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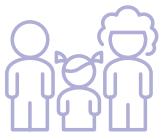
NEUROSCIENCE • EPIGENETICS • ADVERSE CHILDHOOD EXPERIENCES • RESILIENCE

Skills for Trauma-Informed, **Hopeful** Home Visiting

NEAR@HOME TOOLKIT: 5TH EDITION, MARCH 2023

Contents



Foreword: Gratitude

The NEAR@Home team would like to thank everyone who contributed to this project. People from different perspectives and roles contributed their wisdom, reflections, experiences and wordsmithing.

We offer a special thank you to the home visitors who volunteered countless hours of thinking, discussing, writing and sharing their deep knowledge of use of self, and bringing this work to the families they serve. We apologize if we forgot to include anyone in this list.

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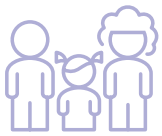
To make the NEAR@Home Toolkit more readable and easier to update, we moved several sections and many resources to the NEAR@Home website: **StartEarly.org/NEARAtHome**.



About This Edition of the NEAR@Home Toolkit

This 5th edition of the NEAR@Home Toolkit is dedicated to all home visitors everywhere who somehow found a way to create and sustain connections with families during the dual crises of the COVID-19 pandemic and increasing social turmoil and violence.

NEAR@Home was created to respond to home visitors having mandates, pressures or an interest in addressing Adverse Childhood Experiences (ACEs) during home visits. We have learned from your stories that this same NEAR@Home process is also effective in safely and respectfully addressing the other traumas that families and communities are enduring.

We appreciate your suggestions and adaptations of the NEAR@Home Core Elements as you share your experiences of finding a way through COVID, through horrendous mass shootings, and through overwhelming rates of overdose and suicide deaths in our communities. A common thread through all of these crises is home visitors doing everything they can for the families they serve and having little support for themselves. Bubble baths don't count.

An essential component of NEAR@Home is our commitment to honoring the needs and wisdom of home visitors as just as important as the families we serve. This means safety and choice for home visitors as well as for families. Home visitors decide *if*, *when* and *how* to offer a NEAR conversation to parents/caregivers.

This edition reflects insights and lessons learned as we navigated these difficult times. The NEAR@Home Facilitator Team has been honored to talk with and learn from home visitors and home visiting supervisors/managers through conferences, Zoom conversations and joining you for NEAR@Home Facilitated Learning sessions.

Thank you!

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Region X Innovation Grant
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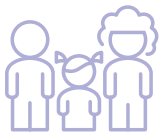
Growing Together to Support Our Home Visiting Workforce



A True Story #1

As my car skitters along over the snow and ice on my way to visit V, I find myself thinking about the parts of her life story she's shared with me so far. One of my most reliable clients, she's rarely canceled a visit in the year that I've known her. Today V has agreed to discuss NEAR. Based on what I know already, I guess she might have a high ACE [Adverse Childhood Experiences] score. As I drive, I think about how I'd like our discussion to go and wonder what it might mean to her. I hope she hasn't changed her mind about discussing NEAR today. I hope the information will feel supportive, or at least encouraging. What will her reaction be? What feelings will come up for me about how she responds? I hope I can find the right words in the moment. I feel slightly anxious, expectant, hopeful.

I pull up to V's apartment building and feel my heart beat a little faster. I give the butterflies in my stomach permission to enjoy one final flight. I take a deep breath and remind myself, "How I am is more important than what I do. Asking, listening and accepting are powerful forms of doing." These concepts are comforting to me. I don't have to be perfect. "Yes, I am enough, just the way I am. OK … I'm ready."

I step inside V's apartment, greeted by her 9-month-old son's rosy-cheeked smile. V's face is full of pride as she shares his accomplishments. I take time to listen and celebrate with her, reminding her that he is doing so well because of the nurturing support she gives him daily.

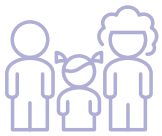
I like to introduce NEAR early in a visit, so there is plenty of time for the discussion and I can leave on a hopeful note. It's time. I take a deep breath. "Last time we were together you said you might like to talk more about how our childhood experiences can affect us over our lifetimes. Is that still something you'd like to talk about today?" I wait expectantly, hoping her answer is affirmative. V pauses, looking down at the floor. Then she lifts her head and says, "OK. We can talk about it. Anyway, I've been thinking about it since our last visit."

Yes! She's agreed to talk about it. I celebrate silently inside and feel some of the butterflies in my stomach fly away. I haven't always felt this way when clients agree to talk about NEAR. I used to be filled with dread. In the past I have felt ill-equipped to discuss such a complex, sensitive topic with clients. I worried the conversation would retraumatize them. I was unsure of my ability to navigate the complexity of such a conversation. How much do I share about the ACE Study? How do I talk about resilience in a meaningful way? What if my client has big feelings around all of this? How will I stay regulated and present despite my own emotions during the conversation? What if something the client shares activates my own trauma history? How will I stay regulated then? How do I respond to clients' disclosure of traumatic childhood experiences? Will I say the right thing? What if I say the wrong thing?

Adding to my feelings of [being overwhelmed] were programmatic pressures to have NEAR conversations by four months postpartum. What if the client relationship doesn't feel solid enough to have the conversation by then? What if the time hasn't felt right to bring it up yet? Shouldn't I be following the client's lead to signal when to bring this up? How will my supervisor react if I follow my instinct and wait longer to have the conversation? It was troubling and confusing.

"What thoughts have you had about this since last time I saw you?" I ask V.

continued on page 7



"Just how much I have had to deal with in my life. Of course, I wasn't the easiest child to deal with either."

"Perhaps the two are related," I say.

"Probably," V replies. "The worse things got for me at home, the more defiant I became."

After a brief pause, I say, "I like to let people know what to expect when we talk about this. It could bring up memories with strong feelings attached. I'm fine with whatever feelings come up for you today. I don't need to hear details of your experiences, but I will listen to whatever you'd like to share. Then when you're ready we can think together about how you've been able to stay healthy and hopeful even though life has thrown you some curveballs. First, I'd like to share a little more about how our childhood experiences can affect our brains and bodies over our lifetime. Is that OK?" V agrees so I share a brief overview of the NEAR sciences.

The NEAR@Home Toolkit has been an invaluable support in discovering my own way of summarizing NEAR science. It took time, effort and practice to be able to discuss it simply and meaningfully. Although it felt clumsy at first, it slowly smoothed out. My deep belief that all parents deserve to know about NEAR science has driven my desire to improve my practice in this area. I refused to give up, even when it felt awkward.

I offer V a laminated copy of the ACEs questionnaire. She takes her time looking at it, then shares with me that she counted "seven yeses." My heart sinks a little as I realize my guess was correct. She has a high ACE score. I feel a twinge of sadness.

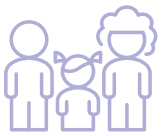
"How do you think these experiences have affected you?" I ask, then wait for the answer. I used to be worried about how clients would respond to this question. What if they say they don't know how they've been affected? How do I respond if they say they haven't? What if there are big emotions? How do I handle that? Over time I've learned that the real magic happens when I can simply be curious about and open to whatever is going on, not in having a pat answer waiting in the wings. It's in being with clients, in bearing witness, in the asking, the listening, the nonjudgmental acceptance.

I wiggle the toes on each foot up and down to help me stay present while I wait for her answer. Left, right, left, right, one, two, three, four … . As an introvert I've never felt much discomfort with silence during home visits. After all, silence isn't empty — it's full of answers. I've discovered silence can be used as a therapeutic tool.

V looks up with tears in her eyes. "I wouldn't have moved out of my parents' house when I was 17 or gotten pregnant when I was 18 if things were OK at home. My mom was depressed and hardly there for me. I didn't have anyone to talk to about how my older brother was treating me or that he was sexually assaulting me. I was so desperate to get out of the house and away from him that I moved in with the wrong guy and ended up pregnant."

I feel V's pain. Parts of her story remind me of my own. Because one of my strengths is empathy, I've had to strengthen my boundaries to stop taking on clients' emotions. Today as I feel tears spring to my eyes, I take a deep, mindful breath and use self-talk to regulate. "V's story is not my story. Her emotions are not my emotions."

continued on page 8



V continues, "When I made the choice to move out of my parents' house, my brain wasn't done developing yet. I was trying to make adult decisions with a brain that wasn't able to do that."
I stay quiet for a moment while the tears flow down her cheeks. "You're right," I say, handing her a tissue. I feel deep admiration and respect for V's inner strength and resilience. I'm grateful for the opportunity to have this conversation, grateful that she trusts me with her story. Mindful gratitude helps me stay grounded and regulated during difficult moments in home visits.

V gets up and paces back and forth in the living room, wiping tears. Her son crawls over and lifts his arms up toward her. She smiles softly and picks him up. "Lots of people have high ACE scores," I say. "Doctors, teachers, home visitors. It doesn't have anything to do with how much money people have, how educated they are or what country they're from. Studies have shown that having a high ACE score is a human thing."

I notice the time and realize we need to move our discussion along toward resilience. I point out some of V's successes. "How have you been able to accomplish these things with all the challenges you've faced in life?"

"I now know I deserve to be happy," V responds. "I've learned I can be happy without a man in my life. It's better for me to be on my own for now and just focus on what's really important," she says, smiling down at her son. I wonder what it's been like for her to experience this evolution in her thinking. It seems like she has found strength and support along the way to be able to move from despair to the hopeful place she is now. I make a mental note to ask her about it at a subsequent visit.

As the conversation moves from V's experiences of trauma to hope and resilience, I ask her how she would like her son's childhood to be different than her own. "I will always be there for him. He will always know he can talk to me. I want to give him what I never had: someone he can count on." My heart bursts with hope for her. "I believe in you," I say with a smile.

Our visit has gone a little longer than I expected, so I must move on to my next visit. As I drive, my thoughts swirl. I'm pleased with the potential I see in V, sad my guess about her ACE score was accurate, hopeful she will continue to be successful and grateful she trusts me with her story. I feel good about how the visit went. It feels validating to be able to support clients effectively without feeling worn out, even when their stories are like my own. It's something I've worked hard to achieve.

"What was it like for V to have this conversation with me today?" I wonder. "What will she be thinking about during the next couple of weeks? How can I support her as she thinks more about this? Now, what will help me slow my thoughts to feel calm and present with another client right away?" I take several deep breaths as I drive and tell myself to mentally slow down and notice what's around me — the sights, sounds and physical sensations. I park around the corner from my next visit and play a three-minute guided meditation from an app on my phone. Then as I pull up in front of my next client's house, I take one more deep breath. "I am enough."

— A Home Visitor

We are very grateful to the home visitor who shared this story. This home visitor, through the home visitor community of practice, was part of creating the NEAR@Home Toolkit and has now had several years of experience in using the NEAR@Home process.

Introduction: Why NEAR@Home?

Parents/caregivers deserve to know the largest public health discovery of our time. They should have the 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 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 versus nurture. We now understand how adversity becomes embedded into biology, behavior and risk, and how relationship-based support builds resilience that shifts the generational trajectory of the people we are and the people we serve.

Life is complex, and the story of how lives unfold is equally complex. In the NEAR@Home Toolkit, we combine into one science discoveries from:

Neuroscience
Epigenetics
Adverse Childhood Experiences (ACE) Study
Resilience Research

We call this science NEAR.

"I wish someone had shared ACEs research with me when I was a young parent. I didn't know then what I know now."

— Home Visitor

Home visiting professionals are uniquely positioned to talk with parents/caregivers about NEAR — especially about how their ACE histories may be impacting their lives and may influence their parenting. Because home visiting is relationship based and occurs within each family's comfort zone, home visitors have the opportunity to ask, listen and affirm. Then, over time, home visitors can recognize the unique history and gifts of each parent/caregiver while committing to work with the parent/caregiver as they navigate the journey of building resilience and giving the biggest gift to a child: low ACEs and low risk for a lifetime.

The opportunity to be heard, understood and accepted by the home visitor can be a powerful experience for the ACE survivor. Over and over we hear the phrase "you don't need to be a therapist to be therapeutic." Many home visitors have witnessed, or perhaps themselves experienced, the healing that comes from "being seen" — being recognized, validated and accepted — an experience summarized in the quote by Dr. Vincent Felitti, co-principal investigator of the ACE Study, that appears throughout the NEAR@Home Toolkit.

The NEAR@Home Toolkit is based on the five core visit elements: **Preparing**, **Asking**, **Listening**, **Accepting and Affirming,** and **Remembering**. These core elements are essential for success and reflect a parallel process for improving home visiting services for families and home visitors alike.

A True Story #2

There is another family that comes to mind. It may have been the second time I had ever brought ACEs/NEAR to a visit. After going through the questions with my client, the father of the baby (who is typically at the visits, very involved in them) almost jumped up off the couch, asking if we were going to talk about his. He said he had a LOT to share. After finishing with my client, we did his ACEs questionnaire, and it turned out that he wanted to talk about each and every question that was answered yes (it was a high number). His anger at what had happened to him was so palpable as he was sharing. After we finished processing, you could see how much more relaxed and contained he felt, like a huge burden had lifted. I explored the idea of getting into counseling, given what he was still struggling with, and he identified that he "probably" needed it. So, he actually followed up, got into counseling and found it to be a helpful experience. I've seen such growth in his confidence and belief in himself ever since.

— A Home Visitor

A Social Justice Perspective: Parents/Caregivers Have the Right to Know One of the Most Powerful Determinants of Their Children's Future Health

The most powerful people for reducing ACE scores in the next generation are parenting adults. Parents/caregivers have the most opportunity and the most potential for changing the trajectory of the public's health for generations. But parents/caregivers must actually know about ACEs and their effects in order to realize this potential.

Parents/caregivers who experienced a great deal of adversity when they were children deserve to know that their normal responses to that adversity have the potential to make parenting more difficult. Parents/caregivers who learn about the impact of ACEs and have a chance to reconstruct a personal narrative about their lives can make meaning from their experiences and intentionally choose a more protected developmental path for their children. They also report feeling more self-worth and fulfillment in their lives.

