THE STUDY
The Adverse Childhood Experiences (ACEs) Study
the backstory

There is an interesting backstory to the Study. Kaiser Permanente had an obesity clinic. About half of the participants dropped out even though they were successfully losing weight. The head of the project, Vincent Felitti, conducted exit interviews with many of the dropouts. Vincent was trained as a scientist and thought in terms of biology, disease, genetics, thyroid levels, blood panels, and metabolism. During the exit interviews, the majority of the interviewees disclosed having been sexually abused as children. Vincent was shocked. Then, he started asking how much they weighed before the abuse. He was more shocked when a lady said she only weighed 40 pounds. She was first incest victim Vincent had served. Vincent’s interviews suggested that weight gain wasn’t a problem, per se, but might be the person’s solution or coping mechanism to deal with trauma. So, Kaiser Permanente expanded a survey to study the potential impact of Adverse Childhood Experiences or ACEs.

The initial phase of the ACE Study was conducted at Kaiser Permanente in San Diego from 1995 to 1997 with support from the Center for Disease Control. More than 17,000 persons volunteered to participate. Remember, this is a HUGE sample with a ton of supporting data. Along with a standardized physical examination, participants completed a confidential survey that contained questions about childhood maltreatment, family dysfunction, and questions regarding details about their current health status and behaviors. After all the identifying information about the patients was removed, the Center for Disease Control and Prevention processed the data the patients provided in their questionnaires.

The Survey

Finding your ACE Score

http://acestoohigh.com/got-your-ace-score/

The Summary
Here’s What They Learned:
Most of the participants, 63%, had at least one ACE. The ACEs appeared in clusters. This should be no surprise. If your parent or parents are alcoholic, you, as their child, are no longer the priority. You will likely experience levels of neglect, emotional abuse, and feel
unloved and unsupported or be exposed to other dangerous circumstances. So, if a person had one ACE, 87% had a second. Over 20% experienced three or more categories of trauma or ACEs. Here are the most common ACEs among the San Diego volunteers.

Think of the base in the following two graphs as the person with no ACEs. The more ACEs a person has experienced, the more significant the impact was on the person’s mental and even long-term physical health. The more categories of trauma experienced in childhood, the higher the likelihood of experiencing:
A person with four or more ACEs will tend to have multiple sexual partners, 50 or more. Of course, their chances of getting STDs or STIs skyrocket and their chance of having an unplanned pregnancy also increases. They are also at a higher risk for intimate partner violence.

If a person has six or more ACEs, their risk for suicide goes up 3000%.

Here are some of the short-term and long-term effects of trauma.

<table>
<thead>
<tr>
<th>Short Term</th>
<th>Long Term</th>
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<td>Eating</td>
<td>Depression</td>
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<td>Sleeping</td>
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<td>Withdrawal</td>
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<td>Flashbacks</td>
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<td>Aggression; Turning passive into active</td>
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<td>Relationships</td>
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<td>Partial memory loss</td>
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The physical effects turned the medical world on its head so to speak.
The prevalence and impact of ACEs is a human tragedy. The gravity of this study really hit me when I saw how it personally affected the youth that I serve. Consequently, I would like to introduce you to Oscar.

Oscar’s Story - A Case Study

Oscar is obscure in location and time, but he is never-the-less real. I tweaked some details and omitted many particulars to protect his or her identity. If this sounds like a kid you’ve worked with, “Yes,” Oscar is like most of the kids we with whom we probably work.

Oscar’s mom was codependent, had poor self-esteem, and was in and out a lot of melodramatic relationships. She was a teen mom and had several children with different partners. So, Oscar had several ½ brothers and sisters. Over time, Oscar’s mom drank more and more often. By all reports, she was not drinking while pregnant with Oscar. By the time Oscar was about 12-years-old, mom was a heavy drinker if not alcoholic.

Oscar tends to look somber and speaks softly with minimal eye contact. While talking, Oscar will rub his pants, wring his hands, and fidget around while appearing anxious.

