

## Active BRIEF Student Engagement Techniques to Maintain On-task Behavior:

*Keeping Students On task during Lesson Delivery-  
Diana Browning Wright*

### **Choral Responding: ALL**

Teacher asks for a word or phrase to be repeated. For Example, "Who was the President then?" Response: "Lincoln"; "6 +4=?" Response, "10!"

Use for ONE right answer or for sentence you just gave.

### **Heads Together" ALL**

Teacher asks students to confer with a partner or group to solve a problem or reach a conclusion quickly; follow up with random sticks

### **Random Sticks Calling On Students: INDIVIDUAL**

Teacher pulls stick labeled with student's name; no hand raising to answer question.

### **White Boards/Individual Cards: ALL**

Teacher asks for a word or short phrase or number to be written and then held up to view

### **Cloze Read (Teacher) and Repeat at Pause (Students): ALL**

Teacher and students have same written material. Teacher reads and pauses and all must state the next word.

### **Thumbs Up/Thumbs Down: ALL**

Teacher asks for a yes or no type of response with students showing thumbs to signify "yes" with thumbs up, "no" with thumbs down.

### **Finger voting**

Teacher asks for decisions, e.g., "if you think Peter will win the prize in our story, hold up your index finger, if you think Joe will win, hold up two fingers, if you don't know, hold up three fingers; ready, SHOW!"

### **Think, Write, Pair Share: ALL**

Teacher asks for reflection, pauses, then requests a brief written response; then asks for the answers to be shared with a partner, then asks for the partners to share with another pair.

### **Teach your partner: ALL**

Teacher asks all "1"s to teach something briefly to the "2"; often later asking "2"s to teach something to a "1" For example, teach your partner how to subtract 7 from 22 after you have been teaching the skill.

### **Total Physical Response Energizer: ALL**

Teacher physical cues student by raising hands high after she says, "class" Students copy the hands up. Teacher follows with a physical action (wiggling, bringing hands down on the desk, stomping feet, etc. Teacher repeats one more time.

### **PALS Read short sentence : ALL**

"1" decodes in whisper; "2" processes (e.g., paraphrases, states big idea, gives personal relevance, etc. according to teacher direction; then switch roles.



# **Time-Away:**

## **A Procedure To Keep Task-Avoiding Students with Emotional/behavior Disorders Under Instructional Control**

Diana Browning Wright, M.S., L.E.P.

Students with challenging behaviors and emotional disturbance are at times unwilling or unable to perform assigned tasks. At this point, they may intentionally engage in acting out behaviors in order to be removed from the class, or remain passively unengaged in learning activities (i.e., both can be conceptualized as escape seeking behaviors), or engage in behaviors that interfere with the learning of others around them (i.e., expressing a protest about activities they do not wish to do). In all three situations, the student is not under instructional control (i.e., following the directions of the teacher), nor is he/she under stimulus control (e.g., in the presence of the chair, desk, written assignment student is highly likely to engage in written work behavior). It is impossible to force a completely unwilling student to do an assignment. It is also unacceptable to have students engaging in acting out behaviors in order to escape tasks, or to have students not under instructional control. Not all task-avoiding episodes can be solved by sending the student to the office for a 'disciplinary referral.' Therefore, a procedure called *Time-Away* may be warranted as a teaching tool to increase the student's ability to cope with work output demands.

### **Time-Away Differentiated from Time-Out**

***In a time out procedure***, access to reinforcement is removed or reduced for a specified time period contingent on a response. Either the student is removed from the reinforcing environment, or the reinforcing environment is removed for a designated time period.<sup>1</sup> In common usage, Time Out is often used as a punishment for misbehavior. The teacher tells the student when to leave and when to return, often with lengthy removals being the norm.

***In a time away procedure***, as defined by this author, the student exercises the option to leave a learning task which has become aversive to him/her. The student moves to a location in the environment designated for this purpose and remains there until he/she is ready to cope with the demands of the learning environment. The student then returns to the assigned learning location (e.g., assigned seat at a desk), by his/her initiation, not by a teacher signaling the return.

### **Effective Use of Time-Away**

The student can be privately encouraged to leave the activity as a "cooling off" period, until he/she is ready to cope with the assignment, but it must be clearly conveyed that this is the student's choice and that this removal is not a punishment for misbehavior.

Sample dialogue:

"Steven, I am really pleased that you have come to class today and have all your materials with you. However, you seem very upset and unable to get started, despite you and I doing the first few problems together. Steven, you know that in my classroom you have the option of moving to the 'cooling off spot' anytime you aren't yet ready to cope with the demands of school. Why don't you think about this carefully and make your choice: 1) begin your work or, 2) choose to just cool off for a while. I'll wait to hear your decision. I need to go help Michael for a few moments while you think this over."