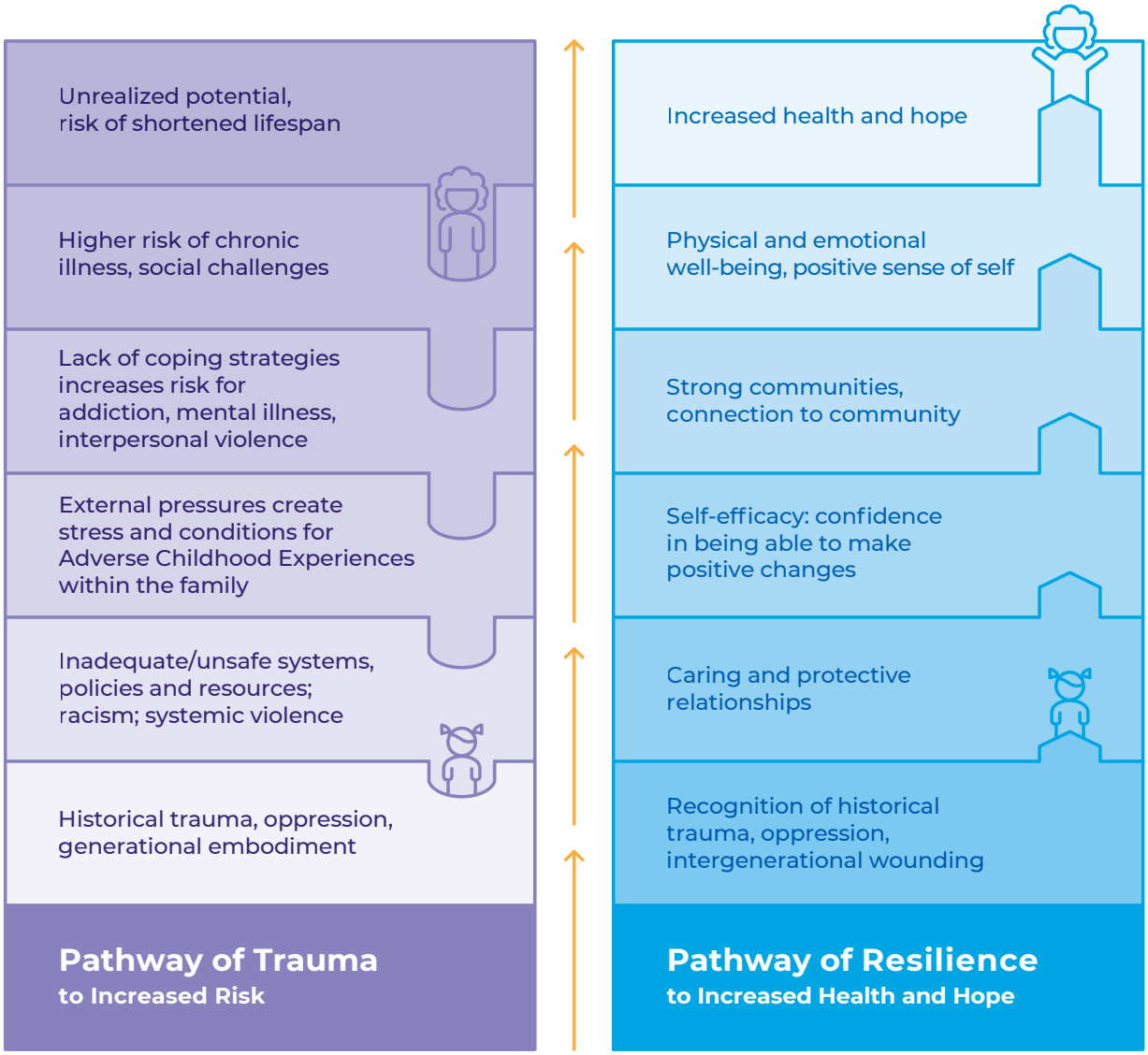
When we avoid talking about ACEs, we may inadvertently be sending a message that people should be ashamed of their childhood experiences. Shame can increase the risk of intergenerational transmission because it reinforces one of the pathways for transmission: avoidance.

A parent/caregiver may re-create the emotional conditions of past adversity without consciously choosing this path for their children. People need to have an opportunity to appropriately and voluntarily share information about their personal histories as a part of a healing process.

"Many people think that if a parent is in therapy that their therapist is talking about trauma and ACEs — so why do it on a home visit if we know the parent is in counseling for depression, PTSD, etc.? True, a therapist is hopefully addressing trauma, but these conversations are often limited to the very specific events that a client brings up on their own. Even though it is now 20 years old, ACEs research is not a required topic for many graduate programs. I can count on one hand the number of therapists that I know who talk about the Adverse Childhood Experiences Study. In my own experience of receiving therapy, not one therapist ever talked to me about ACEs or NEAR science. Home visitors cannot assume that these pivotal conversations are happening. If you're not sure, an easy way to find out is to simply ask: 'Have you ever heard of the Adverse Childhood Experiences Study?' The answer will guide the rest of your conversation." — *Early Childhood Mental Health Therapist*

Pathway for Potential Life Course

NEAR@Home has adapted the traditional ACEs pyramid to reflect our perspective on the pathway of trauma leading to potential risk and how resilience can lead to improved lives. We believe that stress and adversity within a family grow from a foundation of historical, systemic, and generational racism and oppression. Over time, these and other traumas become ACEs, setting young children on the pathway to increased risk. It is important to note that increased risk is not predictive of poor outcomes; rather, the progression in the pathway honors the amazing ability of young children and all of us to adapt and survive. And this is seen in the parallel pathway of resilience. The pathway to resilience begins with the acknowledgment of systemic and generational trauma that allows people to discover a new understanding of their life stories and creates hope for a better future.



Source: NEAR@Home 2023

ACEs Are Attachment Trauma

Home visitors are aware of the many types of traumas that may impact families, such as community violence, intimate partner violence, racism and natural disasters. In the NEAR@Home Toolkit, we specifically address the types of trauma that were included in the original ACE Study. These ACEs all occur within attachment relationships, which is precisely where home visitors focus their work.

Home visitors are uniquely positioned to help families mitigate the effects of past, present and future adversity through supporting protective, responsive parenting and safe attachment relationships.

ACEs can be experienced by infants and particularly young children as life threatening because their very life depends on a protective relationship. In families who are coping with a lifetime of overwhelming stress, the parents/caregivers are sometimes so focused on survival that the infant's needs for protection and nurturing are unmet. Attachment processes interact with and impact brain development, epigenetics, physical and emotional health and development. Note that the ACEs research has all of childhood in the same category, though we now know that some periods of development are more vulnerable.

Whether their child has already experienced ACEs or may experience other types of adversity outside the parent/caregiver's sphere of influence, a healthy parent/caregiver-child relationship is a source of resilience that protects the child throughout the course of their lifetime and is carried into future generations.

We used to think that a person who experienced one 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 ACEs shows that intergenerational transmission is not that simple. Normal responses to experiencing ACEs 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/caregivers 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.

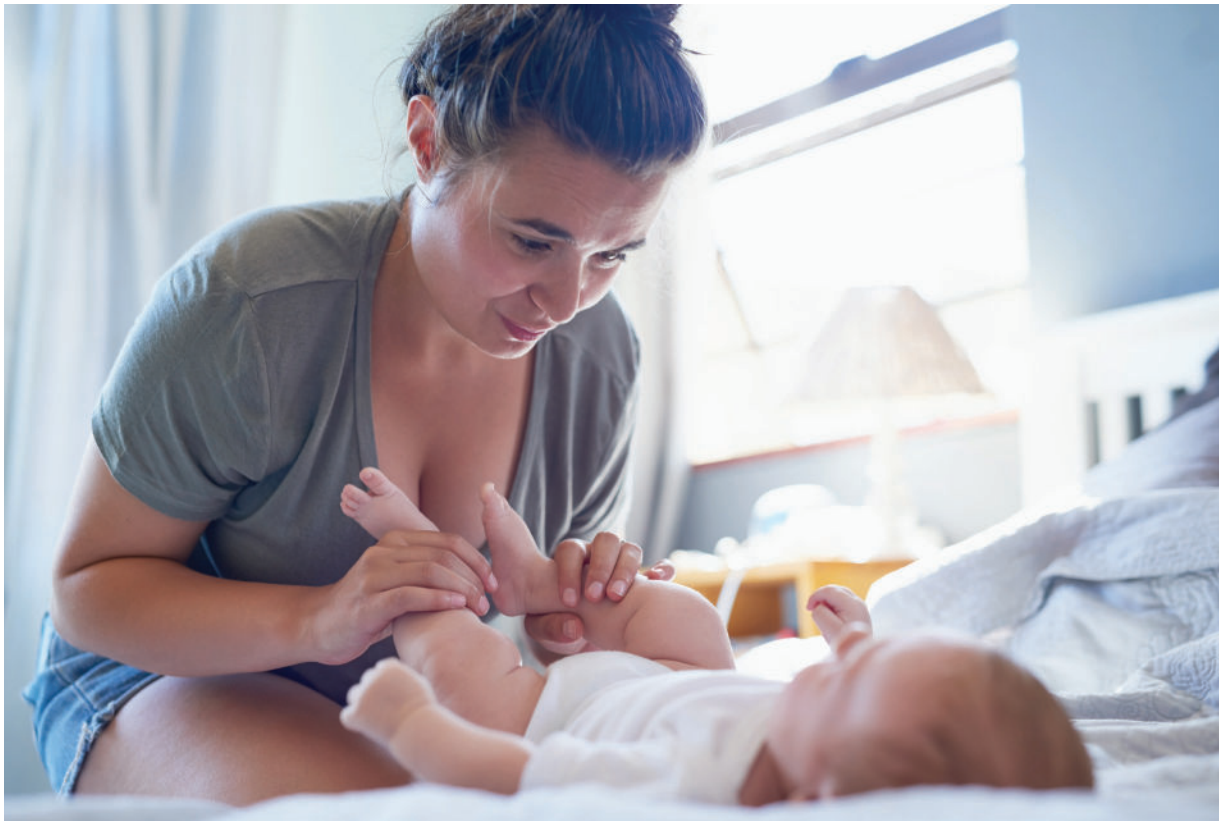
> "Parents think about the way they were parented as soon as they become parents — this is already on their mind."
> — *Home Visitor*

When ACEs are not acknowledged and there is no support for healing, they can become internalized by the parent/caregiver as "I am damaged, I am not worthy, I am not capable." It can become part of the family culture of "this is just the way we are."

Because ACEs can affect emotional state, behavior and illness, a parent/caregiver's history of ACEs can affect the climate inside a family or household. Parenting adults may affect this climate through overdisclosure, avoidance (including numbing of emotions and avoiding reminders of past experience) or a chronic illness that can make it difficult to actively engage with children.

Parents/caregivers who know the impact of ACEs and have a chance to reconstruct a personal narrative about their lives can make meaning from their experiences and intentionally choose a more protected developmental path for their children.

The NEAR@Home process of asking, listening, accepting and affirming, and remembering the life experience of each parent/caregiver, including their ACE history, can be an important part of strengthening each family.



ACEs Are Not Destiny

The ACE Study examines population health. Knowing the prevalence of ACEs in a large population reliably predicts the risk for many kinds of health and behavioral problems for that population as a whole. ACE scores are a good proxy measure of the dose of toxic stress experienced during development. While ACEs are not the only kinds of stress that shape neurodevelopment, the list of 10 categories of adverse experiences provides a solid indicator of toxic stress that children experience.

Some people have expressed a sense of hopelessness or frustration when they first learn about the Adverse Childhood Experiences Study and see the ACE pyramid culminating in "Early Death." (See page 12 for NEAR@Home's adapted pyramid.) It is incredibly important to remember that an ACE history is not predictive. Knowing someone's ACE score tells us nothing about that person's individual health, risks or capacity for resilience. To know about the impact of an individual person's ACE score we need to ask them. Within the context of a safe relationship with their home visitor, parents/caregivers have the opportunity to talk about how ACEs have affected their lives and to develop compassion for themselves and their responses to their ACEs. The process of being seen, understood and accepted by the home visitor can lead to a change moment for the parent/caregiver.

"Many times, clients know they feel bad but don't always know why. Having discussions with clients about NEAR science helps them to frame their feelings and experience in a meaningful way." *— Home Visitor*

"Learning about NEAR@Home has helped me to be more curious about a parent's experience early in their life and how those experiences might inadvertently be impacting the parenting relationship. It has also expanded my curiosity about other traumatic experiences such as historical trauma. It has changed the way I think about adversity." *— Home Visitor*

NEAR@Home believes the whole home visiting system must be committed and supportive in order to achieve our goal that children will have less adversity and more resilience than prior generations.

NEAR@Home Theory of Change

HOME VISITING SYSTEMS AND LEADERS ...

... are knowledgeable and committed to bringing NEAR into home visiting.

... support home visitors and home visiting supervisors with quality reflective supervision.

HOME VISITORS ...

... are supported by leadership that is knowledgeable and commited to bringing NEAR into home visiting.

... are supported by quality reflective supervision, and their supervisors are supported by quality reflective supervision.

PARENTS/CAREGIVERS ...

... deserve to know about the most powerful determinant of public health.

... have a chance to talk about how ACEs have affected their lives in the context of a safe and respectful relationship.

... have an opportunity for a change moment: the experience of feeling heard, understood and accepted.

... make decisions and are able to take actions in their lives that protect their children.

... engage with community and professional supports to develop parenting skills, manage stress and build resilience.

... take steps to develop their capacity to be sensitive and responsive to their children.

CHILDREN ...

... have fewer ACEs and more resilience than prior generations.

Source: NEAR@Home

The History of NEAR@Home

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 found strong correlations between ACEs and an increased risk for poor mental, physical and behavioral health over the course of a lifetime. As the study findings were disseminated, well-intentioned policymakers, funders and administrators across the country responded by creating policies and mandates for home visitors around ACEs. Some of these policies included using ACE scores to determine eligibility for home visiting, using data from ACE questionnaires to report on the prevalence of local sexual abuse, and requiring home visitors to administer the ACE Questionnaire on the first home visit.

Home visitors worried these types of mandates were harmful for the families they serve, didn't align with the ACEs research and caused a lot of stress for the home visitors who had no training or support in how to use the ACEs questionnaire. Home visitors knowledgeable about ACEs were interested in bringing this information to families but worried about causing harm. Home visitors also believed that parents/caregivers have the right to know about the ACEs research and its implications for their children's health.