Initially, Oscar was minimal in his responses, giving staff a smile, a nod, or a solitary word. Oscar would sometimes walk away while asking a question. Sometimes, just out of the blue, he would find a kind adult and unload all kinds of painful memories or struggles. He worries a lot about relationships with the opposite sex. On rare occasions, Oscar would get chatty, joke around, and socialize.

Given the opportunity to write, Oscar might launch into expansive biographical memoirs. He journaled a history of systematic, chronic mistreatment,
and trauma. There were overarching themes regarding his quest for power in powerless situations.

With basic routines, hygiene, and living skills he was doing OK. He did not like to run risks or try new ventures. Oscar met some requests with stubborn, non-compliance, but, given time, he would usually come around.

When out on the town, Oscar was usually cautious and reserved. He was always scanning the scene, looking suspiciously at the people around him. When invited to join a pickup basketball game, Oscar put his head down and actually retreated backward. Later, he said he was afraid the strangers would push him down. At the bowling alley, things did not go very well. Oscar turned in his shoes after getting disappointed with his performance on a couple of frames. Later, he wanted to return without shoes and rolled a ball down the gutter while others were playing. Oscar went to a concert event where they turned the lights down low. He got caught up in the crowd, clapping, yelling, laughing, dancing and for one hour he basically cut loose.

Oscar comes from a big, blended family. They were poor, but things were tolerable through grade school for Oscar. Eventually, when people would visit, the booze came out. Oscar kept an eye on younger siblings when people start drinking. He confessed, “The last time it happened was the worst. They told us things they never would have told us when they were sober. Me and the younger ones stayed up crying after the partiers passed out.”

His siblings set him up to get beat up by neighbor kids. One time they beat him, and when he tried to get up, they threw logs at him and kept knocking him down. He said he ended up crawling away. An older sister saw him and helped him home. Everyone jumps in on the bullying and the beatings. He said that one night his mom told his siblings’ friends to beat him “to toughen him up.”

An older sister bought a Taser. She decided to try it out on Oscar. Oscar said his arms went straight down and his fists clenched when he was shocked. He said it hurt really bad. His big sister told him to get in the shower, and, “You’d better not tell mom.”” (It was the reference to “get in the shower” that caught my attention). This sister was in charge when mom was not around. He said his siblings loved him; they just wanted to make him “tougher.”

Eventually, mom drank every night and then lay in bed “all hung over” and slept all day. She wasn’t too well put together and had a sex offender living in the house for a while. There were concerns that Oscar may have been victimized. When angry, mom called him “a one-night mistake.” His dad dipped out as soon as he found out his mom was pregnant. His siblings picked up on this and refer to him as the “bastard child.” There may be some projection here as they all had different fathers.

Oscar had a birthday, and their mom always made an effort to stay sober on their birthdays, but on his birthday, she got drunk. There was no cake, no presents, no acknowledgment that it was his birthday. Oscar was furious and walked out of the house along the railroad tracks. He felt lonely and unloved. Oscar thought dying would take away the pain. He described having a very close call with a train.

Oscar is a habitual cigarette smoker. His brothers and sisters pressured him to smoke weed. Oscar has been assessed as chemically dependent, and marijuana is
his favorite high. He said he started smoking after his friend publically beat him. Oscar still identifies his siblings as his best friends.

Oscar struggles to control himself at school. Tension with peers, intrusive bad memories, and other thoughts plague Oscar. When upset, he tends to disappear and will sometimes resurface extremely stoned. Oscar drifts around while truant and smokes cigarettes. At times, he can be stubborn and non-compliant. He's failing his classes.

Oscar’s home environment is unlivable at times. He has been bounced around quite a bit and has been in a variety of placements. Oscar said he had no childhood and avoided thinking about it.

