Healthy Spaces
Promoting Healthy and Resilient Communities

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Healthy Spaces
Promoting Healthy and Resilient Communities

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Healthy Spaces

Promoting Healthy and Resilient Communities

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User’s Guide
ACE-Q
USER GUIDE FOR HEALTH PROFESSIONALS
Center for Youth Wellness ACE-Questionnaire
(CYW ACE-Q Child, Teen, Teen SR)

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CYW Community Research Board (CRB)

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CYW ACE-Q User Guide

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Suggested Citation
INTRODUCTION

Over the past several decades emerging research has revealed early adversity as a major threat to health and well-being across the life course. Adverse Childhood Experiences, or ACEs, have been linked to poor health outcomes in adulthood, and there is growing literature indicating that toxic stress caused by ACEs can profoundly alter child and adolescent development.

The Center for Youth Wellness (CYW) was created to respond to the new medical understanding of how early life adversity harms the developing brains and bodies of children. In partnership, the Bayview Child Health Center (BCHC), a primary care pediatric home serving children and families in the Bayview Hunters Point neighborhood in San Francisco, and CYW provide an integrated pediatric care model aimed at addressing both the physical and behavioral health needs of families exposed to ACEs.

The CYW Adverse Childhood Experiences Questionnaire (CYW ACE-Q) was developed through the BCHC-CYW partnership with input from community and youth stakeholders. The User Guide provides a brief review of the research literature and outlines how the CYW ACE-Q is used at BCHC-CYW.

The CYW ACE-Q and User Guide have been made available to primary care providers for the purpose of information sharing. The CYW ACE-Q is free and is intended to be used solely for informational or educational purposes. The CYW ACE-Q is not a validated diagnostic tool, and is not intended to be used in the diagnosis or cure of any disease.
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BACKGROUND

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are stressful or traumatic events experienced before age 18. They are grouped into three categories: abuse, neglect, and household dysfunction.

FIGURE 1. CATEGORIES OF ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The three types of ACEs include

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Mother treated violently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorce</td>
</tr>
</tbody>
</table>


The term, “ACEs,” was coined in 1998 following the publication of the Adverse Childhood Experiences Study (ACE Study). The study was groundbreaking in that it found that ACEs were not only common within the population, but were strongly related to the development and prevalence of numerous health problems. The ACE Study was the first to assess physical health outcomes related to these particular adversities in a large study population.
The ACE Study. Over 17,000 California adults who were patients of Kaiser Permanente in San Diego were interviewed about their medical history and exposure to ACEs. Almost two-thirds (63.5%) of participants reported having at least one ACE, and 12% reported having four or more 3. A dose-response relationship was revealed between the number of ACEs experienced by an individual and negative health outcomes, such that with increasing numbers of ACEs, the odds of reporting an illness or health risk behavior also increased 1.

ACEs and Negative Health Outcomes. Subsequent research with diverse populations of adults, and with children and adolescents, continue to support the conclusion that a relationship exists between ACEs and health outcomes. In adults, ACEs have been found to have a strong, dose-response association with cardiovascular disease, chronic lung disease, headaches, autoimmune disease, sleep disturbances, early death, obesity, smoking, general poor health, depression, posttraumatic stress disorder, anxiety, substance abuse, and binge drinking 4. In children and adolescents, ACEs have been correlated with fair or poor general health 5,6, illness requiring a doctor, fair or poor dental health 7, lifetime asthma 8, ADHD 5, autism 5, being overweight or obese, 5,9 and learning difficulties 9. In addition, studies on ACEs during childhood and adolescence have found an association between ACEs and violent behavior (delinquent behavior, bullying, physical fighting, dating violence, weapon-carrying) 10.

National Prevalence Rates. A nationally representative study found that approximately two-thirds of adults reported at least one ACE 11. In children, the prevalence of at least one ACE has ranged from one-third to nearly one-half of the population in nationally representative samples 5,7,8, among populations at high-risk for maltreatment, the rate reaches as high as 91% 6.

### TABLE 1. ACE STUDY FINDINGS

In the ACE Study, in comparison to those reporting no ACEs, individuals with 4+ ACEs had significantly greater odds of reporting...

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic heart disease</td>
<td>2.2</td>
</tr>
<tr>
<td>Any Cancer</td>
<td>1.9</td>
</tr>
<tr>
<td>Chronic Bronchitis or emphysema (COPD)</td>
<td>3.9</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.6</td>
</tr>
<tr>
<td>Ever attempted suicide</td>
<td>12.2</td>
</tr>
<tr>
<td>Severe obesity</td>
<td>1.6</td>
</tr>
<tr>
<td>Two or more weeks of depressed mood in the past year</td>
<td>4.6</td>
</tr>
<tr>
<td>Ever used illicit drugs</td>
<td>4.7</td>
</tr>
<tr>
<td>Ever injected drugs</td>
<td>10.3</td>
</tr>
<tr>
<td>Current smoker</td>
<td>2.2</td>
</tr>
<tr>
<td>Ever had a sexually transmitted disease</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Source: Felitti, 1998
TOXIC STRESS

Although the causal mechanisms linking childhood adversity to poor health outcomes are still being explored, scientists now understand that a maladaptation of the physiological stress response system plays an important role in negative long-term health outcomes.

Physiological Stress Response. Stress is the physiological and behavioral response elicited by selective pressure from the physical and social environment that challenges and disrupts homeostasis — the self-regulating process biological systems have in place to maintain the internal stability for survival. While the experience of stress is influenced by many factors - including the intensity and severity of the stressor, the individual's perception of the stressor, physical and mental health, and genetic makeup - the physiology of the response involves the activation of the neuro-endocrine-immune (NEI) network. This NEI network is comprised of the autonomic nervous system (sympathetic and parasympathetic), the hypothalamic-pituitary-adrenal (HPA) axis, and the immune system.

In the face of an acute stressor, the neurons in the amygdala— the part of the brain responsible for emotions, especially fear, regulation of attention and modulation of memory—are activated. The amygdala receives and interprets the present situation as a threat and sends signals to the hypothalamus, which in turn activates the HPA axis. The hypothalamus activates the sympathetic nervous system response by sending signals through sympathetic nerves to the adrenal medulla and triggering the secretion of catecholamines (epinephrine and norepinephrine also known as adrenaline and noradrenaline) into circulation. This results in a constriction of the blood vessels, increase in blood pressure, increase in heart rate and force of cardiac contraction, increased muscle tone, and bronchial dilation with increase in the respiratory rate. The circulating adrenaline also triggers the release of stored glucose and fat to be used as an energy source. These changes prepare the body for a “fight” or “flight” response.

The activation of the HPA axis results in a cascade of hormonal release. Once activated, the neurons in the hypothalamus synthesize and release a hormone called the corticotropin-releasing factor (CRF). This hormone travels to the pituitary gland through hypophysial portal vessels. The binding of CRF to its receptors induces the release of the adreno-corticotropic hormone (ACTH) in the systemic circulation. ACTH, then, targets the adrenal glands and induces the secretion of glucocorticoids (cortisol) from the adrenal cortex. Cortisol release is responsible for many of the changes occurring in the body, a phenomenon that appears to be particularly pronounced during experiences of chronic stress. Some of the effects of cortisol include activation of the natural immune response through the granulocytes (neutrophils, macrophages, mast cell, and eosinophils), the natural killer cells, and the complement proteins. Their actions are inflammation, destruction of the invaders with oxygen radicals, and phagocytosis. The macrophages also produce pro-inflammatory cytokines (messenger molecules) such as the interleukin 1 and 6 (IL-1, IL-6), and tumor necrosis factor (TNF) that produce inflammation and promote wound healing.

Once the exposure to the stressor is discontinued, a negative feedback inhibition shuts down the stress response. The body’s continuous actions to maintain homeostasis through these changing conditions, has been termed as allostasis.
The American Academy of Pediatrics (AAP) has described three general categories of stress response:

**POSITIVE STRESS RESPONSE**

A normal and essential part of healthy development. It is characterized by brief increases in heart rate and blood pressure, as well as mild elevations in hormonal levels. When children are exposed to a stressor as part of their development, such as the first day of school or a school test, in the presence of a caring relationship with an adult who provides protective effect to cope with the stressor, after the initial activation, the physiological stress response shuts down through negative feedback, once the child is no longer exposed to the stressor.

**TOLERABLE STRESS RESPONSE**

The body’s alert systems are elevated to a greater degree. The activation is time-limited and buffered by a caring adult relationship. This allows the brain and organs to recover.

**TOXIC STRESS RESPONSE**

Occurs with strong, frequent or prolonged adversity. It is characterized by disruption of brain architecture and other organ systems. Toxic stress is associated with increased risk of stress related disease and cognitive impairment.
RATIONALE FOR SCREENING FOR ACES

EARLY DETECTION CAN PREVENT NEGATIVE HEALTH OUTCOMES

Many of the foundations of health in adulthood are laid during childhood and adolescence. Though there are children who experience multiple ACEs in their first few years of life, most children accumulate ACEs over the course of their childhood. In a multisite study of children exposed to or at risk for maltreatment, it was found that by age 6 children had an average ACE score of 1.94. Between ages 6 and 12, on average they accumulated an additional 1.53 ACE, and then between ages 12 to 16 another 1.15. The gradual accumulation of ACEs suggests that there is an opportunity to identify children at risk for accumulating ACEs and the negative health outcomes associated with them. By doing so, we can raise awareness of the importance of preventing further exposure to ACEs, identify needed specialized treatment for children who have been exposed, and better tailor health care measures based on an understanding of the child’s odds of illness or disease. In addition, while the plasticity in the brain during early childhood and adolescence is a source of vulnerability to ACEs, it is also an opportunity for intervention and treatment.

THE PRIMARY CARE SETTING IS AN IDEAL SETTING FOR UNIVERSAL SCREENING, HEALTH PROMOTION AND DISEASE PREVENTION

The primary care medical home is uniquely positioned to be the site for routine universal screening for ACEs. Primary care physicians are trained in disease prevention and to understand the important role of parents and communities in determining a child’s well-being. Interacting with children and their families at regular intervals can allow patients and providers to develop a trusting relationship which can facilitate the disclosure of ACEs.

Universal screening for ACEs is critical. For some children the effects of toxic stress are seen in externalizing behaviors, such as poor impulse control and behavioral dysregulation. In these children, externalizing behaviors may be symptoms of the neurodevelopmental impacts of toxic stress. Routine screening offers the opportunity to identify individuals at high risk and offer Anticipatory Guidance before the child becomes symptomatic. In addition, there are also individuals who do not exhibit any externalizing behaviors, and are still at increased risk of developing poor health outcomes.

THE AMERICAN ACADEMY OF PEDIATRICS (AAP) RECOMMENDS ROUTINE SCREENING

The American Academy of Pediatrics (AAP) describes the basic science of pediatrics as falling at the intersection of understanding individual biology, ecology, and development. The clinical report “The Pediatrician’s Role in Child Maltreatment Prevention” published by the AAP provides recommendations for implementing a comprehensive program to identify maltreatment in order to better support positive child development. In the AAP policy statement, “Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health,” the AAP explicitly calls on pediatricians to “actively screen for precipitants of toxic stress that are common in their particular practices.”
INSTRUMENT DESCRIPTION

Based on the instrument created by Vincent Felitti and Robert Anda for use with adults, the CYW Adverse Childhood Experiences Questionnaire (CYW ACE-Q) is a clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACES) in patients age 0 to 19. Respondents are asked to report how many experience types (or categories) apply to them or their child, not which experiences apply (i.e. it is de-identified). The CYW ACE-Q is intended for use in pediatric and family practice settings to identify patients at increased risk for chronic health problems, learning difficulties, mental and behavioral health problems and developmental issues due to changes in brain architecture and developing organ systems brought on by exposure to extreme and prolonged stress. The tool is available in three age-specific versions, and in English and Spanish. It takes approximately two to five minutes to complete.

CYW ACE-Q VERSIONS

1. CYW Adverse Childhood Experiences Questionnaire for Children (CYW ACE-Q Child)
   17 item instrument completed by the parent/caregiver for children age 0 to 12

2. CYW Adverse Childhood Experiences Questionnaire for Adolescents (CYW ACE-Q Teen)
   19 item instrument completed by the parent/caregiver for youth age 13 to 19

3. CYW Adverse Childhood Experiences Questionnaire for Adolescents : Self Report (CYW ACE-Q Teen SR)
   19 item instrument completed by youth age 13 to 19
INSTRUMENT STRUCTURE

The instrument is comprised of two sections: Section 1 of the CYW ACE-Q (i.e. items #1-10) consists of the traditional ten ACEs for which we have population-level data for disease risk in adults. Section 2 includes seven (CYW ACE-Q Child) or nine (CYW ACE-Q Teen and CYW ACE-Q Teen SR) items assessing for exposure to additional early life stressors identified by experts and community stakeholders. These items are hypothesized to also lead to disruption of the neuro-endocrine-immune axis, but are not yet correlated with population level data about risk of disease. They include involvement in the Foster Care system, bullying, loss of parent or guardian due to death, deportation or migration, medical trauma, exposure to community violence, and discrimination.

SECTION 1 Ten items assessing exposure to the original ten ACEs
SECTION 2 Seven or nine items assessing for exposure to additional early life stressors relevant to children/youth served in community clinics

SCORING

As an instrument calculating cumulative exposure to categories of adversity, the respondent is asked to report how many categories apply to them or their child. Respondents tally the number for each section and write the total in the box provided. Each completed CYW ACE-Q generates a two number score, for example, a score of 3+2 (three categories endorsed in Section 1 and two endorsed in Section 2) or 4 + 4 (four categories endorsed in each section).

PLEASE NOTE: As a clinical tool, BCHC-CYW uses the CYW ACE-Q total score (Section 1+ Section 2) to identify which patients are at high risk of health and developmental concerns. The traditional ACEs (Section 1) and additional items (Section 2) are kept separate in the CYW ACE-Q for purposes of research and evaluation. Specifically, BCHC-CYW is collecting traditional ACE data to assess whether the integrated pediatric care model results in a decreased risk of adverse health and developmental outcomes.

ADMINISTRATION

The CYW ACE-Q is either an informant (CYW ACE-Q Child and CYW ACE-Q Teen) or self-report (CYW ACE-Q Teen SR) instrument. It is presented to the parent/caregiver and/or youth upon check-in for standard medical appointments. It is administered to all new patients, 9 months and older, prior their first appointment, at the 9- and 24-month Well Child Check, and yearly thereafter (see Table 2. Administration Schedule).

<table>
<thead>
<tr>
<th>TABLE 2. ADMINISTRATION SCHEDULES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REGISTRATION 1ST APPOINTMENT AT CLINIC</strong></td>
</tr>
<tr>
<td><strong>9 MONTH WELL CHILD CHECK</strong></td>
</tr>
<tr>
<td><strong>24 MONTH WELL CHILD CHECK</strong></td>
</tr>
<tr>
<td><strong>YEARLY FOR AGES 3-12</strong></td>
</tr>
<tr>
<td><strong>YEARLY FOR AGES 13-19</strong></td>
</tr>
</tbody>
</table>
The instrument is introduced by the Medical Assistant. The following steps are taken to administer the CYW ACE-Q Child (for patients 0-12 years of age):

1. Medical Assistant greets and welcomes the caregiver and patient.

2. Medical Assistant informs the caregiver that they will need to fill out several forms prior to the child/youth’s appointment. The packet is provided on a clipboard. We recommend that the CYW ACE-Q be included earlier in the packet to increase completion rate and reinforce the clinical model (screen-counsel-refer).

3. The Medical Assistant provides a general description of each form in the packet, providing context. S/he informs the caregiver that the Primary Care Provider will review the results with her/him and the child/youth.

4. The caregiver completes the packet and returns it to the Medical Assistant.

5. The packet is provided to the Primary Care Provider for review prior to the appointment. The Primary Care Provider reviews the information prior to meeting with the patient.

The following steps are taken to administer the CYW ACE-Q Teen and CYW ACE-Q Teen SR (for patients 13-19 years of age):

1. Medical Assistant greets and welcomes the patient and caregiver.

2. Medical Assistant informs them that they will need to fill out several forms prior to the appointment. The patient and caregiver each receive a separate packet on a clipboard. They are asked to complete the forms separately. As with the CYW ACE-Q Child, we recommend that the CYW ACE-Q Teen and CYW ACE-Q Teen SR be included earlier in the packet to increase completion rate and reinforce the clinical model (screen-counsel-refer).

3. The Medical Assistant provides a general description of each form in the packet, providing context. S/he explains that the Primary Care Provider is interested in obtaining information from both their perspectives. S/he also informs them that the Primary Care Provider will review the results with them during the appointment.

4. The packets are returned separately to the Medical Assistant upon completion.

5. Both packets are provided to the Primary Care Provider for review prior to the appointment. The Primary Care Provider reviews the information prior to meeting with the patient.
## TABLE 4. MEDICAL ASSISTANT SAMPLE SCRIPTS

<table>
<thead>
<tr>
<th>Point of Contact with Patient/Caregiver</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION OF THE PACKET</strong></td>
<td>We have some forms that we’d like for you to complete so that the doctor understands how Child’s Name is doing. The doctor will answer any questions you have about the forms, and I’m here if you need clarification on the instructions.</td>
</tr>
<tr>
<td></td>
<td>There are X forms in this packet and we give these forms to all of our patients. (Present other forms as routinely done.)</td>
</tr>
<tr>
<td></td>
<td>The second piece of paper is the CYW Adverse Childhood Experiences Questionnaire. This is something we give to each patient. This form asks some personal questions and screens for health risks due to exposure to stress. Review the statements and write down the number of statements that apply to your child, not which ones.</td>
</tr>
<tr>
<td></td>
<td>When you have finished, return the forms to me. I will place everything in a folder and give it to the doctor before you and Child’s Name go in for your visit.</td>
</tr>
<tr>
<td><strong>PLEASE NOTE:</strong> If the patient is a teen (age 13-19), the Medical Assistant will ask both the parent/caregiver and the teen to complete their respective forms (i.e. CYW ACE-Q Teen and CYW ACE-Q Teen SR) separately so the doctor can understand both perspectives.</td>
<td></td>
</tr>
</tbody>
</table>
INTERPRETATION OF RESULTS

The completed CYW ACE-Q will have two scores: one for Section 1 (original ten ACEs), and another for Section 2 (supplementary items). If the patient’s CYW ACE-Q score from both Section 1 and Section 2 equals zero to three (0-3) and the patient does not present with additional symptomatology (see Relevant Symptomatology listed below), the Primary Care Provider should provide Anticipatory Guidance. If the patient’s score is one to three (1-3) with symptomatology, or four or higher, an appropriate referral to care should be made.

FIGURE 2. CYW ACE-Q SCORING

<table>
<thead>
<tr>
<th>CYW ACE-Q SCORE 0-3 WITHOUT SYMPTOMATOLOGY</th>
<th>CYW ACE-Q SCORE 1-3 WITH SYMPTOMATOLOGY OR ≥ 4 ACE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTICIPATORY GUIDANCE</td>
<td>REFER TO TREATMENT</td>
</tr>
</tbody>
</table>

REVIEWING THE CYW ACE-Q RESULTS WITH THE PATIENT

The Primary Care Provider should integrate the CYW ACE-Q results with other relevant patient information. Through conversation with the patient and her/his caregiver, the Primary Care Provider may identify relevant symptoms that should be considered in determining whether a referral for services is clinically indicated.

TABLE 4. RELEVANT SYMPTOMATOLOGY

<table>
<thead>
<tr>
<th>Sleep disturbance</th>
<th>Poor control of chronic disease (such as asthma or diabetes)</th>
<th>Restricted affect or numbing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight gain or loss</td>
<td>Developmental regression</td>
<td>High risk behavior in adolescents</td>
</tr>
<tr>
<td>Failure to thrive</td>
<td>School failure or absenteeism</td>
<td>Unexplained somatic complaints (such as HA or abdominal pain)</td>
</tr>
<tr>
<td>Enuresis, encopresis</td>
<td>Aggression</td>
<td>Depression</td>
</tr>
<tr>
<td>Constipation</td>
<td>Poor impulse control</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Hair loss</td>
<td>Frequent crying</td>
<td>Interpersonal conflict</td>
</tr>
</tbody>
</table>
# Table 6: Primary Care Provider Sample Scripts

<table>
<thead>
<tr>
<th>Screening Result</th>
<th>Sample Script</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Introduction to the CYW ACE-Q Results</strong></td>
<td>New research has shown that children’s exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. As a result, at this clinic we now screen all of our patients for Adverse Childhood Experiences. Once again, you don’t have to tell us which ones your child experienced, only how many. I’d like to take a moment to review your responses.</td>
</tr>
<tr>
<td><strong>CYW ACE-Q Score of 0</strong></td>
<td>Based on your responses, I don’t see any cause for concern. We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. If, in the future, [Child’s Name] experiences any of these issues, please let us know because early intervention can lead to better outcomes.</td>
</tr>
</tbody>
</table>
| **CYW ACE-Q Score 1-3 Without Symptomatology** | I see that [Child’s Name] has experienced [CYW ACE-Q Score] of these items, is that correct? Based on your responses, I want to ask a few more questions about her/his health and development. Has [Child’s Name] experienced any significant weight gain or loss since these experiences occurred? How is [Child’s Name] doing in school? Has the teacher or school staff expressed any concerns? How’s [Child’s Name] sleep? Have you noticed any worsening of your [Child’s Name] asthma/eczema/diabetes since these events occurred?  

(Caregiver answers no and that the patient is doing fine)  

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. At this time, it doesn’t seem like [Child’s Name] is experiencing those issues, but if, in the future, s/he does start showing symptoms, please let us know because early intervention can lead to better outcomes. |
I see that [Child’s Name] has experienced [CYW ACE-Q Score] of these items, is that correct? Based on your responses, I want to ask a few more questions about her health and development. Has [Child’s Name] experienced any significant weight gain or loss since these experiences occurred? How is [Child’s Name] doing in school? Has the teacher or school staff expressed any concerns? How’s [Child’s Name] sleep? Have you noticed any worsening of [Child’s Name] asthma, eczema, diabetes since these events occurred?

(Caregiver responds yes)

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems.

Because of what [Child’s Name] has experienced, I am concerned that this may be contributing to her problems in school/worsening asthma/weight gain.

Some of the things that have been shown to help the body recover from adversity and normalize those stress hormones include good nutrition, healthy sleep, regular exercise, therapy, mindfulness-like meditation, and healthy relationships.

I’d like to refer [Child’s Name] to some services that could be helpful.

(Describe referral and resources available at your setting. This may include a “warm hand-off” or formal referral to an internal mental health or behavioral health provider integrated into the clinic, or may be a referral to a partner agency.)

We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you mom/dad/grandma/auntie. Reducing or managing your stress level is one of the best things that you can do for [Child’s Name] to improve his/her health and development.
CYW ACE-Q IMPLEMENTATION CONSIDERATIONS

The American Academy of Pediatrics (AAP) recommends that clinicians who are preparing to begin screening use the following four questions to guide their process:

• Why are we looking at this issue?
• What are we looking for?
• How do we find it?
• What do we do once we have found it?

Given this framework, Primary Care Providers and/or Clinic Managers planning to integrate the CYW ACE-Q into clinical practice may consider the following steps:

1. Gain an understanding of the background and rationale for screening for ACEs
   A. Review additional resources on ACEs and Toxic Stress, for example, literature cited throughout this document to better understand the relationship between exposure to Adverse Childhood Experiences (ACEs) and negative health outcomes.
   B. Review the benefits of screening for ACEs in your particular setting.

2. Understand the context and feasibility for integrating the CYW ACE-Q into your practice setting
   A. Vision
      I. Initiate discussions with supervisors/managers and senior leadership to gauge interest and possible concerns.
      II. Determine how the integration would work within your existing model and how it would connect to the mission and goals of your organization.
      III. Set short, medium and long-term goals for integration.
      IV. Evaluate existing systems and processes to ensure compliance with state and other regulatory bodies.
      V. Develop plans for collecting and evaluating data to assess implementation success.
   B. Resources
      I. Evaluate what staffing support is needed to integrate the CYW ACE-Q. For example, from an administrative perspective, the CYW ACE-Q will increase workload of staff collecting and managing the health data.
      II. Identify internal or external resources for patients requiring behavioral health services or other supports. Understand what community partnerships exist and/or must be developed to support in planning, implementation and response to the integration of screening for ACEs is essential. Warm handoffs have been known to be effective in linking primary health care and specialized services; a relatively quick turnaround time is preferred for patients to engage in special services.
      III. Understand what training and professional development needs are required for staff. For example, trainings on trauma-informed care, vicarious trauma, conflict resolution, and mandated reporting should be incorporated, along with consistent supervision.
The BCHC-CYW model was created to recognize the impact of Adverse Childhood Experiences (ACEs) on health and seeks to treat toxic stress in children. We do this by routine screening, which allows for early detection and intervention, paired with a multidisciplinary approach focused on addressing the neuro-endocrine-immune dysregulation of toxic stress.