In 2013, at a Region X MIECHV (Maternal, Infant, and Early Childhood Home Visiting) meeting of systems leaders, local home visiting program staff and tribal leadership, attendees explored this dilemma of wanting to bring ACEs information to families in a way that felt safe and supportive for parents/caregivers and home visitors. A working group was formed to start the process of writing a guide for home visitors and reached out to home visitors and allies such as infant mental health providers across the region to explore how to do this. We began by looking at and building upon the skills we already utilize for other sensitive conversations, such as intimate partner violence, substance use and mental health concerns.

> "My respect for the clients I've had these conversations with has increased. I feel validated, like the work I'm doing is helpful and worthwhile." — *Home Visitor*

Some home visitors who were already talking about ACEs with families said it was about so much more than ACEs; they also talked about brain development and focused on strengths and goals. When they heard about the "NEAR" acronym, home visitors decided it was a much better representation of their work.

Reflecting our belief that all parents/caregivers have a right to learn about NEAR sciences, we believe that all home visitors should be able to access the NEAR@Home Toolkit. This is why it is not copyrighted and anyone can download and use it for free.

What Is a NEAR Home Visit?

The NEAR@Home Toolkit offers guidance on how to safely, respectfully and effectively bring the NEAR sciences into home visiting by using the core visit elements of **Preparing**, **Asking**, **Listening**, **Accepting and Affirming** and **Remembering**.

"Two families have told me, 'That was the best visit ever!'" *— Home Visitor*

The NEAR@Home process requires giving the parent/caregiver a choice, offering the information, assuring safety, being respectful, allowing time and space for reflection and always closing with hope and resilience.

While the NEAR@Home Toolkit centers on NEAR, this process can be applied to other sensitive conversations that home visitors have with families — such as when completing a depression screen or relationship assessment, or in conversations around smoking cessation or substance use.

Each home visitor will adapt this process to meet the unique needs of the family, the community and the home visiting model. Sometimes this means that the home visitor decides to first offer education on the NEAR sciences and waits to bring the ACEs questionnaire. Sometimes the full NEAR@Home process will be spread over several visits. Sometimes the NEAR home visit occurs early in the relationship, and other times it needs to be later after trust develops. In some cultures, and families, the elders will guide the process of learning about NEAR sciences and whether to discover the parent/caregiver's ACE history. Each program will want to decide how to incorporate NEAR@Home in the way that best suits its model.

"We may already have an idea of a parent's ACE score based on what they have disclosed to us in earlier conversations. We may know the implications of what that means because we have been to trainings through our work and learned about the ACE pyramid, brain development and trauma-informed care. Most parents do not yet have access to that information. After attending a basic training in trauma-informed care, many home visitors don't know what to do next with that information or how to talk about this with parents. We learn about the importance of transparency, collaboration, voice and choice, but suddenly we are caught in this difficult and uncomfortable space of 'I know something about you that you don't know.' This is where NEAR@Home comes in: This is the 'what's next?' for home visitors. The NEAR@Home conversation is not for us — it is for the parent."
— Home Visitor

Learning NEAR@Home

Learning how to be safe, respectful and effective while talking about the NEAR sciences with parents/caregivers is a complex process that requires and deserves time and support.

Implementation science tells us that for a new process to be successful, all layers of the organization should be informed, involved and committed to supporting that process. As home visiting staff, programs and agencies have many competing demands on their time, it becomes very important to carefully reflect on these questions:

- Why do we want to bring NEAR to the families we serve?
- How much time do we have for learning this now?
- How does this fit with the goals of our home visiting program?
- How will the home visitors be supported as they start to have these sensitive conversations?
- How will the supervisor be supported in their own learning and reflective processes?
- How will we be able to feel safe as we explore our own personal responses to what the families are experiencing?
- How does the program provide safety for vulnerability and making mistakes? How is this modeled by supervisors and administrators?
- What elements of trauma-informed processes are we already implementing?
- How knowledgeable is our team about NEAR sciences?
- How will we find a champion who can offer encouragement when learning a new process seems too hard?
- How cohesive, stable and supportive is our home visiting team/program right now?
- How are we doing having other sensitive conversations with families such as around substance use and intimate partner violence?
- How will we protect parent/caregiver confidentiality when we document a NEAR home visit?

"I learned that I am stronger than I think and that many of the strategies in the [NEAR@Home Toolkit] are already part of my practice. I am happy to know that I do not have to share experiences and that families don't have to share specific experiences to find success in coming out on the other side." — *Home Visitor*

The NEAR@Home Toolkit is a guide to learning how to be, as well as what to do, when bringing NEAR sciences to parents/caregivers. Home visitors and home visiting supervisors will come to this learning with different backgrounds and skill levels, and each person will be in a different place in their resilience journey. We think this learning process is most effective in a small group setting with people known and trusted by the home visiting staff and facilitated by someone with mental health and group process skills. The content is deep and evocative. Plan to take time to read it slowly and discuss it as a group.

The NEAR@Home Toolkit contains quotes and examples that were provided by home visitors from many different backgrounds and program models as ideas of what home visitors might say during a NEAR home visit. These may not be pertinent to every program or individual home visitor.

In that spirit we encourage home visitors to think about wording that would best fit for them. Ideally the learning process also includes follow-up reflective consultation to support the home visitors and supervisors as NEAR home visits start happening and for when they don't happen.

Bringing NEAR@Home into your home visiting program will require all staff involved to have education about NEAR. This is not information that is easily absorbed and understood with one training. Also, information is updated often.

We recommend that all staff complete their own ACE history questionnaire privately, without being required to share the score. Completing a personal ACE history is an important process for staff to have a felt experience of what home visitors will be doing with parents/caregivers. It may also be helpful to suggest staff reflect on "How do you think these experiences have affected you?" with someone in their life who is supportive. Again, this provides a felt experience of what they will be doing with parents/caregivers. It is possible that a significant portion of the staff will have high ACE scores. The Region X Home Visiting Workforce Study discovered our home visiting staff have ACEs at about twice the rate of the general population. Implementing trauma-informed practices agencywide and across home visiting systems is a critical strategy in supporting staff and home visiting parents/caregivers.

We suggest using the Centers for Disease Control and Prevention (CDC) short form of the ACEs questionnaire because it is backed by high-quality research and is a good proxy measure of the dose of toxic stress experienced in childhood. The Spanish and English versions are included in the NEAR@Home Toolkit Appendix.

Home visitors might find it useful to ask additional questions about other adversities and resilience factors. As there is not yet similar research behind other types of adversity, such as neighborhood violence, we recommend considering the scores separately following the practice developed by the Center for Youth Wellness in San Francisco. An example: 3+2+6 (ACE score 3, other adversity 2, resilience 6).

Reflective Supervision

We recommend that home visiting programs have ongoing, quality reflective supervision (RS) when bringing NEAR@Home into the program. RS provides critical emotional support to staff who carry a heavy burden of witnessing and working with trauma, along with high expectations for improving family outcomes. RS builds staff capacity to deliver services to families with safety, integrity, quality and fidelity; it provides a model for the home visitor of how to be with the parent/caregiver and family.

We realize that some programs do not yet have either the funding or the staff to be able to provide quality RS. Learning the NEAR@Home process will support staff becoming more reflective and trauma informed as the agency works toward providing RS.

Reflective supervision is a relationship for professional development. It provides an opportunity for discussion about relationship-based practice and a space to think about our feelings in our work and to feel about our thinking. Working with infants, toddlers, young children and their families often evokes strong feelings and protective urges in home visitors. We were all babies once. Quality reflective supervision provides an opportunity for home visiting professionals to strengthen their reflective capacity. Through the parallel process, families' reflective capacity is strengthened. Research supports a strong correlation between reflective capacity in caregivers and secure attachment.

Becoming reflective is a developmental process and is best supported when the agency, the supervisor and the supervisee are committed to the process and bring attitudes of curiosity, empathy, openness and self-awareness.

"We don't have to be clinicians or therapists. The therapeutic skills we're trained in are enough. We don't need to hire a mental health specialist. I have less anxiety around my skillset."
— Home Visitor

NEAR@Home Perspective on Being Trauma Informed

NEAR@Home is grounded in the principles and practice of infant mental health and being trauma informed. A trauma-informed approach shifts the question of "What's wrong with you?" to "What has happened to you?" Trauma and childhood development expert Dr. Gabor Maté makes the distinction: "Trauma is not what happens to you. It is what happens *inside of you* in response to what happened to you." (Caparrotta, Martin. (2020, September 24). *Dr. Gabor Maté on Childhood Trauma, The Real Cause of Anxiety and Our 'Insane' Culture*. Human Window.) An event can become internalized as trauma when a child/adult experiences overwhelming rupture without repair and lacks enough safe, attuned and nurturing relationships.

Home visitors are most successful with implementing NEAR@Home when the program and agency supporting them is committed to trauma-informed practice. This includes support and safety considerations for staff that parallel the support and safety considerations for parents/caregivers. A trauma-informed approach incorporates key trauma principles into organizational culture. Unfortunately, the expectation of trauma-informed practice may be placed on the individual home visitor rather than being an organizational practice. This can look like going too fast and putting the agency's needs ahead of the family's needs. Trauma-informed practice honors the humanity of the staff as well as the humanity of the families.

We take into consideration the complexity of being trauma informed. Many present-day home visiting systems were developed by a white, upper-class, majority culture in reaction to societal-level challenges (poverty, addiction, isolation and other risk factors that are considered for home visiting programs). We continue to feel the pressures of these challenges as home visitors — and we ourselves are likely experiencing the same difficulties as the families we support (see "Being With Our Own ACEs," page 25).

"It is not for me to decide what is safe for a parent, but rather to respect the parent's moves toward safety and regulation; sometimes this can look different than what I might think of as 'safe' or 'best.'"

— Home Visitor

Home visiting models are often focused on "doing" and "teaching" families parenting skills and providing resources and information. In NEAR@Home, we emphasize "being" by honoring that parenting is first, and most importantly, a relationship. In parallel, this also holds true for home visiting as first, and most importantly, a relationship — a relationship between the home visitor and the family and, by extension, a relationship between the supervisor and the home visitor. In this way we also honor that we are all human and we all carry pain and the capacity for growth and joy within us. Through relationship-centered practice, we offer hope and resilience in the support that we provide and receive.

NEAR@Home recognizes that many home visitors experience strong feelings and challenges as we witness and hear families share their stories — many of us experience moments in which our heartstrings are tugged and we feel urgently called to action to help, to solve, to fix. In NEAR@Home, we implement infant mental health principles to slow down, in order to be curious and responsive to the parent/caregiver and child. This slowing down — the pause; the "wait, wait, wait," — can feel challenging when we live in a culture/environment that is focused on moving fast and getting "results." We use our awareness of trauma, grief and loss (including that of our own attachment story, community and historical trauma, and our knowledge of ACEs) to inform our approach with families — to slow down and connect with them, offering an opportunity to be seen and heard and, ultimately, to understand more about their own stories, experiences, strengths and resilience.

> "Safety is not the absence of threat; it is the presence of connection." *— Dr. Gabor Maté, M.D., Author and Public Speaker*

Whenever we talk about trauma we must talk about safety. Feeling safe enough is foundational for us to grow and thrive. Offering choice and going slow are ways in which NEAR@Home supports safety. Our own adaptive responses to our life stories can become activated and show up as attempts to protect parents/caregivers from conversations and information that might feel uncomfortable. When we make the decision whether a parent/caregiver is ready for this conversation, we disempower them and take away their choice.

Some home visitors have expressed worry that we will retraumatize parents/caregivers by asking about ACEs history. We don't retraumatize by asking but rather by *how* we ask — by creating the same conditions of original trauma (loss of control/choice, unexpected events, isolation, not seen/heard/valued). NEAR@Home seeks to minimize retraumatization by inviting parents/caregivers to control *whether* the conversation happens and *how much* they wish to share, letting them know what to expect, and through the home visitor practicing attuned and spacious listening.

We acknowledge that home visitors might feel uncomfortable during a NEAR home visit. This is different than feeling unsafe. Directly naming and/or listening to a parent/caregiver share deep pain and loss is uncomfortable. We are so conditioned in our society to "be positive" and to "move on."

It can be difficult to be present for someone's pain without an agenda in mind. Fix it, rush past it all, avoid it for fear of something bad happening … we can be intimidated by imagining this conversation as "opening Pandora's box" rather than an opportunity to release pressure and pain and be seen, heard and valued, sometimes for the first time. However, we know that pain that is named can be turned into a story — not be the story. We name things to tame them. We cannot change what we do not understand. The home visitor's spacious listening provides opportunities for parents/caregivers to make sense of what happened to them and find inspiration to create a better future for their children.

"When introducing the ACEs to families, it is OK for our families to choose not to discuss them at any given moment. By allowing them to say no, we are instilling a sense of power and control back in them that once was taken from them in the presence of their traumas." — *Home Visitor*

Offering the opportunity for a sensitive conversation builds resilience, both when parents/caregivers engage in the conversation and also when they say "no." Choice is an essential element in building self-efficacy and self-confidence, core components of resilience. NEAR@Home additionally centers rupture and repair as important building blocks for hope and resilience. In the context of overwhelming stress, a child experiencing ACEs often does not also experience repair. The experience of rupture and repair within a home visiting relationship is a powerful intervention. How we are with the parent/caregiver is how we hope they are with their children. Asking, listening and accepting are skills as well as ways of being through which the home visitor supports the development of hope and resilience.

"Understanding a parent's adverse childhood experience takes nothing away from understanding their resilience. It puts into perspective how spectacularly resilient they may be, the strengths they are building on for this new phase of life, and opens the space to talk about the life they want for their family and new baby."
— *Laura Porter, Co-Founder ACE Interface*

Being With Our Own ACEs

Many home visitors have ACEs as part of their life story. The Region X Home Visiting Workforce Study revealed that the region's home visiting staff have almost twice the rate of ACEs as the general population. It is very important to acknowledge this, as it informs how we deserve to be supported as we bring NEAR@Home into our work. Home visitors may share a similar life story, a similar history as the parents/caregivers they serve. This can deepen the home visitor's empathy for and connection to those families. Having ACEs as part of their life story may have even informed their decision to work in the field of home visiting.

While ACEs are common, they are not universal. Some home visitors with an ACE score of zero have shared concerns that they won't be able to relate to families, or they worry about being seen by others as having special privilege. It is important to remember that the questions in the ACE Study are not inclusive of all adverse experiences. It is also important to remember that home visitors have many conversations with families about experiences they may or may not share — such as depression, interpersonal violence, even parenting. The home visiting relationship is strengthened when we approach sensitive conversations with openness and "asking, and listening, and accepting." To this extent, not sharing the parent/caregiver's experience can be its own asset, as "we don't know what we don't know" and can enter the space with an open and curious mind, ready to ask, listen and accept.