Notice the critical characteristics of this dialogue:

- Teacher called the student by name and then identified desired behaviors he has recently exhibited
- Teacher pointed out the undesired behavior and reminded Steven that joint efforts had already been made to help him begin his work before this point was reached
- Teacher invited choice-making between two acceptable options
- Teacher did not force an immediate choice. Rather, student was given time to think through his choice

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<sup>1</sup>Wright, D.B. & Gurman, H.G. (2001) Positive interventions for serious behavior problems (2<sup>nd</sup> ed.-revised). Sacramento, CA: California Department of Education Publications Division (pp.166-167)

## Time-Away Systems

### ***The Beach***

6<sup>th</sup> Grade Teacher informed students with EBD in a restrictive setting that when she is having a bad day, going to the beach, even for a few moments has helped her. Therefore, in her class anyone who just needs to escape for a breather can go to the beach. The beach is a small box of sand in the back corner of the room equipped with several very large seashells which, when listened to carefully, will produce the calming sounds of the ocean.

### ***Australia***

High school restrictive setting for students with intense EBD were read the book, Alexander and the Horrible, No Good, Very Bad Day by Judith Viorst<sup>2</sup>. Students were informed that they could choose to escape to Australia whenever they needed to recoup, think over something, and cope with their feelings or frustrations. 'Australia' is a location in the classroom with a map of Australia and several books of Australia to look at. The high school teacher further explained to her class that if you leave this country to enter another, you must 'go through customs' and 'declare any baggage you are bringing in'. She has students enter the time they enter Australia, their departure time, and the number of the baggage contents they are bringing in which was previously generated by the students.

Examples include:

- 1) Fight with someone important in my life is still on my mind. After a time to think, I'll be better able to cope
- 2) Can't concentrate because of extreme fatigue. After a break I will be better able to cope.
- 3) Work looks too long or too complicated for me right now. After a break I'll be better able to cope.

### ***The Think Tank***

Middle school teacher in a restrictive setting for students with EBD has a small, padded cubicle sometimes used for counseling sessions in the back of her classroom. This was a former seclusion room that has had the door completely removed. Students are told that they may take a voluntary brief time-away in the think tank for two reasons. First, *to prevent a problem*: whenever they need to 'get their act together' to stop a problem behavior they may select the Think Tank. By choosing this option rather than a disruptive behavior they will retain their points for that time period if less than 10 minutes are used. Second, they may select Think Tank *to stop a problem*: Following a behavior episode that resulted in the loss of points, from which they do not believe their behavior is back under their control. Under this condition, they can earn a portion of the points lost for disruptive behavior if they use less than 10 minutes, and exhibit 10 minutes of on task behavior when they return from the Think Tank.

### ***Dinosaur Walking Time***

A student with EBD and deafness, age six, in a restrictive setting had a history of running away from reading group instruction and out onto the campus and street, resulting in several adults trying to force him to return. In this time away procedure, Christopher was allowed Dinosaur Walking Time, that is, to take the dinosaur from the table as a token symbolizing his permission to walk calmly around the room. When he has finished this walk with the dinosaur, he returned to his seat and replaced the dinosaur. Data demonstrated that the average time away was approximately three minutes per twenty-minute instruction period, and he required no further adult intervention and did not disrupt the learning of others either in leaving or returning to the group nor did he run away out of the classroom.

## Key Components For Effective Use of This Strategy

- Classroom environment must be one in which unconditional, positive regard is available for all students, with effective classroom organization in place. This procedure is not a panacea for an out of control classroom<sup>3</sup>. This procedure will be misused by students if teacher/student interactions are typically coercive and punitive.
- Instructional material must in general be accessible to the student, with appropriate accommodations or modifications in place to support student in successfully completing the assigned material. This procedure will be misused by students if this is the only way they can escape inappropriate seatwork activities.

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<sup>2</sup>Viorst, J. (19) Alexander and the horrible, no good, very bad day.

<sup>3</sup>Refer to necessary effective components in Wright, D.B. (1999) What every teacher should know in order to positively support student behavior. *NASP Communique*, (29) 1.

- Initial explanation of the Time Away option should be given to the class as a whole, with explanation of what might be a reason to choose this option, and what might NOT be a good reason. 'Learning to cope with the demands of school' should be emphasized. No punitive result will occur from selecting this option, and if the teacher encourages a student to consider whether they might wish to select 'Time Away,' this is not a command nor a form of punishment for misbehavior.

Teacher language sample: "Boys and girls, let's talk about when to use Time Away. For example, if the work just looks hard, try gaining your teacher's assistance to get going, to help you break up the assignments into smaller units, or to gain more help from your classmates or adult assistance. That would be a better choice than Time Away. However, if you are really upset today and just need a little space to gather your thoughts, calm down and cope with your feelings and frustrations, Time Away could be a good choice for you."