Our model integrates primary health care, mental health and wellness, research, policy, education, and community and family support services to meet children and families where they are to support them in leading healthier lives.

Children/youth are screened for exposure to ACEs during routine visits to the Bayview Child Health Center (BCHC). Based on the CYW Adverse Childhood Experiences Questionnaire (CYW ACE-Q) results and information collected during the appointment, pediatricians determine whether a referral to the Center for Youth Wellness (CYW) for integrated care is indicated.

### TABLE 6. PROMISING INTERVENTIONS

Research indicates that the following interventions may mitigate dysregulation of the neuro-endocrine-immune network associated with exposure to ACEs.30–35

- Regular Exercise
- Good Nutrition
- Sleep
- Mental Health
- Mindfulness Practices (e.g., meditation)
- Supportive Relationships
**CYW CLINICAL MODEL**

CYW treats children/youth (referred by BCHC pediatricians) who exhibit signs and symptoms of neuro-endocrine-immune dysregulation and their caregivers.

Care Coordination is at the heart of the CYW clinical model. Our approach is distinct from traditional case management in that each of our Care Coordinators is trained to interact and respond to patients using an ACEs-informed lens. This means educating families and other providers about the impacts of ACEs and toxic stress on health, engaging families at home and school, providing consistent guidance, modeling self-care, and making referrals as needed. Care Coordinators are responsible for the families’ care and they coordinate care within BCHC-CYW programs and with outside resources.

We provide a variety of carefully coordinated mental health and wellness interventions to address the impact of ACEs and toxic stress. These interventions are guided by a multidisciplinary, two-generation approach and include:

**ASSESSMENT**

We screen children for exposure to adversity and assess symptoms of toxic stress in the pediatric setting.

**HOME VISITS**

We engage families at home and school, as many families lack access to childcare and transportation.

**EDUCATION**

We offer targeted education that helps families better understand the causes and symptoms of chronic stress and provide ways to mitigate the kind of stress that can hurt children’s health and well-being.

**PSYCHOTHERAPY**

We provide a variety of evidence-supported treatments and promising practices that share core principles of culturally competent, trauma-informed therapy that are appropriate for children and families from diverse cultural backgrounds, including Child Parent Psychotherapy and Cue-Centered Therapy. We do this in partnership with the Child Trauma Research Program at the University of California San Francisco, led by Dr. Alicia Lieberman, and the Early Life Stress and Pediatric Anxiety Program at Lucile Packard Children’s Hospital, led by Dr. Victor Carrion.

**WELLNESS NURSING**

Nurses provide education to families about the impacts of ACEs and toxic stress on health and wellness. They coordinate Specialty Care appointments, often accompanying patients/families to see specialists. Provide consultation on strategies for attaining, maintaining, or recovering optimal health.

**PSYCHIATRY**

Psychiatrists are provided through a partnership with Department of Psychiatry at University of California San Francisco. They provide medication evaluations of children and caregivers and offer consultation to BCHC physicians and CYW staff.

**BIOFEEDBACK**

We provide biofeedback services to build awareness and control over body processes such as muscle tension, blood pressure, and heart rate to help patients recognize and better regulate their fight or flight response.

**REFERRALS**

In addition to making appropriate referrals for our clinical services, we also coordinate referrals to high-quality institutional partners who also use an ACEs-informed lens in their work.
REFERENCES


Parental Adverse Childhood Experiences (ACEs) Questionnaire
User Guide for Healthcare Professionals
Introduction
This user’s guide was created to assist healthcare professionals in utilizing the Parental ACEs Questionnaire, created by R. J. Gillespie, MD, MHPE, FAAP based on the original ten ACEs from Vincent Felitti and Robert Anda. Parenting can be stressful. Parents/caregivers who have experienced trauma may have more challenges responding to stressful situations. Do parents who have experienced trauma have the appropriate skills to care for themselves or their children or identify when they need help? Do they know how to model appropriate conflict resolution or discipline that is developmentally appropriate? Do they know how to play with their child?

The Parental ACE Questionnaire can also serve as a tool to better understand parents and caregivers of children in your practice. How can we better prepare them for these inevitable moments?

Instrument
Description
The Parental ACE Questionnaire is a clinical screening tool that calculates cumulative exposure to ACEs in parents/caregivers (biological, adoptive, foster parents and other caregivers). Respondents are asked to report how many experience types (or categories) apply to them during their first 18 years of life, not which experiences apply (eg, it is deidentified). The screening tool is being piloted for use in the pediatric and family practice settings to identify parents/caregivers at increased risk for child abuse and neglect. The tool is available in both English and Spanish. It takes approximately 3-5 minutes to complete.

Parental ACE Questionnaire
14-item instrument completed by the parent/caregiver

Structure
The instrument is comprised of three sections: Sections 1 and 2 of the Parental ACE Questionnaire consists of the traditional ten ACEs for which we have population-level data for disease risk in adults. Section 3 includes four additional items assessing exposure to additional early life stressors that have been identified by experts and community stakeholders. These items are hypothesized to also lead to disruption of the neuro-endocrine-immune axis, but are not yet correlated with population level data about risk of disease. They include involvement in the foster care system, bullying, exposure to community violence and discrimination.

The second page of the screening tool includes space for parents/caregivers to note any comments, questions and concerns. Parents/caregivers can also identify if they are interested in services/supports.

Section 1 & 2
Ten items assessing exposure to the original ten ACEs

Section 3
Four items assessing for exposure to additional early life stressors
**Scoring**
This instrument calculates cumulative exposure to categories to adversity. The respondent is asked to report how many categories apply to them during their first 18 years of life. Respondents tally the number or each section and write the total in the box provided. Each completed Parental ACE Questionnaire generates a score.

**Note:** As a clinical tool, the Parental ACE Questionnaire uses the total score to identify parents/caregivers at increased risk of child abuse and neglect.

**Administration**
The Parental ACE Questionnaire is a self-report instrument. It is presented to the parent/caregiver upon check-in for standard medical appointments. It is administered to parents/caregivers at all new patient or well child visits, and yearly thereafter. *See Table 1 for Administration Schedule. Note: The schedule below includes guidance for administering the ACE-Q Child and Teen (Self-report and Parent/Caregiver report).*

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Birth – 5 yrs</th>
<th>6 – 12 years</th>
<th>13 – 18 years</th>
</tr>
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<tbody>
<tr>
<td>Parental ACE-Q</td>
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<tr>
<td>ACE-Q Child (Parent/Care-giver Report)</td>
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<tr>
<td>ACE-Q Teen (Self-Report)</td>
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<tr>
<td>ACE-Q Teen (Parent/Caregiver Report)</td>
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</table>

*See steps on pages 11-12 of the CYW ACE Q User Guide for detailed steps on how to administer the screening tools in the practice setting.*

**Interpretation of Results**
The completed Parental ACE Questionnaire will have two scores: one for Sections 1 and 2 (original ten ACEs), and another for Section 3 (supplementary items). The second page of the tool will provide additional information including comments, questions, and concerns that the parent/caregiver has as well as resources to which the parent/caregiver wishes to be referred. Interpretation of the total score should serve as an opportunity for you to open the dialogue with the parent/caregiver by asking “How do you think this affects your parenting?” Parents may not be entirely aware of how their own experiences affect how they handle parenting, stressful situations, or work-life balance.

*Results should be reviewed with the parent/caregiver. See pages 13-14 of the CYW ACE-Q User Guide for detailed guidance.*

**Communication Strategies**
Most parents/caregivers come to the conversation about their ACEs with incredibly strengths, despite past adversity. Again, the key message here is: *You are not alone. It is not your fault. I will help you.*
General conversation starters

“As you probably know, if bad things happen to you as a child, it can impact your health for the rest of your life. Research shows that kids who experience physical abuse or live with an alcoholic parent are much more likely to have cancer as an adult. They are more likely to attempt suicide. And they are more likely to drop out of school or end up in prison. The good news is that there are doctors, teachers, social workers, judges, parents, and others who are using this research (known as the Adverse Childhood Experiences study) to create new tools to protect kids and families early and give anyone who suffers the chance to heal.”

“How well do you remember your childhood?”

“Are there things that happened to you when you were a child that shouldn’t have happened to you or anyone?”

“Would you like your children to grow up as you did?”

For parents/caregivers with 0-3 ACEs:

“It looks like you had pretty supportive family, so you’re going to be a pretty good parent without even having to think about it.”

For parents/caregivers with 4+ ACEs:

“It looks like you had some very difficult experiences during your childhood. Most parents I talk with similar experiences feel they have worked through some of these experiences but still get tripped up by others. I am wondering if that is the case for you?”

“How do you think this affects your parenting?”

“What kind of support do you need?”
Screening Tools: Birth – Age 5
To the parents/patients in my practice,

We care about you and your kids! Knowing the experiences you have been through will help us to guide you through your parenting decisions. For example, if you grew up in a household where you did not have enough to eat, will that make it harder to know how much your child should eat at any given age? If you were physically abused as a child, how will you feel or react when your toddler hits you out of frustration or anger?

The attached surveys ask questions about: 1) your past experiences as a child, and 2) the experiences of your child or adolescent. While these questions are very personal, knowing about these experiences can help us better support you as a parent.

**What are Adverse Childhood Experiences, and why are they important?**

Adverse Childhood Experiences (ACEs) are stressful or frightening things that happen during childhood, such as abuse, neglect, or severe dysfunctions in the household. We know that people who experience a lot of ACEs may have more health issues, and might experience a hard time making decisions about how to parent their children.

**What is resilience?**

Resilience is the ability to bounce back and forward from stressful situations. Resilience can be learned, practiced, and improved upon – and some studies have shown that good resilience skills help people avoid the health problems that come from ACEs. We know how to help parents become more resilient and how to support parents in helping their children become more resilient.

**What will happen with the information?**

We use this information to give you advice and support about how to best parent your children. It will be kept confidential – so we won’t share your results with anyone, and your results will not print into clinic notes.

**THANK YOU** for sharing this information. It may be hard to talk about these issues, but we are here to support you in your parenting journey!
Para los padres/pacientes de mi práctica,

¡Nos preocupamos por usted y sus niños! Conocer las experiencias que has pasado nos ayudará a guiarte a través de sus decisiones de crianza. Por ejemplo, si usted creció en un hogar donde usted no tenía suficiente para comer, ¿eso hará que sea más difícil saber cuánto debe comer su hijo a una edad determinada? Si usted fue maltratado físicamente cuando era un niño, ¿cómo se sentirá o reaccionará cuando su niño le golpea por frustración o enojo?

Las encuestas adjuntas hacen preguntas sobre: 1) sus pasadas experiencias en su niñez, y 2) las experiencias de su hijo o adolescente. Mientras estas preguntas son muy personales, saber sobre estas experiencias nos puede ayudar a mejor apoyarle como padre.

¿Qué son Experiencias Infantiles Adversas, y por qué son importantes?

Experiencias Infantiles Adversas (ACEs) son cosas estresantes o aterradoras que ocurren en la niñez, como abuso, negligencia, disfunciones graves en el hogar. Sabemos que personas que experimentaron muchos ACEs pueden tener más problemas con su salud, y también tener dificultades haciendo decisiones de cómo criar a sus niños.

¿Qué es resistencia?

Resistencia es la habilidad de recuperación de una situación estresante. Se puede aprender, practicar, y mejorar la resistencia – y algunos estudios han demostrado que buenas habilidades de resistencia ayudan a las personas a evitar problemas de salud que provienen de ACEs. Sabemos cómo ayudar a los padres a ser más resistentes y cómo apoyar a los padres para ayudar a sus hijos a ser más resistentes.

¿Qué va a pasar con la información?

Nosotros utilizaremos esta información para darle consejos y apoyo de cómo mejor criar a sus niños. Esto se mantendrá confidencial – nosotros no compartiremos sus resultados con nadie, y sus resultados no se imprimirán en las notas de la clínica.

GRACIAS por compartir esta información. Puede ser difícil hablar de estos asuntos, pero estamos aquí para apoyarle en el trayecto de la crianza de sus niños.
Parental Adverse Childhood Experiences (ACE) Questionnaire

To be completed by Parent/Caregiver

Today’s Date: ________________________________

Your Name: ________________________________ Your Date of Birth: ________________________________

Relationship to Child: ________________________________

HOW MANY of these apply to you during the first 18 years of your life? You don’t have to mark which specific statements apply to you. Write the total in the box for each section:

<table>
<thead>
<tr>
<th>Section 1 Total</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Section 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you OR act in a way that made you afraid you would be physically hurt?</td>
</tr>
<tr>
<td>Did a parent or other adult in the household often push, grab, slap or throw something at you OR ever hit you so hard that you had marks or were injured?</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>Did you 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?</td>
</tr>
<tr>
<td>Did you 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 were too drunk or high to take care of you or take you to the doctor if you needed it?</td>
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<tr>
<th>Section 2 Total</th>
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<tr>
<th>Section 2.</th>
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<tbody>
<tr>
<td>Were your parents ever separated or divorced?</td>
</tr>
<tr>
<td>Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her OR sometimes of often kicked, bitten, hit with a fist or with something hard?</td>
</tr>
<tr>
<td>Did you ever live with anyone who was a problem drinker or alcoholic, or who used street drugs?</td>
</tr>
<tr>
<td>Was a household member depressed or mentally ill, or did a household member attempt suicide?</td>
</tr>
<tr>
<td>Did a household member go to prison?</td>
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</table>

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<th>Section 3 Total</th>
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<tbody>
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<tr>
<th>Section 3.</th>
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<tbody>
<tr>
<td>Did you experience repeated bullying as a child?</td>
</tr>
<tr>
<td>Did you repeatedly experience discrimination based on ethnicity, skin color, or sexual orientation?</td>
</tr>
<tr>
<td>Did you live in a neighborhood that experienced gang-related violence?</td>
</tr>
<tr>
<td>Did you ever live in a foster home or group home?</td>
</tr>
</tbody>
</table>
### PREGUNTAS DE ACE

**Para ser completado por el padre / cuidador**

¿CUÁNTAS de estas preguntas se aplican a usted durante los primeros 18 años de su vida? No tiene que marcar cual pregunta en específico le aplica a usted. Escriba el total en el cuadro:

<table>
<thead>
<tr>
<th>Pregunta</th>
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<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>¿Alguna de sus padres u otro adulto en la casa con frecuencia le ofendía, le insultaba, le menospreciaba, o le humillaba o actuaba de manera que le hacía temer que le podía lastimar físicamente?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>¿Alguna de sus padres u otro adulto en la casa con frecuencia le empujaba, le jalaba, le cacheteaba o le aventaba cosas o alguna vez le golpearon tan fuerte que le dejaron marcas o heridas?</td>
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</tr>
<tr>
<td>¿Algún adulto o persona por lo menos 5 años mayor que usted alguna vez le tocó o acarició, o hizo que le tocara el cuerpo de forma sexual o, intentó o tuvo relaciones sexuales orales, anales o vaginales con usted?</td>
<td>0</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>¿Sentía usted con frecuencia que nadie en su familia le quería o pensaba que usted era importante o especial, o en su familia no se cuidaban unos a los otros, no sentían que tenían relación cercana, o no se apoyaban unos a los otros?</td>
<td>0</td>
<td>1</td>
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<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>¿Se sentía usted con frecuencia que no tenía suficiente comida para comer, tenía que usar ropa sucia, y no tenía a nadie que le protegiera o sus padres estaban demasiado borrachos o drogados para cuidarle o llevarle al doctor si lo necesitaba?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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¿CUÁNTAS de estas preguntas se aplican a usted durante los primeros 18 años de su vida? No tiene que marcar cual pregunta en específico le aplica a usted. Escriba el total en el cuadro:

<table>
<thead>
<tr>
<th>Pregunta</th>
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<tbody>
<tr>
<td>¿Estaban sus padres alguna vez separados o divorciados?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>¿Fue su madre o madrastra con frecuencia empujada, jalada, cacheteada, o le aventaban cosas, o a veces o con frecuencia pateada, mordida, o le daban puñetazos o le golpeaban con un objeto duro?</td>
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<td>1</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>¿Alguna vez vivió con alguien que tenía problemas con la bebida o alcohólico, o que usaba drogas?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>¿Algún miembro de la familia sufría de depresión o enfermedad mental, o algún miembro de la familia trató de suicidarse?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>¿Algún miembro de la familia fue a la cárcel?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
</thead>
<tbody>
<tr>
<td>¿Experimentó intimidación repetidamente cuando niño?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tr>
<tr>
<td>¿Experimentó discriminación repetidamente debido a su etnicidad, color de su piel u orientación sexual?</td>
<td>0</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>¿Vivió usted en un vecindario que tenía violencia relacionada con pandillas?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>¿Vivió usted alguna vez en una casa de crianza?</td>
<td>0</td>
<td>1</td>
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Comentarios:
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Preguntas:________________________________________________________________________
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Preocupaciones:_______________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Estaría interesado/a en: ___ Clases de educación sobre ser padres
___ Grupos de apoyo para padres
___ Programa de enfermeras que visitan su casa
___ Consejos sobre la crianza de los hijos
___ Servicio de apoyo para el cuidado de los niños
___ Servicios de consejería
___ Otro (por favor de explicar) _____________________

Este cuestionario fue llenado por: ___ Padre/Madre Biológico
___ Padre/Madre Adoptivo
___ Padre/Madre de Crianza
___ Otro Cuidador (por favor de explicar) _____________________

¿Ha llenado esta encuesta anteriormente en nuestra práctica (por ejemplo, con otro niño)?

___ Sí   ___ No
Screening Tools: Ages 6 - 12
To the parents/patients in my practice,

We care about you and your kids! Knowing the experiences you have been through will help us to guide you through your parenting decisions. For example, if you grew up in a household where you did not have enough to eat, will that make it harder to know how much your child should eat at any given age? If you were physically abused as a child, how will you feel or react when your toddler hits you out of frustration or anger?

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What is resilience?

Resilience is the ability to bounce back and forward from stressful situations. Resilience can be learned, practiced, and improved upon – and some studies have shown that good resilience skills help people avoid the health problems that come from ACEs. We know how to help parents become more resilient and how to support parents in helping their children become more resilient.

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THANK YOU for sharing this information. It may be hard to talk about these issues, but we are here to support you in your parenting journey!
Para los padres/pacientes de mi práctica,

¡Nos preocupamos por usted y sus niños! Conocer las experiencias que has pasado nos ayudará a guiarle a través de sus decisiones de crianza. Por ejemplo, si usted creció en un hogar donde usted no tenía suficiente para comer, ¿eso hará que sea más difícil saber cuánto debe comer su hijo a una edad determinada? Si usted fue maltratado físicamente cuando era un niño, ¿cómo se sentirá o reaccionará cuando su niño le golpea por frustración o enojo?

Las encuestas adjuntas hacen preguntas sobre: 1) sus pasadas experiencias en su niñez, y 2) las experiencias de su hijo o adolescente. Mientras estas preguntas son muy personales, saber sobre estas experiencias nos puede ayudar a mejor apoyarle como padre.

¿Qué son Experiencias Infantiles Adversas, y por qué son importantes?

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Resistencia es la habilidad de recuperación de una situación estresante. Se puede aprender, practicar, y mejorar la resistencia – y algunos estudios han demostrado que buenas habilidades de resistencia ayudan a las personas a evitar problemas de salud que provienen de ACEs. Sabemos cómo ayudar a los padres a ser más resistentes y cómo apoyar a los padres para ayudar a sus hijos a ser más resistentes.

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Parental Adverse Childhood Experiences (ACE) Questionnaire

To be completed by Parent/Caregiver

Today’s Date: 

Your Name:  Your Date of Birth:  

Relationship to Child:  

HOW MANY of these apply to you during the first 18 years of your life? You don’t have to mark which specific statements apply to you. Write the total in the box for each section:

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### PREGUNTAS DE ACE

**Para ser completado por el padre / cuidador**

**¿CUÁNTAS de estas preguntas se aplican a usted durante los primeros 18 años de su vida?**
No tiene que marcar cual pregunta en específico le aplica a usted. Escriba el total en el cuadro:

- ¿Alguno de sus padres u otro adulto en la casa con frecuencia le ofendía, le insultaba, le menospreciaba, o le humillaba o actuaba de manera que le hacía temer que le podía lastimar físicamente?
- ¿Alguno de sus padres u otro adulto en la casa con frecuencia le empujaba, le jalaba, le cacheteaba o le aventaba cosas o alguna vez le golpearon tan fuerte que le dejaron marcas o heridas?
- ¿Algún adulto o persona por lo menos 5 años mayor que usted alguna vez le tocó o acarició, o hizo que le tocara el cuerpo de forma sexual o, intentó o tuvo relaciones sexuales orales, anales o vaginales con usted?
- ¿Sentía usted con frecuencia que nadie en su familia le quería o pensaba que usted era importante o especial, o en su familia no se cuidaban unos a los otros, no sentían que tenían relación cercana, o no se apoyaban unos a los otros?
- ¿Se sentía usted con frecuencia que no tenía suficiente comida para comer, tenía que usar ropa sucia, y no tenía a nadie que le protegiera o sus padres estaban demasiado borrachos o drogados para cuidarle o llevarle al doctor si lo necesitaba?

**¿CUÁNTAS de estas preguntas se aplican a usted durante los primeros 18 años de su vida?**
No tiene que marcar cual pregunta en específico le aplica a usted. Escriba el total en el cuadro:

- ¿Estaban sus padres alguna vez separados o divorciados?
- ¿Fue su madre o madrastra con frecuencia empujada, jalada, cacheteada, o le aventaban cosas, o a veces o con frecuencia pateada, mordida, o le daban puñetazos o le golpeaban con un objeto duro?
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- ¿Algún miembro de la familia sufría de depresión o enfermedad mental, o algún miembro de la familia trató de suicidarse?
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No tiene que marcar cual pregunta en específico le aplica a usted. Escriba el total en el cuadro:

- ¿Experimentó intimidación repetidamente cuando niño?
- ¿Experimentó discriminación repetidamente debido a su etnicidad, color de su piel u orientación sexual?
- ¿Vivió usted en un vecindario que tenía violencia relacionada con pandillas?
- ¿Vivió usted alguna vez en una casa de crianza?
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¿Ha llenado esta encuesta anteriormente en nuestra práctica (por ejemplo, con otro niño)?

___ Sí  ___ No
Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

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Cuestionario sobre experiencias adversas en la infancia - Niños

A completar por los padres/tutor

Fecha de hoy: _____________________________________
Nombre del niño: ____________________________________________________
Fecha de nacimiento: _____________________________
Su nombre: ________________________________________________
Relación con el niño: _________________________________________

Muchos niños tienen experiencias estresantes que pueden afectar su salud y su bienestar. Los resultados de este cuestionario ayudarán al médico de su hijo a evaluar su salud y a determinar las medidas a tomar. Lea las afirmaciones siguientes. Cuente aquellas que aplican a su hijo y escriba el número total en la casilla correspondiente.

NO marque ni indique las afirmaciones específicas aplicables a su hijo.

1) De las afirmaciones en la sección 1, ¿CUÁNTAS son aplicables a su hijo? Escriba el total en la casilla. ____________

Sección 1. En algún momento desde el nacimiento de su hijo...

- Los padres o tutores del niño se separaron o divorciaron
- El niño vivió con alguien que estuvo en la cárcel o en prisión
- El niño vivió con alguien que sufrió de depresión, tenía una enfermedad mental o intentó suicidarse
- El niño vio u oyó a las personas con las que convivía hacerse daño o amenazar con hacerse daño
- Una persona con la que convivía el niño le decía groserías, le insultaba, le humillaba o le criticaba de una manera que le asustaba o actuaba de una forma que hacía que el niño tuviera miedo de que le hiciera daño físico
- Alguien ha tocado las partes íntimas del niño o le ha pedido al niño que tocara sus partes íntimas de un modo sexual
- Más de una vez, al niño le faltó la comida, el vestido, un lugar donde vivir o alguien que lo protegiera
- Alguien empujó, agarró, abofetó o arrojó algo al niño o le golpearon con tanta fuerza que le dejaron marca o le lesionaron
- El niño vivió con alguien que tenía un problema con la bebida o con las drogas
- El niño sintió con frecuencia que no tenía nadie que lo apoyara, lo amara o lo protegiera

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Sección 2. En algún momento desde el nacimiento de su hijo...

