. This is very powerful, painful stuff. What do you usually do to help yourself feel calm?"*

*"I really **appreciate your courage** in thinking about and sharing these difficult experiences, but I do not have the right expertise to help you walk through these details. **I can help you find the right person who can help you.**"*

*"Let's take some deep breaths together. **It's so hard to think about these things.** I really appreciate your courage! **Are you ready to shift** and think about how would you like your child's life to be different?"*

*"As you are telling me these things I notice my stomach is hurting. I'm guessing you are also feeling pretty bad inside." (This joining statement requires skill to be authentic and not add to her burden.)*

Everyone will have different levels of skills in responding to disclosures and discussions of specific incidents. Parenting mentors should use their judgement in choosing how to respond to the client. However, not responding is just as problematic and disrespects the client. It is better to err on the side of grace and mercy even if making a mistake than to ignore her emotional state and verbal statements. See below for some thoughts on how to repair the conversation if this process was messy.

It takes practice and reflective supervision to develop the skill of being fully with someone without sharing despair and pain, and how to know when to move the conversation towards redemption and hope.

### **CONSIDERATIONS:**

Survivors of childhood abuse and trauma – both client and staff – might need firm and calm support to cope with a flood of feelings. This is an opportunity for the parenting mentor to model a strong, protective stance which, in turn, will show the client how she could accomplish the same when with her child.

Parenting mentors can use calm support while coping with a flood of strong feelings.

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### **E. WHAT:**

Move to discovering and building restoration and hope. Be very intentional about affirming the courage it took for the client to recall these experiences. Make a concrete connection about the client's willingness to look at her ACEs and how this step is a solid start in adding good experiences that will build resilience for her as a parent and how it will positively impact her child and family.

Be sure to finish the NEAR discussion with a clear emphasis on building strength. If the client cannot think of a specific goal in the moment, assure her that you will work on this together. The goal is to discover what is important for her.

*"With all the things that happened in your childhood, **how have you managed to finish high school and be such a great mom?**"*

*"How would you like your child's life to be **different than yours?**"*

*We should of known better long before this; the Bible addresses generational sin and the importance of breaking its patterns. But what we didn't know back then was how much impact the bad experiences of childhood sticks with us into adulthood. **We thought children forget, but now we know differently.** How will this knowledge make things different for your child?"*

**WHY:**

Assuming her best intentions builds self-efficacy and resilience. Making meaning contributes to resilience.

Sharing a statement about NEAR research, which we did not know "back then" is a way to defuse any defensiveness and tension that exists between your client and her parents. It opens a door to think differently about their relationship. Prayerfully in time, allow for reconciliation and healing.

## Accepting and Affirming

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**A. WHAT:**

Sometimes the parenting mentor will know enough about the client to realize that an ACEs score of 0 may not accurately reflect the client's life story. Regardless, the parenting mentor should accept the stated ACE score.

**WHY:**

A client might not feel ready or safe to disclose her ACE history and the questionnaire will result in no or a low ACE score. We will assume she has a really good reason for not disclosing. It is the client's right to protect herself in this way. Even if she appears to be ignoring you, remember that you have planted a seed and assume her best intentions.

*"Thank you for thinking about these difficult experiences. **This is hard work!** We can talk more about this another visit." (Pause) "Are you ready to have some fun now? Do you want to try this new activity I brought for you and your baby?"*

*"We **hope all parents can learn** about this science of stress and brains. Maybe you have a friend or sister **you can share** this pamphlet and information with."*

---

**B. WHAT:**

Before you move away from the discussion of her ACE score, offer the client some anticipatory guidance on how she might be feeling extra stress after her visit.

*"**Sometimes after talking about ACEs** people find they are extra sensitive or touchy. Maybe they don't sleep well that night, or maybe they feel very tired. This is a good time to be gentle and patient with yourself. Take good care of yourself. Maybe go for a walk, take the kids to the park, talk to a friend, pray and eat some healthy food. **Who would you call if you were feeling pretty stressed?** I'll be thinking about you and check in with you on our next visit."*

---

**C. WHAT:**

Be sure to end the visit with hopefulness. Find a moment to thank her for thinking about the difficult topics and exploring her goals to help her child have a better, safer childhood than she experienced.

## Remembering

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**A. WHAT:**

Check the plan section for parenting support notes to remind you to check in on the NEAR process at your client's next visit.

*"Last time we talked about some difficult things - your high ACE score. That was hard work! I **imagine you might have been thinking about it since then.** How has this last week been for you? Any thoughts you want to share with me today?"*

---

**B. WHAT:**

If during the parenting intake/start up appointment, you didn't respond to her in the way you wished you had, you can revisit it. It is better to repair than to avoid talking about NEAR because you don't have confidence in your skills.

**WHY:**

Messing up presents a golden opportunity for repairing and strengthening your relationship. Acknowledge that everyone messes up at times. This is an opportunity to model healthy relationships.

**CONSIDERATIONS:**

Even the most skilled, experienced parenting mentor will have an opportunity to practice repairing the interaction or relationship. Reflective supervision provides crucial support.

*"At our last visit when we talked about your ACEs history, I wish I had given you more time to talk. **I'm sorry** I rushed you. Would you like to talk about it some more now?"*

---

**C. WHAT:**

Consider offering other **relevant referrals** bringing her ACE score into the discussion in relation to the referrals.