As home visitors, when we think about a parent/caregiver's "difficult behavior" as being a form of communication that may be related to the adverse experiences they have had in their life, we are able to increase our compassion and our empathy and continue to show up for them.

"I have an ACE score of zero and my partner has a high ACE score — yet I'm the one who has chronically struggled with depression, anxiety, insomnia ..."
— Home Visitor

In a similar way, home visitors need to think about how their own ACEs are activated by their work and be attuned to how they communicate through their behavior. Home visiting is emotionally evocative work. Many home visitors are exposed to stories of trauma on a frequent basis that may challenge their capacity to regulate. Reflective supervision and appropriate boundaries are important pieces of supporting home visitors' capacity to do this work and prevent retraumatization. Some have found therapy to be a supportive tool to promote self-care and reduce the impact of vicarious trauma.

"Many of us with ACEs find we have to approach so many things differently, but we get there. Once we begin to understand and embrace that it isn't what is 'wrong' with us but what 'happened to us' we get there." — *Home Visitor*

Very importantly, we can remember that in our work, our purpose is not to fix or problem solve pain but rather to allow someone the experience of being seen. Being seen can look very different from one family to the next. To bear witness to someone's pain is what allows shame to dissipate around trauma. Holding space for those things that stir up the emotions of the past and present is the work of home visiting. Our spacious and generous listening is the healing work of home visitors.

Another pathway for growth is when home visitors can, carefully, use self-disclosure to join with their parents/caregivers in acknowledging that ACEs are common and that people can be resilient and use this history as part of moving forward. Doing this demonstrates that we are truly in this together. The home visitor can choose to make a joining, normalizing statement by subtly sharing that they have ACEs in their life story. Of course, it would be inappropriate to share details of either the home visitor's ACE score or specific experiences.

"My ACEs are showing up today!" — *Home Visitor*

Mandated Reporter

Parents/caregivers are often thinking about their child when they think about their own childhood and could share details of their child's ACE history that may require a mandatory report. It is trauma sensitive to be transparent about the home visitor's status as a mandatory reporter and to offer parents/caregivers a choice in what they disclose. It is also better for the home visiting relationship to be upfront, rather than informing the parent/caregiver after an unintentional disclosure that you will now need to make a mandatory report.

When an ACEs questionnaire is completed by a person under 18, if the questions about abuse are circled, checked or otherwise indicated, the home visitor is legally obligated to respond. Each agency should have a policy or guidelines on what steps need to be taken. Some choose to offer only the NEAR education and not the questionnaire to minors; other agencies have the parent/caregiver share only the total score, not individual answers, and stop documenting scores at five.

We recommend that home visiting staff know and follow state and agency policy on mandated reporter status and procedures. Please adapt the NEAR@Home process to align with your local legal mandates.

Privacy and Use of Data

Home visiting programs planning to do NEAR home visits need to consider how to keep client information safe. We recommend:

- Do not use a paper form of the ACEs questionnaire. This protects the client if the records are requested by another provider or subpoenaed for child welfare or custody disputes.
- Document the ACE score as a number only; do not list which ACEs were experienced.
- Cap the ACE score documentation at 5 or ≥5. When an ACE score of 10 is documented, it is an inadvertent disclosure that the client has a sexual abuse history.
- Use only aggregated and de-identified data when using ACE scores as part of agency/program reports. An example would be to report that 45% of the pregnant women enrolled in the home visiting (HV) program had an ACE score of ≥5.

A NEAR Home Visit: Core Elements

Home visitors have described feeling great relief on reading the "asking, and listening, and accepting" quote from Dr. Vincent Felitti, so the core elements are organized around his wise words. Home visits and human interactions are rarely linear events. Understand that these core elements in practice will flow in response to the needs of the family and the home visitor.

The NEAR@Home Toolkit contains examples provided by home visitors from many different backgrounds and program models as ideas of what home visitors might say during a NEAR home visit. These examples, on the following pages, are in bold italics. These may not be pertinent to every program or individual home visitor. In that spirit, we encourage home visitors to think about wording that would best fit for them.

Core Elements of a NEAR Home Visit

Preparing

[A] Visit Planning

WHAT: The supervisor and home visitors think together about how to introduce NEAR and gather an ACEs history during a NEAR home visit so it will successfully fit the model's process and the curriculum.

Good times to introduce NEAR include:

- During the intake assessment.
- Over the first four visits.
- As part of parent/pregnant person/caregiver assessments, such as depression screening.
- While discussing goals for parenting.

A NEAR home visit may actually occur over a series of home visits with a family. Information about NEAR sciences may be shared over several visits before a home visitor offers the ACEs section. Some home visitors have shared that the NEAR home visit is an easy segue when parents/caregivers are questioning their approach to things or wondering about information they are hearing from others. An example: The parents/caregivers know they don't want to spank their child but hear from family/friends that they should spank. A home visitor could use a NEAR home visit to explore and support what the parents/caregivers are already thinking/leaning toward.

"When you walk into a home and there's so much going on ... we're trying to put those fires out and it's all on the surface and we're not looking deeper to find the cause. Who knows what [the parent/caregiver] has been through?" — *Home Visitor*

The supervisor should be tracking NEAR home visits and using reflective supervision to explore and help if a home visitor is consistently not facilitating NEAR home visits.

Sample home visitor script:

"In our first couple of visits we will be getting to know each other, sorting out how I can be most helpful to you, and to discover your goals as a new parent/caregiver. I will bring some assessments we can do together to see what kind of challenges might get in the way of achieving your goals. These include screening for depression, substance use and difficult childhood experiences. We will also be talking about your unique strengths and how to move forward to meet your goals."

Write your own script

WHY: Honors fidelity of the model and staff expertise in knowing families and model. Supports the professional development of staff.

Shared expectations of how and when the NEAR home visit occurs will increase the busy home visitor's attention to the importance of sharing this information with parents/caregivers. Shared expectations also fuel the motivation to achieve this goal and contribute to program data when programs are tracking NEAR home visits. The agreed-on schedule also creates safety for the home visitor, as it provides that structure of routine that is important when discussing and reflecting on childhood trauma.

CONSIDERATIONS: Best to plan a NEAR home visit before 32 weeks' gestation for pregnant clients: The psychology of pregnancy is to turn inward and prepare for birth during the last phase of pregnancy.

Facilitating NEAR home visits with all families provides opportunities to understand a family's story and to increase reflective capacity for home visitor and caregiver alike.

> "I understand now that it is critical to share NEAR science with every parent I work with, not only those I know have had trauma in their background. It would be a disservice not to inform them."
> *— Home Visitor*

While some home visitors may wish to complete NEAR home visits with only some families on their caseloads, it is important and trauma sensitive to give every family the opportunity to learn about NEAR. Many parents/caregivers say they wished someone had shared this information with them sooner.

[B] Reflective Supervision

WHAT: The supervisor and home visitors think together about how to introduce NEAR and gather an ACEs history during a NEAR home visit so it will successfully fit the model's process and the curriculum.

WHY: The goal is safety and accountability: Reflective supervision provides privacy and safety in deeper exploration of potentially emotionally evocative material. Team meetings allow for learning from peers and support peer leadership.

[C] Trauma-Sensitive Approach

WHAT: It is a trauma-sensitive practice to inform the client that on the next visit they will be discussing some private, sensitive information about the client's childhood. If it's not possible to ask permission to discuss sensitive information in advance, ask at the start of the visit.
It is important for the home visitor to maintain a neutral affect in describing the plan. What's not comfortable for the home visitor may be comfortable for the parent/caregiver. Ask the client to think about who should be present and how to be private. The decision of who to involve and how much to share is ultimately up to the parent/caregiver.

Plan for the NEAR discussion to be the main content of the visit and introduce it early in the visit.

Sample home visitor scripts:

"When we become parents/caregivers, we often think about how we were parented."

"We will be having a conversation about how you were raised and how you want to raise your children."

Write your own script

WHY: This trauma-sensitive approach avoids surprises, demonstrates respect for the client and promotes their self-efficacy by offering a choice. Maintaining a neutral affect allows the client to interpret this information through their own experiences.

CONSIDERATIONS: Privacy needs to be considered as part of safety. It might not be safe for their partner or friends to hear this conversation.

Home visitors have shared that having this conversation with both parents/caregivers or with a grandparent present can be safe and effective. This might be an in-the-moment decision or might be discussed in reflective supervision prior to the visit.

> "We can't assume that we can't do NEAR@Home with other family members present." — *Home Visitor*

Some home visitors worry about discussing NEAR information when children are present. Home visitors can support appropriate boundaries by letting parents/caregivers know they won't be asked for details of their history — only their total ACE score.

Sample home visitor script:

"I know that your child is here, and I have learned that even small children have very big ears for hearing — especially when we think they aren't listening! This information is for you; I will not be asking for any details of your experiences. I'll only ask your total number — you don't have to share that either if you don't want to."

Write your own script

Home visitors have found it useful to carry NEAR information with them in case a natural opportunity arises for a NEAR conversation.

[D] Self-Regulation

WHAT: The home visitor needs to feel calm, self-regulated and able to be fully present with the client. If the home visitor is having a bad day or is not feeling well, or the home environment doesn't feel safe, consider postponing the NEAR discussion. Consider balancing the day so that some visits are likely to be lighter or easier in content.

WHY: The home visitor's state of mind is critical for a safe and respectful NEAR home visit. People with a trauma history, whether ACEs or other trauma, will be very sensitive to a home visitor who is not fully present. As many home visitors themselves have a significant ACEs history, they too are sensitive and may have unintentional emotional responses to the discussion if they are engaging in it while under personal stress. Self-care is vital for supervisors and home visitors.

A True Story #3

When I first started talking to families about ACEs, before NEAR@Home, I was fortunate to be helped in my learning by a home visiting client who was a mother and a grandmother. Claire was one of the most persistent, driven parents I had ever known. But she was also stubborn. Or so I thought. Like many of the parents I worked with, she refused to accept a referral to mental health services. That changed the day we talked about ACEs.

We had developed a strong working alliance after almost three years of home visiting. Claire was raising her grandson because his parents were struggling with addiction and mental illness. Claire was deeply invested in raising her grandson. At 63 years of age, Claire was happy to get down on the floor and learn how to do "floor time" with her grandson. She was quite willing to let me videotape feedings. When her grandson turned 3 and was experiencing overwhelming anxiety symptoms, I offered to facilitate getting him into child mental health services. Claire became angry and stated, "No, we won't be doing that."

I was quite worried about her grandson though, so I brought it up again every couple of visits. I knew a lot about Claire, her family system and her family history. I knew that all four of her children struggled with addiction and mental illness. She carried a heavy burden of shame about what she thought was her failure in raising her kids. Claire had also lost almost all of her family of origin and her husband. These losses were what gave her the strength and determination to raise her grandson and make sure he did well. But she wouldn't consider mental health services.

One day, I told her about ACEs — very briefly — and that I was learning to do a new assessment that she might find useful. She agreed and completed the ACEs questionnaire. As she handed it back to me, I asked her, rather nervously, what she thought of those questions. She looked me right in the eye and said emphatically, "Those are very good questions, very good questions." My heart sank as I looked at her questionnaire. Her ACE score was 10. I had a few seconds of feeling so sad for her, feeling like I might cry, feeling lost, before I remembered to ask, "How do you think these experiences have affected you?" Claire, very calm, very serious, responded, "Well, you know. Everything in my life is messed up. My kids are messed up."

In that moment I heard my wise mentors whispering to me: Feel it, don't fix it. I responded, "I am so sorry that when you were a little girl no one helped you. I am so sorry that when you were a young mom struggling with so many challenges, no one helped you. We didn't know back then that these things can affect your whole life. We thought kids forgot." Claire jumped in, saying, "But now we do know and I can do things for him so his life will be better." And she said she was ready to go to mental health services with him.

I remember that visit like it was yesterday. I feel very emotional every time I tell this story. This is the story that keeps me going when I feel frustrated and overwhelmed. Imagine being 63 years old and no one has ever asked what happened to you. Claire told me no one had ever asked about her experiences, ever! I hope that NEAR@Home is part of assuring that everyone, especially parents, [has] someone who cares enough to ask, listen, accept and affirm. And that no one has to wait 'til they are 63 to make sense of their life.

— A Home Visitor

Preparing Notes

Asking

[A] Introducing NEAR

WHAT: The home visitor can use their knowledge of the client to decide how much information about NEAR sciences to share and how to do so. The NEAR@Home website (**StartEarly.org/NEARAtHome**) has resources, including printable handouts and links to videos.

> "When you give them a choice it's like you are giving them their power back."
> — *Home Visitor*

Sample home visitor scripts:

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

"We know strong relationships are very important for raising healthy children, and we now know that some things can get in the way of strong relationships."

"I just went to a training and learned about ways that our childhood experiences can impact health later in life, and things we can do now to help children become healthier as adults. I found the information really interesting. Would you like me to share it with you?"

"Are you interested in looking at the science of this?"

Write your own script

[B] Mandatory Reporting

WHAT: Share with the client that learning about the NEAR sciences often brings up thoughts, memories and feelings about what happened in childhood and that many parents/caregivers also find themselves thinking about their own children's ACE scores when completing the ACEs questionnaire. The home visitor should be transparent about mandatory reporting status and address questions and concerns. The home visitor also lets the client know that they will respect the client's privacy by letting the client decide if, when and how much to discuss the client's ACEs.

Sample home visitor scripts:

"How much you share with me is completely up to you. Looking at the questions, you can tell me a total number, or if you want you can choose not to tell me anything at all."

"One of the things many parents/caregivers tell me they worry about with having a home visitor is if they will be reported to child protection services. We all worry about being good enough and what others think about our parenting and our homes."

"It is true, if I see something unsafe for your baby or if you share with me something unsafe that is happening to your baby that I am a mandated reporter. I am wondering if you have any questions about this, so that we both understand how this works. I want you to feel safe and know that I am not here to judge you or get you into trouble."

"You hired me because you want to be the best parent/caregiver you can be. Part of our work together includes making sure that you are safe and your baby is safe. If I am ever concerned about either of those things, I will let you know and we can figure out a plan together."