- El niño estuvo en un hogar de acogida (foster care)
- El niño experimentó acoso o intimidación (bullying) en la escuela
- El niño vivió con un padre, madre o tutor que murió
- El niño tuvo que separarse de la persona que lo cuidaba por motivos de deportación o inmigración
- El niño sufrió una operación médica grave o una enfermedad que puso en peligro su vida
- El niño vio u oyó actos violentos en su vecindario o en el vecindario de su escuela
- Al niño le han tratado mal con frecuencia por su raza, orientación sexual, lugar de nacimiento, discapacidad o religión

CYW ACE-Q Child (0-12 años) © Center for Youth Wellness 2015
Screening Tools
Ages 13 - 18
To the parents/patients in my practice,

We care about you and your kids! Knowing the experiences you have been through will help us to guide you through your parenting decisions. For example, if you grew up in a household where you did not have enough to eat, will that make it harder to know how much your child should eat at any given age? If you were physically abused as a child, how will you feel or react when your toddler hits you out of frustration or anger?

The attached surveys ask questions about: 1) your past experiences as a child, and 2) the experiences of your child or adolescent. While these questions are very personal, knowing about these experiences can help us better support you as a parent.

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To be completed by Parent/Caregiver

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___ Otro (por favor de explicar) _____________________  

Este cuestionario fue llenado por:  
___ Padre/Madre Biológico  
___ Padre/Madre Adoptivo  
___ Padre/Madre de Crianza  
___ Otro Cuidador (por favor de explicar) _____________________  

¿Ha llenado esta encuesta anteriormente en nuestra práctica (por ejemplo, con otro niño)?  
___ Sí  ___ No
Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

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</tr>
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2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

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Cuestionario sobre experiencias adversas en la infancia - Adolescentes

A completar por los padres/tutor

Fecha de hoy: _____________________________________
Nombre del niño: _____________________________________________
Fecha de nacimiento: ________________________________
Su nombre: _________________________________________________________
Relación con el niño: ______________________________________________

Muchos niños tienen experiencias estresantes que pueden afectar su salud y su bienestar. Los resultados de este cuestionario ayudarán al médico de su hijo a evaluar su salud y a determinar las medidas a tomar. Lea las afirmaciones siguientes. Cuente aquellas que aplican a su hijo y escriba el número total en la casilla correspondiente.

NO marque ni indique las afirmaciones específicas aplicables a su hijo.

1) De las afirmaciones en la sección 1, ¿CUÁNTAS son aplicables a su hijo? Escriba el total en la casilla. 

Sección 1. En algún momento desde el nacimiento de su hijo...

- Los padres o tutores del niño se separaron o divorciaron
- El niño vivió con alguien que estuvo en la cárcel o en prisión
- El niño vivió con alguien que sufría de depresión, tenía una enfermedad mental o intentó suicidarse
- El niño vio u oyó a las personas con las que convivía hacerse daño o amenazar con hacerse daño
- Una persona con la que convivía el niño le decía groserías, le insultaba, le humillaba o le criticaba de una manera que le asustaba O actuaba de una forma que hacía que el niño tuviera miedo de que le hiciera daño físico
- Alguien ha tocado las partes íntimas del niño o le ha pedido al niño que tocará sus partes íntimas de un modo sexual que no deseara, fuera contra su voluntad o le hiciera sentir incómodo
- Más de una vez, al niño le faltó la comida, el vestido, un lugar donde vivir o alguien que lo protegiera
- Alguien empujó, agarró, abofeteó o arrojó algo al niño O le golpearon con tanta fuerza que le dejaron marca o le lesionaron
- El niño vivió con alguien que tenía un problema con la bebida o con las drogas
- El niño sintió con frecuencia que no tenía nadie que lo apoyara, lo amara o lo protegiera

2) De las afirmaciones en la sección 2, ¿CUÁNTAS son aplicables a su hijo? Escriba el total en la casilla.

Sección 2. En algún momento desde el nacimiento de su hijo...

- El niño estuvo en un hogar de acogida (foster care)
- El niño experimentó acoso o intimidación (bullying) en la escuela
- El niño vivió con un padre, madre o tutor que murió
- El niño tuvo que separarse de la persona que lo cuidaba por motivos de deportación o inmigración
- El niño sufrió una operación médica grave o una enfermedad que puso en peligro su vida
- El niño vio u oyó actos violentos en su vecindario o en el vecindario de su escuela
- El niño ha estado detenido, arrestado o encarcelado
- Al niño le han tratado mal con frecuencia por su raza, orientación sexual, lugar de nacimiento, discapacidad o religión
- El niño ha experimentado abuso verbal o físico o amenazas de su pareja (es decir, novio o novia)

CYW ACE-Q Teen (13-19 años) © Center for Youth Wellness 2015
**CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Teen Self-Report**

To be completed by Patient

Today’s Date: ____________________________

Your Name: ____________________________ Date of birth: ____________________________

Many children experience stressful life events that can affect their health and development. The results from this questionnaire will assist your doctor in assessing your health and determining guidance. Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to you.

1) Of the statements in section 1, HOW MANY apply to you? Write the total number in the box.

### Section 1. At any point since you were born...
- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

2) Of the statements in section 2, HOW MANY apply to you? Write the total number in the box.

### Section 2. At any point since you were born...
- You have been in foster care
- You have experienced harassment or bullying at school
- You have lived with a parent or guardian who died
- You have been separated from your primary caregiver through deportation or immigration
- You have had a serious medical procedure or life threatening illness
- You have often seen or heard violence in the neighborhood or in your school neighborhood
- You have been detained, arrested or incarcerated
- You have often been treated badly because of race, sexual orientation, place of birth, disability or religion
- You have experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)
Cuestionario sobre experiencias adversas en la infancia - Adolescentes

A completar por los padres/tutor

Fecha de hoy: _____________________________________
Nombre del niño: ___________________________________________ Fecha de nacimiento: ___________________________
Su nombre: ________________________________________ Relación con el niño: ____________________

Muchas niños tienen experiencias estresantes que pueden afectar su salud y su bienestar. Los resultados de este cuestionario ayudarán al médico de su hijo a evaluar su salud y a determinar las medidas a tomar. Lea las afirmaciones siguientes. Cuente aquellas que aplican a su hijo y escriba el número total en la casilla correspondiente.

NO marque ni indique las afirmaciones específicas aplicables a su hijo.

1) De las afirmaciones en la sección 1, ¿CUántas son aplicables a su hijo? Escriba el total en la casilla.

Sección 1. En algún momento desde el nacimiento de su hijo...

- Los padres o tutores del niño se separaron o divorciaron
- El niño vivió con alguien que estuvo en la cárcel o en prisión
- El niño vivió con alguien que sufría de depresión, tenía una enfermedad mental o intentó suicidarse
- El niño vio u oyó a las personas con las que convivía hacerse daño o amenazar con hacerse daño
- Una persona con la que convivía el niño le decía groserías, le insultaba, le humillaba o le criticaba de una manera que le asustaba o actuaba de una forma que hacía que el niño tuviera miedo de que le hiciera daño físico
- Alguien ha tocado las partes íntimas del niño o le ha pedido al niño que tocara sus partes íntimas de un modo sexual que no deseara, fuera contra su voluntad o le hiciera sentir incómodo
- Más de una vez, al niño le faltó la comida, el vestido, un lugar donde vivir o alguien que lo protegiera
- Alguien empujó, agarró, abofeteó o arrojó algo al niño O le golpearon con tanta fuerza que le dejaron marca o le lesionaron
- El niño vivió con alguien que tenía un problema con la bebida o con las drogas
- El niño sintió con frecuencia que no tenía nadie que lo apoyara, lo amara o lo protegiera

2) De las afirmaciones en la sección 2, ¿CUántas son aplicables a su hijo? Escriba el total en la casilla.

Sección 2. En algún momento desde el nacimiento de su hijo...

- El niño estuvo en un hogar de acogida (foster care)
- El niño experimentó acoso o intimidación (bullying) en la escuela
- El niño vivió con un padre, madre o tutor que murió
- El niño tuvo que separarse de la persona que lo cuidaba por motivos de deportación o inmigración
- El niño sufrió una operación médica grave o una enfermedad que puso en peligro su vida
- El niño vio u oyó actos violentos en su vecindario o en el vecindario de su escuela
- El niño ha estado detenido, arrestado o encarcelado
- Al niño le han tratado mal con frecuencia por su raza, orientación sexual, lugar de nacimiento, discapacidad o religión
- El niño ha experimentado abuso verbal o físico o amenazas de su pareja (es decir, novio o novia)
Handouts
Adverse Childhood Experiences (ACEs)

Did you know that Adverse Childhood Experiences can be harmful to your child’s health?:

- Adverse Childhood Experiences (ACEs) can cause harm to a child’s developing brain and body, influence behavior and learning, and lead to overall health problems.
- These long term changes, in the absence of a supportive caregiver, are called toxic stress.
- Everyone is built differently. Some need more support than others.

Adverse Childhood Experiences as identified in the ACEs study are listed below:

- Parental separation or divorce
- Incarcerated household member
- Domestic violence
- Living with someone who is chronically depressed, institutionalized, or suicidal
- Alcohol/drug abuser in the home
- Sexual abuse
- Emotional abuse
- Physical abuse
- Physical neglect
- Emotional neglect

In addition we believe these things can lead to toxic stress:

- Life threatening illness/injury
- Guardian death
- Community violence
- Homelessness, foster care/CPS involvement
- Health begins with hope!

People can cope with challenging events in their lives by creating a circle of wellness that includes caring support systems, exercise, good nutrition and regular medical care.
ACEs affect all of us because we are in this together!

ACEs aren’t just about YOU! You and your child are part of a family...a neighborhood...a community...a world and things that happen at these levels have effects.

TIP: When you feel stressed

» Breathe
» Sit up straight in your chair
» Put your feet flat on the floor
» Place your hands on your knees
» Open your hands toward the sky
» Close your eyes
» Inhale count to 3
» Exhale count to 3
» Repeat 3 times

Safe place exercise

Once you feel safe talking about ACEs, many challenging and difficult emotions can come up. This exercise can help build your inner foundation of safety. Here is how:

» Sit or lie down in a comfortable position and let your body feel soft, but remain awake.
» Softly close your eyes and take a couple of deep slow breaths.
» Allow your mind to become blank.
» Imagine a place that feels safe, comfortable and relaxing. Imagine this place becoming clearer in your mind.
» Look around you, what do you see in your safe place?
» Breathe in, what do you smell in your safe place? What do you hear? Can you touch or taste anything? What is the weather like?
» Stay focused on your safe place. If your thoughts move away from your safe place, don’t judge them just gently return to your safe place image.
» When you are ready, rub your hands together to make them warm then gently place your palms over your eyes.
» Breathe in when you feel your warm hands. Open your eyes with your hands still covering them.
» Slowly, open your fingers to let light in and then remove your hands when you feel ready.
» Notice how you feel in your body before you move on to your next activity.
Toxic Stress

How stress affects the human body

- Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression), behavior younger than age
- Acne and other skin problems
- Faster heartbeat, rise in blood pressure, heart attack and heart disease
- Blood sugar increases, higher cholesterol, increased risk of diabetes
- Muscle aches and tension, increased risk of reduced bone density
- Grinding teeth, tension in jaw, increased or decreased eating
- Stress hormones increase, increased inflammation, lowered ability to fight or recover from illness, frequent colds
- Increased risk of asthma and flare ups
- Diarrhea, constipation, nausea, stomach pain, heart burn, other digestive problems
- Irregular or more painful periods, reduced or increased sexual desire, bedwetting
- Weight gain & obesity
Everybody experiences stress in their lives.

- There are 3 types of stress: Positive (e.g. getting ready for a race), Tolerable (e.g. getting in a car accident), Toxic (e.g. chronic physical abuse)
- When we have negative experiences that cause fear or anger our body releases chemicals that tell us to fight or run
- Too much stress over a long period of time affects how you make decisions and can harm your body and emotions
- Stress becomes Toxic if experienced intensely and repeatedly

Research shows that, even under stressful conditions, supportive, responsive relationships with caring adults can prevent or reverse the damaging effects of toxic stress.

The most effective prevention is to reduce exposure of young children to extremely stressful conditions. Stable, loving relationships can buffer against harmful effects by restoring stress response systems to a steady state.

**Stress Relieving Activities for You**

- Take three deep breaths
- Make sleep a priority; at least 7 hours is appropriate for the average adult
- Call a positive friend
- Scream into a pillow
- Sing and dance
- Stretching and fast walking
- Exercise 10 minutes each day; try jumping jacks, sit-ups, push-ups

**BEAN BAG BREATHING**

1. Place a bean bag on your and your child’s stomach (if you don’t have a bean bag use stuffed animals or a toy your child likes)
2. Practice watching the bean bag go up and down while breathing
3. See who can lift the bean bag more slowly

**Stress Relieving Activities for You and Your Kids**

- Take a walk together
- Cook together
- Blow bubbles
- Dance at home with your kids
- Play Hide & Seek
- Play tag
- Paint
- Play basketball
- Read your favorite book
- Laugh

**SERENITY BATH**

Ingredients:

- Kids asleep in bed
- 2 small candles
- 1 cup of herbal tea (iced or hot)
- Your favorite bubble bath or 1 cup of Epsom salt
- Relaxing, soft music
Stress Management

How do I manage stress when facing a challenge?

Don’t do anything until you:

1. **Stop**: Ask yourself “what am I feeling right now?”
2. **Take a Breath**: Ask yourself: “Am I breathing too fast right now or holding my breath? Can I take a deep breath?”
3. **Observe**: Ask yourself: “What else am I feeling in my body? What are my thoughts right now?”
4. **Proceed**: Ask yourself: “Am I OK with what happens next if I ____?” Decide to respond in a way that works best for you.

What does it mean to “manage stress”?

It means that you can handle difficult feelings through the ability to:

- Recognize feelings in your body
- Name emotions
- Calm yourself when facing a difficult situation
- Choose a healthy response to a difficult

What are the benefits of stress management?

Being able to manage stress will allow you to make the room to make good choices, have positive relationships and develop patience during hard times. Learning how to manage stress and keep calm can help improve your health.
Teaching Your kids how to manage stress
When you notice your child is upset, ask, “How are you feeling?”

1. Listen to what they are saying and help them name their feelings.
   Example: “I hear that you wanted to go out in the street and get that ball. It sounds like you are really angry that I didn’t let you go in the street to get it.”

2. Acknowledge how hard it is being a kid.
   Example: “I know it’s hard being 3 years old and not being able to do everything you want to do.”

3. Practice self-regulation with them, e.g. “If you do _______ then _______ can happen.”
   Example: “If you run out into the street by yourself, you might get hit by a car and that would really hurt you and I would be sad that you were hurt.”

4. Offer them an alternative.
   Example: “How about we go get that ball together? You can hold my hand and we’ll look for cars before we go on the street so we don’t get hurt.”

Set expectations by creating a schedule for certain times of the day!
This is a great way to keep the peace at home.

Example Bedtime Routine & Visual Schedule


Make the routine calming, short, predictable and expected.
A regular routine (same time everyday) is very important.
What are ACEs?
ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

How do ACEs affect health?
Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

- Reduces the ability to respond, learn, or figure things out, which can result in problems in school.
- Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.
- Increases difficulty in making friends and maintaining relationships.
- Increases problems with learning and memory, which can be permanent.
- Increases stress hormones which affects the body’s ability to fight infection.
- May cause lasting health problems.

A Survival Mode Response to toxic stress increases a child’s heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words: "I can’t hear you! I can’t respond to you! I am just trying to be safe!"

Exposure to childhood ACEs can increase the risk of:
- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

STRESS & EARLY BRAIN GROWTH
Understanding Adverse Childhood Experiences (ACEs)
The good news is resilience can bring back health and hope!

**What is Resilience?**
Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

**Resilience trumps ACEs!**

Parents, teachers and caregivers can help children by:

· Gaining an understanding of ACEs
· Helping children identify feelings and manage emotions
· Creating safe physical and emotional environments at home, in school, and in neighborhoods

**What does resilience look like?**

1. **Having resilient parents**
   Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. **Building attachment and nurturing relationships**
   Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. **Building social connections**
   Having family, friends and/or neighbors who support, help and listen to children.

4. **Meeting basic needs**
   Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. **Learning about parenting and how children grow**
   Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. **Building social and emotional skills**
   Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

**Resources:**

**ACES 101**
http://aces101.com/aces-101/

**Triple-P Parenting**
www.triplep-parenting.net/glo-en/home/

**Resilience Trumps ACEs**
www.resiliencetrumpsaces.org

**CDC-Kaiser Adverse Childhood Experiences Study**
www.cdc.gov/violenceprevention/acestudy/

**Zero to Three Guides for Parents**

Thanks to the people in the Community & Family Services Division at the Spokane (WA) Regional Health District for developing this handout for parents in Washington State, and sharing it with others around the world.
Mindfulness is a state of mind achieved by increasing awareness on the present moment and striving to accept one’s thoughts, feelings, and sensations without judgment.

Practicing mindfulness can improve emotional and physical wellbeing. Mindfulness can:

- Help relieve stress
- Improve sleep
- Lower blood pressure
- Reduce chronic pain

Following are some activities you can do with your child to increase mindfulness.

What’s in the Smoothie? (Mindful eating)

This fun activity helps introduce mindfulness to children and is an opportunity to talk about good nutrition. (Best for children 5 years and older.)

1) Use a blender to prepare a fruit and vegetable smoothie. For example, blend banana, berries, fresh spinach, yogurt and ice cubes.

2) Ask your child to join you, after you’ve put the ingredients away. Tell her that you have made a yummy smoothie and that you’d like her to use her senses to describe the taste, texture and feeling.

3) Ask your child to take three deep breaths to focus and prepare for the challenge.

4) Then have your child close her eyes, if she feels comfortable – and then take the first sip.

5) Between sips, ask her to describe what she tastes. What she smells. Have her guess what is in the smoothie (let her know if she’s right and/or on the right track). Ask her to describe the temperature and texture of the smoothie. Ask her to describe what it feels like in her mouth, and what it feels like as she swallows.

6) Afterward, ask her what the experience was like. How did she feel before the experience? During the experience? How about afterward? Did she notice a change? How might she bring this focused-attention to other activities in her life?

7) Praise the child for her participation and highlight the value for bringing moments of focused-attention into daily life.
**Body Scan (Body awareness)**

This activity will help your child focus on the present and increase her awareness of her body. It’s a great activity to do together. (Best for children 5 years and older.)

1) Get comfortable. Sit in a straight-backed chair or lie down comfortably on the floor.

2) Breathe in through your nose, allowing the air into your lower belly. Let your belly expand fully with the breath.

3) Now bring your attention to the sensations in your body. Notice subtle body sensations such as an itch or tingling - and then let them pass.

4) Now focus on sensations in each section of your body in succession. Start at the top of your head and slowly work your way down to your toes. As you scan each area of your body, notice the sensations - and then, once again -- let them pass.

5) After you have scanned your body from head to toes, take three deep belly breaths to end the practice.

**Single-Tasking (Staying in the moment)**

This activity is wonderful for everyone.

1) Choose any task – eating, showering, brushing your teeth, getting dressed, cooking, walking, playing with your child.

2) Bring your attention to your body. What do you feel? Notice the sensations – and then let them pass.

3) Breathe in through your nose. Breathe deeply to expand your belly.

4) Now exhale through your mouth.

5) Notice the sensations of each breath – each inhalation and exhalation.

6) Now focus on what you are doing -- back to the task at hand (e.g., brushing your teeth, getting dressed, etc.).

7) Notice each sound, touch and smell.

8) If your mind wanders away from the present moment, gently bring your attention back to the task without judgment.

Adapted from techniques shared by Edgewood Center for Children and Families - Therapeutic Behavioral Services
Caught you Doing Something Good! (Reinforcing Positive Behavior)

This is an easy and relational way to reinforce good behavior. Best for children age 2-13 years old. Here are the steps:

1) Take a shoebox or a tissue box and have your child decorate the box with magazine clippings, colored paper, etc. This is now your child’s Caught You Doing Something Good Box.

2) Describe the types of good behavior you would like to see more of. For example, you’d like to see your child cleaning up after herself; you’d like to see your child express frustration with words, instead of acting out; you’d like to see your child help her younger sibling; you’d like to see you child say “thank you” and “please.”

3) If appropriate, write the behaviors down and post them somewhere you can see them often – like on the refrigerator or in your child’s bedroom. This can be a good reminder for you both.

4) Tell your child that you will give her a voucher every time you see the good behavior. You can use a voucher like the one below. For older children, some parents use tokens – like small plastic stars or marbles.

5) Determine what “prize” your child will earn for the good behavior. For example, your child may earn special one-on-one time with you, an outing to the zoo, stickers, the opportunity to bake a special dessert for the family, the ability to watch an extra cartoon before bed, etc. Prizes do not need to be material things. Fun experiences, special recognition and time with loved ones are great motivators too.

6) Start “catching” your child doing something good. Hand out a voucher each time you see the desired behavior and verbally praise your child.

7) Have your child place the voucher in the Caught You Doing Something Good Box.

8) Count the vouchers at the end of the day (for younger children) or at the end of the week (for older children) to determine when “prizes” have been earned.
Caught You Doing Something Good!!!

Voucher

_________________________ was caught _________________________. Great job!!!!!!

(Child’s Name) (The Good Behavior)

Parent Signature: ____________________________ Date: ________________

Caught You Doing Something Good!!!

Voucher

_________________________ was caught _________________________. Great job!!!!!!

(Child’s Name) (The Good Behavior)

Parent Signature: ____________________________ Date: ________________

Caught You Doing Something Good!!!

Voucher

_________________________ was caught _________________________. Great job!!!!!!

(Child’s Name) (The Good Behavior)

Parent Signature: ____________________________ Date: ________________
**Coping Skills Box** (Stress Management Tools)

Stress affects everyone, and we all have different ways of calming down, managing discomfort and relaxing.

1) Talk to your child about how she experiences stress. Does she feel it in their body? Does it build up slowly, or come quickly? Does she feel shaky? Does she feel cold or hot?

2) If appropriate, help her draw it out. If you have large butcher paper, you can outline your child’s body, and then fill it in with color, words, and images that show how stress feels in her body.

3) Then talk to your child about ways of handling stress to feel better. Share coping strategies that you use that could be helpful. For example, you might share that going for walk, cooking, dancing, reading, or taking a bath help you manage stress. Ask your child what has worked for her?

4) Introduce the idea of a Coping Skills Box – a place where your child can keep “tools” to help her handle stress.

5) Decorate a shoebox with your child, and then identify “tools” to place inside. Tools may include:
   a) Items that can be squeezed or physically re-shaped - like fidgets, play dough, pipe cleaners, a worry stone or de-stress ball* (instructions for how to make your own de-stress ball can be found on the next page).
   b) Hot sauce, gum, hard candy.
   c) Perfume, scented body oil or scented spray.
   d) A soft blanket or plush toy that can be hugged.
   e) A picture or image that is associated with calm and/or a positive memory.
   f) Bath oil or bath salts – to prompt the child to take a warm bath.
   g) A music player and/or earphones.
   h) A book or journal.
   i) Drawing paper and crayons and/or markers.
   k) Materials to make arts and crafts, including color loop rubber bracelet kits (many kits are as inexpensive as $2.50 a package and include instructions).

6) Each Coping Skills Box will be different. Your child may want to make a box for her room and then a smaller Coping Skills Pouch to take to school.

**Create and Decorate a De-Stress Ball** (from Ehow.com)

1) Find the Balloon
The stress ball will be going through lots of stress of its own, as the material will be getting a daily, or sometimes even an hourly, squeeze. When searching for the perfect balloon for the stress ball, purchase a balloon that is made with a thicker rubber skin that when blown up to its maximum size, will become at least 5 inches in diameter. A smaller balloon that only expands an inch or so wide when blown up to its maximum will not have as much give in the rubber like a larger balloon and will result in a shorter stress ball lifespan.

