

Checklist for Engaging Clients in a Resilience and ACEs Experiences Interview

Checking in

- Ask questions about room temperature, comfort in chair, thirsty
- Teach Significant Units of Distress Scale (SUDS) scale (1-10)

Offering tools to focus on during questions

- Having something available for youth to do with their hands (ex: crayons, stress balls, markers, etc.)

Ground rules and setting expectations

What I am going to be asking about?

Skills you have, bad chapters in life, good chapters in life, experiences of your family

Why am I asking?

Explain ACEs and Resilience

Normalize prevalence of ACEs

Use the “ACEs Handout (WA document)” to aid in discussion

When will I “tell” this information to someone (mandated reporting)?

If gives permission or if someone is in danger (including them)

Who is going to see this?

Explain where this information will be housed and who sees that information

Book chapter titles, not book contents

Safety signal if beginning to feel too overwhelmed

Ex: Hand Signal, “I don’t want to answer that”

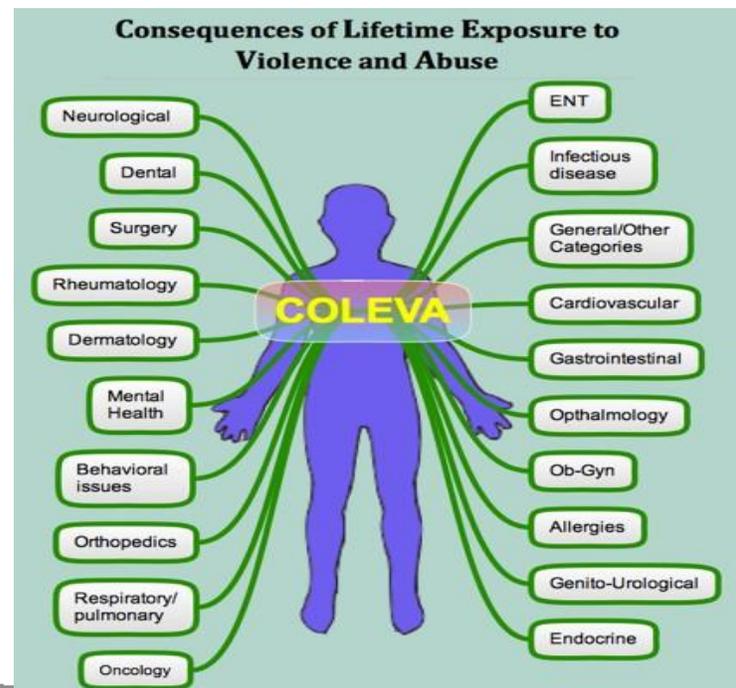
Begin Brief Resilience Interview

- Review Resilience Factors and Assets
 - Show Resilience Cards vs. Adversity Cards (poster or cards)
 - Use the List within this Document
- Have client pick skills he/she has (1-3)
- Lay out ACEs cards as these last questions are asked, what ACEs would they pick out that they have experienced in their family?
- Draw the Behavior Wheel
 - What behavior would you like to make disappear in your life?
 - Shift to the needs
 - Find the replacement coping behaviors
- Have client pick skills he/she would like to develop to help with this coping development
- Have client pick skills he/she would want his/her family or support system to develop (1-3)

Give information sheet about resources

ACE SCORE	HEALTH RISKS BASED ON POPULATIO HEALTH TRENDS * Does not represent your individual story
4	<ul style="list-style-type: none"> - 260% more likely to develop COPD - 500% more likely to develop alcoholism - Females are 500% more likely to become victims of domestic violence. - Females are almost 900% more likely to become victims of rape - 242% more likely to smoke - 222% more likely to become obese - 357% more likely to experience depression - 443% more likely to use illicit drugs - 1133% more likely to use injected drugs - 298% more likely to contract an STD - 1525% more likely to attempt suicide - 555% more likely to develop alcoholism
6	<ul style="list-style-type: none"> - 250% more likely to become adult smoker - A male child with an ACE score of 6 has a 4,600% increase in the likelihood that he will become an IV drug user later in life - More likely to die 20 years younger than a person with no ACEs
7	<ul style="list-style-type: none"> - Adult suicide attempts increased 3,000% - Childhood and adolescent suicide attempts 5,100% - 5,000% more likely to develop hallucinations - Increased the risk of suicide attempts 51-fold among children/adolescents - Increased risk of suicide attempts 30-fold among adults