*"You mentioned struggling with feelings of depression. Depression has many causes but having a high ACE score **increases the likelihood** that a person will struggle with depression. Would you be interested in referrals that might help you in this area?"*

---

**D. WHAT:**

Find times or events, successes and challenges, during the course of your time with the client to bring up and link her ACE history to the topic or challenge. Use natural or program anniversaries to offer a thought that links her ACE score to her accomplishments.

*"I see how gently you respond to his crying because he already is learning how to calm himself. I am **blessed to witness how you are able to do this** when you did not have this kind of parenting based on your high ACE score."*

*"You are trying so hard to quit those cigarettes. **Those of us with a high ACE scores have to try many, many times to succeed with a challenge but we do succeed!** Keep trying!"*

*"Your baby is 1 year old! He is so smart and happy! I very much appreciate **how hard you had to work** to keep him safe from \_\_\_\_ so that he could grow and develop so well. I remember you told me your ACE score was 7. **How were you able** to find the inner strength to do this for him?"*

**WHY:**

It builds strength and reminds your client that you are a safe and accepting person who she can talk to about difficult things.

**CONSIDERATION:**

It takes practice to know when to link your conversations back to ACEs. Not too much, not too little. Too little or no referencing suggests her life (and, by extension, she) is too shameful to think about.

## Following up

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**A. WHAT: Charting**

Documentation: Follow Care Net of Puget Sound's guidelines. Do not put the client's completed ACE's questionnaire in the client's folder. The only information you retain is the ACE score. Here is some sample documentation:

*1-1-2014*

*NEAR appointment completed: Client very interested in info on brain development, ACE history completed, score 7, client expressed relief at learning her ACE score and stated she felt the impact on her life might be her anxiety and choosing not safe partners. Agreed to plan of continuing to think about this and how to build her strengths. Client goal is for her baby not to witness DV.*

*1-1-2014*

*NEAR appointment completed: Client interested in info on brain development and was able to think about her child's brain with their current stress of being homeless. ACE history completed score 9, client became quiet where she had been animated during discussion of brain development. Client denied knowing of any impact to her life from her ACEs. Offered prayer and support for this having been a difficult conversation. Emphasized her successes in keeping her children safe and quitting smoking. Client*

*agreed that we will revisit her ACE score and impacts on our next visit. By end of visit client seemed tired, thanked me for visit. Plan for next visit: check in, 5.2 newborn care.*

**WHY:**

The ACE's score tells us all we need to know. It provides a score based on the accumulation of experiences rather than any one specific experience. This protects confidentiality in the event of a records request, subpoenas, custody disputes, etc. Having a total score only in the client record also helps others who may assist the client but might not be trained in NEAR science, reducing the temptation for them to address individual life events illuminated on the client's ACEs questionnaire.

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**B. WHAT:**

Parenting mentor supervision should include how the parenting mentor felt when preparing for the appointment, how it went during and after the appointment as well as the client's response.

*"How do you think your own ACE history is showing up here?"*

## Appendix





## Readiness Checklist for Parenting Intake Appointment Education

All program staff: administrators, supervisors/managers, and parenting mentors have basic NEAR knowledge.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Program staff and parenting mentors are committed to using ACE questionnaire to discover ACE scores.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Program has identified a NEAR champion for this process.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Parenting staff has completed their own ACE questionnaire	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Program and staff have at least one year of experience in current model.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Supportive Structures are in place:		
• Reflective case conferencing	<input type="button" value="Yes"/>	<input type="button" value="No"/>
• Reflective supervision	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Relevant policies and protocols are in place:		
• Mandatory Reporting	<input type="button" value="Yes"/>	<input type="button" value="No"/>
• HIPAA/Documentation	<input type="button" value="Yes"/>	<input type="button" value="No"/>
• Crisis Response Plan and Resource List	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Staff is committed to prepare for NEAR@Home education by reading the entire manual and discussing as a team.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Care Net of Puget Sound parenting support program staff commit to using the NEAR process within one week and prioritize Parenting Intake Appointments for the 6 week rapid learning cycle.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Optional: Complete the pre-learning survey and then after 6-8 weeks of using Core Elements, complete a post learning survey.	<input type="button" value="Yes"/>	<input type="button" value="No"/>

Resources	Strategies	Capacities of Parents	Goals for Parents	Goals for Children
Leadership is knowledgeable and committed to bringing NEAR science into the CNPS parenting support program	NEAR Parenting mentors use framework with all parents to educate, gather ACE histories, and build strength.	Parents have the opportunity for a change moment: the experience of feeling seen, understood, and accepted by another.	Parents make decisions and are able to take actions in their lives that protect their children.	Children reach their full potential by growing and developing in relationships that are healthy and build strength.
Program supervisors provide high-quality education and support that helps mentors effectively use the science.	Explain ACEs/ NEAR research and associated health risks throughout the lifespan.	Parents know about the most powerful determinate of public health and about the most powerful determinate of their children's health.	Parents engage in available community and professional supports to continue to develop parenting skills, manage stress, and build health and strength.	The next generation of children has lower ACE scores than this parenting generation.
The parenting mentor team is supported by CNPS policies on safety, reflective supervision and through initial and ongoing education, coaching, and consultation in NEAR	Gather ACE history using questionnaire form.  Respond with respect and curiosity: "How have these childhood experiences affected you?" "How have you managed to _____ so well when you have had such a difficult childhood?"	Parents have a chance to talk about how ACEs have affected their lives and to develop compassion for themselves and their response to ACEs in the context of a safe and competent relationship with the parenting mentor	Parents take steps to develop their capacity to be more sensitive and responsive to their child's needs.	All ACE attributable problems are concurrently reduced in the next generation.