2) Select the Filling

A stress ball can be filled with a variety of substances, including cornstarch, flour and sand. The goal of a good filling is to make sure it will not spoil, has lots of give and is made up of tiny particles. The tiny particles, like sand, allow the stress ball to be squished and squeezed comfortably instead of using something like marbles or coins. When putting the selected filling into the balloon, first blow it up halfway and pinch the end. Then, place a funnel at the top and pour between 3/4 cup to 1 cup of the cornstarch, sand or flour into the funnel. Then, allow the balloon to deflate around its contents. Tie a knot into the end of the stem of the balloon and your stress ball is almost finished.

3) Decorate and De-Stress

Have your child decorate the stress ball, using a permanent marker or a paint pen. Draw a goofy face with an ‘O’ mouth that expands when squeezed or write words like, “de-stress me” or “Sam’s stress relief.” Using a marker or pen with permanent ink or paint will not interfere with the squishing and squeezing like stickers or stick-on objects would. Before drawing on the new stress ball, test the marker on another, unfilled balloon first to make sure the marker does not come off on your hands when touched. One additional decoration that will not interfere with squeezing is to tie a ribbon in a bow over the knot on the stem of the balloon.

Read more: ehow.com/way_5616586_directions-stress-ball-using-balloons.html#ixzz31XmU4q8I

Mindful Juicing

This is a fun activity to do together - while learning about good nutrition. Use a blender or a Bullet to prepare a smoothie. Begin the mindfulness practice by having the student take two deep breaths. Tell them that you have made a yummy smoothie and that you’d like them to use their senses to describe the taste, texture and feeling. Have them close their eyes, if they feel comfortable. Then ask the student to describe what they taste. Have them guess what is in the smoothie (let them know if they’re right and/or on the right track). Ask the student to describe the texture of the smoothie. Ask them to describe what it feels like in their mouth, and what it feels like as it goes down their throat.

Afterward, ask them what the experience was like. How did they feel before the experience? During? How about after? Praise the child for their participation and highlight the value for bringing moments of focused-attention into their daily life.

Adapted from techniques shared by Edgewood Center for Children and Families - Therapeutic Behavioral Services
Practice
Support
Rationale for ACEs Screening

Screening can improve clinical decision-making and prevent negative health outcomes.

Universal screening for Adverse Childhood Experiences (ACEs) is critical. For some children the effects of toxic stress are seen in externalizing behaviors, such as poor impulse control and behavioral dysregulation. In these children, externalizing behaviors may be symptoms of the neurodevelopmental impacts of toxic stress. For other children, the effects of toxic stress may be more hidden. Routine screening offers the opportunity to identify individuals at high risk of toxic stress and offer anticipatory guidance before the child becomes symptomatic.

ACEs accumulate over time, providing opportunity for early detection and prompt intervention

Though there are children who experience multiple ACEs in their first few years of life, most children accumulate ACEs over the course of childhood. In a multi-site study of children exposed to or at risk for maltreatment, it was found that by age 6 children had an average ACE score of 1.94. Between ages 6 and 12, on average they accumulated an additional 1.53 ACEs, and then between ages 12 to 16, another 1.15 ACEs (Flaherty et al., 2013).

<table>
<thead>
<tr>
<th>Age</th>
<th>Average ACE score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 years</td>
<td>1.94</td>
</tr>
<tr>
<td>6-12 years</td>
<td>3.47</td>
</tr>
<tr>
<td>12-16 years</td>
<td>4.62</td>
</tr>
</tbody>
</table>

Source: Flaherty et al., 2013

Additionally, outcomes associated with ACEs tend to appear in adulthood, suggesting a latency phase between exposure and disease outcome. The existence of a latency phase offers an opportunity to mitigate the potential long-term negative health outcomes.

One of the important characteristics of the ACEs screening tool is that it takes advantage of this latency phase—the hope is to improve outcomes by early detection/intervention. While the plasticity in the brain during early childhood and adolescence is a source of vulnerability to ACEs, it is also an opportunity for intervention and treatment.

The pediatric primary care setting is an ideal setting for universal screening, health promotion and disease prevention

The primary care medical home is uniquely positioned to be the site for routine universal screening for ACEs. Some reasons why:

- Primary care physicians are trained in disease prevention and to understand the important role of parents and communities in determining a child’s wellbeing.
- Interacting with children and their families at regular intervals can allow patients and providers to develop a trusting relationship, which can facilitate the disclosure of ACEs.
With universal screening, we can:
  · Raise awareness of the importance of preventing further exposure to ACEs
  · Identify needed specialized treatment for children who have been exposed
  · Better tailor health care measures based on an understanding of the child’s odds of illness or disease

The American Academy of Pediatrics (AAP) calls on pediatricians to identify and treat adversity and toxic stress

Particularly harmful and stressful relational experiences such as child abuse and neglect can compromise healthy development and negatively impact health in both childhood and later during adulthood (Johnson, Riley, Granger, & Riis, 2013; Felitti et al., 1998; Flaherty 2013; Kalmakis & Chandler, 2015; Oh, et al., 2016).

A dose-response relationship between the number of adversities and likelihood of disease has also been substantiated with children experiencing a greater number of adversities being at greater likelihood of negative health outcomes (Bethell et al 2016; Bright et al., 2016).

Given the tremendous research on the negative impacts of adversity on child health and opportunity for meaningful prevention, the AAP has called on pediatricians to play a role in identification and treatment of adversity and toxic stress (Garner et al., 2012).

ACEs screening is accepted by patients and can improve health care utilization

Research has shown that screening for adversity is acceptable among patients. In an adult primary care setting:
  · 79% of patients were comfortable being asked about ACEs
  · 86% felt comfortable being screened for ACEs (Goldstein, Athale, Sciolla, & Catz, 2017)

Inquiry of early adversity can also be met with appreciation. For example, in a pediatric setting, parents were reported to be engaging in conversations about trauma and found the topic to be of value to their child’s care (Gillespie & Folder, 2017). Additionally, parents are largely unaware that adverse experiences can have a lasting health impact when children are exposed under the age of 5 (CYW Market Research, 2017). Given that medical providers are cited as one of the most trusted resources for parents on topics related to their children, this finding calls on clinicians to provide guidance in this area.

Addressing childhood adversity in the medical setting has great potential to improve health care utilization. One year after screening for Adverse Childhood Experiences (ACEs) in the Health Appraisal Clinic at Kaiser Permanente of San Diego, clinicians saw a 35% decrease in office visits and an 11% decrease in emergency room visits among participants compared to the prior year. In comparison to a control group that did not undergo screening, screened participants saw an 11% decrease in office visits (Felitti & Anda, 2014).
Clinical integration of ACEs screening into the workflow is possible

Pediatric clinics implementing adversity screening have found that screening can be feasible in a limited resource setting. For example, in an outpatient pediatric setting, office visits improved without impeding factors such as limited time or resistance from caregivers or providers (Gillespie & Folder, 2017).

<table>
<thead>
<tr>
<th>With screening</th>
<th>Without screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>35% decrease in office visits</td>
<td>11% decrease in office visits</td>
</tr>
<tr>
<td>11% decrease in ED visits</td>
<td></td>
</tr>
</tbody>
</table>

Source: Felitti & Anda, 2014

References


Center for Youth Wellness Market Research (unpublished), 2017.


ACEs Screening Workflow Examples

The purpose of this document is to provide practices with suggested ways to incorporate ACEs screening into the workflow.

A Basic Workflow

<table>
<thead>
<tr>
<th>Administration of ACEs screening tool</th>
<th>Form completion</th>
<th>Review &amp; score interpretation</th>
<th>Patient &amp; family education and/or referral</th>
<th>Documentation &amp; tracking</th>
</tr>
</thead>
</table>

Administration of ACEs Screening Tool: A Real-World Example from California Pacific Medical Center’s Bayview Child Health Center (BCHC)

Medical Assistant administration of screening tool for well-child visits starting at 9 months and for new patients

1. Medical Assistant greets and welcomes the caregiver and patient.

2. Medical Assistant informs the caregiver that they will need to fill out several forms prior to the child/youth’s appointment. The packet is provided on a clipboard. It is recommended that the ACEs screening tool be included earlier in the packet to increase completion rate.

3. Medical Assistant provides a general description of each form in the packet, providing context. She/he informs the caregiver that the Primary Care Provider will review the results with her/him and the child/youth.

Completion of Form

4. The caregiver completes the packet and returns it to the Medical Assistant.

5. For adolescent patients who complete a self-report (in addition to the caregiver report), the completed screen should be returned separately to the Medical Assistant upon completion.

Review & Score Interpretation

6. The packet is provided to the Primary Care Provider for review prior to the appointment.

7. The Primary Care Provider reviews the information prior to meeting with the patient.

8. The Primary Care Provider carries out the standard well-child check-up, and reviews results with the patient and caregiver. If the form is not filled out before the patient and caregiver meet with the Primary Care Provider, the Provider asks the caregiver and/or patient if she/he would like to fill it out today, or save it for another visit. (Typically she/he fills it out then).

Patient & Family Education and/or Referral

9. If the ACEs score is “zero,” the Primary Care Provider reiterates that this is a screening tool that is used for all patients, and provides anticipatory guidance explaining what ACEs
are and why this information is important. (Sometimes new patients enter “zero” and then later change the score during a follow-up visit, when they feel more comfortable with the Provider.) The Primary Care Provider may make a note in the patient chart to discuss the screening again at a future visit.

10. If screening reveals an ACE score, the Primary Care Provider explains why ACE screening has been conducted, and carries out next steps according to the established algorithm. Specifically, for a score of 0-3 with no symptoms, the Provider provides patient education. For a score of 1-3 with symptoms (see symptom list), the Provider provides anticipatory guidance. For a score of 4+, the Provider provides the appropriate referral (with a warm hand-off if possible). When a warm hand-off is not possible, the Primary Care Provider explains what resources are available and asks if the caregiver and/or patient would like a referral. Sometimes the caregiver and/or patient would like to think about it, and the Provider can schedule an extra visit to talk further, or coordinate care with an existing therapist, etc.

11. Through conversation with the patient and her/his caregiver, the Primary Care Provider may identify relevant symptoms that should be considered in determining whether a referral for services is clinically indicated. For patients with multiple symptoms, the Primary Care Provider may need to determine what is the most important issue to cover in the time she/he has for the visit; i.e., a child’s asthma. Focusing on the most pressing symptom may provide an opening to also talk about interventions like nutrition and exercise, and to schedule future visits to address ACES-related health issues further.

Documentation & Tracking

12. When the Primary Care Provider reviews the ASQ Ages & Stages questionnaire and enters scores and follow-up decisions into the patient record, she/he also adds the ACE score in a specific “free text” field in one of the EHR (NextGen) standard templates.

Standardizing entry of the ACE score across the practice allows the practice to easily pull a monthly report that presents data in an Excel spreadsheet.

Example: Entering ACE score into NextGen at BCHC:
Medical Assistant/Screening Specialist Sample Script:
Introducing the ACEs Questionnaire

This script is based on the Center for Youth Wellness/Bayview Child Health Center (CYW/BCHC) model and is an example of one way to introduce an ACEs screening tool.

“We have some forms that we'd like for you to complete so that the doctor understands how [Child’s Name] is doing. The doctor will answer any questions you have about the forms, and I'm here if you need clarification on the instructions.

There are [X] forms in this packet and we give these forms to all of our patients. (Present other forms as routinely done.)

The second piece of paper in this packet is the [ACES questionnaire]. This is something we give to each patient. This form asks some personal questions and screens for health risks due to exposure to stress and adversity.

(Depending on which screening tool used, give instruction on how to complete the form, who the questions are about; i.e., child or parent/caregiver, as well as who should complete it)

When you have finished, please return the forms to me. I will place everything in a folder and give it to the doctor before you and [Child’s Name] go in for your visit.”

PLEASE NOTE: If you are using a screening approach that requests a cumulative score, rather than identification of specific ACEs, it may be important to explicitly remind patients to provide a total score and not to check individual items; e.g., “Please review the statements and write down only the number of statements that apply to your child, not which ones.”

Source: BCHC/CYW User Guide

Note: This script was developed based on the Bayview Child Health Center/Center for Youth Wellness model of ACEs screening that uses MA introduction of 3 versions of a paper-based tool focused on the child’s ACEs.
Primary Care Provider Sample Scripts: Reviewing the Questionnaire Results

Introducing the ACEs screening results

New research has shown that children’s exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. As a result, at this clinic we now screen all of our patients for Adverse Childhood Experiences. Once again, you don’t have to tell us which ones your child experienced, only how many. I’d like to take a moment to review your responses.

Talking about a low risk (CYW ACE-Q score of 0)

Based on your responses, I don’t see any cause for concern. We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. If, in the future, [Child’s Name] experiences any of these issues, please let us know because early intervention can lead to better outcomes.

Talking about a moderate risk (CYW ACE-Q score of 1-3 with no symptoms)

I see that [Child’s Name] has experienced [Score/Result] of these items, is that correct? Based on your responses, I want to ask a few more questions about her/his health and development.

- Has [Child’s Name] experienced any significant weight gain or loss since these experiences occurred?
- How is [Child’s Name] doing in school?
- Has the teacher or school staff expressed any concerns?
- How’s [Child’s Name] sleep?
- Have you noticed any worsening of your [Child’s Name] asthma/eczema/diabetes since these events occurred?

  (Caregiver answers no and that the patient is doing fine)

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. At this time, it doesn’t seem like [Child’s Name] is experiencing those issues, but if, in the future, s/he does start showing symptoms, please let us know, because early intervention can lead to better outcomes.
Talking about elevated/high risk (CYW ACE-Q score of 1-3 with symptoms, 4+)

I see that [Child's Name] has experienced [Score/Result] of these items, is that correct? Based on your responses, I want to ask a few more questions about her health and development.

- Has [Child's Name] experienced any significant weight gain or loss since these experiences occurred?
- How is [Child's Name] doing in school?
- Has the teacher or school staff expressed any concerns?
- How's [Child's Name] sleep?
- Have you noticed any worsening of your [Child's Name] asthma/eczema/diabetes since these events occurred?

(Caregiver responds yes)

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount of the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems.

Because of what [Child’s Name] has experienced, I am concerned that this may be contributing to her problems in school/worsening asthma/weight gain. Some of the things that have been shown to help the body recover from adversity and normalize those stress hormones include good nutrition, healthy sleep, regular exercise, therapy, mindfulness — like meditation and healthy relationships.

I’d like to refer [Child’s Name] to some services that could be helpful.

(Describe referral and resources available at your setting. This may include a “warm hand-off” or formal referral to an internal mental health or behavioral health provider integrated into the clinic, or may be a referral to a partner agency.)

We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you mom/dad/grandma/auntie. Reducing or managing your stress level is one of the best things that you can do for [Child’s Name] to improve his/her health and development.

(Provide appropriate patient education materials)

Source: These scripts were developed based on the Bayview Child Health Center/Center for Youth Wellness model of ACEs screening that uses a scoring system of 0 (i.e., low risk of ACEs-associated negative health outcomes), 1-3 with no symptomatology (moderate risk), and 1-3 with symptoms or 4+ (high risk).
Resources for Families
New Jersey State and Community Resources

**Aunt Bertha** provides instant access to comprehensive, localized listings with hundreds of programs in every zip code in the US. The platform helps both organizations and individuals with social needs find and make referrals to appropriate programs and services for food, shelter, healthcare, work, financial assistance, and more. The tools make it easy for making and managing referrals and coordinating care with community providers.
https://www.auntbertha.com/

**Central Jersey Family Health Consortium (CJFHC)** was originally organized through funding from the Robert Wood Johnson Foundation in 1988. Established in 1992, CJFHC is a leading private non–profit 501(C)3 organization licensed by the NJ Department of Health and part of a regionalized maternal and child health (MCH) system. The mission is to improve the health of women of childbearing age, infants, and children in the region through the collaborative efforts of member hospitals, providers, and consumers.

**Family Success Centers** enrich the lives of children by strengthening families and neighborhoods. Family Success Centers are neighborhood gathering places where local residents can find support, information and services. Services provided include access to health services, parent education, family-friendly activities, employment-related programming, life skills training, housing-related services, advocacy and related support and general information and referrals/linkages.
http://www.state.nj.us/dcf/families/support/success/

**New Jersey Department of Children and Families (DCF)** ensures the safety, well-being, and success of NJ’s children and families in partnership with communities. Among the various Divisions within DCF is the Division of Child Protection and Permanency which is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child’s protection and providing support to the family. The Division of Children’s System of Care (CSOC) serves children and adolescents with emotional and behavioral health care challenges and their families; and children with developmental and intellectual disabilities and their families. The Division of Family and Community Partnerships (FCP) promotes the departmental goals by working together with parents, caregivers, organizations and communities to ensure an effective network of proven support services, public education and community advocacy to prevent maltreatment.
https://www.state.nj.us/dcf/

**Nurtured Heart** Approach is an evidence-informed practice based on existing research through Children’s Success Foundation. A relationship-focused methodology is used to create transformative changes in children with a spectrum of mental, behavioral, emotional health symptoms. This method has helped thousands of families, educators, and child advocates by promoting Inner Wealth essential for children to build successful relationships. The Nurtured Heart Approach® is available worldwide in the form of books, online courses, training workshops, certification training and seminars offered by certified NHA Trainers.
https://childrenssuccessfoundation.com/about-nurtured-heart-approach/

**Parents Inc.** is an evidence-based family strengthening program utilizing mutual support (the giving and getting of help), parent leadership (seeking solutions and becoming empowered), and shared leadership® (working together) to achieve personal growth, improve family functioning and achieve parental resilience. Parents call the National Parent Helpline® 1-855-4AParent (1-855-427-2736) to receive emotional support and referrals in between weekly Parents Inc.® Groups.
https://parentchildinc.com/
PerformCare New Jersey - Children’s System of Care is a full-service behavioral health managed care company, supporting members in the public and private sectors. PerformCare is committed to providing superior, innovative solutions in behavioral health, developmental and intellectual disabilities, human services, and integrated health programs. Founded by service providers in 1994, PerformCare is a member of AmeriHealth Caritas – the nation's leader in health care solutions for the underserved.  
http://www.performcarenj.org/

Prevent Child Abuse New Jersey is the only statewide non-profit dedicated to preventing child abuse in all of its forms, for all of NJ’s children. The organization was incorporated in 1979 as the New Jersey chapter of Prevent Child Abuse America, the 9th Chapter to be established among a national network. Today, PCANJ exist as one of the largest chapters across the country, and have become a recognized leader for prevention work in NJ.  
https://www.preventchildabusenj.org/

SPAN Parent Advocacy Network is committed to empowering families as advocates and partners in improving education, health, and mental health outcomes for infants, toddlers, children and youth. SPAN is a "first stop" for NJ families, and is also NJ’s Parent Training and Information Center; Family to Family Health Information Center; Family Voices State Affiliate Organization; Parent to Parent USA affiliate; and a chapter of the Federation of Families for Children's Mental Health. The mission is to empower and support families and inform and involve professionals interested in the healthy development and education of children and youth.  
http://www.spanadvocacy.org/
Recursos para la comunidad de Nueva Jersey

**Tía Bertha** proporciona acceso instantáneo a listados completos y localizados con cientos de programas en cada código postal de EE. UU. La plataforma ayuda tanto a las organizaciones como a las personas con necesidades sociales a encontrar y referir a los programas y servicios apropiados para alimentos, vivienda, atención médica, trabajo, asistencia financiera y más. Las herramientas facilitan la creación y administración de referencias y la coordinación de la atención con proveedores comunitarios.

https://www.auntbertha.com/

**El consorcio de salud familiar de NJ (CJFHC)** fue organizado originalmente a través de fondos de la Fundación Robert Wood Johnson en 1988. Establecido en 1992, CJFHC es una empresa privada sin fines de lucro 501 (C ) 3 organización licenciada por el Departamento de Salud de Nueva Jersey y parte de un sistema regionalizado de salud maternoinfantil (SMI). La misión es mejorar la salud de las mujeres en edad fértil, bebés y niños en la región a través de los esfuerzos de colaboración de los hospitales miembros, proveedores y consumidores.


**Los Centros para el Éxito Familiar** enriquecen la vida de los niños mediante el fortalecimiento de las familias y los barrios. Los Centros para el Éxito Familiar son lugares de reunión en el vecindario donde los residentes locales pueden encontrar apoyo, información y servicios. Los servicios brindados incluyen acceso a servicios de salud, educación para padres, actividades favorables a la familia, programación relacionada con el empleo, capacitación en habilidades para la vida, servicios relacionados con la vivienda, defensa y apoyo relacionado e información general y referencias / enlaces.

http://www.state.nj.us/dcf/families/support/success/

**Departamento de Niños y Familias de New Jersey (DCF)** garantiza la seguridad, el bienestar y el éxito de los niños y las familias de N J en asociación con las comunidades. Entre las diversas Divisiones dentro del DCF se encuentra la División de Protección y Permanencia del Niño, que es responsable de investigar las denuncias de abuso y negligencia infantil y, de ser necesario, organizar la protección del niño y proporcionar apoyo a la familia. La División de Sistema de Cuidado Infantil (CSOC) atiende a niños y adolescentes con desafíos emocionales y de atención de la salud conductual y sus familias; y niños con discapacidades de desarrollo e intelectuales y sus familias. La División de Asociaciones Familiares y Comunitarias (FCP) promueve las metas departamentales al trabajar junto con padres, cuidadores, organizaciones y comunidades para asegurar una red efectiva de servicios de apoyo, educación pública y defensa de la comunidad para prevenir el maltrato.

https://www.state.nj.us/dcf/

**Corazón nutrido** El enfoque es una práctica basada en investigaciones-científicas existentes a través de Children's Success Foundation. Una metodología centrada en las relaciones se utiliza para crear cambios transformadores en niños con un espectro de síntomas mentales, conductuales y de salud emocional. Este método ha ayudado a miles de familias, educadores y defensores de los
niños mediante la promoción de la riqueza interna, esencial para que los niños formen relaciones exitosas. El Nurtured Heart Approach® está disponible en todo el mundo en forma de libros, cursos en línea, talleres de capacitación, capacitación de certificación y seminarios ofrecidos por capacitadores NHA certificados.
https://childrenssuccessfoundation.com/about-nurtured-heart-approach/

Parents Inc. es un programa de fortalecimiento familiar que utiliza apoyo mutuo (dar y recibir ayuda), liderazgo de padres (buscando soluciones y empoderamiento) y liderazgo compartido * (trabajando juntos) para lograr crecimiento personal, mejorar el funcionamiento familiar y apoyar el fortalecimiento del rol paternal. Los padres llame al padre Nacional Helpline® 1-855-4AParent (1-855-427-2736) para recibir apoyo emocional y referencias en el medio semanal padres Inc. ®Grupos.
https://parentchildinc.com/

PerformCare New Jersey - El Sistema de Cuidado de Chi ldren es una compañía de seguro con servicio completo, que brinda apoyo de salud mental a miembros de los sectores público y privado. PerformCare se compromete a proporcionar soluciones superiores e innovadoras en salud del comportamiento, discapacidades del desarrollo e intelectuales, servicios humanos y programas integrales de salud. Fundada por los proveedores de servicios en 1994, PerformCare es miembro de AmeriHealth Caritas, el líder nacional en soluciones de atención médica para familias de bajos recursos económicos.
http://www.performcarenj.org/

Prevenga el abuso infantil Nueva Jersey es la única organización sin fines de lucro en todo el estado dedicado a prevenir el abuso infantil en todas sus formas, para todos los niños de N J. La organización se incorporó en 1979 como el capítulo de Nueva Jersey de Prevent Child Abuse America, el noveno capítulo que se establecerá entre una red nacional. Hoy, PCANJ existe como uno de los capítulos más grandes en todo el país, y se ha convertido en un líder reconocido para el trabajo de prevención en Nueva Jersey. https://www.preventchildabusenj.org/

SPAN Parent Advocacy Network se compromete a apoyar a las familias como defensores y socios para mejorar la educación, salud y salud mental para bebés, niños y jóvenes. SPAN es una "primera parada" para las familias de NJ, y también es el Centro de Información y Entrenamiento para Padres de NJ; Centro de información de salud familiar a familiar; Family Voices State Affiliate Organization; Afiliado de Parent to Parent USA; y un capítulo de la Federación de Familias para la Salud Mental de los Niños. La misión es empoderar y apoyar a las familias e informar e involucrar a profesionales interesados en el desarrollo saludable y la educación de niños y jóvenes. http://www.spanadvocacy.org/
DCF's Family and Community Partnerships and The Division on Women

Family Support Services
Division on Women Services
Early Childhood Services
School–Linked Services
County Welfare Agencies

This directory is frequently updated and available online at www.nj.gov/dcf

July 2018
The Family and Community Partnerships’ Community Program Directory provides public access to statewide resources that are designed to support family success and keep children safe. The programs and services listed are funded by the New Jersey Department of Children and Families’ Family and Community Partnerships (FCP). FCP is built on and comprised of best-practices and technical-assistance teams committed to building partnerships with the goal of developing a robust network of prevention support and services that are culturally responsive, strength-based and family-centered. This directory is updated regularly and available online at www.nj.gov/dcf

Family Support Services

Family Success Centers

Family Success Centers (FSC) are warm and welcoming, neighborhood-based gathering places that create home-like environments for community residents with the goal of strengthening families, providing family support, and the prevention of child abuse and neglect. There is at least one FSC in each of New Jersey’s 21 counties. FSCs exist to assist families by providing free and voluntary prevention services that encourage family interaction, through workshops, activities, groups and linkages to services.