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



Client's Full Name: _____ Client ID #: _____ Unique ID#: _____ Date: _____

Diagnosis (if applicable) : _____ PTSD, Disruptive Mood Dysregulation Disorder

Identified Need/Problem: Danni is needing supporting in enhancing self-regulation skills, positive self-identify skills, and co-regulation (interpersonal effectiveness skills). Danni needs support in reducing behaviors that are harmful to herself and others (including behaviors such as cutting, homicidal ideation, threatening behaviors, and "sexting"

Goal: Danni will cope with feeling of sadness, tension, and anger by utilizing skills that promote physical safety for herself and others around her.

	Measurable Objectives	Plan Of Intervention/Person Responsible																								
Date Identified	<p>Danni will reduce number of times she cuts on herself each week (5 times a week to 1 time per week) as reported by client, caregiver and counselor.</p> <p>Client will move from a 5 to a 2 on the "unhappy/sad" item on the severity scale; and from a 5 to a 2 on the "feels tense" scale.</p> <p>Total internalizing score at baseline is 48, 20 % reduction in internalizing score expected by 9 weeks.</p>	<p>Therapist and Caregivers will monitor client daily for evidence of cutting. All sharp objects will be placed in a secure place that client does not have access to.</p> <p>Therapist will teach Danni distress tolerance skills including the Grounding Yourself Skill (GY) and Self-Soothe Skill (SS)</p>																								
Target Date																										
Date Reviewed	<p><u>Review of Objective:</u></p> <p><u>Client moved from a 5 to a 2 for a period of weeks and then on week nine scored a "4" on this scale. Client reports feeling less numb and so her feelings of sadness often feel more intense when something bad happens, her best friend moved away this week.</u></p> <p><u>Client moved from a 5 to a 2 on the "feels tense" scale and has maintained a "2" for 3 weeks.</u></p> <p><u>Total internalizing score at baseline was 48, current score week nine is 28, a 41% reduction in internalizing symptoms of client.</u></p> <p><u>Total score for SFSS measures as</u> Range for Total Score is between 24 and 120 Client reported SFSS total score at 107 week 1 and at 62 week 9.</p>																									
Date Obtained	<table border="1"> <caption>SFSS Scores by Week</caption> <thead> <tr> <th>Week</th> <th>Client</th> <th>Caregiver</th> <th>Clinician</th> </tr> </thead> <tbody> <tr> <td>week 1</td> <td>107</td> <td>120</td> <td>100</td> </tr> <tr> <td>week 3</td> <td>120</td> <td>120</td> <td>110</td> </tr> <tr> <td>week 5</td> <td>90</td> <td>100</td> <td>95</td> </tr> <tr> <td>week 7</td> <td>75</td> <td>80</td> <td>80</td> </tr> <tr> <td>week 9</td> <td>62</td> <td>62</td> <td>62</td> </tr> </tbody> </table>		Week	Client	Caregiver	Clinician	week 1	107	120	100	week 3	120	120	110	week 5	90	100	95	week 7	75	80	80	week 9	62	62	62
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Date Identified	<p>Client will identify 2-3 alternative ways to express her emotions of anger and pain including expressive activities she enjoys (ex: art, music, sports, writing or other expressive therapeutic outlets) as reported by client and recorded in her self-care journal.</p> <p>Client will move from a “5” to a “3” in the following externalizing behavior areas: Throwing things; interrupting; temper; fights; arguing</p> <p>Client’s baseline externalizing score was a 59, 10 % reduction in externalizing behaviors expected by week 9.</p>	<p>Client and mentor will brainstorm up to 10 different ways that Danni can use to express her feelings of anger and pain. Client will then work with mentor to pick 3 of these ways to express emotion that she is willing to try each week. Client will record each skill she practices in her self-care journal and talk with mentor each week about how well the skill worked in reducing intense emotions.</p>
Target Date		
Date Reviewed	<p><u>Review of Objective:</u> <u>At baseline client scored in in the area of clinical concern for 10 out of 14 categories in the area of externalizing behaviors. At week 9, client is only has 4 categories in the clinical concern areas. Her total externalizing behavior score was 59 at baseline, in week 9 it is at a 34, a 42% reduction in externalizing behaviors.</u></p>	
Date Obtained	<p>Client moved from a “5” to a “3” or lower in all the following externalizing behavior areas: Throwing things; interrupting; temper; fights; arguing.</p> <p>Client is using music, grounding activities and art regularly to express emotions.</p> <p>Client moved from a 1 to a 3 on the “family life” item on the life satisfaction scale</p> <p>Client will move d from a 3 to a 5 on the “doing well as others” item on the youth hope scale .</p>	
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Getting Help in a Crisis