Write your own script

WHY: It is trauma sensitive to be transparent about the home visitor's status as a mandatory reporter and to offer parents/caregivers a choice in what they disclose. It is also better for the home visiting relationship to be upfront, rather than informing the parent/caregiver after an unintentional disclosure that the home visitor will need to make a mandatory report.

Even if the home visitor discussed mandatory reporting at program enrollment, a reminder close to the NEAR home visit respects clients who may experience memory or processing challenges and honors their right to disclose as much or as little as they choose.

CONSIDERATIONS: Home visiting agencies must know and follow local laws and practices.

Some home visitors and their agencies choose to offer only the education and not the questionnaire to minors. Home visitors working in short-term home visiting programs have stated that it is sometimes easier and safer to share the information about NEAR science without doing the full NEAR home visit, as the opportunity to build rapport and remember with a family is not the same as it is for programs that provide visits over several months or a few years.

[C] The ACEs Questionnaire: Timing

WHAT: On the day of the NEAR home visit, the home visitor will ask the client if this is a safe day to discuss sensitive, personal information. If in doubt, delay until another visit. Clients have expressed appreciation for being asked.

Sample home visitor scripts:

"Remember on our last visit together we talked about doing the ACEs history? Is this a good time?"

"This tool will help me understand how to better support you and helps our program support other families in our community. You don't have to share any of the details of this with me. Is this a good time to do this?"

"We offer all our parents/caregivers an opportunity to answer these questions. You get to choose how much or how little you would like to share with me. Does this feel like something you want to do today?"

"Many of the moms/parents/caregivers I work with have found it very helpful to learn about their own ACE score/number. Knowing this score lets us think together about how these experiences may have impacted you and then identify how you have been and are resilient. We can also talk about ways to support your children's resiliency! I have a questionnaire we can do to see what your score is. Is this a good time for you to do this?"

"What's sharable is bearable."
— Daniel Siegel, M.D., Clinical Professor of Psychiatry, University of California Los Angeles

"We've been talking about the NEAR sciences and how much we've learned about how experiences impact everyone during childhood. Last time we talked about looking at the questionnaire from the ACE Study today. How are you feeling about doing that today?" (or: "What do you think about moving forward with doing that today?")

Write your own script

WHY: Asking if this is a good time offers a choice and contributes to trust and self-efficacy while also indicating this questionnaire is important to do. This is a trauma-sensitive strategy.

CONSIDERATIONS: Some home visitors choose to engage the parent/caregiver and child in a sensory activity (like making slime or play-dough) prior to the NEAR conversation to support regulation.

Home visitors can use their professional judgment in deciding to offer education but not ask the ACEs questions. This decision should be brought to reflective supervision to consider whether this decision indicates a safety concern or some ambivalence by the home visitor. Parents/caregivers deserve to know this information.

When we avoid talking about ACEs, we may inadvertently be sending a message that people should be ashamed of their childhood experiences. Silence and shame can increase the risk of intergenerational transmission because it reinforces one of the pathways for transmission: avoidance.

A parent/caregiver may re-create the emotional conditions of past adversity without consciously choosing this path for their children. People need to have an opportunity to appropriately and voluntarily share information about their personal histories as a part of a healing process.

"Sometimes when we don't do something because we feel uncomfortable, we are robbing families of growth"
— Home Visiting Supervisor

[D] The ACEs Questionnaire: Implementation

WHAT: If the client agrees to do the ACEs questionnaire, explain that together you'll discover their total score and do not need to discuss the details of any of these experiences. Share with the parent/caregiver that you will pause and wait in silence as they think about their ACEs.

Sample home visitor script:

"Some of this can be a lot to think about, so we will pause to think about it afterward."

Write your own script

Inform them of your commitment to protecting their privacy and demonstrate this by offering them a choice in how they use the questionnaire.

- Ask if they prefer to read the questions themselves or prefer you to read them out loud.
- Have them count the number of "yes" answers on their fingers as they read the questions.
- Use a laminated copy of the questionnaire.
- Some home visitors use the Resilience Trumps ACEs deck of cards (see the Resources page at **StartEarly.org/NEARAtHome**), asking clients to sort the cards into two piles: one for ACEs, one for resilience. Then the client informs the home visitor of the number of ACE cards without revealing specific ACEs.

Sample home visitor script:

"You can choose whether to show me or not."

Write your own script

WHY: Using paper forms, making marks to tally ACEs or indicating individual answers is not best practice. The research supports looking at the accumulation of ACEs not focusing on any one category of adversity. This also protects the privacy of the client and allows them to decide if and when they want to share those details.

ACE scores are a good proxy measure of the dose of toxic stress experienced during development. While ACEs are not the only kinds of stress that shape neurodevelopment, this list of 10 categories of experience provides a solid indicator of toxic stress that children experience.

The science is clear: No one category is more important than another. It is the cumulative load of experiences that contribute to the life-course impact.

> "I don't need to know what's in the 'backpack', I just want to talk about how 'full' or 'heavy' that 'backpack' is that you've been carrying around."
> — *Home Visitor*

[E] The ACEs Questionnaire: Declined

WHAT: The client declines to complete the questionnaire.

Sample home visitor script:

"So today is not so good. If it's OK with you, I'll ask again at our next visit."

If the client says it's not OK to ask again, thank them and tell them that if they do want to do the questionnaire, they can ask.

Write your own script

WHY: Respecting a client's decision to decline the questionnaire is trauma informed and client centered. You have offered important information even if they do not want to take the next step of completing the questionnaire. Informing them you will offer it again later gives them time to process this information and supports accountability to the program goals.

[F] Adapting or Postponing a NEAR Home Visit

WHAT: Some home visitors have adapted the NEAR conversation in a way that honors the parent/caregiver's expressed request, better supports their own self-regulation or meets the constraints of a short-term program model. Instead of inviting the parent/caregiver to discover their ACE score, home visitors have adapted NEAR@Home visits by:

- Sharing information about the ACE Study and a website (for example, **numberstory.org**) if they want to find out more, then checking in at the next home visit. *[Note: Do not leave a copy of the ACEs questionnaire for parents/caregivers to complete on their own.]*
- Watching a short video during the visit (for example, Dr. Nadine Burke Harris' TED Talk: "How Childhood Trauma Affects Health Across the Lifetime") followed by asking, "What did you think about that?"
- Asking an open-ended question such as, "What would you like to share with me about your childhood?" "What were your favorite things, and what was hard?" "What would you like to pass on to your child?"

WHY: Home visitors sometimes feel pressure to have a NEAR conversation before they feel ready or that they have to share this information within a certain time period. Home visitors must balance the parent/caregiver's right to know this information with their own personal capacity to bear witness to another's story. This capacity can vary hour by hour, month to month, depending on what is happening in the home visitor's personal life, changes or pressures at work and how the home visitor is feeling that day.

CONSIDERATIONS: NEAR@Home adaptations and modifications should be explored in reflective supervision to ensure that they reflect and honor both the home visitor's capacity and the family's culture, and are not an attempt to minimize, protect or shield the parent/caregiver from this information.

WHAT: Home visitors are encouraged to check in with themselves and give themselves permission to adapt or postpone a NEAR conversation, even if the parent/caregiver has expressed eagerness to talk about NEAR. We honor our own capacity for holding space by not overriding our nervous systems and pushing ourselves into a sensitive conversation because we feel we "should" or "have to." Slowing down and honoring our capacity is a healing process that also models boundaries for the parent/caregiver.

Sometimes parents/caregivers may share detailed information with a home visitor that the home visitor is not ready to hear, even outside the context of a NEAR@Home visit. The home visitor may also feel initially ready to support a sensitive conversation and then find themselves feeling flooded, activated or overwhelmed while the parent/caregiver is sharing.

When a home visitor begins to notice their own feelings of dysregulation, it is important to practice grounding strategies and create boundaries for the conversation as needed. Home visitors may also choose to use self-disclosure to name what is coming up for them.

"Every morning I check in with myself and ask, 'Who can I hold space for today?' If the answer is 'Nobody,' that's my cue to take a mental health day because I need to show up for myself." —*Home Visitor*

Sample home visitor scripts:

"Thank you so much for sharing these things with me. I'm noticing that there is something stirring up inside of me and I would like to take a moment to just breathe and recenter myself so that I can be fully present for you."

"I appreciate you sharing this with me. I really want to listen deeply and I notice I am feeling a bit distracted today. Would it be OK if we revisit this next time? Who else can you share this with?"

"I know last time we had agreed to talk about your childhood during our visit today. I'm feeling a bit off today and want to make sure that I am able to really be present for this conversation because you deserve my full attention. Would it be OK if we talk about this next time?"

Write your own script

WHY: The home visitor promotes safety and attunement to the parent/caregiver by first prioritizing attunement to themself.

[G] Time Management

WHAT: Be sure to allow time to do the following all in one visit:

- Review the questionnaire/card sort.
- Discuss the score with the parent/caregiver (the next section, Listening, will offer guidance for this discussion).
- End with hopefulness (Accepting and Affirming, the section after Listening, addresses how to do this).

WHY: It is trauma sensitive and models healthy communication skills for the home visitor to complete all three of these visit components with the parent/caregiver in one setting. The parent/caregiver will be left wondering and worrying until the next visit if the home visitor doesn't discuss the ACE score, doesn't leave enough time for spacious listening and hopefulness, or leaves the questionnaire with the parent/caregiver without completing the cycle of asking, listening and accepting.

"Families have been responding really well, saying things like, 'Oh wow, I never realized why all my siblings have had such a hard time, but this totally makes sense now!' For every family I have done this activity with, it was the first time they had heard about the ACE Study, and for many it was the first time they have explored the idea of resiliency beyond looking at the definition of 'bouncing back' after hard things. ... It has opened up discussions about how these things affect our parenting, and families have gotten to use their creativity to make a collage all about their resilience building blocks."

— Home Visitor

Asking Notes

Listening

[A] The Practice of Waiting

WHAT: While the client is sorting the cards or reading the questionnaire is a critical time for the home visitor to practice self-regulation. It can be very difficult to be calm and still while wondering how the client will respond.

After the client has shared their total ACE score, ask, "How have these experiences affected you?"

And then wait, wait, wait.

Thirty to 60 seconds of waiting for a response can seem like forever.

Focus on staying calm, receptive and present. Notice how your body feels. You can count your breaths or pulse (not tap) your feet into the floor to stay calm and present.

WHY: Listening is the critical intervention! The client's opportunity for a change moment is based on the home visitor's ability to be calm, paced and open in this moment. For the client to truly feel heard and seen, we must stay self-regulated to avoid imposing our own interpretations onto the client. This moment is all about allowing space for the client to discover their own meaning of their childhood adversities. You honor their life story through your spacious listening.

There is data to support the effectiveness of the question "How have these experiences affected you?" This is how the providers at San Diego Kaiser Permanente, site of the original ACEs research, were taught to respond to learning their patients ACE score. The researchers learned that patients responded well and did not go into crisis; subsequent visits for unnecessary care were reduced by about 50% over the next year. Being heard is powerful medicine.

> "I used to say to clients, 'I'm sorry, I know this is intrusive' when introducing the ACEs questionnaire. Now I don't apologize. I think one thing that helped these conversations be effective is the use of pauses. I don't rush to fill the silence as much as I did before NEAR@Home learning." — *Home Visitor*

CONSIDERATIONS: Waiting for the parent/caregiver's response is so critical and is an acquired skill. Consider practicing waiting for 30-60 seconds in case conferencing or reflective supervision.

If home visitors notice themselves chattering to fill the silence, flipping papers or changing the topic, that may be a sign they are feeling challenged by waiting calmly. This suggests the home visitor might need more support through reflective supervision.

> "During the role-play scenario [in NEAR@Home Facilitated Learning], when I was acting as the parent, the pauses were very important to me, as I needed time to think about and reflect on what the home visitor asked. Although the silence may have felt awkward for the home visitor, it was not at all for me. I needed the time to think about my experiences, my emotions, and how to put them together into words. This may be the first time anyone has ever asked them these questions, and if so, time is needed. Remember that the pause may be awkward for the home visitor, but it is a time of reflecting for the parent." — *Home Visitor*

[B] Typical Responses

WHAT: We have learned from home visitors that parents/caregivers do not go into crisis when they learn about their ACE score. Some might be sad and teary, but most often, parents/caregivers are relieved to learn of the science. This reflects what the researchers learned in the original ACEs research with over 17,400 patients: Not a single person went into crisis on being asked the ACEs questions and learning their ACE score.

Some responses of parents/caregivers to learning their ACE 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 to be better for my child."

WHY: The opportunity to be heard, understood and accepted by the home visitor can be a powerful experience for the parent/caregiver who has a history of ACEs. The opportunity for a parent/caregiver to share with another person how their ACEs have impacted them can support the development of healthier and more-flexible coping strategies.

CONSIDERATIONS: Feelings of isolation are a common effect of trauma. Sharing NEAR science and deeply listening to parents/caregivers helps to normalize their experience and reduces feelings of isolation.

> "When we are collectively sharing the attention of our experiences in life, we are also sharing our energy to create a safe space where we can hold and attend to our collective emotions and the feelings they enlist." — *Home Visitor*

[C] Reflective Questioning

WHAT: Supporting the client in reflecting on and exploring the meaning of their ACEs history is a critical part of creating a change moment. These responses let the client know you have heard them and are open to hearing the meaning they have made of their life.

Sample home visitor scripts:

"I appreciate how hard it is to think about these difficult experiences. How do you think these experiences affect your parenting now?"

"How have these experiences affected your body? Your thinking? Your emotions? Your decisions?"

"How were these questions for you?"

Write your own script

WHY: These reflective questions respect the client's right to share only what feels safe while still offering them support and maybe a new way of thinking about their life.

There is no need to ask for details of their experiences. The ACEs science is clear: No one category is more important than another. It is the cumulative load of experiences that contributes to potential lifetime impact.

[D] Containment

WHAT: If the client responds, "My whole life is messed up," the home visitor needs to:

- Breathe, pause.
- Remember that feelings are safe and this doesn't mean something awful is going to happen.
- Regulate to avoid becoming swamped with your own emotions or rushing to say nice things.
- Follow the client's lead. If they seem sad or pensive, or they want to think and reflect, stay with them.
- Resist the urge to ask for details of their experience.

Sample home visitor scripts:

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

"I heard you say _____." I'm wondering if this is something you want to talk about now, or maybe later?"

"We can keep thinking about this together."

"Wow, that's powerful"

"Thank you for trusting me. I feel honored that you shared this with me"

"When something comes up that gives you strong feelings, what do you do to feel better?"