Kinship Navigator Program

The Kinship Navigator Program aids caregivers, such as grandparents, other blood relatives, and family friends who have taken on the responsibility of taking care of children until age 18 or (21 if the child is disabled), maneuver through various government networks to find formal and informal supports and services, including providing referrals for child care, support groups, medical coverage, legal services and housing assistance. Caregivers can call 2-1-1 to locate the agency providing assistance in their area.
Home Visitation Programs

Family and Community Partnerships (FCP) oversees the implementation of an array of evidence-based Home Visitation (HV) services that provide early support to families with infants and young children across the state. Eligibility criteria for HV services vary by model, but typically programs begin working with families during pregnancy and continue until the child is age 2 or 3. Home Visiting services are voluntary and free for all families. Families are matched with trained and qualified professionals who provide information and support related to child development, healthy parent-child interaction, and the importance of early learning and school readiness. Home Visitors partner with families to provide connections to community resources to enhance family self-sufficiency and provide early screening for the detection of developmental delays.

FCP HV models include:

- Healthy Families (HF-TIP) – pregnancy/birth to age three
- Nurse-Family Partnership (NFP) – first-time pregnancy to age two
- Parents As Teachers (PAT) – pregnancy/infancy to preschool

In addition, this directory includes federally funded Early Head Start programs that provide home-based services to families from pregnancy to age 3. For a directory of New Jersey’s Head Start programs go to the Head Start Locator at http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices.

Strengthening Families: A Protective Factors Framework

Strengthening Families is an evidence-based approach that provides training and guidance to child care providers, who in turn engage and support parents/families of infants and young children who are enrolled in the child-care/family-child care setting.

The Child Care Resource Referral agencies (CCR&R) in each county are the trainers who work with the child-care/family-child care providers to incorporate the five Protective Factors and seven program strategies in the program’s daily activities. The child-care providers learn new approaches on how to partner with parents and families in protecting, educating and caring for young children while promoting their social and emotional development.

For more information on Strengthening Families in your county, contact the Strengthening Families trainer(s) under the Early Childhood Services section in the directory.
County Councils for Young Children

All 21 counties have established a County Council for Young Children (CCYC). The Councils were created to strengthen cooperative collaboration between parents, families, and local community providers with health, early care and education, family support, and other service providers. CCYC is a community organization for social service planning. This body of community members which includes parents, community residents and community providers, come together and receive training and technical assistance in parent leadership and shared leadership models. These approaches embrace and encourage parents/community residents to be active partners with service providers and community leaders. Together they identify the needs, aspirations and success of collective efforts to positively impact the health, education and well-being of children from pregnancy/birth to age 8 and their families. CCYC participants work together using the Strengthening Families Protective Factors Framework to engage parents and develop mutual goals and recommend creative strategies/solutions that respect the views and priorities of diverse families in the community.

The CCYC does not provide direct services to families. Each CCYC has a local lead agency and designated project coordinator who guides and supports the planning process, committee and work-group structure, and implementation to address priorities and advocacy efforts. The CCYC works closely with the local Central Intake to provide input/feedback about the availability, responsiveness and effectiveness of the service array within the community; and makes recommendations to strengthen local program coordination and integration. All concerned parents, community residents and community service providers and leaders who want to make a difference to enhance the lives of young children and their families are welcomed to join and be a part of the local CCYC in their community.

For more information on CCYC in your county, contact the CCYC lead agency in the Family and Community Partnership directory Early Childhood Services.

Central Intake Resource Information and Referrals

New Jersey now has a statewide network of central intake hubs encompassing all 21 counties.

Central Intake is a main hub that provides pregnant women, families and providers with easy access to resource information and referrals to local community services that promote child and family wellness. The range of services include—prenatal care, infant/child health, family planning, nutrition/WIC, home visiting (Healthy Families, Parents As Teachers, Nurse-Family Partnership), Head Start/Early Head Start, child care services, preschool programs, Family Success Centers, early intervention, special child health services, behavioral health, domestic violence support, financial needs/public assistance services, substance use/addiction treatment and much more.
School-Based Youth Services Program (SBYSP)

The SBYSPs are located in host schools and coordinates with existing resources in the community. All youth are eligible to participate, and services are provided before, during and after school. SBYSP services include: Mental Health Counseling; Employment Counseling; Substance Abuse Education/Prevention; Preventive Health Awareness including Pregnancy Prevention; Primary Medical Linkages; Learning Support; Healthy Youth Development; Recreation; and Information/Referral.

Prevention of Juvenile Delinquency (PJD)

PJD services are located in host schools to enhance the services and to collaborate with the FCP-funded School Based Youth Services Program (SBYSP). All youth enrolled in the host school where they display behaviors that can or have caused them to become involved in the juvenile justice system are eligible to participate.

PJD services complement the SBYSP and focus specifically juvenile delinquency prevention strategies and self-regulation skills to prevent juvenile delinquent behaviors that can impede the student's achievement of their education and life goals. PJD services include: case management, counseling services, collaboration with local law enforcement, state, school and community-based agencies, drop-out prevention, and life and coping skills.

New Jersey Child Assault Prevention (NJCAP)

NJCAP operates in all 21 counties to provide educational awareness training and effective strategies to handle and/or prevent child assault/neglect to children in grades pre-school through 12, their parents/guardians as well as educators. For more information, call (856) 374-5001 or visit www.njcap.org.

Statewide 2NDFLOOR Youth Helpline (2NDFLOOR)

2NDFLOOR is a confidential, anonymous helpline that supports to New Jersey’s youth (ages 10-24). Youth are provided with solutions and resources to the problems they face at home, at school or at play. Youth that access services receive quality service, support, and information from trained counselors, volunteers and interns. Trained Counselors are available to help youth make healthy decisions and find solutions to various worries they face such as, peer relationships, bullying, mental health issues, dating, sex/sexuality issues, etc. 2NDFLOOR services include: 24/7 Helpline; Interactive web-site with an on-line Message Board; Text Support, Youth Advisory Council (YAC) and information/referral. Youth can call or text (888) 222-2228 anytime for assistance. For more information, visit www.2ndfloor.org.

Family Friendly Centers (FFCs)

FFC is located in host schools to enhance afterschool programming in elementary and middle schools. FFCs provide constructive academic, recreational, and social enrichment activities to students and their families. All FFC programs emphasize positive youth development, encourage parental participation, and seek to establish partnerships with school and community stakeholders to meet the unique needs of youth and their families.
School–Linked Services

Parent Linking Program (PLP)
PLPs are located in host high schools to enhance the services and to collaborate with FCP-funded School Based Youth Services Program (SBYSP). PLP work to minimize/eliminate barriers expectant and parenting teens (including young fathers) face that can prevent them from completing their education. This is accomplished through the development and implementation of programs that strengthen pregnant and parenting teen’s ability and access to complete their education (secondary and postsecondary); improve child and maternal health outcomes; improve pregnancy spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers, and families; strengthen positive young father involvement and co-parenting relationships, as appropriate, decrease intimate partner violence; and raise awareness of available resources.

Traumatic Loss Coalitions for Youth (TLC)
The overarching goal of the TLC program is to promote mental health awareness and healing through the building of an informed and competent school community equipped to prevent suicide and recover after a traumatic incident. Basic components of all TLC curricula include: suicide prevention, intervention and postvention and trauma response to build local capacity in schools and communities to promote mental health awareness and technical assistance to schools and communities for the benefit of school age youth. For more information, call (732) 235-2810 or visit www.ubhc.rutgers.edu/tlc/.

Newark School Based Health Center (SBHC)
SBHC provides primary medical, dental and behavioral health care services to students and families (up to age 21) in the school where the health center is located and members of its surrounding community.

Adolescent Pregnancy Prevention Initiative (APPI)
APPI is located in host schools to enhance the services and to collaborate with FCP-funded School Based Youth Services Program (SBYSP) where available. All youth enrolled in the host school, where they display behaviors that could lead to an unplanned pregnancy, are eligible to participate. Youth involved in the program will gain increased pregnancy prevention skills to support the achievement of their education and life goals. APPI services complement SBYSP, where available, and focus specifically on pregnancy prevention skills and knowledge to support the student’s ability to achieve their education and life goals. APPI services include: case management and counseling services; education and awareness groups; linkages to available services and resources; and collaboration with school personnel.
The Division on Women (DOW) develops, promotes, and expands women’s rights in the areas of poverty and welfare, employment and wages, work and family, the economic and social aspects of healthcare, violence against women, and women’s civic and political participation in their communities.

Prevention of Violence Against Women Services

DOW funds services in each of the 21 counties to meet the needs of victims of sexual assault and domestic violence. These services may include: emergency shelter, 24-hour hotline, crisis counseling; financial, housing and legal advocacy; accompaniments through the sexual assault/domestic violence response teams, and children’s services.

Hotline Services

New Jersey Domestic Violence Hotline
1 (800) 572-SAFE (7233)
24 hours a day/7 days a week
The New Jersey Domestic Violence Hotline provides confidential access to domestic violence information and services, including crisis intervention, referral, and advocacy. The hotline is bilingual and accessible to the deaf and hearing impaired.

New Jersey Coalition Against Sexual Assault (NJCASA) Hotline
1 (800) 601-7200
24 hours a day/7 days a week
The New Jersey Coalition Against Sexual Assault (NJCASA) connects individuals affected by sexual violence with professionals that provide assistance and referrals. Calls are routed to the closest rape crisis care center.

Women’s Referral Central Hotline
1 (800) 322-8092
24 hours a day/7 days a week
This toll-free Women’s Referral Central Hotline provides comprehensive information, referrals, active listening, and crisis response for issues confronting New Jersey residents, including but not limited to:

- Child Care
- Discrimination
- Displaced Homemaker
- Divorce
- Employment
- Housing
- Job Training
- Legal Assistance
- Single Parenting
- Social Services
Division on Women (DOW)

Domestic Violence Services (DVS)

DVS funds 23 domestic violence programs including the New Jersey Coalition to End Domestic Violence (NJCEDV) (formerly known as the New Jersey Coalition for Battered Women (NJCBW)). There is at least one DCF-designated lead domestic violence program in each of the 21 counties that provides core services. Core services for survivors and victims experiencing domestic violence and their families include: emergency shelters, 24-hour hotlines, counseling, general, financial, housing and legal advocacy, and children's services. The agencies also provide community education and networking within their counties.

Address Confidentiality Program Services

The New Jersey Address Confidentiality Program (ACP) was designed to assist individuals who, as a result of domestic violence, have relocated for their safety. Abusers use many strategies to locate victims of domestic violence. In many cases they use public records to get the new address of the person they have abused. This program limits the ability of an abuser to access information that would reveal the new location of an ACP participant. ACP provides eligible victims of domestic violence with a substitute mailing address, which has no connection to their actual location. This substitute mailing address may be used when creating new records with state or local government agencies.

For non-emergency referrals and information call: 1 (877) 218-9133

Children’s Services

Children and youth exposed to domestic violence are at an increased risk of experiencing abuse (physical, sexual, etc.), developing emotional and behavioral challenges, and experiencing subsequent exposure to trauma and adverse life experiences.

PALS Programs (PEACE: A Learned Solution)

PALS utilizes an intensive therapeutic program model with creative arts therapies such as art, dance movement and drama for children ages 4-12 who are exposed to domestic violence. The program aims to reduce trauma effects for children and provide supportive services for their non-offending parent, including addressing parenting issues unique to families who have experienced domestic violence. The PALS program is available in 11 counties throughout the state.

Trauma Focused-Cognitive Behavioral Therapy- (TF-CBT)

TF-CBT is an evidence-based treatment for children, adolescents, and their caregivers that is designed to support healing in the aftermath of a wide range of traumatic experiences. Therapy involves a combination of individual child and parent sessions and conjoint parent-child sessions. TF-CBT helps children overcome Post-Traumatic Stress Disorder (PTSD), depression, feelings of shame, and behavioral difficulties, while supporting children’s coping and resiliency. TF-CBT helps caregivers overcome trauma-related distress and depression, while enhancing caregivers’ skills in coping, communicating, and parenting. TF-CBT as a treatment intervention for children exposed to domestic violence is available in six counties: Cumberland, Gloucester, Hudson, Mercer, Morris and Somerset.
Legal Services of New Jersey and Central Jersey Legal Services

These two programs are funded to provide services to victims who cannot afford the cost of legal advice and/or representation. The legal assistance includes referral, advice, brief assistance, preparation of a letter or routine legal document, extended representation, and technical assistance. The program also offer training to domestic violence legal advocates, programs, attorneys and others.

*Legal Services of New Jersey-Domestic Violence Representation Project- (888) 576-5529*

*Central Jersey Legal Services- (908) 354-4340*

Batterers Intervention Program (BIP)

BIP provides services to individuals who perpetrate domestic violence in households where children are present with the goals of reducing or eliminating the safety and risk concerns posed by batterers, increasing safety within households and setting clear boundaries to prevent future violence. BIP is currently operating in Sussex, Morris, Burlington, Monmouth and Atlantic counties.

Culturally Specific Services

**Bolo Behen (Speak Sister)**

South Asian women face distinct cultural challenges when confronting domestic and sexual violence. Most have little or no knowledge of English, since it is not their native language. This plays a pivotal role in creating socio-cultural barriers. South Asian women who become victims of domestic and sexual violence live within the confines of these barriers. They remain silent or unaware of the assistance they could have from the outside world. Bolo Behen works with different faith-based leaders throughout Hudson County. From Jersey City to Secaucus and Weehawken, they have collaborated with leaders of temples, mosques, Islamic centers, Gurudwaras and beyond.

Bolo Behen facilitates groups called Community Chai—where women can come and express their problems and concerns fearlessly, openly and comfortably. People listen to each other’s story and offer support. Our services are based on a holistic approach that addresses the large range of clients’ needs. Using culturally and linguistically appropriate methods, we build trust with clients and create an environment where South Asian women feel safe, respected and understood.

*24/7 Bilingual Hotline: (201) 795-5757*
Culturally Specific Services

**Project S.A.R.A.H (Stop Abusive Relationships at Home)**
S.A.R.A.H. is a program that works to overcome cultural, legal and religious barriers confronting victims of domestic violence and sexual abuse. Project S.A.R.A.H. operates within an environment that is sensitive to victims’ cultural and religious needs, serving as a bridge between victims of abuse in the Orthodox community and the support systems and resources available to them. They work closely with rabbis and rebbeznits, kallah teachers and mikvah attendants, camp directors and school administrators, parents and the general public to keep the community safe for everyone. They provide therapeutic interventions that enable victims to process the often unspeakable trauma they experienced and restore them toward fully functional and productive lives. We connect victims and survivors with a broad array of services including pro bono legal consultations, evaluations, individual and group therapy, psychiatric services, as well as emotional, financial and vocational support.

Confidential Hotline: (973) 777-7638

Employment and Training Services

**Displaced Homemaker Program**
The Displaced Homemaker programs help individuals obtain or upgrade skills for today’s labor market so they may become economically self-sufficient. Services include:

- Job counseling, training, and placement assistance
- Job development services
- Educational information and services
- Short-term certificate trainings and associated costs
- Computer literacy training
- Financial management services
- Legal information and services
- Life skills development
- Referrals and community outreach
- Workshops

Effective July 1, 2017, Displaced Homemaker programs across the State, will provide short term educational/training programs that lead to some form of a certificate or credential to enhance the participant’s ability to achieve economic self-sufficiency. In addition, incidental costs such as licensing fees, uniform costs and other costs associated with the certificate training will also be paid for by the Displaced Homemaker program.

Constituent Services

DOW provides information and referral services to those seeking information on a wide range of topics including: affordable housing, custody/visitation, domestic violence, address confidentiality, employment/training, financial assistance, landlord tenant issues, medical assistance, and sexual violence.

For non-emergency referrals and information, please call: (609) 888-7164
Atlantic

Family Support Services

**Family Success Centers**

Inland Family Success Center  
3050 Spruce Avenue  
Egg Harbor Township, NJ 08234  
(609) 569-0376

Hammonton Family Success Center  
310 Bellevue Avenue  
Hammonton, NJ 08037  
(609) 567-2900

Oceanside I Family Success Center  
201 Melrose Avenue, Unit 3  
Atlantic City, NJ 08401  
(609) 236-8800

Oceanside II Family Success Center  
3201 Atlantic Avenue,  
Atlantic City, NJ 08401  
(609) 594-4990

New Day Family Success Center  
622-624 S. New York Road  
Galloway, NJ 08205  
(609) 652-0230

**Kinship Navigator Program**

Family Service Association  
English Creek Avenue, Suite 3  
Egg Harbor Township, NJ 08234  
(877) 569-0350

Early Childhood Services

**Home Visitation**

*Healthy Families - TIP*  
Southern NJ Perinatal Cooperative  
2922 Atlantic Avenue, 2nd Floor  
Atlantic City, NJ 08401  
(609) 345-6420

**Parents As Teachers**  
Family Services Association  
3073 English Creek Avenue  
Egg Harbor Township, NJ 08234  
(609) 569-0239

**Nurse-Family Partnership**  
Robins Nest, Inc.  
42 South Delsea Drive  
Glassboro, NJ 08028  
(856) 881-8689

**Strengthening Families**  
Rutgers Southern Regional CCR&R  
1201 New Road, Suite 114  
Linwood, NJ 08221  
(609) 365-5027

**County Councils for Young Children**  
Robins Nest, Inc.  
42 South Delsea Drive  
Glassboro, NJ 08028  
(856) 881-8689

County Welfare Agency

Atlantic County Department of Social Services  
1333 Atlantic Avenue  
Atlantic City, NJ 08401  
(609) 348-3001

Atlantic County Department of Social Services  
2 South Main Street  
Pleasantville, NJ 08232  
(609) 348-3001

Atlantic County Department of Social Services  
310 Bellvue Avenue  
Hammonton, NJ 08037  
(609) 348-3001
Atlantic

School Based Youth Services Programs
Atlantic City High School
AC Teen Center
Prevention of Juvenile Delinquency Program
1400 Albany Avenue
Atlantic City, NJ 08401
(609) 345-8336

Buena Regional High School
125 Weymouth Road
Room B112
Buena, NJ 08310
(856) 697-2400 ext. 8234

Buena Middle School
175 Weymouth Road
Buena, NJ 08310
(856) 697-1000 ext. 5482

Egg Harbor Township High School
24 High School Drive
Egg Harbor Township, NJ 08234
(609) 653-0100 ext. 268

Family Friendly Center
Pleasantville Middle School
801 Mill Road
Pleasantville, NJ 08232
(609) 383-6900

Warren E Sooy Jr. Elementary School
601 N. Fourth Street
Hammonton, NJ 08037
(609) 567-2900

Domestic Violence Program
Atlantic County Women's Center
1201 New Road, Suite 240
Linwood, NJ 08221
Office: (609) 601-9925
Emergency Shelter
1-800-286-4184 (24 Hr Hotline)
Email: webinfo@acwc.org
Web: www.acwc.org

Children's Services
Peace A Learned Solution
1201 New Road, Suite 240
Linwood, NJ 08221
(609) 601-9925, Ext. 210
www.acwc.org

Batterer Program
Fathers Ending Abuse
P.O. Box 311
Northfield, NJ 08225
(609) 601-9925
(800)286-4184 (24-Hour Hotline)
www.acwc.org

Sexual Violence Program
Atlantic County Women's Center
1201 New Road, Suite 240
Linwood, NJ 08221
Toll Free Hotline: 1 (800) 286-4184
24 Hour Hotline: (609) 646-6767
TTY: (609) 645-2909
Office: (609) 646-4376

Displaced Homemaker Program
The Women's Center
Cornerstone Commerce Building, Suite 240
1201 New Road
Linwood, NJ 08221
(609) 601-9925
www.acwc.org
Bergen

**Family Support Services**

**Family Success Center**
Bridges Family Success Center
44 Armory Street
Englewood, NJ 07631
(201) 694-1891

Meadowlands Family Success Center
100 Washington Avenue
Little Ferry, NJ 07643
(201) 464-4714

**Kinship Navigator Program**
Care Plus, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 797-2660 or (201) 398-9110

**County Welfare Agency**
Bergen County Board of Social Services
216 Route 17 North
Building A
Rochele Park, NJ 07662
(201) 368-4200

**Early Childhood Services**

**Home Visitation**
*Healthy Families - TIP*
Care Plus NJ, Inc.
611 Route 46 West, Suite 100
Hasbrouck Heights, NJ 07604
(201) 478-4174

**Nurse-Family Partnership**
*Parents As Teachers*
Partnership for Maternal and Child Health of Northern NJ
176 Broadway – 2nd Floor
Paterson, NJ 07502
(973) 904-0856

**Home Instruction for Parents of Preschool Youth**
Bergen Family Center
44 Armory Street
Englewood, NJ 07631
(201) 568-0817

**Strengthening Families**
Bergen County Office for Children
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601
(201) 336-7150

**County Councils for Young Children**
Care Plus NJ, Inc.
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200
Bergen

Division on Women Services

Sexual Violence Program
YWCA of Bergen County
214 State Street, Suite 207
Hackensack NJ 07601
Office: (201) 345-1911
24-Hour Hotline: (201) 487-2227
TTY (201) 487-0916
www.ywcabergencounty.org

Domestic Violence Programs
Center for Hope and Safety
12 Overlook Avenue, Suite C
Rochelle Park, NJ 07662
(201) 498-9247
(201) 944-9600 (24 HR Hotline)
E-mail: info@centerforhopeandsafetynj.org
Web: www.centerforhopeandsafetynj.org
www.hopeandsafetynj.org

Alternatives to Domestic Violence
1 Bergen County Plaza
2nd Floor
Hackensack, NJ 07601
(201) 336-6000
(201) 336-7575 (24-Hour Hotline)
www.co.bergen.nj.us/alternativestodomesticviolence

Children's Services
Center for Hope and Safety
Project Child
12 Overlook Avenue
Rochelle Park, NJ 07662
(201) 300-6666, ext. 21
www.hopeandsafetynj.org

Displaced Homemaker Programs
The Bergen County Displaced Homemakers Center at
The Bergen One-Stop
60 State Street, Second Flr.
Hackensack, NJ 07601
(201) 329-9600, ext. 5533
https://onestop.bergen.org/displaced-homemaker-one-stop

Women's Rights Information Center
108 W. Palisade Avenue
Englewood, NJ 07631
(201) 568-1166
Website: www.womensrights.org

School Linked Services

School Based Youth Services Programs
Dwight Morrow/Academies @ Englewood
274 Knickerbocker Road
Englewood, NJ 07631
(201) 862-6283

Hackensack High School
Hackensack Drop in Center, Rm. 161
First and Beech Streets
Hackensack, NJ 07601
(201) 646-0722

Teaneck High School
100 Elizabeth Street
Teaneck, NJ 07666
(201) 833-5136

Family Friendly Centers
Jackson Avenue Elementary School
421 Jackson Avenue
Hackensack, NJ 07601
(201) 646-7985

Bergen Sexual Violence Program
YWCA of Bergen County
214 State Street, Suite 207
Hackensack NJ 07601
Office: (201) 345-1911
24-Hour Hotline: (201) 487-2227
TTY (201) 487-0916
www.ywcabergencounty.org

Domestic Violence Programs
Center for Hope and Safety
12 Overlook Avenue, Suite C
Rochelle Park, NJ 07662
(201) 498-9247
(201) 944-9600 (24 HR Hotline)
E-mail: info@centerforhopeandsafetynj.org
Web: www.centerforhopeandsafetynj.org
www.hopeandsafetynj.org

Alternatives to Domestic Violence
1 Bergen County Plaza
2nd Floor
Hackensack, NJ 07601
(201) 336-6000
(201) 336-7575 (24-Hour Hotline)
www.co.bergen.nj.us/alternativestodomesticviolence