Oscar is an awkward kid. His lack of social skills contributes to a defeatist attitude. Oscar has few friends. He is very protective of whatever peer is willing to show him some attention, but his friends tend to take advantage of him. A bunch of kids in his small town were having “two-minute fights” to see who was the toughest. He staged a fight with a kid he considered to be his best friends. They went into a janitor’s closet, were yelling, throwing things around, and making a big racket to make it sound like they had a big row in there. They came out with their hair and clothes all messed up. However, they hadn’t decided who was supposed to declare themselves the victor. When they couldn’t agree, his friend insisted they settle it for real. This was the last thing Oscar wanted to do. His, so-called, best friend sensed his vulnerability and fear and jumped him after school. He severely beat Oscar in front of a large crowd of his schoolmates, pulling hair, punching, and kicking. Some students videoed the fight. Family victimized Oscar at home, and now, he was publicly victimized and humiliated at school.

Oscar spent much time withdrawn in his room. He got anxious and overwhelmed when the house got busy. Oscar would jump in if peers have found someone to pick on. Oscar once said, “If the world comes to an end I’m going to start hitting people.” He took water from fake plants in the aquarium and shook it onto another kid. He tried to suck up a kid’s hair with the vacuum cleaner hose, repeatedly. He tripped a low functioning, eleven-year-old girl as she walked by.

So how does Oscar cope with life? He smokes a lot of weed. Oscar avoids potential hurt or disappointment and lives in his imagination. He imagines scenes where faithless friends reconcile, or he can make friends, or win a girl, or be famous. In his own words, Oscar wrote that he was “running from problems and blaming them on others.” Oscar will find safe opportunities to share what is on his mind. He was selective when opening up to adults and seemed more candid around some of the male staff. Oscar is able to process past hurts and evaluate his life.

With his processing capabilities and need to connect in a meaningful way with others, it seemed like he could benefit from counseling or therapy. Oscar described some horrendous mistreatment from family members. He still tries to see some good that might come out of these situations. He is hopeful that his relationships will improve and would like to reconcile with others. Oscar still has hope. This is huge. He says he has respect for the opposite sex. He’s looking for someone smart, kind, and beautiful that he can trust. “I'm nice to them, and don’t try to hook-up because I don't want to lose friendships.”
Oscar says he likes school and was concerned about his academic performance. He seems dissatisfied with himself when he skips school, smokes weed, or disrespects people. He has some standards for decent treatment and a desire for self-improvement. However, there is a substantial reality disconnect between his aspirations and his behavior. Oscar appears to live in a world of unrealized expectations.

So, there is a glimpse into Oscar’s life.

ACES- What is Oscar’s ACE score? My guess would be 8 or 9 out of 10.

What were Oscar's diagnoses?
If you asked Oscar, he’s doing OK. His MMPI did not endorse any mental health issues, just a titch of anger. In other words, he is in denial.

He has multiple assets:
IQ average, full scale 96
Verbal skills- social skills/judgment was low
Perceptual reasoning/hands-on was very good
    Mechanically inclined
Working memory- average
Processing speed- lagged significantly, but could be lowered by depression and anxiety.

What did the pros say about his mental health? Oscar was diagnosed with a-
    Disruptive Behavior Disorder with passive/aggressive tendencies. Oscar was powerless while living in a threatening sometimes dangerous environment.
    Anxiety Disorder- He is hyper-vigilant and runs a high level of stress. He had a degree of paranoid thinking.
    PTSD
    Depression
    Chemical Dependency
    He is a Smoker
    Professionals suspected sexual abuse in addition to documented physical abuse and neglect.
Unfortunately, Oscar is a living example of the effects of a high ACE score. His life trajectory is carrying him toward most, if not all, of the negative mental and physical health outcomes.

What happens to you physically under stress? Your body has a couple of hormones that are triggered by stress, adrenaline (aka epinephrine) and cortisol. Adrenaline travels through your nervous system, constricts blood vessels, and opens air passageways in your lungs to get you panting and puffing.
    Cortisol is a natural hormone that travels through the bloodstream.
Assuming you do not work overnight, Cortisol rises in the morning to wake you up
and get you going. Then, it tapers to slow you down around 4:00 to 6:00 to hopefully prepare you for a good night’s sleep.

If you see a tiger, adrenaline and cortisol will put you in a fight or flight mode.