"What have you tried in the past that has helped you feel better, even just a little bit?"

"What has worked for you in the past to get through difficult times?"

Write your own script

WHY: Rushing to say nice things or rushing into a conversation about resilience denies everything the parent/caregiver has said.

CONSIDERATIONS: Containment really does work. Mental health sessions are 50 minutes long; they end even when there are emotions. Containment is a learned skill that requires practice and continuous reflective support. Home visiting supervisors may want to check in with home visitors around this topic and explore NEAR home visits that extend beyond the program's typical time allotment.

It is inappropriate and may be retraumatizing to ask for details or to try to process a parent/caregiver's ACE history. Probing for details denies the parent/caregiver's right to self-protect by limiting what they share; describing a traumatic event in detail may elicit a trauma response that may quickly fall outside the home visitor's scope of practice.

[E] Inaccurate Disclosure

WHAT: Consider that the ACE score might not reflect the client's history and maintain a neutral affect. The home visitor might know the client well enough to know their ACE score is higher than they indicate.

Some people are not ready to share their reality. It is not the home visitor's job to force the truth. These responses offer support and important information so the client can stay safe and know that the home visitor is a resource if and when they become ready to discuss their ACE score.

Sample home visitor scripts:

"We tell all of our parents/caregivers this information because we are trying to help children not have these difficult experiences."

"We share this information with all our parents/caregivers."

"Thank you for looking at this with me. There are other kinds of adversity that occur during childhood and throughout life that are not included in this questionnaire. These can also impact our lives."

"How might this information be important to you as a parent/caregiver?"

If a parent/caregiver shares that they don't remember their childhood, the home visitor responses may include:

"Sometimes it's too painful to remember."

"Maybe we can talk about this another time."

"How do you want it to be different for your child?"

"What do you think about not remembering?"

Write your own script

WHY: It's not the disclosure that's important — the home visitor has offered important information and demonstrated that they are a safe person to think with and talk to about difficult things that might impact the parent/caregiver and child.

Home visitors have observed that sometimes they have responded "That's great" when the parent/caregiver stated they have no ACEs. This effectively shuts down the parent/caregiver when they were not ready just yet to think about their history. The home visitors later realized they were feeling anxious about discussing NEAR.

Reflective supervision can be a way for home visitors to process their feelings so those feelings don't spill over onto the parent/caregiver.

CONSIDERATIONS: Large gaps in childhood memory are common in response to childhood trauma. Some parents/caregivers may also feel uncomfortable sharing with the home visitor or are not ready to share at this time.

[F] Detailed Disclosure

WHAT: If the parent/caregiver starts to share details of their experiences, breathe, self-regulate and find a safe way, within your own scope of practice, to respond to them sharing details.

Sample home visitor scripts:

"Let's take some deep breaths together. It's so hard to think about these things. I really appreciate your courage!"

"I see/feel/think 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. How do you usually help yourself feel calm?"

"I really appreciate your courage in thinking about and sharing these difficult experiences. While I am honored to listen to your experiences, I do not have the right expertise to help you walk through and process these details. If you're interested, I can help connect you with someone who can support you in sorting through these details."

Write your own script

WHY: Home visitors have different levels of skills in responding to disclosures and discussions of specific trauma experiences.

Home visitors should use their professional judgment in choosing how to respond. However, not responding is not safe or respectful for the client. It is better to make a mistake than to ignore their emotional state and verbal statements. Some home visitors may feel rushed into doing something — remember that holding the space is an action.

It takes practice and reflective supervision to develop the skill of being fully with someone without sharing their despair and pain, and to know when to move the conversation toward building resilience and hope.

The section Remembering has guidance on repair for when the home visitor didn't respond the way they had hoped they would or when the process was messy.

> "Are you ready to listen when the client is ready to talk?"
> — *Home Visiting Supervisor*

CONSIDERATIONS: Survivors of childhood abuse and trauma — both client and staff — might need some support to cope with a flood of feelings. Coregulating and guiding keeps them safe. Many survivors have not experienced coregulation with a safe adult around intense negative emotions. This is an opportunity for the home visitor to model how to manage big emotions, which is what we want them to do with their child.

> "The intervention is that it takes away the guilt" — *Home Visitor*

[G] Unclear Impact

WHAT: Some parents/caregivers will become dysregulated as they think about ACEs and might not be able to share their thoughts, or they might talk a lot and go off in many directions.

If the parent/caregiver says they don't know how these experiences have affected them, pause. Don't fill the space; respond in a neutral tone.

Sample home visitor scripts:

"It is hard to think about all this right now. We can talk another time if you want. Who can you talk to tonight or tomorrow who will support you?"

"We can keep thinking about this together."

Write your own script

Some home visitors have found it helpful to narrate or reflect back what they see coming up for the parent/caregiver. "I see you are getting teary," or, "I noticed your eyes getting big." Narrating, if comfortable for the home visitor, is a way for clients to be seen. Some childhood trauma may be preverbal, and the parent/caregiver may not have the language to describe what is coming up for them.

A bridging statement can be very effective when the parent/caregiver takes the conversation off in many directions. A bridging statement is two parts: It acknowledges what the parent/caregiver is saying, and it gently guides the parent/caregiver back on topic.

Sample home visitor script:

"I hear you that many people in your life are struggling. I remember that you said you wanted to focus on how you could help your child with his big feelings. Is it OK if we talk about that now?"

Write your own script

Home visitors have shared the following ideas to support containment (when parents/caregivers talk a lot and the visit is at risk of running overtime):

- Asking what the parent/caregiver would like to think about for the next visit.
- Writing down topics to discuss at the next visit.
- Reminding the parent/caregiver at the beginning of the visit, "We have one hour," or, "I have to leave at [time]."

A True Story #4

A few weeks ago, I was completing a mental health assessment with a preschooler and her mother. I asked the young mother sitting across from me what brought her and her child in for therapy. She looked at me, unfolded her arms, and replied, "Well, we had a home visit a few weeks ago. My home visitor talked about this thing called ACEs — I think that's what it's called — anyway, I did both of our scores and I had 10 and my daughter has 5." I couldn't give her home visitor enough kudos for having that conversation.

The NEAR home visit has become the foundation of my work with this family — every session has built upon it. I support this mother in reflecting upon the nature of trauma and resilience and help her move past her shame to recognize the tremendous effort that she is making now to do what her parents were not able to do for her. Growing up she hadn't thought of her experiences as traumatic, and she didn't recognize the choices she made later as connected to her ACEs — she just saw herself as a "horrible parent" who was turning into her own mother.

— Early Childhood Mental Health Therapist

[H] Denied Impact

WHAT: The parent/caregiver's ACE score is high and they say, "It hasn't bothered me at all. I'm fine." Do not challenge their response or agree with them; remain neutral.

Sample home visitor scripts:

"Maybe you have also had some helpers who supported you through hard times?"

"How do you think you have protected yourself?"

"What got you through those times?"

"We can revisit this at any time if you would like to talk about it."

"Thank you for thinking about this with me and sharing."

Write your own script

WHY: Similar to when the parent/caregiver reports no ACEs, they might not be ready to share their reality. It is not the home visitor's job to force the truth.

These responses offer support and the opportunity to consider the parent/caregiver's strengths/resilience. The parent/caregiver can stay safe and know that the home visitor is a resource if and when they become ready to discuss their ACE score.

Sometimes people remember their childhood as better than the present; they feel that life has only gotten more difficult. This can be especially true for those who immigrated — whose own parents/caregivers wanted to give them a better life with more opportunity — but they now find themselves feeling isolated and without family and community that they left behind. They remember feeling loved and connected as a child even though they had few possessions and close contacts. This can be difficult for home visitors with shared experience, who also feel sad to remember their family and community that is far away.

[I] Disengagement

WHAT: If the home visitor notices the parent/caregiver disengaging during the NEAR home visit (leaves the room, starts texting/talking on a phone, attends to other tasks), it is OK to say,

Sample home visitor scripts:

"This brings up a lot of feelings for you. Do you want to take a break? Would you like to take a walk together?"

"I'm wondering if now is not a good time."

Write your own script

WHY: The parent/caregiver may not be feeling safe and may be attempting to self-regulate. There is no need to push through a NEAR home visit when the parent/caregiver is uncomfortable.

CONSIDERATIONS: Some home visitors want to delay NEAR home visits when families are experiencing stress. It is important to remember that home visiting professionals see only a small piece of the family's experience and that we must not disempower parents/caregivers by underestimating their capacity to regulate.

[J] Emotional Responses

WHAT: If a parent/caregiver cries when learning their ACE score, it is critical that the home visitor:

- Breathe, pause.
- Remember that feelings are safe; this doesn't mean something awful is going to happen.
- Regulate to avoid becoming swamped with your own emotions or rushing to say nice things.

WHY: Feelings are safe. Crying and tears are not a crisis.

Keeping to the predictable length and structure of the home visit, even when the parent/caregiver is crying, provides containment.

Home visitors may worry that a parent/caregiver will become dysregulated when discovering their ACE score, particularly if there are children present. It is important to remember that parents/caregivers have feelings in front of children and children are exposed to parent/caregivers' ACEs every day, often in raw form, as most people have not had an opportunity to reflect on their experience and how it impacts them. When children are present, the home visitor can model being a safe, protective person by naming the feelings.

"How I am is more important than what I do." *—a NEAR@Home Facilitator*

Sample home visitor script:

"Mommy is feeling sad right now, and it's OK to feel sad. She is thinking about ways she can be the best mommy and keep you safe. She is working really hard!"

Write your own script

If the child becomes dysregulated by the parent/caregiver's emotions, the home visitor can speak for the child.

Sample home visitor scripts:

"Mama, you are the most important thing in my world and when you get sad, mad, etc., I do too."

"I see you crying, Papa, and it makes me cry too." — "I feel what you feel, Mama."

Write your own script

"I thought it would be really difficult to think about what to do next. I'm remembering that sometimes the intervention is in being there. I thought I would need to have a lot of resources available, but they're not asking for that — they're enjoying the awareness. The conversations that come afterward are what's important. The people I've done it with have not needed therapy afterward. I haven't had to figure out what to do next." — *Home Visitor*

CONSIDERATIONS: During the original ACE Study, the researchers worried about causing people to go into crisis when doing the ACEs questionnaire (the research version was 23 pages long). They created crisis response teams that were available 24/7. Not a single crisis was reported among the more than 17,400 patients.

Our purpose is not to "fix" or "problem solve" pain but rather to allow someone the experience of being seen. Being seen can look very different from one family to the next, but one component that remains the same is embedded in the core elements. To bear witness to someone's pain is what allows shame to dissipate around trauma. Holding space for those things that stir up the emotions of the past and present is the work of home visiting. Our spacious and generous listening is the healing work of home visitors.

Listening Notes

Accepting and Affirming

[A] Resilience-Building Strategies

WHAT: Move to discovering and building hope and resilience. Be very intentional about affirming the courage it took for the parent/caregiver to look at difficult experiences. Make a concrete connection that the willingness to look at their ACEs is a solid start in adding good experiences that can build resilience for parent/caregiver, child and family.

Be sure to finish the NEAR discussion with a clear emphasis on building resilience. If the parent/caregiver cannot think of a specific goal in the moment, assure them you will work with them to discover what is important to them.

Sample home visitor scripts:

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

"We didn't know back then that the bad things that happened to kids stuck with them. We thought they forgot, but now we know. How will you make things different for your child?"

"What helped you get through those hard times?"

"What are some things that have worked for you?"

"As your baby grows, we will keep talking about how brains work and how to manage stress. We will talk about things you can do to make sure your child has more positive than difficult experiences."

Write your own script

Home visitors' resilience-building strategies:

- Look at strengths in the parent/caregiver's culture.
- Look at the parent/caregiver's moments of connection with their child and the hopes and dreams of the strengths they want their child to have.
- Reflect on the strengths of generations and of the community. This is especially important if there is also historical trauma.
- Use the Resilience Trumps ACEs deck of cards to support conversations of resilience.
- Home visitors and parents/caregivers may also wish to create their own cards related to strengths and resilience.
- Some home visitors invite the parent/caregiver to sort resilience cards into three piles: one for what the parent/caregiver is already doing, one for resilience factors the parent/caregiver would like to strengthen and one as a discard pile for cards that don't fit the situation. When the parent/caregiver has sorted the cards, if there are a lot in the "already have these skills" pile, some home visitors have found a powerful visual in setting the resilience pile next to the much smaller pile of ACE cards that the parent/caregiver selected and inviting the them to observe which is bigger — the pile of ACEs or the pile of resilience.
- The resilience cards that the parent/caregiver identified they would like to strengthen could be used for goal setting.
- Make resilience collages from magazines.
- Look at lists of resilience ideas found in the resources section of the NEAR@Home website (**startearly.org/resource/near-at-home-resources**) or on the StressHealth website (**StressHealth.org**).

WHY: Sharing a statement that this is new research, which we didn't know "back then," can support a parent/caregiver when their child already has some ACEs. It also helps to defuse defensiveness and tension between the parent/caregiver and *their* parents/caregivers. It opens a door to think differently about their relationship.

CONSIDERATIONS: While home visitors may feel more comfortable and excited to talk about resilience, it is critical to not rush through or overlook the importance of talking to parents/caregivers about ACEs. Supervisors are encouraged to check in during reflective supervision by asking home visitors how it was to sit with the parent/caregiver's response to their ACE score and how parents/caregivers responded when the home visitor asked, "How have these experiences affected you?"

Some home visitors have found that one approach is to open the NEAR conversation by asking the parent/caregiver what they know about the term "resilience" and discussing resilience before the parent/caregiver discovers their ACE score. This may be done on a separate home visit prior to the ACEs conversation. Home visitors may then revisit the previous resilience conversation as a way to close the NEAR home visit. This builds hope and shows parents/caregivers that you remember what they shared as important to them.

The term "resilience" is not common in some languages. Home visitors who speak Spanish may wish to use the phrase "echar pa'lante" (moving forward) to describe resilience. One home visitor created the following definition to explain the meaning of resilience to Spanish-speaking families:

"Resiliencia es la capacidad que tiene cada persona de resistir ante una situación de estrés o trauma. Como cada persona es diferente, la capacidad de resistir a situaciones difíciles, también va a ser diferente, y cada persona de acuerdo a las experiencias que ha vivido en el pasado su capacidad de resistir ante esas situaciones también va a ser diferente."