Children's Services
Center for Hope and Safety
Project Child
12 Overlook Avenue
Rochelle Park, NJ 07662
(201) 300-6666, ext. 21
www.hopeandsafetynj.org

Displaced Homemaker Programs
The Bergen County Displaced Homemakers Center at
The Bergen One-Stop
60 State Street, Second Flr.
Hackensack, NJ 07601
(201) 329-9600, ext. 5533
https://onestop.bergen.org/displaced-homemaker-one-stop

Women's Rights Information Center
108 W. Palisade Avenue
Englewood, NJ 07631
(201) 568-1166
Website: www.womensrights.org

School Based Youth Services Programs
Dwight Morrow/Academies @ Englewood
274 Knickerbocker Road
Englewood, NJ 07631
(201) 862-6283

Hackensack High School
Hackensack Drop in Center, Rm. 161
First and Beech Streets
Hackensack, NJ 07601
(201) 646-0722

Teaneck High School
100 Elizabeth Street
Teaneck, NJ 07666
(201) 833-5136

Family Friendly Centers
Jackson Avenue Elementary School
421 Jackson Avenue
Hackensack, NJ 07601
(201) 646-7985
Family Support Services

**Family Success Center**
Generations Family Success Center
Burlington County Family Success Center
45 High Street
Mount Holly, NJ 08060
(609) 267-4001

Pinelands Family Success Center
55 Pemberton Browns Mills Road
Pemberton Township, NJ 08015
(609) 261-5847

**Kinship Navigator Program**
Family Service Association
English Creek Avenue, Suite 3
Egg Harbor Township, NJ 08234
(877) 569-0350

School Linked Services

**School Based Youth Services Programs**
Pemberton High School
148 Arneys Mount Road
PO Box 246
Pemberton, NJ 08068
(609) 893-8141 ext. 2918

Willingboro High School
20 John F. Kennedy Way
Willingboro, NJ 08046-2121
(609) 835-8800 ext. 3053

Early Childhood Services

**Home Visitation**

*Healthy Families*
*Parents As Teachers*
Burlington County Community Action Program
795 Woodland Road, Third Floor
Westampton, NJ 08060
(609) 386-5800

*Nurse-Family Partnership*
Southern NJ Perinatal Cooperative
808 Market Street, Second Floor
Camden, NJ 08102
(856) 963-1013

**Strengthening Families**
Burlington County Community Action Program
795 Woodland Road
Westampton, NJ 08060
(877) 332-2278

**County Councils for Young Children**
Burlington County Community Action Program
718 Route 130 South
Burlington, NJ 08016
(609) 261-2323

County Welfare Agency

Burlington Board of Social Services
795 Woodlane Road
Mount Holly, NJ 08060
(609) 261-1000
Burlington

Domestic Violence Program
Providence House of Catholic Charities/Burlington
950-A Chester Avenue
Delran, NJ 08075
Office: (856) 824-0599
(877) 871-7551 or (856) 834-0599 (24-Hour Hotline)
www.providencehouse.org

Children’s Services
Providence House of Catholic Charities/Burlington
950-A Chester Avenue
Delran, NJ 08075
(856) 824-0599, ext. 230
www.providencehouse.org

Sexual Violence Program
CONTACT of Burlington County
PO Box 333
Mooresstown, NJ 08057
Hotline: (856) 234-8888
Hotline: (866) 234-5006
Office: (856) 234-5484 ext. 4

Displaced Homemaker Program
Women’s Opportunity Center
Philadelphia Freedom Valley YMCA
302 Commerce Square Boulevard
Burlington, NJ 08016
(856) 231-9622, xt. 224
www.womensopportunitycenter.org
Camden

Family Support Services

**Family Success Centers**
- Evolutions Family Success Center
  2850 Federal Street
  Camden City, NJ 08105
  (856) 963-0270
- Promise Neighborhood Family Success Center
  580 Benson Street
  Camden City, NJ 08103
  (856) 964-8096
- Building Bridges Family Success Center
  180 White Horse Pike
  Clementon, NJ 08105
  (856) 309-5300
- Orchards Family Success Center
  416 Sicklerville Road, Unit A-2
  Sicklerville, NJ 08081
  (856) 513-8829

**Kinship Navigator Program**
- Family Service Association
  English Creek Avenue, Suite 3
  Egg Harbor Township, NJ 08234
  (877) 569-0350

Early Childhood Services

**Home Visitation**
- **Healthy Families**
  Center for Family Services
  180 South White Horse Pike
  Clementon, NJ 08021
  (856) 309-5300
- **Nurse Family Partnership**
  Parents As Teachers
  Southern NJ Perinatal Cooperative
  808 Market Street, Second Floor
  Camden, NJ 08102
  (856) 963-1013
- **Strengthening Families**
  Camden County Children Services
  512 Lakeland Road, Suite 200
  Blackwood, NJ 08012
  (856) 374-6376
  (856) 374-6384

**County Councils for Young Children**
- Community Planning and Advocacy Council
  2500 McClellan Avenue, Suite 110
  Pennsauken, NJ 08109
  (856) 663-3998

**County Welfare Agency**
- Camden County Board of Social Services
  County Administration Building
  600 Market Street
  Camden, NJ 08102
  (856) 225-8800
School Linked Services

School Based Youth Services Programs

Camden City High School
1700 Park Boulevard
Camden, NJ 08103
(856) 614-7680

Cooper B. Hatch Family School
1875 Park Blvd.
Camden, NJ 08103
(856) 968-7736

Creative Arts Morgan Village Academy
990 Morgan Blvd.
Camden, NJ 08104
(856) 966-2000 ext. 58555

Veterans Memorial Family School
800 North 26th Street
Camden, NJ 08105
(856) 966-5090 ext. 12550

Woodrow Wilson High School
3101 Federal Street
Camden, NJ 08105
(856) 541-0253

Winslow Township High School
10 Coopers Folly Road
Atco, NJ 08004
(856) 767-1850 ext. 8005

Parent Linking Programs

Camden City High School
1700 Park Boulevard
Camden, NJ 08103
(856) 614-7680

Woodrow Wilson High School
3101 Federal Street
Camden, NJ 08105
(856) 541-0253

Family Friendly Centers

Joyce Kilmer School
2900 Chapel Avenue West
Cherry Hill, NJ 08002
(856) 429-7498

Thomas Paine School
4001 Church Road
Cherry Hill, NJ 08034
(856) 429-7498

Child Assault Prevention

NJ Child Assault Prevention Network
Center for Family Services, Inc.
108 Somerdale Road
Voorhees, NJ 08043
(856) 428-5688 x 161

Division on Women Services

Domestic Violence Program

New Jersey Association on Corrections / Camden County Women's Center (CCWC)
P.O. Box 1459
Blackwood, NJ 08012
24 Hour Hotline: (856) 227-1234
Office: (856) 227-1800 (Office)
www.camdencountywomenscenter.org

Sexual Violence Program

Services Empowering the Rights of Victims (SERV) Center for Family Services
584 Benson Street
Camden, NJ 08103
Office: (856) 964-1990 ext. 232
Hotline: 1(866) 295-SERV (7378)
Toll-Free: 1(866) 295-SERV (7378)
Website: http://www.centerffs.org/serv
Cape May

Family Support Services

Family Success Center
Shore Family Success Center
1046B Route 47
Rio Grande, NJ 08242
(609) 778-6226

Kinship Navigator Program
Family Service Association
English Creek Avenue, Suite 3
Egg Harbor Township, NJ 08234
(877) 569-0350

Division on Women Services

Domestic and Sexual Violence Program
CARA, Inc. (Coalition Against Rape & Abuse, Inc.)
PO Box 774
Cape May Court House, NJ 08210-0774
(609) 522-6489 (office)
(877) 294-2272 (CARA toll free)
TTY: (609) 463-0818
Email: carasafe1@cara-inc.net
Web: www.cara-cmc.org

School Linked Services

School Based Youth Services Programs
Cape May County Technical School
188 Crest Haven Road
Cape May Court House, NJ 08210
(609) 465-2161 ext. 396

Lower Cape May Regional High School
687 Route 9
Cape May, NJ 08204
(609) 884-3475 ext. 357

Early Childhood Services

Home Visitation
Healthy Families - TIP
Holy Redeemer Multi-Care, Inc.
1801 Route 9 North
Swainton, NJ 08210
(609) 465-2082

Nurse-Family Partnership
Robins Nest, Inc.
42 South Delsea Drive
Glassboro, NJ 08028
(856) 881-8689

Parents As Teachers
Caring for Kids
31 E. Mechanic Street
Cape May Court House, NJ 08210
(609) 675-5400

Strengthening Families
Rutgers Southern Regional CCR&R
1065 Route 47 South, Suite A
Rio Grande, NJ 08242
(609) 898-5500
(856) 401-2044

County Councils for Young Children
Quality Care Resource and Referral Services, Inc.
P.O. Box 47
100 E. Main Street
Whitesboro, NJ 08252
(609) 536-2021

County Welfare Agency

Cape May County Board of Social Services
Social Security Administrator
4005 Route 9 South
Rio Grande, NJ 08242
(609) 886-6200
Cumberland

Family Support Services

Family Success Centers
Greater Bridgeton Family Success Center
155 Spruce Street
Bridgeton, NJ 08302
(856) 451-1133

Holly City Family Success Center
21 East Main Street, Rear Entry
Millville, NJ 08332
(856) 327-1510

Monarch Family Success Center
1038 E. Chestnut Avenue, Suite 235
Vineland, NJ 08360
(856) 507-7840

Forest Lakes Family Success Center I (Port Norris)
8879 Highland Street
Port Norris, NJ 08349
(856) 413-5494

Forest Lakes Family Success Center II (Laurel Lake)
2011 Spring Garden Road
Millville, NJ
(856) 507-7840

Kinship Navigator Program
Family Service Association
English Creek Avenue, Suite 3
Egg Harbor Township, NJ 08234
(877) 569-0350

Early Childhood Services

Home Visitation
Healthy Families
Nurse-Family Partnership
Robin’s Nest, Inc.
42 South Delsea Drive
Glassboro, NJ 08028
(856) 881-8689

Parents as Teachers
Fam Care, Inc.
711 N. Main Street
Glassboro, NJ 08028
(856) 881-9531

Strengthening Families
Rutgers Southern Regional CCR&R
415 W. Landis Avenue, Suite 202
Vineland, NJ 08360
(856) 462-6800

County Councils for Young Children
Inspira Medical Centers, Inc.
1038 E. Chestnut Avenue, Suite 235
Vineland, NJ 08360
(856) 362-8976

Central Intake Resource Information and Referrals
Robins’ Nest
CGS Connect
(856) 431-4180

Division on Women Services

Domestic Violence Program
Services Empowering the Rights of Victims (SERV)
3642 East Landis Avenue
Vineland, NJ 08631
Office: (856) 696-2032
(800) 225-0196 (24-Hour Hotline)
Email: serv@centerffs.org
Website: www.centerffs.org

Sexual Violence Program
The Center for Family Services (CFS)
Services Empowering the Rights or Victims (SERV)
3600 East Landis Avenue
Vineland, NJ 08631
(800) 225-0196 (24-Hour Hotline)
(856) 696-2032
www.centerffs.org/serv

Displaced Homemaker Program
Cumberland County College
10 Buck Road
Millville, NJ 08332
(856) 691-8600, ext. 2385
www.cccnj.edu/continuing-education/sandy-displaced-homemaker-program
### School Based Youth Services Programs

- **Bridgeton Broad Street School**  
  251 W. Broad Street  
  Bridgeton, NJ 08345  
  (856) 451-4440
- **Bridgeton High School**  
  111 N. West Avenue  
  Bridgeton, NJ 08302  
  (856) 451-4440
- **Cumberland Regional High School**  
  PO Box 5115  
  90 Silver Lake Road  
  Seabrook, NJ 08302  
  (856) 451-9400 ext. 279
- **Downe Township Elementary School**  
  Route 553  
  Newport, NJ 08345  
  (856) 447-4673
- **Millville High School**  
  200 Wade Blvd.  
  Millville, NJ 08332  
  (856) 327-6040 ext. 2907
- **Vineland High School South**  
  2880 East Chestnut Avenue  
  Vineland, NJ 08361  
  (856) 794-6700 ext. 2655
- **Thomas W. Wallace Middle School**  
  688 North Mill Road  
  Vineland, NJ 08360  
  (856) 362-8887

### Family Friendly Centers

- **Lakeside Middle School**  
  2 North Sharp Street  
  Millville, NJ 08332  
  (856) 327-7584
- **Holly Heights School**  
  2509 E. Main Street  
  Millville, NJ 08332  
  (856) 327-7584
- **Mt. Pleasant School**  
  100 Carmel Road  
  Millville, NJ 08332  
  (856) 327-7584
- **Rieck Avenue School**  
  339 Rieck Avenue  
  Millville, NJ 08332  
  (856) 327-7584
- **RM Bacon Elementary School**  
  501 South Third Street  
  Millville, NJ 08332  
  (856) 293-2000
- **R.D. Wood School**  
  700 Archer Street  
  Millville, NJ 08332  
  (856) 327-7584
- **Silver Run School**  
  301 Silver Run Road  
  Millville, NJ 08332  
  (856) 327-7584
- **Sabatar Elementary School**  
  301 Street East Blvd  
  Vineland, NJ 08360  
  (856) 794-6937

### Parent Linking Program

- **IMPACT**  
  1669 E. Landis Avenue  
  Vineland, NJ 08361  
  (856) 691-4467 ext. 308  
  Serves Vineland High School North and South

### Adolescent Pregnancy Prevention Initiatives

- **Bridgeton High School**  
  111 N. West Avenue  
  Bridgeton, NJ 08302  
  (856) 451-4440

### County Welfare Agency

- Cumberland County Board of Social Services  
  275 North Delsea Drive  
  Vineland, NJ 08360  
  (856) 691-4600
- Cumberland County Board of Social Services  
  518-520 North Pearl Street  
  Bridgeton, NJ 08302  
  (856) 691-4600
Family Success Centers

East Orange Family Success Center
132 South Harrison Street
East Orange, NJ 07018
(973) 395-1442

FOCUS Family Success Center
441-443 Broad Street
Newark, NJ 07102
(973) 624-8216

Ironbound Community Corporation Family Success Center - Cortland Street
29-31 Cortland Street
Newark, NJ 07105
(973) 344-5949 ext. 201

Ironbound Community Corporation Family Success Center - Elm Street
317 Elm Street
Newark, NJ 07105
(973) 465-0555

Irvington Family Development Center Family Success Center
50 Union Avenue, Suite 403
Irvington, NJ 07111
(973) 372-4353

LaCasa's Family Success Center I
23 Broadway
Newark, NJ 07104
(973) 483-2703 ext. 2218

LaCasa's Family Success Center II
282 First Avenue
Newark, NJ 07107
(973) 482-9002

Weequahic Family Success Center
1065 Bergen Street
Newark, NJ 07102
(973) 639-7633

The North Ward Center Family Success Center
286 Mt. Prospect Avenue
Newark, NJ 07104
(973) 485-5723

Kinship Navigator Program
The Salvation Army
699 Springfield Avenue
Newark, NJ 07102
(973) 375-5933 or (973) 375-5045
**Essex**

### Early Childhood Services

**Home Visitation**

**Healthy Families - TIP**

Essex Valley Visiting Nurse Association  
274 South Orange Avenue  
Newark, NJ 07103  
(973) 412-2000

**Healthy Families - TIP**

Partnership for MCH of Northern NJ  
50 Park Place, Seventh Floor, Suite 700  
Newark, NJ 07012  
(973) 268-2280

**Parents As Teachers**

Family Connections, Inc.  
7 Glenwood Avenue  
East Orange, NJ 07017  
(973)-675-3817

**Nurse Family Partnership**

Youth Consultation Services - Institute for Infant and Preschool Health  
60 Evergreen Place, Second Floor  
East Orange, NJ 07018  
(973) 482-8411

**Strengthening Families**

Programs for Parents, Inc.  
570 Broad Street  
Newark, NJ 07102  
(973) 297-1263

**County Councils for Young Children**

Programs for Parents, Inc.  
570 Broad Street, Ninth Floor  
Newark, NJ 07102  
(973) 297-1114

**Central Intake Resource Information and Referrals**

Prevent Child Abuse NJ  
Essex Pregnancy and Parenting Connection  
973) 621-9157

### Division on Women Services

**Domestic Violence Program**

The Safe House  
PO Box 1877  
Bloomfield, NJ 07003  
24 Hour Hotline: (973) 759-2154  
Office: (973) 759-2378

**Peace: A Learned Solution**

Family Connections DREAMS Program of Essex  
7 Glenwood Avenue  
Suite 101  
East Orange, NJ 07018  
(973) 675-3817  
www.familyconnectionsnj.org

**Sexual Violence Program**

Family Service League, Inc.  
60 South Fullerton Ave; Suite 109  
Montclair, NJ 07042  
Hotline: (877) 733-CARE (2273)  
Office: (973) 746-0800

**Displaced Homemaker Program**

Linda and Rudy Slucker NCJW/Essex Center for Women  
National Council of Jewish Women, Essex County Section, Inc.  
70 South Orange Avenue, Suite 120  
Livingston, NJ 07039  
(973) 994-4994, ext. 13  
www.centerforwomennj.org
## Essex

### School Linked Services

#### School Based Youth Services Programs

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Barringer High School</td>
<td>90 Parker Street, Newark, NJ 07104</td>
<td>(973) 350-8583</td>
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<tr>
<td>University Middle School</td>
<td>255 Myrtle Avenue, Irvington, NJ 07111</td>
<td>(973) 372-4962</td>
</tr>
<tr>
<td>Irvington High School</td>
<td>1253 Clinton Avenue, Irvington, NJ 07111</td>
<td>(973) 399-7797 ext. 416</td>
</tr>
<tr>
<td>Orange High School</td>
<td>400 Lincoln Avenue, Orange, NJ 07050</td>
<td>(973) 677-4050 ext. 5019</td>
</tr>
<tr>
<td>Bloomfield High School</td>
<td>160 Broad Street, Bloomfield, NJ 07003</td>
<td>(973) 680-8600 ext. 4156</td>
</tr>
<tr>
<td>Maplewood Middle School</td>
<td>7 Burnett Street, Maplewood, NJ 07040</td>
<td>(973) 378-7660 ext. 3175</td>
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#### Adolescent Pregnancy Prevention Initiatives

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
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<tr>
<td>Barringer High School</td>
<td>90 Parker Street, Newark, NJ 07104</td>
<td>(973) 497-4793</td>
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<tr>
<td>Irvington High School</td>
<td>PO Box 153, 1253 Clinton Avenue, Irvington, NJ 07111</td>
<td>(973) 399-7797 ext. 416</td>
</tr>
<tr>
<td>University Middle School</td>
<td>255 Myrtle Avenue, Irvington, NJ 07111</td>
<td>(973) 372-4962</td>
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#### Family Friendly Centers

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<tr>
<th>Center</th>
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<tr>
<td>13th Avenue School</td>
<td>359 13th Avenue, Newark, NJ 07108</td>
<td>(973) 242-7934</td>
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<tr>
<td>Brick Avon Academy</td>
<td>219 Avon Avenue, Newark, NJ 07103</td>
<td>(973) 733-6924</td>
</tr>
<tr>
<td>Dr. E. Alma Flagg School</td>
<td>150 Third Street, Newark, NJ 07108</td>
<td>(973) 268-5190</td>
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#### Prevention of Juvenile Delinquency Program

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<tr>
<th>School</th>
<th>Address</th>
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<tr>
<td>Columbia High School</td>
<td>17 Parker Avenue, Maplewood, NJ 07040</td>
<td>(973) 518-1441</td>
</tr>
</tbody>
</table>
Essex School Linked Services (cont'd)

Newark, NJ 07104
973-483-2703

Hawkins Street School
8 Hawkins Street
Newark, NJ 07105
(973) 465-4920

Gordon Parks Academy
Elementary School
98 Greenwood Ave,
East Orange, NJ 07017

Peshine Avenue Elementary
School
433 Peshine Ave
Newark NJ 07112
(973) 705-3890

South 17th Street School
619 South 17th Street
Newark, NJ 07103
(973) 399-2076

Speedway Elementary School
25 Speedway Avenue
Newark, NJ 07106
(973) 375-3600

Ivy School
107 Ivy Street
Newark, NJ 07160
(973) 375-3600

Health Centers

Barringer High School
90 Parker Street
Newark, NJ 07104
(973) 268-5125

George Washington Carver
School
333 Clinton Place
Newark, NJ 07112
(973) 705-3810

Malcolm X. Shabazz School
80 Johnson Avenue
Newark, NJ 07108
(973) 623-8592

Quitman Community School
21 Quitman Street
Newark, NJ 07103
(973) 824-0806

County Welfare Agency

Essex County Department of
Citizen Services
Division of Welfare
18 Rector Street
Newark, NJ 07102
(973) 733-3000

Essex County Department of
Citizen Services
Division of Welfare
50 South Clinton Street
Newark, NJ 07108
(973) 733-3000

Essex County Department of
Citizen Services
Division of Welfare
465 Martin Luther King Jr.
Boulevard
Newark, NJ 07102
(973) 733-3000

Newark School Based

Essex County Department of
Citizen Services
Division of Welfare
18 Rector Street
Newark, NJ 07102
(973) 733-3000

Essex County Department of
Citizen Services
Division of Welfare
50 South Clinton Street
Newark, NJ 07108
(973) 733-3000

Essex County Department of
Citizen Services
Division of Welfare
465 Martin Luther King Jr.
Boulevard
Newark, NJ 07102
(973) 733-3000
### Gloucester

#### Family Support Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td><strong>Family Success Center</strong></td>
<td>Evergreen Family Success Center</td>
<td>(856) 848-7150</td>
</tr>
<tr>
<td></td>
<td>21 Delaware Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Woodbury, NJ 08096</td>
<td></td>
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<tr>
<td><strong>Mosaic Family Success Center</strong></td>
<td>110 East High Street</td>
<td>(856) 347-4338</td>
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<td></td>
<td>Glassboro, NJ 08028</td>
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<tr>
<td><strong>Kinship Navigator Program</strong></td>
<td>Family Service Association</td>
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<tr>
<td></td>
<td>English Creek Avenue, Suite 3</td>
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<tr>
<td></td>
<td>Egg Harbor Township, NJ 08234</td>
<td>(877) 569-0350</td>
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#### Early Childhood Services

<table>
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<tr>
<th>Service</th>
<th>Address</th>
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<tr>
<td><strong>Home Visitation</strong></td>
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<tr>
<td>Healthy Families -TIP</td>
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<tr>
<td>Nursing Family Partnership</td>
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<tr>
<td>Parents As Teachers</td>
<td></td>
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<tr>
<td><strong>Robin’s Nest, Inc.</strong></td>
<td>42 South Delsea Drive</td>
<td>(856) 881-8689</td>
</tr>
<tr>
<td></td>
<td>Glassboro, NJ 08028</td>
<td></td>
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<tr>
<td><strong>Strengthening Families</strong></td>
<td>Rutgers Southern Regional CCR&amp;R</td>
<td>(856) 682-8600 ext. 2612</td>
</tr>
<tr>
<td></td>
<td>6 N. Broad Street, Suite 300</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Woodbury, NJ 08096</td>
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<tr>
<td><strong>County Councils for Young Children</strong></td>
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<tr>
<td></td>
<td>Tri-County Community Action Agency, Inc. - Gateway</td>
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<tr>
<td></td>
<td>901 N. Delaware Street</td>
<td>(609) 364-9974</td>
</tr>
<tr>
<td></td>
<td>Paulsboro, NJ 08066</td>
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<tr>
<td><strong>Central Intake Resource Information and Referrals</strong></td>
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<tr>
<td></td>
<td>Robins’ Nest</td>
<td>(856) 431-4180</td>
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<tr>
<td></td>
<td>CGS Connect</td>
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#### School Linked Services

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<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td><strong>School Based Youth Services Programs</strong></td>
<td>Clayton Jr./Sr. High School</td>
<td>(856) 881-8701 ext. 1012</td>
</tr>
<tr>
<td></td>
<td>350 East Clinton Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clayton, NJ 08312</td>
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<tr>
<td><strong>Gloucester County Institute of Technology</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>1360 Tanyard Road</td>
<td>(856) 468-1445 ext. 2691</td>
</tr>
<tr>
<td></td>
<td>Sewell, NJ 08080</td>
<td></td>
</tr>
<tr>
<td><strong>Family Friendly Center</strong></td>
<td>Herma Simmons Elementary School</td>
<td>(856) 881-8701 ext. 1012</td>
</tr>
<tr>
<td></td>
<td>300 West Chestnut Street</td>
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<tr>
<td></td>
<td>Clayton, NJ 08312</td>
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#### County Welfare Agency