![Tiger Image](image)

Cortisol will fire up your amygdala. The amygdala is considered the primitive survival center of your brain. Cortisol will increase your heart rate and raise your blood pressure. Blood will be diverted from your core and digestive system and sent to your extremities and muscles. You are quickly primed for fight or flight. You become hyper-vigilant and reactive.

Stress is residual and cumulative. It can become chronic. Cortisol is easy to turn on and hard to shut off. To manage stress, we turn to things that make us feel good. A person with high cortisol will have cravings for carbs, sweets, and salt. Persons under stress might think they need a drink to calm themselves down, to take the edge off. However, the person will become more dehydrated or insufficiently hydrated. In the survival mode, the body will try to store fat reserves, which becomes belly fat. The person’s sleep cycle will get all messed up. Cortisol may have your wide awake in the middle of the night.

I was attacked by some dogs when I was probably about 10-year-old. The fear becomes generalized. Any and every dog became suspect. Avoidant behavior is hard to extinguish. For years, I rode my bike where I thought dogs didn’t exist. With highly traumatized youth, the world is a dangerous place. Mean dogs, mothers, brothers, baseball coaches, bullies, or Tigers could be anywhere. The chronically stressed can’t tell a real tiger from a paper tiger, and their body certainly does not know the difference. Chronic stress will have cortisol bouncing all over the place.

One can see how hypertension, alcoholism, diabetes, obesity, anxiety, and depression may follow. There is some evidence that lifestyle choices affect a person
on a molecular level. For instance, with exercise, certain stem cells may turn into bone marrow cells instead of fat. There is a new field called epigenetics that is exploring the idea that genes that get expressed may get passed on to the next generation. However, most researchers say our lifestyles and environments do not change the genes themselves but may affect molecules around genes.

The Kaiser Study does not support the notion that Adverse Childhood Experiences “break kids or cause brain damage.”

Kenneth Ginsburg MD

Trauma does not break kids or cause brain damage. I have been in training on Trauma Informed Care that made inferences that went far beyond the scope of the Kaiser study. The study was based on experiences that the volunteers consciously remembered from the age of 4 or 5 to 17. The study emphasizes the primacy of experience. However, there has been much study on brain development that may shed light on how our response to trauma might impact us physiologically.

Does our Software construct our Hardware?

Pruning and Shaping
Harvard researchers published concerns about babies and infants who were traumatized but not soothed. One concern was that the babies operated on a chronic level of stress that profoundly affected the way their brains fire. The stress overload may alter the formation and very structure of the brain. There have been similar concerns over early drug use. The immediate, stimulating effects of getting high might slowly change the structure of the brain as neural pathways continue to prune and alter into our mid-twenties. To use a computer analogy, this would be a situation where the software redesigns the hardware.

At the last workshop I attended on this subject, the expert said this concern is still theoretical. Scientists do not have any compelling scientific evidence that this
relationship is causal. In reviews of the ACEs study, experts said this relationship represents a “scientific gap.”

The idea that the physical composition of our brains might be determined by how we use it speaks of the primacy of experience, which is perhaps the most significant finding in the Kaiser study.

The Kaiser finding triggered a huge (I would say, much needed) Paradigm Shift.

The term **Pathological** is most commonly used within psychiatry where pathology refers to disease processes. The etiology of these diseases is organic or biological and the diseases can be genetic. When an issue is pathological, there is no changing the situation. You either learn to live with it or maybe medicate it.

**Characterological** issues refer to psychological problems that affect a person’s healthy psychological development. Basically, these are things that we learned from experience that may lead to disorders. Characterological issues are seen as more malleable and hopeful as they can be unlearned or rationally reinterpreted.

The Kaiser findings clearly showed that many conditions like depression, COPD, liver disease, ischemic heart disease, diabetes, and cancer are characterological, based in experience, not pathologically based in someone’s biology or genetics. The Kaiser study was tragic but tragically hopeful. It is so sad when you think of the Oscars out there who are suffering from trauma. Is there anything here to feel good about? Yes. Yes. Yes.