Write your own script

[B] Hopeful Next Steps

WHAT: Wrapping up the NEAR home visit:

- End the visit with a summary of the NEAR discussion and with hopefulness.
- Find a moment to thank the parent/caregiver for thinking about some difficult topics and exploring their goals to help their child have a better, safer childhood than they experienced.
- Offer some anticipatory guidance on the fact that they might feel some extra stress after the visit.

Sample home visitor scripts:

"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. Who would you call if you were feeling pretty stressed? I'll be thinking about you and will check in with you on our next visit. Or call me sooner if you want."

"What do you do to take care of yourself?"

"What has worked for you in the past, even just a little bit?"

"Looking at the resilience cards [if used], are there any of these that you would like to try this week?"

"You are helping your daughter be healthier/live longer."

"Mom was really stressed at the beginning of the visit. After completing the NEAR conversation, Mom said, 'I feel much better.'" *— Home Visitor*

"Thank you for thinking about these difficult experiences. This is hard work! We can talk more about this in 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/caregivers can learn about this science of stress and brains. Maybe you have a friend or sister you can share this pamphlet and information with."

Write your own script

WHY: Letting the parent/caregiver know what to expect after the visit, including feelings that might come up, is an important aspect of transparency and being trauma sensitive.

"I'll be thinking about you" = "holding in mind," which models healthy attachment.

A True Story #5

I was reminded this week of the power and truth of Dr. Felitti's quote. In my work there are occasions where I meet with a family for only a handful of visits, sometimes only one visit. I'm a mental health consultant, not their primary home visitor. I have often wondered about the effectiveness of these consultations.

On my way to a consultation one sunny spring day, I walked past the home of a family I saw for a few visits well over a year ago. Sitting outside was a woman, Suzy, watching her child play. I recognized her, and she me. I waved and said hello. Later, as I returned to my car, I passed by Suzy again. Still sitting in the warm sun, she stopped me, calling me by name. "Marie? Right?"

I was surprised she remembered my name! I had been to her home maybe a total of four times, at the request of her home visitor. I paused and commented on how much her child had grown. She shared with me how well her child was doing in school and the positive feedback she has been receiving from her teacher. Suzy had struggled with depression and anxiety most of her adult life. During those intermittent visits, nearly two years ago, honestly, I felt unproductive. I often felt ineffective and disorganized. I wasn't sure our work together had made a difference.

When we met together my primary intervention was listening and affirming as she shared her experiences and struggles. She sat in the same place on her sofa, every single visit. In little bits and pieces, I shared NEAR information with her. It wasn't organized. It wasn't mindfully planned. It emerged. As her story unfolded, I wondered in my head about her adverse childhood experiences. We talked a lot about the possible connections between her ACEs and struggles with anxiety. It was the home visitor who suggested offering the ACE Questionnaire. And so, we did. It was amazing what that opened up. Her ACEs were high, and although no longer a child, she and her parents were still caught up in the family system dynamics of her childhood.

Suzy had been told all she needed to do was to use positive self-talk instead of negative self-talk and she would feel better. She truly believed there was something "wrong" with her. She was desperately looking for answers and a way to move forward. She struggled with finding anything positive about herself and so we focused on her child. We wondered together what her child's ACE score might be. ZERO. We wondered together about what was different for her child than she had experienced growing up. As we wondered together, Suzy was able to identify many positive differences.

My contribution? I asked, listened and accepted. Honestly, the intervention was sharing information about NEAR and being present. I shared mindfulness strategies, breathing and name it to tame it, assisting Suzy to identify thoughts, bodily sensations and feelings preceding an anxiety attack — and the likelihood that, on occasion, she would feel anxious. We all feel anxious from time to time. Normalizing her experience of anxiety. It all made sense in the context of her story. Our work together ended when her child aged out of the program. I had NO SENSE if our time together had been "helpful."

Now, nearly two years later, much to my surprise Suzy shared that her anxiety/panic attacks have decreased significantly. She described "hearing me in her head" and the things we talked about during our visits and how they continue to help her. Recently she experienced a panic attack

continued on page 60

and, in the midst, said she remembered me telling her that even though it feels awful it will pass, and it did. Remembering is one of the core elements of NEAR@Home. Suzy remembered!

I listened, I affirmed, I accepted. The focus was on what had happened to her, not what was wrong with her. The parallel process works. She now hears herself, affirms herself, accepts herself. What a lovely reminder to me that how I am is MORE important that what I do. What an unbelievable power there is in being seen, heard and accepted — in presence.

Driving home that afternoon as I reflected on seeing Suzy again, I realized that I too have been remembered and how powerful that was for me.

My first experience of being listened to, affirmed and accepted happened while I was in college. Unsure of my career path I had been thinking about becoming a therapist. The thought occurred to me that I should probably have the experience of being a client if I wanted to be a therapist. So I scheduled an appointment with absolutely ZERO awareness of any personal need for counseling — it was just an educational adventure. Long story short, it turned out to be a pivotal experience in my young adulthood.

About nine years after my counseling experiment I was traveling through my former college town and had a wild idea. I wondered if Pat, my therapist, still worked there. I would love to see him again. I wondered if he would remember me. Summoning all my courage, I called. Pat answered the phone. I began the conversation with "I'm not sure you remember who I am ..." He quickly interrupted me, "Of course I remember you! I was just talking about you the other day with some colleagues about this bright, strong, young woman I had worked with in the past." We set a time and place to meet. I couldn't believe I had been remembered. I mattered.

On a snowy fall day, I sat in Pat's office once again. Nine years had passed since we had worked together. It was as if not a day had passed. Honestly, he remembered more than I did! I remembered the feeling of being listened to and accepted. He remembered so much more. I thought he had changed my life. Turns out we had changed each other.

More than 27 years have passed now. Pat's voice and presence are still with me today. He listened, affirmed and accepted me. It causes me to pause and wonder about the power of the parallel process. I didn't see the "results" back then. Not years ago, when someone else listened, affirmed and accepted me. Not almost two years ago when I listened, affirmed and accepted Suzy. I am grateful for the reminder of the importance of offering this to parents. I am grateful for the reminder of the power of listening, affirming and accepting.

— A Mental Health Consultant

Accepting and Affirming Notes

Remembering

[A] Past Visit Reflections

WHAT: Find a strategy to remind yourself to be sure on the next visit to check in on the NEAR process. The home visitor should self-regulate and maintain a neutral affect as they check in on the NEAR home visit. This allows space for the parent/caregiver to respond in whatever way they need.

Sample home visitor scripts:

"Last time we talked about some difficult and important things. That was hard work! [or: "You worked so hard!"] 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?"

"How has it been for you sitting with our last conversation since I saw you?"

"How has it been for you to think about your ACE score since last time?"

"Have any new insights come up since our conversation?"

Write your own script

WHY: Remembering to check in demonstrates that you remember them, you think about them, and they are an important person to you, worthy of remembering. This models healthy attachment.

Remember how the parent/caregiver reacted to the initial NEAR conversation and also be open to how they might feel now. It may not have been a hard conversation for them, or what was hard during the last visit is now not so hard.

[B] Repairing Interactions

WHAT: If, during the NEAR home visit, you didn't respond to the parent/caregiver in the way you wished you had, you can revisit it. It is better to repair than avoid talking about NEAR because you feel you don't have the skills.

Sample home visitor scripts:

"In 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?"

"I'm wondering if I pushed too far — if so, I am sorry."

"I've been thinking a lot about our conversation and wondering if you felt rushed."

"I wonder if you want more time to talk."

"I've been thinking about our last visit and recognize we didn't complete our discussion."

"I blew it and I just want to own that."

"I feel like I left you in not a great place — I did not handle it the way I should have."

"Since our last visit I've been thinking a lot about our conversation, and I'm not comfortable/happy with how I responded."

"Sometimes I have to think about something a bit, and I realize a better response would have been …"

Write your own script

WHY: Relationships are messy. Messing up, ruptures are inevitable. Repairs are optional. Relationships are strengthened through the process of rupture and repair.

This is an opportunity for the home visitor to model healthy relationships.

CONSIDERATIONS: Even the most skilled, experienced home visitor will have an opportunity to practice repairing the interaction or relationship. Reflective supervision is a crucial support.

[C] ACEs Integration

WHAT: Link NEAR/their ACE score with other conversations, program elements and assessments so the parent/caregiver can be supported in thinking holistically about their life experiences.

- When offering other relevant assessments such as depression screening, find a way to bring NEAR/their ACE score into the discussion of those assessments.

Sample home visitor script:

"Depression has many causes, but ACEs might increase the risk that a person will struggle with depression."

- Find times or events — successes and challenges — in the course of your relationship to bring up and link their ACE history to the topic or challenge.
- Use natural or program anniversaries to offer a thought that links their ACE score to their accomplishments.

Sample home visitor scripts:

"You are trying so hard to quit those cigarettes. Those of us who have many difficult childhood experiences might have to try many, many times but can succeed. Keep trying!"

"Remember how you shared that your parent/caregiver never responded to you? I see you picking up your baby and you are breaking the cycle!"

"You told me _____ and now you are doing it differently."

"I want to take a moment to pause and recognize where you are in your journey.

Write your own script

WHY: Linking builds resilience and reminds them you are a safe and accepting person who they can talk to about difficult things.

CONSIDERATION: This takes practice, to know when to link back to ACEs. Not too much, not too little. Too little or no referencing suggests the parent/caregiver's life (and, by extension, the parent/caregiver) is too shameful to think about.

Remembering Notes

Following Up

[A] Reflective Supervision

WHAT: Reflective supervision should include a discussion of how the home visitor felt preparing for the visit, during the visit and after the visit, as well as the client's response. Avoidance, dysregulation or too little, too much or incongruent affect (either positive or negative) indicates a need for addressing this in reflective supervision.

Sample supervisor scripts:

"What was it like for you to have this conversation with your client?"

"How did the parent/caregiver respond when you asked, 'How have these experiences affected you?'"

"What was the turning point for you to believe that this conversation was important and useful?"

"What did you do that you feel really good about? What would you want to do differently?"

"How do you want to revisit/remember this conversation with this parent/caregiver on future visits?"

"What did you learn about yourself from doing this visit?"

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

Write your own script

[B] Reflective Case Conferencing

WHAT: Home visitors can be encouraged to share what it was like for them, and how they felt, as they prepared for the visit, asked and listened.

Home visitors can include clients' responses to NEAR home visits as well as ACE scores. The team can help reflect on how the ACE score might link with other events in the client's life.

Sample conferencing scripts:

"Maybe their anger at the housing authority case manager is related to their ACE history."

"Maybe the no-shows/canceled home visits are related to their ACE history."

Write your own script

WHY: Reflective case conferencing is an opportunity to go beyond reporting out and seeking solutions. Reflective case conferencing can contribute to professional development and team cohesion for all members when they are able to think and feel deeply together. Becoming reflective in a group setting takes guidance, commitment and practice.

[C] Documentation

WHAT: Follow agency policy and and HIPAA privacy guidelines.

The recommended practice is to not have a completed ACEs questionnaire in the client records — only a total score capped at 4 or 5.

Recording scores capped at 5 is recommended for programs that want to or are required to gather data for programmatic or funding purposes.

Sample documentation

1-1-2014: *NEAR HV completed: Client very interested in info on brain development, ACE history completed, score 5, client expressed relief at learning their ACE score and stated they felt the impact on their life might be their anxiety and choosing not-safe partners. Agreed to plan of continuing to think about this and how to build their resiliency. Client goal is for their baby not to witness IPV [intimate partner violence].*

1-1-2014: *NEAR HV completed: Client interested in info on brain development and was able to think about their child's brain with their current stress of being homeless. ACE history completed score 5+, client assumed flat affect where they had been animated during discussion of brain development. Client denied knowing of any impact to their life from their ACEs. Offered containment and support for this being a difficult conversation. Emphasized their successes in keeping their children safe and quitting smoking. Client agreed that we will revisit their ACE score and impacts on our next visit. By end of visit client was not flat but seemed tired, thanked me for visit. Plan for next visit: check in, offer depression screen, do some floor-time play.*

WHY: This protects confidentiality in case of records release, subpoenas, custody disputes, etc. Recording scores up to 5 and then recording as 5+ protects the privacy of the client, especially regarding sexual abuse. Both the original ACE Study and current population-level data cap ACE score analysis at either 4 or 5. Having only a total score honors the science that shows the potential health impact is from an accumulation, not any one category of experience.

Following Up Notes

Appendix: The Science of NEAR – What's Behind This?

Parents/caregivers deserve to know the largest public health discovery of our time — ACEs. They should have the 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 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 versus nurture. We now understand how adversity becomes embedded into biology, behavior and risk, and how relationship-based support builds resilience that shifts the generational trajectory of the people we are and the people we serve.

Life is complex, and the story of how lives unfold is equally complex. In the NEAR@Home Toolkit, we combine into one science discoveries from:

Neuroscience
Epigenetics
Adverse Childhood Experiences (ACE) Study
Resilience Research

Directory

The Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) Study examines population health. Knowing the prevalence of ACEs in a population reliably predicts the prevalence of many kinds of health and social problems. While learning the ACE score of an individual provides a personal history, an ACE score is not an assessment or screening tool for an individual. When we learn about ACE history, we learn something about what questions we could ask in order to know the person more appreciatively. ACEs are not destiny. Talking with a parent/caregiver about their ACE history opens an important conversation and provides a foundation for trust and partnership between a parent/caregiver and a home visitor.

The 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 1990s as a partnership between the Department of Preventive Medicine at Kaiser Permanente in San Diego, California, and the CDC in Atlanta, Georgia. Over 17,400 Kaiser Permanente members — primarily white, middle-class people with health insurance — participated in the study, answering dozens of questions about their childhood experiences and giving permission for the investigators to access their medical records. The study findings include correlations between ACEs and mental, physical and behavioral health; participants continue to provide data that demonstrates the impact across their life course.

Two physicians were co-principal investigators of the ACE Study: Dr. Vincent Felitti, in San Diego, and Dr. Robert Anda, in Atlanta. At the time the study was designed, the state of the art for preventive medicine research was to identify risks for disease so risks could be reduced, and, thereby, disease and early death could be reduced. After doing 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 — something had to be driving the risk. He and Dr. Felitti hypothesized that adversity during development was impacting neurodevelopment, which in turn drives risk, disease and early death.

The investigators considered 10 types of experience that occur within households and can be prevented.