<table>
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<tr>
<th>Service</th>
<th>Address</th>
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<tr>
<td><strong>Gloucester County Division of Social Services</strong></td>
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<tr>
<td></td>
<td>Gloucester County Division of Social Services</td>
<td>(856) 582-9200</td>
</tr>
<tr>
<td></td>
<td>400 Hollydell Drive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sewell, NJ 08080</td>
<td></td>
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</table>
Gloucester

Division on Women Services

**Domestic Violence Program**
Center for Family Services (CFS)
Services Empowering the Rights of Victims (SERV)
P.O. Box 566
Glassboro, NJ 08028
(856) 881-3335 (24-Hour hotline)
(866) 295-7378 (toll free 24 hour hotline)
Office: (856) 881-4034
Email: serv@centerffs.org

**Sexual Violence Program**
Center for Family Services (CFS)
Services Empowering the Rights of Victims (SERV)
P.O. Box 566
Glassboro, NJ 08028
Office: (856) 881-4034
(866) 295-7378 (toll free 24-Hour Hotline)
www.centerffs.org/serv

**Displaced Homemaker Program**
Rowan College at Gloucester County College
The Center for People in Transition
1400 Tanyard Road
Sewell, NJ 08080
(856) 415-5000, ext. 6625 or (856) 415-2256
www.rcgc.edu/PIT/Pages/default.aspx
Family Support Services

**Family Success Centers**
Liberty Family Success Center
341 Kearny Avenue
Kearny, NJ 07032
(201) 622-2210

Palisades Family Success Center
1408 New York Avenue
Union City, NJ 07087
(201) 758-8793

**Kinship Navigator Program**
Care Plus, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 797-2660 or (201) 398-9110

Division on Women Services

**Domestic Violence Program**
Women Rising, Inc.
270 Fairmount Avenue
Jersey City, NJ 07306
(201) 333-5700 (24 hour hotline)
Email: womenrising@aol.com
www.womenrising.org

**Sexual Violence Program**
Hudson S.P.E.A.K.S (Formerly known as Hudson County Rape Crisis Center)
CAREPOINT Foundation
179 Palisade Avenue
Jersey City, NJ 07306
Hotline: (201) 795-5757
Phone: (201) 795-8741
Education and Outreach: (201) 795-8559

**Displaced Homemaker Program**
Catholic Charities the Archdiocese of Newark Hispanic Resources Center
2201 Bergenline Avenue, Third Floor
Union City, NJ 07087 - 2501
(201) 325-4800, ext. 4836
www.ccsnewark.org/displaced_homemaker.html

Early Childhood Services

**Home Visitation**

*Healthy Families - TIP*
Care Plus NJ, Inc.
600 Meadowlands Parkway, Suite 142
Secaucus, NJ 07094
(201) 986-5015

**Nurse Family Partnership**
Partnership for Maternal and Child Health of Northern NJ
333 Meadowlands Parkway, Suite 101
Secaucus NJ, 07094
(201) 876-8900

**Parents As Teachers**
Youth Consultation Services
760 Post Place
Secaucus, NJ 07294
(201) 864-1047

**Strengthening Families**
Urban League of Hudson County
253 Martin Luther King Blvd., 3rd Floor
Jersey City, NJ 07305
(201) 451-8888 ext. 194

**County Councils for Young Children**
Urban League of Hudson County
253 Martin Luther King Blvd.
Jersey City, NJ 07305
(201) 451-8888

County Welfare Agency

Hudson County Division of Family Services
John F. Kennedy Office Building
100 Newkirk Street
Jersey City, NJ 07306
(201) 420-3000
## School Based Youth Services Programs

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
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<tbody>
<tr>
<td>Bayonne High School</td>
<td>669 Avenue A, Bayonne, NJ 07002</td>
<td>(201) 858-7885</td>
</tr>
<tr>
<td>Union City High School</td>
<td>2500 JFK Boulevard, Union City, NJ 07087</td>
<td>(201) 330-8170 ext. 1225 (East) (201) 330-8170 ext. 1255 (West)</td>
</tr>
<tr>
<td>Harrison High School</td>
<td>800 Hamilton Street, Harrison, NJ 07029</td>
<td>(973) 482-5050 ext. 1630</td>
</tr>
<tr>
<td>Hoboken High School</td>
<td>800 Clinton Street, Hoboken, NJ 07030</td>
<td>(201) 356-3635</td>
</tr>
<tr>
<td>Kearny High School</td>
<td>336 Devon Street, Kearny, NJ 07032</td>
<td>(201) 246-7223</td>
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<tr>
<td>Henry Snyder High School</td>
<td>239 Bergen Avenue, Jersey City, NJ 07305</td>
<td>(201) 413-6952</td>
</tr>
<tr>
<td>Union Hill Middle School</td>
<td>3803 Hudson Avenue, Union City, NJ 07087</td>
<td>(201) 348-5936 ext. 2019</td>
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## Adolescent Pregnancy Prevention Initiative

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<tr>
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<td>Jose Marti Freshman Academy</td>
<td>1800 Summit Avenue, Union City, NJ 07087</td>
<td>(201) 348-5400 ext. 6504</td>
</tr>
</tbody>
</table>

## Parent Linking Programs

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City High School</td>
<td>2500 JFK Boulevard, Union City, NJ 07087</td>
<td>(201) 330-8170 ext. 1225</td>
</tr>
</tbody>
</table>

## Family Friendly Centers

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas B. Connors Primary School</td>
<td>201 Monroe Street, Hoboken, NJ 07030</td>
<td>(201) 356-3680</td>
</tr>
<tr>
<td>Public School #5, Jersey City</td>
<td>182 Merseles Street, Jersey City, NJ 07302</td>
<td>(973) 484-7554</td>
</tr>
<tr>
<td>Roosevelt Elementary School</td>
<td>4507 Hudson Avenue, Union City, NJ 07087</td>
<td>(201) 348-2748</td>
</tr>
<tr>
<td>Washington Middle School</td>
<td>501 Hamilton Street, Harrison, NJ 07029</td>
<td>(973) 482-5050</td>
</tr>
</tbody>
</table>
Family Support Services

**Family Success Center**  
Harvest Family Success Center  
87 Park Avenue  
Flemington, NJ 08822  
(908) 237-0465

**Kinship Navigator Program**  
Children's Home Society  
416 Bellevue Avenue, Suite 201  
Trenton, NJ 08618  
(800) 396-4518

Early Childhood Services

**Home Visitation**  
*Healthy Families - TIP*  
NORWESCAP  
350 Marshall Street  
Phillipsburg, NJ 08865  
(908) 454-7000

**Healthy Families**  
**Nurse-Family Partnership**  
**Parents As Teachers**  
**Project Self-Sufficiency**  

School Linked Services

**School Based Youth Services Program**  
Hunterdon Central Regional High School  
84 Route 31  
Flemington, NJ 08822  
(908) 788-6401 ext. 3230

County Welfare Agency

Hunterdon County Division of Social Services  
6 Gauntt Place  
Flemington, NJ 08822  
(908) 788-1300
Division on Women Services

**Domestic and Sexual Violence Program**
SAFE in Hunterdon
47 East Main Street
Flemington, NJ 08822
(888) 988-4033 (Toll Free - 24 Hr. Hotline)
(908) 788-4044 (24 Hr. Hotline)
(908) 788-7666 (office)
Email: agencyinfo@safeinhunterdon.org
www.safeinhunterdon.org

**Children’s Services**
SAFE in Hunterdon
47 E. Main Street
Flemington, NJ 08822
(908) 788-7666
www.safeinhunterdon.org

**Displaced Homemaker Program**
Career & Life Transitions Center for Women
NORWESCAP
84 Park Avenue, Suite E103
Flemington, NJ 08822
(908) 788-1453
www.norwescap.org/help_program_details.php?ID=16
Family Support Services

**Family Success Centers**
Heritage North Family Success Center
1554 Princeton Avenue
Trenton, NJ 08638
(609) 393-2980

Heritage South Family Success Center
635 South Clinton Avenue
Trenton, NJ 08611
(609) 695-6274

**Kinship Navigator Program**
Children's Home Society
416 Bellevue Avenue, Suite 201
Trenton, NJ 08618
(800) 396-4518

Division on Women Services

**Domestic Violence Programs**
Womanspace, Inc.
1530 Brunswick Avenue
Lawrenceville, NJ 08648
(609) 394-9000 (24 Hr. Hotline)
(800) 572-SAFE (7233)
Office: (609) 394-0136
Email: pmg@womanspace.org
Web: www.womanspace.org

NJ Coalition to End Domestic Violence
1670 Whitehorse-Hamilton Square Road
Trenton, NJ 08690
(609) 584-8107 (statewide)
www.njcedv.org

**Sexual Violence Program**
Womanspace, Inc.
1530 Brunswick Avenue
Lawrenceville, NJ 08648
(609) 394-0136
(800) 572-7223 or (609) 394-9000 (24-Hour Hotline)
www.womanspace.org

Early Childhood Services

**Home Visitation**

*Nurse Family Partnerships*
Children's Futures
16 West Front Street, Second Floor, Suite 220
Trenton, NJ 08608
(609) 695-1977

*Healthy Families - TIP*

*Parents As Teachers*
Mercer Street Friends
151 Mercer Street
Trenton, NJ 08611
(609) 396-1506

**Strengthening Families**
Child Care Connection
1001 Spruce Street, Suite 201
Trenton, NJ 08638
(609) 989-7770 ext. 123

**County Councils for Young Children**
Gateway Community Action Partnership
690 Whitehead Road
Lawrenceville, NJ 08648
(609) 393-0250
(856) 451-6330
School Linked Services

**School Based Youth Services Program**

Trenton Central High School
171 Davidson St.
Trenton, NJ 08609
(609) 656-4900

Ewing High School
900 Parkway Avenue
Ewing, NJ 08618
(609) 538-9800 ext. 2175

**Parent Linking Program**

Trenton Central High School/Daylight
Twilight Program
135 E. Hanover Street
Trenton, NJ 08625
(609) 656-4900 ext. 2012

**Family Friendly Centers**

Johnson Park School
285 Rosedale Road
Princeton, NJ 08540
(609) 497-9622 ext. 216

Littlebrook School
39 Magnolia Lane
Princeton, NJ 08540
(609) 497-9622 ext. 236

County Welfare Agency

Mercer County Board of Social Services
200 Woolverton Street
PO Box 01450
Trenton, NJ 08650
(609) 989-4320
Early Childhood Services

**Home Visitation**
*Healthy Families - TIP*
Central Jersey Family Health Consortium
2 King Arthur Court, Suite B
North Brunswick, NJ 08902
(732) 937-5437

*Healthy Families (Perth Amboy)*
Visiting Nurse Association of Central Jersey
313 State Street, Suite 416
Perth Amboy, NJ 08861
(732) 362-8040

*Nurse Family Partnership*
United Way of Central Jersey/VNA of Central Jersey
32 Ford Avenue
Milltown, NJ 08850
(732) 247-3727

*Parents As Teachers*
Puerto Rican Action Board
90 Jersey Avenue
New Brunswick, NJ 08901
(732) 828-4510

*Strengthening Families*
Community Child Care Solutions
103 Center Street
Perth Amboy, NJ 08861
(732) 324-4357

*County Councils for Young Children*
Prevent Child Abuse New Jersey, Inc.
103 Church Street, Suite 210
New Brunswick, NJ 08901
(732) 246-8060

*Central Intake Resource Information and Referrals*
Central Jersey Family Health Consortium
Family Connections Central Intake
(888) 551-6217

Division on Women Services

**Domestic Violence Program**
Women Aware, Inc.
250 Livingston Avenue
New Brunswick, NJ 08901
24 Hour Hotline: (732) 249-4504
Office: (732) 249-4900
www.womenaware.net

Central Jersey Legal Services
317 George Street
New Brunswick, NJ 08901
(732) 249-7600

Legal Services of NJ
PO Box 1357
Edison, NJ 08818
(888) 576-5529

**Children’s Services**
Women Aware, Inc.
250 Livingston Avenue
New Brunswick, NJ 08901
(732) 249-4900
www.womenaware.net

**Sexual Violence Program**
Middlesex Center for Empowerment
29 Oakwood Avenue
Edison, NJ 08837
(877) 665-7273 (Hotline)
(732) 745-8270 (Office/Hotline)
(732) 321-1189 (Office)

**Displaced Homemaker Program**
United Way of Central Jersey/VNA of Central Jersey
32 Ford Avenue
Milltown, NJ 08850
(732) 247-3727

**Parents As Teachers**
Puerto Rican Action Board
90 Jersey Avenue
New Brunswick, NJ 08901
(732) 828-4510

**Strengthening Families**
Community Child Care Solutions
103 Center Street
Perth Amboy, NJ 08861
(732) 324-4357

**County Councils for Young Children**
Prevent Child Abuse New Jersey, Inc.
103 Church Street, Suite 210
New Brunswick, NJ 08901
(732) 246-8060

**Central Intake Resource Information and Referrals**
Central Jersey Family Health Consortium
Family Connections Central Intake
(888) 551-6217

County Welfare Agency

Middlesex County Board of Social Services
181 Howe Lane
PO Box 509
New Brunswick, NJ 08903
(732) 745-3500

Middlesex County Board of Social Services
252 Madison
Perth Amboy, NJ 08861
(732) 745-3500
Middlesex

School Based Youth Services Programs
Crossroads North Middle School
635 Georges Road
Monmouth Junction, NJ  08852
(732) 329-4191 ext. 3821

Carteret High School
199 Washington Avenue
Carteret, NJ  07008
(732) 541-8960 ext. 4304

Highland Park High
102 North Fifth Avenue
Highland Park, NJ  08904
(732) 572-2400 ext. 3020

Lord Stirling Community School
101 Redmond Street
New Brunswick, NJ  08901
(732) 745-5300 ext. 6808

McKinley Community School
15 Van Dyke Avenue
New Brunswick, NJ  08901
(732) 745-5300 ext. 3192

New Brunswick High School
1125 Livingston Avenue
New Brunswick, NJ  08901
(732) 745-5300 ext. 3192

Perth Amboy High School
300 Eagle Avenue
Perth Amboy, NJ  08861
(732) 376-6030 ext. 23511

South Brunswick High School
750 Ridge Road
PO Box 183
Monmouth Junction, NJ  08852
(732) 329-4044 ext. 3246

Family Friendly Centers
Campbell Elementary School
Talmage Avenue
Metuchen, NJ  08840
(732) 710-0324

A.C. Chester Redshaw School
40 Van Dyke Avenue
New Brunswick, NJ  08901
(732) 745-5300 ext. 5488

Robert N. Wilentz Elementary School
51 1st Street
Perth Amboy, NJ  08861
(732) 442-1081

Family Support Services

Family Success Center
Harmony Family Success Center
255 Livingston Avenue
New Brunswick, NJ
(732) 640-0801

Bayside Family Success Center
500 Dobranski Drive
Perth Amboy, NJ  08861
(732) 324-2114

Greenway Family Success Center
537 New Brunswick Avenue
Fords, NJ
(732) 527-3400

Kinship Navigator Program
Children's Home Society
416 Bellevue Avenue, Suite 201
Trenton, NJ  08618
(800) 396-4518
Monmouth

Family Support Services

**Family Success Center**
Coastal Communities Family Success Center
300 Broadway
Rear Entrance
Long Branch, NJ 07740
(732) 571-1670

Bayshore Family Success Center
Henry Hudson Trail Activity Center
945 Route 36
Leonardo, NJ 07737
(732) 241-7098

Oceans Family Success Center
1201 Springwood Avenue
Unit 105
Asbury Park, NJ 07712

**Kinship Navigator Program**
Children's Home Society
416 Bellevue Avenue, Suite 201
Trenton, NJ 08618
(800) 396-4518

Early Childhood Services

**Home Visitation**
*
Healthy Families
Parents As Teachers
Nurse-Family Partnership
Visiting Nurses Association of Central Jersey/VNA Health Group
200 Broadway
Long Branch, NJ 07740
(732) 502-5158

**Strengthening Families**
Child Care Resources of Monmouth County
3301 C. Route 66
Neptune, NJ 07753
(732) 918-9901 ext. 107

**County Councils for Young Children**
Visiting Nurse Association of Central Jersey
176 Riverside Avenue
Red Bank, NJ 07701
(732) 224-6950

Division on Women Services

**Domestic Violence Program**
180, Turning Lives Around
1 Bethany Road, Bldg. 3, Suite 42
Hazlet, NJ 07730
24 Hour Hotline: (732) 264-4111
(888) 843-9262 (toll free)
Office: (732) 264-4360
Email: infor@180nj.org
Web: www.180nj.org

**Displaced Homemaker Program**
Brookdale College at Long Branch
Displaced Homemakers Services
213 Broadway
Long Branch, NJ 07740
(732) 739-6020
www.brookdalesc.edu/continuing/displaced-homemakers/

**Sexual Violence Program**
180 Turning Lives Around
Toll Free - 24 Hr. Hotline:
(888) 264-RAPE (7273)
TTY: (732) 203-0862
RCP/Shelter Office: (732) 888-0197
Main Office: (732) 264-4360

**Children’s Services**
180 Turning Lives Around
Amanda’s Easel
(732) 787-6503, Ext. 104
School Based Youth Services Programs

Asbury Park High School
1003 Sunset Avenue
Asbury Park, NJ 07712
(732) 776-2638 ext. 2675

Keansburg High School
140 Port Monmouth Road
Keansburg, NJ 07734
(732) 996-7646

Long Branch High School
404 Indiana Avenue
Long Branch, NJ 07740
(732) 728-9533

Red Bank Regional High School
101 Ridge Road
Little Silver, NJ
(732) 842-8000 ext. 1236

Adolescent Pregnancy Prevention Initiative
Keansburg High School
140 Port Monmouth Road
Keansburg, NJ 07734
(732) 787-2007 ext. 2551

Family Friendly Centers
Joseph C. Caruso Elementary School
285 Carr Avenue
Keansburg, NJ 07734
(732) 787-2001 ext. 2550

Neptune Middle School
2300 Heck Avenue
Neptune, NJ 07753
(732) 776-2200/2100

Freehold Learning Center
Dutch Lane
Freehold, NJ 07728
(732) 462-0464

Bradley Elementary
1100 Third Avenue
Asbury Park, NJ 07756
(732) 747-4111

Red Bank Primary
222 River Street
Red Bank, NJ 07701
(732) 861-5988

County Welfare Agency

Monmouth County Division of Social Services
Kozloski Road
PO Box 3000
Freehold, NJ 07728
(732) 431-6000

Monmouth County Division of Social Services
2405 Route 66
Ocean, NJ 07712
(732) 431-6000
Family Support Services

**Family Success Center**
Morris County Family Success Center
73 Basset Highway
Dover, NJ 07801
(973) 620-9711

**Kinship Navigator Program**
Care Plus, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 797-2660 or (201) 398-9110

County Welfare Agency

Morris County Office of Temporary Assistance
340 W. Hanover Avenue
Morristown, NJ 07960
(973) 326-7800

Early Childhood Services

**Home Visitation**

*Healthy Families - TIP*
*Parents As Teachers*
Partnership for Maternal and Child Health of Northern NJ
73 Basset Hwy
Dover, NJ 07801
(862) 244-4955

**Nurse-Family Partnership**
Youth Consultation Services (main office)
60 Evergreen Place, Second Floor
East Orange, NJ 07018
(973) 854-3666

**Strengthening Families**
Child and Family Resources
111 Howard Blvd., Suite 201
Mt. Arlington, NJ 07856
(973) 398-1730 ext. 104

Northwest NJ Community Action Program, Inc.
NORWESCAP Early Head Start
42 Peer Place
Denville, NJ 07834
(973) 989-0440
**Domestic Violence Program**
Jersey Battered Women Services (JBWS)
P.O. Box 1437
Morristown, NJ 07962-1437
(973) 267-7520 or (877) R-U-ABUSED
(24-Hour Hotline)
www.jbws.org

Batterers' Program
Abuse Ceases Today
P.O. Box 1437
Morristown, NJ 07962-1437
(973) 267-7520
(877) R-U-ABUSED (24-Hour Hotline)
www.jbws.org

**Sexual Violence Program**
Morris Cares/Atlantic Health System
95 Mount Kemble Avenue
Morristown, NJ 07960
(973) 971-4754
(973) 829-0587 (24 HR-Hotline)

**Displaced Homemaker Program**
The Women's Center at County College of Morris
214 Center Grove Road, SCC115
Randolph, NJ 07869
(973) 328-5025
www.ccm.edu/WomensCenter
**Family Support Services**

**Family Success Centers**
Lakewood Community Service Corporation (LCSC)  
Family Success Center  
415 Carey Street  
Lakewood, NJ 08701  
(732) 901-6001

Ocean County Family Success Center  
1433 Hooper Avenue, Suite 121  
Toms River, NJ 08753  
(732) 557-5037

Oasis Family Success Center  
175 Gunning River Road, Building C  
Barnegat, NJ 08005  
(609) 994-0200

**Kinship Navigator Program**
Children’s Home Society  
416 Bellevue Avenue, Suite 201  
Trenton, NJ 08618  
(800) 396-4518

**Early Childhood Services**

**Home Visitation**

**Healthy Families - TIP**
Preferred Children’s Services, Inc.  
1500 Route 88  
Brick, NJ 08701  
(732) 458-1700 ext. 1205

**Parents as Teachers - TIP**
St. Francis Community Center  
4700 Long Beach Boulevard  
Long Beach Township, NJ 08008  
(609) 494-8861

**Nurse-Family Partnership**
Visiting Nurses of Central Jersey/VNA Health Group  
200 Broadway  
Long Branch, NJ 07740  
(732) 502-5158

**Strengthening Families**
The Children’s Home Society of NJ  
1433 Hooper Avenue, Suite 340  
Toms River, NJ 08753  
(732) 557-9633 ext. 108

**County Councils for Young Children**
VNA of Central Jersey/VNA Health Group  
1433 Hooper Avenue  
Toms River, NJ  
(732) 515-1906  
(732) 224-6950

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**County Welfare Agency**

Ocean County Board of Social Services  
1027 Hooper Avenue  
PO Box 547  
Toms River, NJ 08754  
(732) 349-1500

Ocean County Board of Social Services  
225 4th Street  
Lakewood, NJ 08701  
(732) 349-1500

Ocean County Board of Social Services  
100 McKinley Avenue  
Manahawkin, NJ 08050  
(732) 349-1500
School Based Youth Services Programs
Brick Memorial High School
2001 Lanes Mill Road
Brick, NJ 08724
(732) 785-3901/3902

Preferred Children's Services
Brick Township High School
346 Chambers Bridge Road
Brick, NJ 08724
(732) 785-3000 ext. 2095

Veterans Memorial Middle School
105 Hendrickson Avenue
Brick, NJ 08724
732-785-3000 ext. 5051

Pinelands Middle School
585 Nugentown Road
Little Egg Harbor, NJ 08087
(609) 296-3106 ext. 4479

Pinelands High School
565 Nugentown Road
Little Egg Harbor, NJ 08087
(609) 296-5074

Lakewood High School
855 Somerset Avenue
Lakewood, NJ 08701
(732) 905-3500 ext. 7407

Adolescent Pregnancy Prevention Initiatives
Preferred Children's Services
Lakewood High School
885 Somerset Avenue
Lakewood, NJ 08701
(732) 905-3500 ext. 7407

Division on Women Services

Domestic Violence Program
Catholic Charities, Diocese of Trenton,
Providence House-Ocean
P. O. Box 414
Whiting, NJ 08759
Office: (732) 350-2120
(800) 246-8910
24 Hour Hotline: (732) 244-8259
www.providencehouse.org

Children's Services
A program of Catholic Charities, Diocese of Trenton
and Domestic Violence Services Providence House
P.O. Box 414
Whiting, NJ 08759
(732) 350-2120
www.providencehouse.org

Sexual Violence Program
St. Francis Community Center
4700 Long Beach Boulevard
Long Beach, NJ 08008
Hotlines: (609) 494-1090/ (732) 370-4010
TTY: (609) 494-0441
Office: (609) 494-1554