If all of these mental health, chemical health, physical health problems, and dysfunctions are the result of adverse experiences, they are potentially **preventable**.

**It’s Preventable**

How can we create safer more secure family environments in which our children can grow?
Children’s Trust Fund
Five protective factors have been linked that lower the incidence of child abuse and neglect and provide the framework for prevention:

Nurturing and Attachment: Parents and caregivers who bond with and respond to the basic needs of their infants and young children lay the foundation for a positive, loving relationship. They also stimulate the growth of their child’s brain and help their child learn how to interact in positive ways with others.

Knowledge of Parenting and of Child and Youth Development: Help parents learn about normal (as in normative) infant, childhood and teen development will help them understand what to anticipate as their children grow and develop, and what types of support and discipline may work best at each stage of their child’s development.

Parental Resilience: Parenting can be stressful, especially when parents are also managing work demands or unemployment, poverty, homelessness, illness or difficulties with a spouse or others. Parents who have support and skills for managing stress will be better able to cope with day-to-day challenges.

Social Connections: For most of us, family, friends, and neighbors form a network that provides social interaction, recreation, advice, and help. When parents have the opportunity to interact, learn from, and seek the support of other adults, their children benefit.

Concrete Supports for Parents: When parents are isolated, face desperate circumstances, struggle with illness (mental, physical, or chemical), or have difficult to manage children, they may need assistance to provide adequate food, clothing, housing, and medical care for their children. Tangible and social supports may reduce the stress parents feel in challenging circumstances, giving them more energy to nurture and support their children.

The sensations we receive from experience are not raw. Experiences are interpreted. If they are interpreted, they can be reinterpreted. This is hugely hopeful. The damage from ACEs is not only Preventable; it is Treatable.
It’s Preventable and Treatable

The Change Starts with... Me!

The Kaiser findings should profoundly affect our attitude toward youth and permeate our attitude with hopefulness. We should not look at kids in a jaded, static way. The question isn’t so much, “What is wrong with you?” The question becomes, “What happened to you?” The trauma-informed adult can see what the problematic kid in front of them (or maybe even in their face) can become. When adults give kids love, a sense of security, and believe in youth, the child can rise to their potential. We shouldn’t take a child’s reactive anger, defensiveness, and self-destructive behavior personally, nor should we enable it. The child’s negativity may be a clue to their woundedness. Anyone can see what a child is doing. The trauma-informed advocate will be driven to find out why they are doing it.

Our programmatic attitudes should be collectively trauma-informed. Programs should strive to hire insightful, compassionate, dedicated, highly-relational staff and train them to create a culture of healing and restoration.

How do we help persons heal from trauma?

I would contend that this model is a more accurate representation of how we function. It’s the polar opposite of Skinner’s behaviorism. Our beliefs are a combination of information (true or false) and logic (valid or invalid). When you attach an emotion to a belief, you get a “tendency to act” or an attitude. When you choose based on your beliefs and attitudes, you get your behavior. Change needs to come from the inside out.

The powerful, high-impact ideas are the thoughts one has about their own worth and identity. Shame, worthlessness, and powerlessness will drive dysfunction. If a person changes their identity, the entire trajectory of their life can change for better or worse. It can also change quickly. This too is hopeful. I have some faith that if I could say the right thing at the right time, it could change someone’s life. Imparting insight or speaking truth into another person’s life can be like hitting a home run.
How do we help children (really anyone who has been traumatized) to reassess their experience?