From US.Reachout.com

Do you need help now?

If you are in immediate danger, call 911.

If you feel you are in a crisis and need to speak to someone now and you live in the United States, call:

- **Youth helpline Your Life Your Voice at 1-800-448-3000, run by Boys Town National Hotline (for everyone).**
- **National Suicide Prevention Lifeline** at 1-800-273-TALK (8255). [Lifeline is a free](#), confidential, 24 hour hotline for anyone who is going through emotional distress or is in suicidal crisis. Feel a little nervous about calling a helpline? [Find out more about what you can expect.](#)

Specific issues and other helplines

If you're in crisis, whatever the situation, you're not alone. Rest assured, help is out there; by reaching this page you're halfway there. If you need support at anytime, you can call any of the free confidential services on the chart below 24/7.

Child Abuse

If you are a victim of child abuse or know someone who is being abused, please call **the Child Help Line** at 1-800-4-A-CHILD (422-4453).

Rape, Abuse, Incest National Network (RAINN)

RAINN.org is a free, confidential and secure crisis hotline 24/7 for victims of sexual assault or violence as well as their friends and families. Call 1- 800-656- HOPE (4673)

National Dating Abuse Helpline

Loveisrespect.org is the ultimate resource to engage, educate and empower youth and young adults to prevent and end abusive relationships. Call 1-866- 331-9474

National Runaway Safeline

[National Runaway Safeline](#) is an anonymous and free 24 hour crisis line for anyone who might want to run-away from home or find themselves homeless. This hotline can also help if you want to come home if you are on the run or have a friend who is looking for help and is thinking about running away or is already on the run. Call 1-800-RUNAWAY (786-2929).

The Trevor Project

[The Trevor Project](#) focuses on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth, providing an accredited, nationwide, around-the-clock crisis and suicide prevention helpline.

Call at 1-866-4-U-TREVOR (488-7386).

Teen Line

A [Teen-to-Teen hotline](#) and community outreach program with over 10,000 teens contacting TEEN LINE each year by calling, texting or emailing. The line is open every night from 6-10pm PST to help adolescents address their problems in a confidential, anonymous and comfortable manner. Call at 1-800-852-8336

Substance Abuse and Mental Health Services Administration (SAMSHA)

Helpline provides 24-hour free and confidential [treatment referral and information](#) about mental and/or substance use disorders, prevention, and recovery in English and Spanish. Call 1-800-662-HELP (4357)

Poison

[Poison Control](#) at 1-800-222-1222. Poison control is a free, 24 hour hotline for anyone in need of medical information and resources for poisoning, including alcohol and household cleaners.

ReachOut

ReachOut.com does not provide counseling but the [Get Help section](#) can give you more information about how to help yourself generally or in a crisis; including how to find people to support you; what types of treatments options you might have; how you can help a friend on a lot of issues they might be dealing with. You might also want to read these fact sheets if you are worried about yourself or a friend.

- [Crisis resources: Shelter, Food and Support Services](#)
- [Depression: causes, types and symptoms](#)
- [Experiencing Grief](#)
- [Suicidal thoughts: wanting to end your life](#)
- [When someone takes their own life](#)
- [When your friend is talking about suicide](#)
- [If your friend has taken pills or has done something to hurt him or herself](#)
- [Worried about a friend who is self-harming](#)
- [Coping with a stressful event](#)
- [Deliberate Self-harm](#)
- [Experiencing violence](#)
- [Intimate partner violence](#)
- [Helping a friend in a sexually abusive relationship](#)

Abusive relationships

From US.Reachout.com