Five categories of household dysfunction:

1. Mentally ill, depressed or suicidal person in home.
2. Drug addicted or alcoholic family member.
3. Parental discord — indicated by divorce, separation, 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 include:

1. ACEs are common: about two-thirds of the population has at least one; over a quarter of the population has three or more; over 5% of the population has six or more.
2. ACEs are common in all socioeconomic groups.
3. ACEs tend to cluster — where there is one category, there are likely others. Of the people in the ACE Study who experienced one ACE category, 87% experienced others, and over half experienced four or more.
4. Accumulation of ACE categories matters — the higher the number of ACE categories experienced (ACE score) the higher the population risk for mental, physical, behavioral and productivity challenges.
5. There's a strong graded relationship between the ACE score in a population and the rates of many mental, physical, behavioral and social problems, including the leading causes of death in the United States.
6. ACE scores are a good proxy measure of the dose of toxic-stress experience during development. While ACEs are not the only kinds of stress that shape neurodevelopment, the list of 10 categories of experience provides a solid indicator of toxic stress that children experience.
7. There is a very strong case for asserting that the relationship between ACEs and ACE effects is causal. The ACE Study meets all the tests for inferring cause in epidemiology. In the years after the ACE Study publications began, neuroscience findings have affirmed the causal relationship between ACEs and ACE effects by explaining the biological pathways that make ACEs so powerful.
8. ACEs are the most powerful known 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.

"The great news is that what's predictable is preventable."
— Dr. Robert Anda, ACE Study Principal Designer

Adverse Childhood Experiences Questionnaire

Many children experience stressful events that can affect their health and development. Your home visitor will think with you about your life story and how you want your child's life to be different.

You do NOT need to share which of these things happened to you or any details about your experiences.

How many of these things happened to you at any time since you were born and up to age 18?

1. **Did a parent/caregiver or other adult in the household often or very 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?
2. **Did a parent/caregiver or other adult in the household often or very often …**
   – Push, grab, slap or throw something at you? **or**
   – Ever hit you so hard that you had marks or were injured?
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?
4. **Did you often or very often feel that …**
   – No one in your family loved you or thought you were important or special? **or**
   – Your family didn't look out for each other, feel close to each other or support each other?
5. **Did you often or very 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/caregivers were too drunk or high to take care of you or take you to the doctor if you needed it?
6. **Were you ever separated from a parent/caregiver due to divorce, death, abandonment, deportation or any other reason?**
7. **Was a parents/caregiver or guardian …**
   – Often or very often pushed, grabbed, slapped or had something thrown at them? **or**
   – Sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard? **or**
   – Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
8. **Did you live with anyone who was a problem drinker or alcoholic or used street drugs?**
9. **Was a household member depressed or mentally ill, or did a household member attempt suicide?**
10. **Did a household member go to jail or prison?**

The ACE Questionnaire is a widely used variation on the questions asked in the original ACE Study conducted by researchers at the Centers for Disease Control and Prevention and at Kaiser Permanente.

Cuestionario sobre experiencias infantiles adversas

Muchos infantes experimentan eventos estresantes que pueden afectar su salud y desarrollo. Su trabajador/trabajadora pensará con usted sobre la historia de su vida y cómo desea que la vida de su hijo/hija sea diferente.

No es necesario que comparta cuáles experiencas le sucedieron, ni los detalles sobre esas experiencias.

¿Cuántas de estas cosas le sucedieron en algún momento desde su nacimiento hasta los 18 años?

1. **Alguno de sus padres o persona a cargo del cuidado del niño(a) con frecuencia o con mucha frecuencia …**
   – ¿La/o dijieron malas palabras, insultaron, menospreciaron, o humillaron? **o**
   – ¿Actuaban de tal forma que temía que le fueran a lastimar físicamente?
2. **Alguno de sus padres o persona a cargo del cuidado del niño(a) con frecuencia o con mucha frecuencia …**
   – ¿La/o empujaban, la/o jalaban, la/o cacheteaba, o le aventaban cosas? **o**
   – ¿Alguna vez la/o golpearon con tanta fuerza que le dejaron marcas o la/o lastimaron?
3. **Algún adulto o alguna otra persona por lo menos 5 años mayor que usted alguna vez …**
   – ¿La/o tocó o acarició indebidamente o dejó que le tocara el cuerpo de alguna forma sexual? **o**
   – ¿Intentó tener relaciones sexuales orales, anales o vaginales con usted?
4. **Sentía con frecuencia o con mucha frecuencia que …**
   – ¿Nadie en su familia la/o quería o pensaba que usted era especial o importante? **o**
   – En su familia no se cuidaban unos a los otros, no sentían que tenían una relación cercana, ¿o no se apoyaban unos a los otros?
5. **Sentía con frecuencia o con mucha frecuencia que …**
   – ¿No tenía suficiente comida, tenía que usar ropa sucia, o no tenía nadie que lo protegiera? **o**
   – ¿Sus padres estaban demasiado borrachos o drogados para cuidarla/o para llevarla/o al médico si es que lo necesitaba?
6. **¿Alguna vez perdió su padre o su madre biológico(a) debido a divorcio, muerte, abandono, deportación, o alguna otra razón?**
7. **Su madre, cuidador o tutor:**
   – ¿Con frecuencia o con mucha frecuencia la/o empujaban, jalaban, golpeaban, o aventaban cosas? **o**
   – ¿A veces, con frecuencia, o con mucha frecuencia le pegaban, la/o mordían, la/o daban puñetazos, o la/o golpeaban con algún objeto duro? **o**
   – ¿Alguna vez la/o golpearon durante varios minutos seguidos o la amenazaron con una pistola o un cuchillo?
8. **¿Vivió con alguien que era borracho o alcohólico, o que usaba drogas?**
9. **¿Algún miembro de su familia sufría de depresión, alguna enfermedad mental, o alguien en su familia trató de suicidarse?**
10. **¿Algún miembro de su familia fue a la cárcel?**

The ACE Questionnaire is a widely used variation on the questions asked in the original ACE Study conducted by researchers at the Centers for Disease Control and Prevention and at Kaiser Permanente.

NEAR@Home Theory of Change

HOME VISITING SYSTEMS AND LEADERS ...

... are knowledgeable and committed to bringing NEAR into home visiting.

... support home visitors and home visiting supervisors with quality reflective supervision.

HOME VISITORS ...

... are supported by leadership that is knowledgeable and commited to bringing NEAR into home visiting.

... are supported by quality reflective supervision, and their supervisors are supported by quality reflective supervision.

PARENTS/CAREGIVERS ...

... deserve to know about the most powerful determinant of public health.

... have a chance to talk about how ACEs have affected their lives in the context of a safe and respectful relationship.

... have an opportunity for a change moment: the experience of feeling heard, understood and accepted.

... make decisions and are able to take actions in their lives that protect their children.

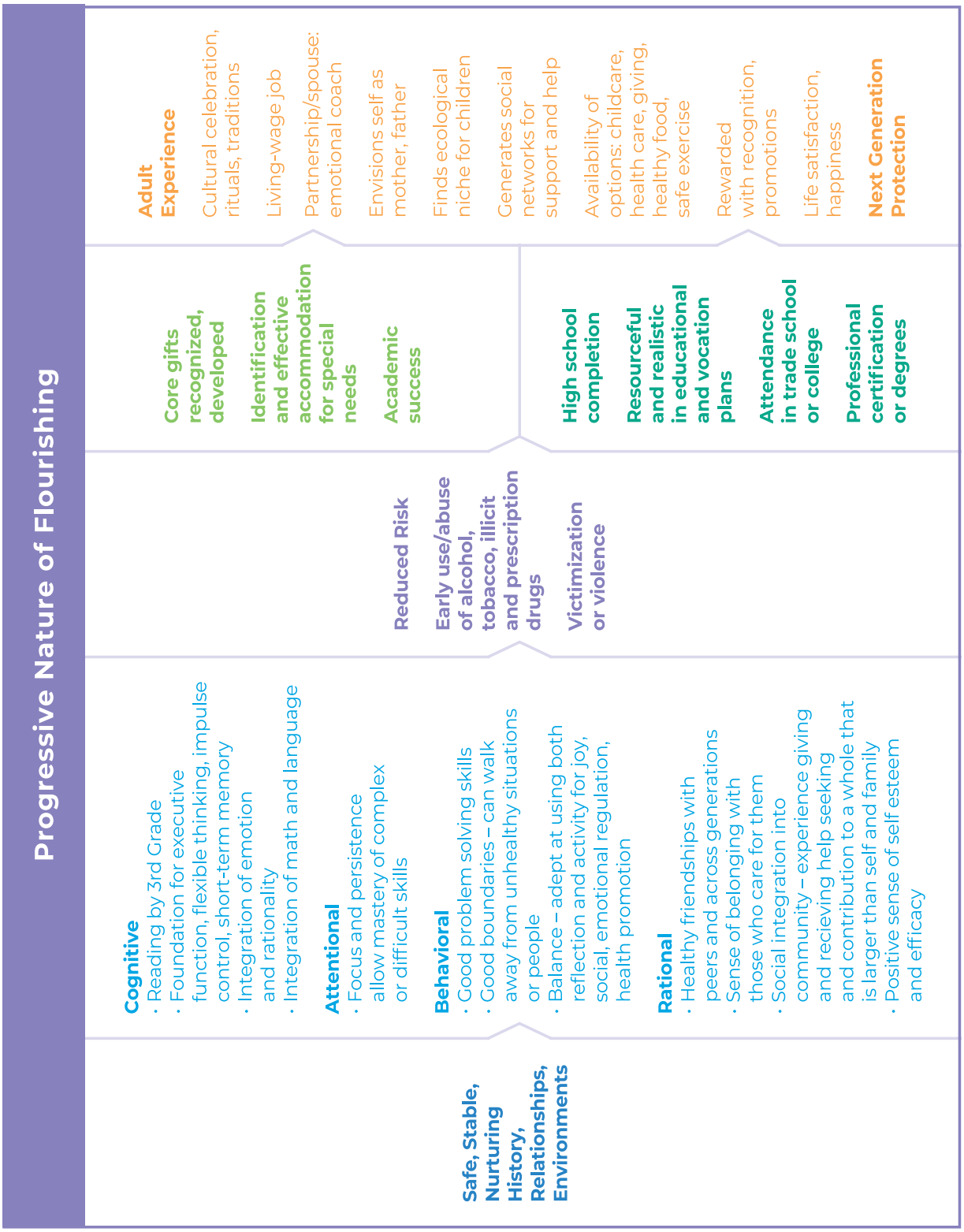
... engage with community and professional supports to develop parenting skills, manage stress and build resilience.

... take steps to develop their capacity to be sensitive and responsive to their children.

CHILDREN ...

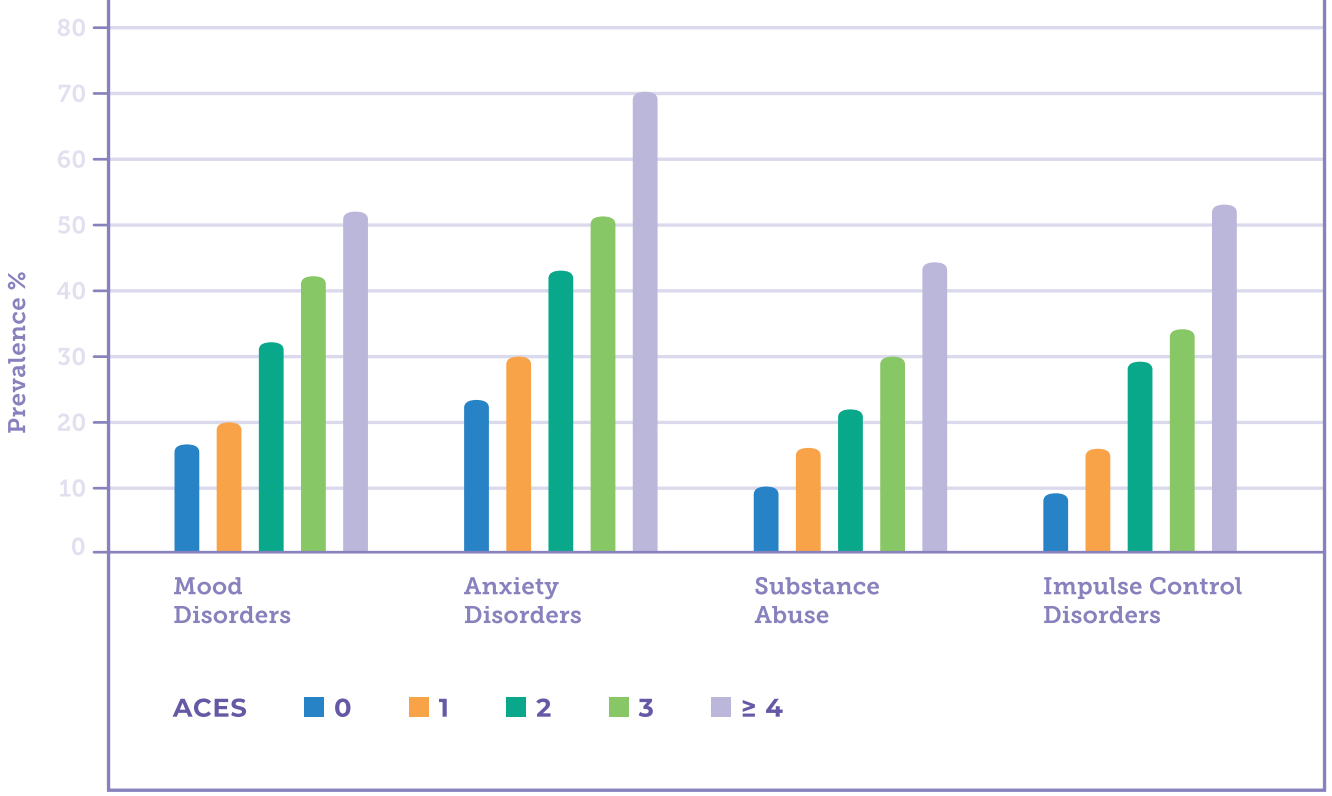
... have fewer ACEs and more resilience than prior generations.

Source: NEAR@Home



Source: Laura Porter, Co-Founder ACE Interface

Cumulative ACEs and Mental Health[1,2]



[1] Data from the National Comorbidity Survey-Replication Sample (NCS-R).
[2] Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Source: CANarratives.org