Displaced Homemaker Program
Career, Employment and Counseling Services
Ocean County College
College Drive
PO Box 2001
Toms River, NJ 08754-2001
(732) 255-0400, ext. 2297 or 2941
www.ocean.edu/content/public/study-on-campus/
campus-life/career-employment-counseling-services/
the-displaced-homemakers-program.html
Passaic

Family Success Centers
New Destiny Family Success Center of Paterson
79 Ellison Street
Paterson, NJ 07505
(973) 278-0220

Straight & Narrow Family Success Center
101 Cedar Street
Paterson, NJ 07501
(973) 333-6240

Highlands Family Success Center
1546 Union Valley Road
West Milford, NJ 07480

Kinship Navigator Program
Care Plus, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 797-2660 or (201) 398-9110

County Welfare Agency

Passaic County Board of Social Services
80 Hamilton Street
Paterson, NJ 07505
(973) 881-0100

Passaic County Board of Social Services
114 Prospect Street
Passaic, NJ 07505
(973) 881-0100

Passaic County Board of Social Services
200 Wanaque Avenue
Pompton Lakes, NJ 07422
(973) 881-0100

Early Childhood Services

Home Visitation
Healthy Families - TIP
Nurse Family Partnership
Partnership for Maternal and Child Health of Northern NJ
176 Broadway – 2nd Floor
Paterson, NJ 07502
(973) 904-0856

Parents As Teachers
Passaic Head Start, Inc.
68 Third Street
Passaic, NJ 07055
(973) 365-5808

Strengthening Families
4Cs of Passaic County, Inc.
Paterson Museum Building
2 Market Street, 3rd Floor
Paterson, NJ 07501
(973) 684-1904 ext. 272
(973) 684-1904 ext. 221

County Councils for Young Children
United Way of Passaic County
301 Main Street
Paterson, NJ 07505
(973) 279-8900

Central Intake Resource Information and Referrals
Partnership for Maternal and Child Health of Northern NJ
Passaic Central Intake
(973) 942-3600 ext. 14
School Linked Services

School Based Youth Services Programs

Clifton High School
333 Colfax Avenue
Clifton, NJ 07013
(973) 458-6074

East Side High School
Prevention of Juvenile Delinquency Program
150 Park Avenue
Room 138
Paterson, NJ 07501
(973) 321-1000 ext. 51330

Lincoln Middle School
291 Lafayette Avenue
Passaic, NJ 07055
(973) 470-7685 ext. 22

Manchester High School
70 Church Street
Haledon, NJ 07508
(973) 389-2870

Passaic High School
Prevention of Juvenile Delinquency Program
185 Paulison Avenue
Passaic, NJ 07055
(973) 473-2408 ext. 22

Passaic County Vo-Tech
45 Reinhardt Road
Wayne, NJ 07470
(973) 389-2028

Passaic Valley High School
100 East Main Street
Little Falls, NJ 07424
(973) 890-2500 ext. 2604

John F. Kennedy High School
62-127 Preakness Avenue
Paterson, NJ 07522
(973) 321-0541

Adolescent Pregnancy Prevention Initiative
Passaic High School
185 Paulison Avenue
Passaic, NJ 07055
(973) 470-5488

Family Friendly Centers
Paterson Public School #5
430 Tottawa Ave
Paterson, NJ 07502
(973) 413-1660

Public School #20
500 East 37th Street
Paterson, NJ 07504
(973) 321-0200
(973) 684-2320 ext. 31

Parent Linking Programs
East Side High School
150 Park Avenue
Room 138
Paterson, NJ 07501
(973) 321-2425

Displaced Homemakers Program
Women in Transition
Wayne Counseling Center, Inc.
1022 Hamburg Turnpike
Wayne, NJ 07470
(973) 694-9215
www.waynecounselingcenter.org/women.html

Domestic and Sexual Violence Program
Passaic County Women’s Center (PCWC)
P.O. Box 244
Paterson, NJ 07543
(973) 881-1450 (24-Hour Hotline)
(973) 278-8630 (TTY)
(973) 881-0725 (Office)
www.passaiccountywomenscenter.org

Peace: A Learned Solution
NJ Association of Corrections
Passaic County Women’s Center with Jewish Family Services
P.O. Box 244
Paterson, NJ 07513
(973) 777-7638
www.passaiccountywomenscenter.org
Salem County Welfare Agency
147 South Virginia Avenue
PO Box 111
Penns Grove, NJ 08069
(856) 299-7200

Domestic Violence Program
Salem County Women’s Services (SCWS)
P.O. Box 125
Salem, NJ 08079-0125
(888) 625-9511 or TTY 935-7118 (24 HR Hotline)
(856) 935-6655 (Office)
www.scwsonline.org

Sexual Violence Program
Salem County Women’s Services (SCWS)
P.O. Box 125
Salem, NJ 08079-0125
(856) 935-6655 (24-Hour Hotline)
(856) 935-7118 (TTY)
(856) 935-8012 (Office)
www.scwsonline.org

Family Support Services

Family Success Center
Salem Family Success Center
14 New Market Street
Salem, NJ 08079
(856) 935-0944

Riverview Family Success Center
157 West Main Street
Penns Grove NJ 08069
(856) 517-0029

Birdseye Family Success Center
364 South Broadway
Pennsville, NJ 08070
(856) 517-9100

Kinship Navigator Program
Family Service Association
English Creek Avenue, Suite 3
Egg Harbor Township, NJ 08234
(877) 569-0350

Division on Women Services

Early Childhood Services

Home Visitation
Healthy Families - TIP
Nurse Family Partnership
Parents As Teachers
Robin's Nest, Inc.
42 South Delsea Drive
Glassboro, NJ 08028
(856) 881-8689

Strengthening Families
Rutgers Southern Regional CCR&R
5 Route 45, Suite 200
Salem, NJ 08079
(856) 469-6100
(856) 463-6101

County Councils for Young Children
Gateway Community Action Partnership
14 New Market Street
Salem, NJ 08079
(856) 935-0944
(856) 451-6330

Central Intake Resource Information and Referrals
Robin's Nest CGS (Cumberland, Gloucester, Salem) Connect
(856) 431-4180

County Welfare Agency
Salem County Welfare Agency
147 South Virginia Avenue
PO Box 111
Penns Grove, NJ 08069
(856) 299-7200
School Based Youth Services Programs
Pennsgrove High School
334 Harding Highway
Pennsgrove, NJ 08069
(856) 299-6300

Salem City High School
219 Walnut Street
Salem, NJ 08079
(856) 935-3900 ext. 270

Family Friendly Center
John Fenwick School
183 Smith Street
Salem, NJ 08079
(856) 935-4100 ext. 229
Somerset

Family Support Services

Family Success Center
Pioneer Family Success Center
50 Division Street
Suite 303
Somerville, NJ 08876
(908) 722-4400

Kinship Navigator Program
Children's Home Society
416 Bellevue Avenue, Suite 201
Trenton, NJ 08618
(800) 396-4518

Division on Women Services

Domestic Violence Program
Safe and Sound Somerset
427 Homestead Road
Hillsborough, NJ 08844
(866) 685-1122 (24-Hour Hotline)
(908) 359-0003 (Office)
www.safe-sound.org

Sexual Violence Program
Sexual Assault Support Services
Zufall Health Center
71 Fourth Street
Somerville, NJ 08876
Hotline: (908) 526-7444
TTY: (908) 218-7775
Office: (908) 526-2335

Early Childhood Services

Home Visitation
Healthy Families - TIP
Parents as Teachers
Central Jersey Family Health Consortium
2 King Arthur Court, Suite B
North Brunswick, NJ 08902
(732) 937-5437

Nurse Family Partnership
United Way of Central Jersey/VNA of Central Jersey
32 Ford Avenue
Milltown, NJ 08850
(732) 247-3727

Strengthening Families
Community Child Care Solutions
86 East Main Street
Somerville, NJ 08876
(908) 927-0869

County Councils for Young Children
Empower Somerset, Inc.
34 W. Main Street, Suite 307
Somerville, NJ 08876
(908) 722-4400

Central Intake Resource Information and Referrals
Central Jersey Family Health Consortium
Family Connections Central Intake
(888) 551-6217
School Linked Services

School Based Youth Services Programs
Somerset County Vocational Technical High
14 Vogt Drive
Bridgewater, NJ 08807
(908) 526-8900 ext. 7286

Adolescent Pregnancy Prevention Initiative
Franklin High School
71 Fourth Street
Somerville, NJ 08876
(908) 526-2335 ext. 133

County Welfare Agency

Somerset County Board of Social Services
391-D Somerset Street
North Plainfield, NJ 07060
(908) 526-8800

Somerset County Board of Social Services
610 Franklin Blvd.
Somerset, NJ 08873
(732) 846-6499

Somerset County Board of Social Services
73 East High Street
Somerville, NJ 08876
(908) 526-8800
Sussex

Family Support Services

Family Success Center
Sussex County Family Success Center at Project Self-Sufficiency
127 Mill Street
Newton, NJ 07860
(973) 940-3500

Kinship Navigator Program
Care Plus, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 797-2660 or (201) 398-9110

Early Childhood Services

Home Visitation
Healthy Families - TIP
Parents as Teachers
Project Self Sufficiency
127 Mill Street
Newton, NJ 07860
(973) 940-3500

Strengthening Families
NORWESCAP Child & Family Resource Services
186 Halsey Road, Suite 1
Newton, NJ 07860
(973) 383-3461

County Councils for Young Children
Project Self-Sufficiency
127 Mill Street
Newton, NJ 07860
(973) 940-3500

County Welfare Agency
Sussex County Division of Social Services
83 Spring Street, Box 218
Newton, NJ 07860
(973) 383-3600

Division on Women Services

Domestic and Sexual Violence Program
Domestic Abuse & Sexual Assault Intervention Services (DASI)
PO Box 805
Newton, NJ 07860
(973) 875-1211 (24 Hour Hotline)
(973) 579-2386 (Office)
(973) 875-6369 (TTY)

Batterers' Program
DECIDE
P.O. Box 805
Newton, NJ 07860
(973) 875-1211 (24-Hour Hotline)
(973) 579-2386 (Office)
www.dasi.org

Displaced Homemaker Program
Project Self-Sufficiency of Sussex County
127 Mill Street
Newton, NJ 07860
(973) 940-3500

School Linked Services

School Based Youth Services Program
Sussex County Technical School
105 N. Church Road
Sparta, NJ 07871
(973) 579-7725

Adolescent Pregnancy Prevention Initiative
Sussex County Technical School
105 N. Church Road
Sparta, NJ 07871
(973) 579-7725
Family Support Services

Family Success Centers

The Village Family Success Center
213 Jefferson Avenue
Elizabeth, NJ 07201
(908) 469-9508

Plainfield Family Success Center
504 Madison Avenue
Plainfield, NJ 07060
(908) 731-4200

Bayway Family Success Center
Mravlog Manor Community Center
688 Maple Avenue
Elizabeth, NJ 07201
(908) 289-0136

Kinship Navigator Program
Children's Home Society
416 Bellevue Avenue, Suite 201
Trenton, NJ 08618
(800) 396-4518

Early Childhood Services

Home Visitation

Healthy Families - TIP
Visiting Nurse and Health Services
Holy Redeemer
354 Union Avenue
Elizabeth, NJ 07208
(908) 352-5694

Nurse Family Partnership
Partnership for Maternal and Child Health of Northern NJ
333 Meadowlands Pkwy, suite 101
Secaucus NJ 07094
(201) 876-8900

Parents As Teachers
Community Hospital Group:
JFK Medical Center
200 W. 2nd Street, Suite 102
Plainfield, NJ 07060
(908) 668-2780

Strengthening Families
Community Coordinated Child Care of Union County
2 City Hall Plaza, 3rd Floor
Rahway, NJ 07065
(973) 923-1433 ext. 141
(973) 923-1433 ext. 147

County Councils for Young Children
Community Coordinated Child Care of Union, Inc.
2 City Hall Plaza, 3rd Floor
Rahway, NJ 07065
(973) 923-1433
Union

School Linked Services

**School Based Youth Services Programs**

Abraham Clark High School  
122 East 6th Avenue  
Roselle, NJ 07203  
(908) 298-2000 ext. 2221

Elizabeth High School  
(William S. Halsey House)  
600 Pearl Street  
Elizabeth, NJ 07202  
(908) 436-6644

Elizabeth High School  
(Thomas Jefferson House)  
27 Martin Luther King Plaza  
Elizabeth, NJ 07201  
(908) 436-6771

Hubbard Middle School  
661 West Eighth Street  
Plainfield, NJ 07060  
(908) 731-4200 ext. 5623

Maxson Middle School  
920 East Seventh Street  
Plainfield, NJ 07062  
(908) 731-4200 ext. 5397

Plainfield High School  
925 Arlington Avenue  
Plainfield, NJ 07060  
(908) 731-4360 ext. 5152

**Adolescent Pregnancy Prevention Initiative**

Plainfield High School  
925 Arlington Avenue  
Plainfield, NJ 07060  
(908) 731-4200 ext. 5242

**Parent Linking Program**

Plainfield High School  
925 Arlington Avenue  
Plainfield, NJ 07060  
(908) 731-4360 ext. 5152

**Family Empowerment Programs**

Plainfield High School  
925 Arlington Avenue  
Plainfield, NJ 07060  
(908) 731-4360 ext. 5152

**Family Friendly Centers**

Brayton Elementary School  
89 Tulip Street  
Summit, NJ 07901  
(908) 273-4242

Emerson Elementary School  
305 Emerson Avenue  
Plainfield, NJ 07060  
(908) 731-4200 ext. 5242

Jefferson Elementary School  
950 Park Avenue  
Plainfield, NJ 07901  
(908) 731-4360 ext. 5232

Jefferson School  
110 Ashwood Avenue  
Summit, NJ 07901  
(908) 273-3807

Lincoln Hubbard Elementary School  
52 Woodland Avenue  
Summit, NJ 07901  
(908) 273-4242

Washington Elementary School  
507 Morris Avenue  
Summit, NJ 07901  
(908) 273-4242
Domestic Violence Program
YWCA of Eastern Union County
Project Protect
PO Box 242
Elizabeth, NJ 07201
(908) 355-4357 (24 Hour Hotline)
(908) 355-1995 (Office)

Children’s Services
A Child’s View
YMCA of Eastern Union County
PO Box 242
Elizabeth, NJ 07201
(908) 355-1995, Ext. 122
(908) 518-9911

Sexual Violence Program
Union County Rape Crisis Center
300 North Avenue East
Westfield, NJ 07090-1499
(908) 233-7273 (Hotline)

Displaced Homemaker Program
Union County College
Center for Economic and Workforce Development
Lessner Building
40 West Jersey Street
Elizabeth, NJ 07202
(908) 659-5166
www.ucc.edu/Community/CEWD/HeadofHousehold
Warren

Family Support Services

**Family Success Center**
NORWESCAP Family Success Center
712 South Main Street
Phillipsburg, NJ 08865
(908) 213-2674

**Kinship Navigator Program**
Care Plus, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 797-2660 or (201) 398-9110

Division on Women Services

**Domestic and Sexual Violence Program**
Domestic Abuse & Sexual Assault Crisis Center (DASACC)
P.O. Box 42
Belvidere, NJ 07823
(908) 453-4181 (24-Hour Hotline)
(866) 6BE-SAFE (623-7233)
(908) 453-2553 (TTY)
(908) 453-4121 (Office)
www.dasacc.org

**Displaced Homemaker Program**
Career & Life Transitions For Women
NORWESCAP
Midtown Plaza
16 Broad Street, Suite #7-8
Washington, NJ 07822
(908) 835-2624
www.norwescap.org/help_program_details.php?ID=16

Early Childhood Services

**Home Visitation**

*Healthy Families - TIP*
NORWESCAP
459 Center Street
Phillipsburg, NJ 08865
(908) 213-2614

**Parents As Teachers**
Cornerstone Family Programs
62 Elm Street
Morristown, NJ 07960
(973) 538-5260

Partnership for Maternal and Child Health of Northern NJ
73 Nasser Hwy.
Dover, NJ 07801
(862) 244-4955

**Nursing Family Partnership**
Project Self Sufficiency
127 Mill Street
Newton, NJ 07060
(973) 940-3500

**Strengthening Families**
NORWESCAP Child & Family Resource Services
350 Marshall Street
Phillipsburg, NJ 08865
(908) 454-1078

**County Councils for Young Children**
Northwest NJ Community Action Program, Inc.
459 Center Street
Phillipsburg, NJ 08865
(908) 213-2463
(908) 454-7000
Warren

School Linked Services

School Based Youth Services Programs
Phillipsburg Middle School
200 Hillcrest Boulevard
Phillipsburg, NJ 08865
(908) 454-4300 ext. 7061

Phillipsburg High School
1 Stateline Boulevard
Phillipsburg, NJ 08865
(908) 454-3400 ext 7061

Warren Hills Regional High School
41 Jackson Valley Road
Washington, NJ 07882
(908) 835-3350 opt. 8

Warren Hills Regional Middle School
64-66 Carlton Avenue
Washington, NJ 07882
(908) 689-0750 ext. 2056

Adolescent Pregnancy Prevention Initiative
Phillipsburg High School
445 Marshall Street
Phillipsburg, NJ 08865
(908) 213-2598

Family Friendly Center
Willow Grove/Hackettstown
601 Willow Grove Street
Hackettstown, NJ 07840
(908) 454-2074 ext. 122

County Welfare Agency

Warren County Division of Temporary Assistance and Social Services
Court House Annex
501 Second Street
Belvidere, NJ 07823
(908) 475-6301
Adverse Childhood Experiences (ACEs) Resource List
Resilience and Trauma-Informed Approach in Primary Care

Introduction to ACEs

- Adverse Childhood Experiences (ACE) Study - Centers for Disease Control and Prevention (CDC) - An overview of the ACE Study and findings, including related links. -- www.cdc.gov/ace/index.htm

- ACEs Primer, KPJF Films -- https://vimeo.com/139998006 (5 minutes)

- Personal and Parental Reflections on Adverse Childhood Experiences
  This is an 8 minute video that was developed as an introductory tool for parents.
  http://www.youtube.com/watch?v=jUJHvbPrL0I

- How childhood trauma affects health across a lifetime. Nadine Burke Harris, MD, TED Talk
  (Also includes links to Nadine Burke Harris’ reading list and related TED talks.)

Self-Care

- Protecting Physician Wellness: Working with Children Affected by Traumatic Events, Part of the Trauma Toolbox for Primary Care, American Academy of Pediatrics

- From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. T Bodenheimer, MD and C Sinsky, MD, Annals of Family Medicine, 2014. http://www.annfammed.org/content/12/6/573.full


- Self-Care Starter Kit, School of Social Work, University of Buffalo
  http://socialwork.buffalo.edu/resources/self-care-starter-kit.html

American Academy of Pediatrics (AAP) Policy Statements & Resources

- Connected Kids: Safe, Strong, Secure™ -- www.aap.org/connectedkids

  http://pediatrics.aappublications.org/content/129/1/e224.full?sid=694ca3f4-fc9d-4abb-9e3b-67178398f716

  http://pediatrics.aappublications.org/content/126/4/833.full
Adverse Childhood Experiences and the Lifelong Consequences of Trauma, 2014  

AAP Feelings Need Checkups Too Toolkit  

AAP Mental Health Initiatives - Includes Primary Care Tools and Mental Health Toolkit  

AAP Trauma Toolbox for Primary Care -- Six short monographs:  
- Adverse Childhood Experiences and the Lifelong Consequences of Trauma  
- Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting  
- The Medical Home Approach to Identifying and Responding to Exposure to Trauma  
- Bring Out the Best in Your Children (for parents)  
- When Things Aren’t Perfect: Caring for Yourself and Your Children (for parents)  
- Protecting Physician Wellness: Working with Children Affected by Traumatic Events  
www.aap.org/traumaguide

AAP Parent Pages -- www.healthychildren.org

Bright Futures in Practice: Mental Health -- https://www.brightfutures.org/mentalhealth/

Websites

Alberta Family Wellness Initiative, Alberta, Canada  
Includes print and video training resources related to brain development and addiction. Learning modules (Resources tab) includes: The Frameworks of Early Brain Development, Stress & the Biology of Development, and Addressing the Enduring Challenges of Toxic Stress.  
www.albertafamilywellness.org

ACEs Too High – www.acestoohigh.com  
- ACEs Connection Network – http://acestoohigh.com/aces-too-high-network/

Once you are on the ACEs Connection Network page, scroll down to Group Directory – Groups include: ACEs in Pediatrics, ACEs in Maternal Mental Health, Taking an ACEs History – Who’s Doing It and How? Stevens, J. To prevent childhood trauma, pediatricians screen children and the parents…and sometimes, just parents…for childhood trauma. ACEs Too High News, July 29, 2014

**Trauma-Informed Approach**

- Oregon START (Screening Tools and Referral Training)
  ACEs/Trauma Informed Care Module – Includes information about when the training will be offered, how to schedule a training, and resources and tools. [http://oregonstart.org/modules/acestrauma-informed-care/](http://oregonstart.org/modules/acestrauma-informed-care/)

- Trauma Informed Care: The Role of the Health Care Provider– National Collaborative on Violence and Abuse – Recorded webinar (90 minutes) and slides, January 25, 2013.

- Trauma-Informed Approach and Trauma-Specific Interventions, Substance Abuse and Mental Health Services Administration (SAMHSA) - [http://www.samhsa.gov/nctic/trauma-interventions](http://www.samhsa.gov/nctic/trauma-interventions)

  Two Issue Briefs:
  - [Key ingredients for Successful Trauma-Informed Care Implementation](http://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/), April 2016
  - [Trauma-Informed Care: Opportunities for High-Need, High-Cost Medicaid Populations](http://www.chcs.org/media/TIC-Brief-031915_final.pdf), March 2015

**Other Pediatric Resources**

- Center for Youth Wellness – [http://centerforyouthwellness.org](http://centerforyouthwellness.org)
  Founded and led by Nadine Burke Harris, MD, MPH, FAAP, the Center for Youth Wellness provides pediatric primary care with a multidisciplinary team that allows for on-site mental health referrals and access to community support services. This practice serves the Bayview-Hunter’s Point neighborhood of San Francisco, which struggles with high rates of poverty and violence.

- Center on the Developing Child, Harvard University -- Includes videos and reports on topics including: brain architecture, serve and return, toxic stress, executive function and innovation.
  [http://developingchild.harvard.edu/](http://developingchild.harvard.edu/)

- National Pediatric Practice Community – [www.nppc.org](http://www.nppc.org)

- Zero to Three National Center for Infants and Toddlers – [www.zerotothree.org](http://www.zerotothree.org)
Do you know what to do when you suspect child abuse and neglect?

New Jersey Division of Child Protection & Permanency
New Jersey law requires EVERYONE to report suspected child abuse and neglect by calling the NJ Abuse Hotline, 1-877-NJ ABUSE (1-877-652-2873).

Regional Diagnostic & Treatment Centers
If there is uncertainty, or you just want to discuss a case with a child abuse pediatrician, New Jersey has legislated Regional Diagnostic and Treatment Centers (RDTCs) to evaluate and treat child abuse & neglect.

Reach out to your RDTCC: A resource for all physicians when there are concerns of child abuse or neglect. They have specialty trained doctors, nurses, psychologists, and social workers who work with children in a comforting setting.

- Evaluation, treatment, and prevention of physical and emotional injuries caused by child abuse and neglect
- Consultation when a young child presents with a genital complaint and the question of sexual abuse is raised
- Concerns of child on child sexual acting out behaviors
- Training and consultation
- Emergency telephone consultation
- Referrals to a wide spectrum of mental health services
- Research and training for medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect.

New Jersey Regional Diagnostic & Treatment Centers

Bergen, Hudson, Morris, Passaic, Sussex, & Warren
Audrey Hepburn Children’s House
Hackensack University Medical Center
(201) 996-2271

Northeast New Jersey: Essex
Metro Regional Child Abuse Diagnostic & Treatment Center
Children’s Hospital of NJ at Newark Beth Israel Medical Center
(973) 926-4500

Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, & Salem
Child Abuse Research Education & Services (CARES) Institute
Rowan University – School of Osteopathic Medicine
(856) 566-7036

Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Union
Dorothy B. Hersh Child Protection Center
The Children’s Hospital at St. Peter’s University Hospital
(732) 448-1000

Satellite Offices

Camden
CARES Institute South
Rowan University School of Osteopathic Medicine
(856) 566-7036

Monmouth & Ocean
Jersey Shore University Medical Center
(732) 775-5500

American Academy of Pediatrics Dedicated to the Health of All Children
New Jersey Chapter
www.njaap.org