Combatting lies
The Steven Covey snake analogy…

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<thead>
<tr>
<th>Victims</th>
<th>Overcomers</th>
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<tr>
<td>Victim Stance / Victim identity</td>
<td>Overcomer / Survivor identity</td>
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<tr>
<td>Pity- self focused</td>
<td>Empathy- other centered</td>
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<tr>
<td>Anger control the individual - Righteous Anger</td>
<td>Control their anger. Anger need to be managed/ transcended.</td>
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<tr>
<td>Blame themselves, but primarily others (lump all authority figures together). End up resembling their offenders.</td>
<td>Recognizes specific offenders and vows not to be like them. Accepts responsibility for self-thoughts, feelings and actions.</td>
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<td>Helplessness leads to a power hunger attitude</td>
<td>Personal Power - do not feel they need to prove themselves</td>
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<td>Attributes destiny to external forces and circumstances. The person feels molded by unjust treatment and justified in any antisocial response. Becomes apart of the abuse cycle.</td>
<td>Responsible for shaping their own future. May have been victimized, but do not see themselves as victims. Do the best they can in spite past injustices. Transcend the abuse cycle.</td>
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<td>Vengeful, bully mentality, nurture hatred and violent thought</td>
<td>Overcome their anger. Do not let it spoil their minds with hateful or vengeful fantasies.</td>
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<tr>
<td>Dehumanization/ Impersonal view of others</td>
<td>Personal/ Humanized view of others.</td>
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<td>Entitlement- They owe me. Justified in evening the scales. They feel others should experience their pain.</td>
<td>Ennobled- Protect others against injustice. Two wrongs do not make a right. (Know what it’s like, do not want anyone else to have o go through with it.)</td>
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<td>Hopeless/ Fatalistic attitude - “No way out.”</td>
<td>Goals- Plans for a better future.</td>
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Movies with therapeutic content illustrating transcendence, self-control, and healing. To Kill a Mockingbird- Bob Ewell and Atticus Finch

The War- Kevin Costner and the Lipnicki dad along with Alvedine (Latoya Chisholm).

Alvedine (Latoya Chisholm). “How’s it going Alvedine?”
“I could say it’s been better, Mr. Simmons. How are things with you?”

Victor and Thomas in Smokes Signals
If a person did not believe change was possible, I would wonder why they would bother working in a human service or in education. Yet, some of the maximum denigrations of human transcendence has been foisted upon us within the discipline of psychology.

Skinner used the following explanation. He said in times past, people talked about a ball accelerating toward earth in anthropomorphic terms. The ball sped up in anticipation of it meeting the earth. They erroneously personified the event because they were unaware of the causal processes that determined the ball’s fixed descent at 32 ft per second, per second. Skinner believed this would one day apply to all human behavior and events. We would see that freedom is an illusion and all of our actions are caused or determined. Skinner heralded his deterministic views in a book entitled, "Beyond Freedom and Dignity." In the book, he asserted that operant and classical conditioning caused human behavior. Freedom was an illusion. Humans are merely a bi-product of their environment.

Freud was also a determinist, but his causal determinants of behavior were sexual and aggressive impulses. Science studies causation. For psychology to be a hard science, such as physics or chemistry, every action or effect must be attributable to prior causes. Freud would blow a gasket if anyone suggested humans were capable of independent action or freedom.

Their determinism is self-defeating and self-contradictory. If Skinner were conditioned to come up with Behaviorism; if his thoughts on the subject were inevitable, why would anyone believe them to be true? It is an explanation that there are no explanations, which, of course, is nonsense.
There are a handful of psychological theories that are non-deterministic or at least not implicitly deterministic—reality therapy, rational emotive therapy, cognitive approaches, choice therapy, Victor Frankel’s logo-therapy, and some others. The most powerful test of any theory is explanatory power. One needs to explain the experience of being human. Humans make authentic choices and are able to respond. They are “response-able” or responsible.

Covey called our transcendent human capacity, “Proactivity.” Covey believed that one can understand and embrace their personal power and transcendence. Proactivity is the main habit of “highly effective people.” Here’s how it works….

The Kaiser study was one of those rare scientific studies that did not find a causal connection. The findings pointed to something transcendence or, might I dare say, spiritual. In the nature vs. nurture debate, the Kaiser study weighed in massively toward the nurture side of the debate even suggesting that biological organs and processes are affected by our interpretation and response to experience. The research supported mind over matter. Contrary to Skinner’s theory, we are a product of our decisions and responses to experience not products of our environments. We actually make ourselves.

Affirming a child’s choice is one of the most dignified, loving things we can do; and we have to love our children enough to hold them accountable. Parenting should always seek to put the child in the driver’s seat, to develop their self-control. Giving a child choice with responsibility is empowerment.

**Teaching self-regulation and coping skills**-
Discomfort → Negative coping strategies → lead to more Stress
Discomfort → Positive coping strategies → lead to Relief

- The mindset of resilience is being able to identify a real tiger from a paper tiger. Help youth define their Stressors or Triggers. Help them know-
  - when bad things are temporary.
  - when good things are permanent and possible.
- Teach them problem-solving-
  - Write down everything that is bothering you.
  - List the things you may have some control over.
  - Prioritize the list. Start with number one.
  - Break it down into action steps.
- List things you do not have control over.
- Decide what attitude you want to have in the face of the things that are out of your control.

- Teach assertiveness - avoid passive/aggressive tendencies
- Teach relaxation techniques such as mindfulness, pressure points, and breathing exercises. Five, five-second, slow inhales and exhales can tell your amygdala that your environment is tiger free and you can relax.
- Do not feed the stress cycle it’s favorite diet - sweets, energy drinks, and then alcohol.
- Build assets, foster hobbies, crafts, and art.
- Teach moral development, right from wrong, and prosocial behaviors.
- Teach proactivity.
- Hold youth to high standards. Dream big dreams with them.

There are Seven C’s of Resilience -
- Confidence
- Competencies - seeing their potential
- Connections
- Character - teaching them what is right from wrong
- Contribution - too many adolescents are held to low expectations. This is poison to their development.
- Coping
- Control - You either believe that the world happens to you, or you can change the world.

I’ll come back to this later.

**Magic People**

Here is Dan Hawkins and Bemidji resident and Stanley Cup bearing, NHL champion, Joe Motzko.

Steve "Eggs" Egesdal wrote and delivered Dan’s eulogy. They had a long abiding relationship. Steve wrote, ‘Dan saw children as fresh lights for a darkened world. New candles for the ensuing age. Living messages sent to a time we won't see. He knew that so-called "problem kids" need a good listening to more than a good talking to. He knew
that it's easier to build strong kids than to fix broken grown-ups. I asked him this summer about how he got kids on the right path. He said, "Every kid needs a magic person in his or her life. I try to match each kid with a magic person." Wow. Words bursting with wisdom. I know that Dan's method works. He was a "magic person" for me. For how many of you was Dan a "magic person"?

**Star Mapping** - Schools have used a technique of putting stars by the name of every student with whom staff (including support staff) have a relationship. Then they look for children that do not have a relational connection with the staff. These are typically all the kids with whom the school is having problems. The faculty commit to developing a personal relationship with these disconnected students. The staff intentionally get to know, attend to and affirm these alienated and disenfranchised youth.

Multiple studies on resiliency show that a connection to one caring adult, one adult that can see your value and your potential, can make all the difference in the world. One loving person in your court can mitigate ACES. Love is medicine for the soul. A revitalized spirit will revitalize the mind and body.

**Putting it all together** For some reason, when people talk about mental health, they focus a great deal on mental illness. We need to teach people how to be healthy. Norman Vincent Peale did a great deal of work in this area with his “power of positive thinking.” Much of this has been revitalized within the field of “positive psychology.”

We were not meant to live isolated lives. We need to surround ourselves with support and positive people. We now refer to these things as “protective factors.” Staying healthy takes work and initiative. I asked Karen Mergens, a career child protection worker, how she stayed healthy given her constant exposure to trauma and darkness.
Karen said she pedaled her ass off going around Lake Bemidji (sorry Karen). Think of the beauty she saw going through the State Park and along the shore of Lake Bemidji and the stress she burned while pedaling. Karen didn’t just pedal, she kayaked and even tried hang gliding. Karen surrounded herself with family, fun, and a whole lot of love.

We can say much about the Sources of Strength. Trauma tends to drive depression and victimization. There is introspection that is unhealthy, a vortex of sadness. Shifting the focus beyond one’s pain can be therapeutic. One can see that many of these sources encourage one to look beyond one’s self.

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