- When the student returns from Time Away to the assigned work location, the teacher should privately reinforce the use of this procedure by a quiet acknowledgment, such as, "Steven, thank you for choosing to take a time away. Glad to see you're ready now". This reinforcement upon return is critical for maintaining the intent of this procedure and to assure the students do not confuse it with Time Out.

### Responses to Typical Teacher Questions

- ***"What If They Won't Come Back?" or "What if they want to go too frequently?"***

If it is observed that a student is spending a lengthy time in a Time Away location, or is selecting the procedure many times during the week, the teacher may wish to examine which task(s) the student is continuing to avoid. If the task is too difficult, if the completion criteria is not explicit, if the task(s) seem meaningless to the student, it may be necessary to change the task(s), modify them, or provide more adult assistance. If this is not the case, the teacher may wish to engage in reflective listening to further determine why the student is not yet able to cope with the task(s) demands. Sample dialogue: "Steven, I have noticed that you have been unable to cope with seatwork for quite a while. I am beginning to wonder what we can do about this. I am wondering if I can help in any way with the problem. I am also worried about how we can quickly help you catch up with the work you have missed. I am wondering what steps WE should be taking now to help US solve OUR problem. Would you think about this and I'll check back with you in a few minutes to hear what you think." (Note the collaborative emphasis: we, us, our. Also note, an appointment for a future discussion alleviates the student's need to engage in challenging behaviors during the discussion. Often allowing the student just a few minutes to reflect will result in better later compliance. At times for repeat users or exceeding time limits, points will need to be taken for misuse of the option.)

- ***"What If They Won't Go When I Suggest They Use It?"***

This happens much less frequently than teachers expect. First, remember that this procedure will not be effective in a coercive or disorganized classroom. The student is not "told" he "must" choose this procedure. Rather, this is one of two options presented to the student if you want to prompt compliance by providing this option. The encouragement to "*Feel free to choose a brief Time Away to help you cope*" is delivered unemotionally to the student. The meta message is "*Be on task by either doing your work or choose a brief time away*". If the student does continue sitting in the work space, not working, and will not go to the time away location, the teacher may wish to invite a quiet one-on-one dialogue about the difficulty or initiate a debriefing with other staff outside the classroom environment. If this is not possible, the teacher may wish to wait briefly, then present a quiet, unemotional, private, second two choice format: "*If you are unable to work right now, Alice, as I have said, you may take a breather in our Time Away location, that is no problem. Alternatively, you may choose to get an office referral. Think about this a moment and let me know your decision.*" The teacher must convey genuine personal connection with the student at this time, (use of student name can be especially helpful here) and have previously established a real, meaningful relationship with the student through past words, deeds and reinforcement for achievement from the teacher.

- ***"What If Everyone Wants to Be There At Once?"***

When you initially set up the Time Away procedure with the students, explain the rules as to how many students may be there at one time. (Suggestion: limit an area to one or two students, and make sure they are not able to communicate with each other through use of an environmental barrier if necessary.) Explain to the students: "There are other ways of handling difficulties. If you are having a problem that is preventing you from working, and someone else is briefly in the Time Away location, let me know your difficulty and WE can think of how to handle OUR problem."

## **Final Note**

This procedure has been utilized in consultations with teachers across grade levels, for students with and without a full range of disabilities. When the student is actively refusing a task, or escaping the task through the use of inappropriate behaviors, the student is not under 'instructional control', nor is the work space reliably eliciting work behaviors from the student, i.e., 'stimulus control' is not in effect. This technique keeps the student under these controls because the teacher is advocating student selection of a location in which not working is allowable, selecting the location is viewed as meeting with teacher approval, and being in this location, not working, is still considered an activity that demonstrates the following of the teacher's instruction. Learning to cope with the demands of work output is a challenge for students with emotional difficulties or those experiencing situational stressors. Learning to step back and reflect can become an important cognitive skill for students with fragile coping systems and can result in improved ability to attend and produce an acceptable amount of work. In the author's experience with defiant and fragile students, simply knowing that 'not working' for a time is an acceptable choice improves overall on-task behavior if coupled with effective instruction practices. This 'freedom' can be an important method of meeting the student's needs in the classroom.

# Websites to Search for Evidence-Based Interventions - Mental Health, Social Emotional Development, and Behavior

**ABCT** - <http://www.abct.org/sccap/?m=sPro&fa=sPro>

**American Academy of Child and Adolescent Psychiatry: Characteristics** - [http://www.aacap.org/cs/root/facts\\_for\\_families/the\\_depressed\\_child](http://www.aacap.org/cs/root/facts_for_families/the_depressed_child)

**Anxiety in Youth: Children's Emotional Healthlink (CEHL.ORG)** - <http://www.cehl.org/>

**Applied Suicide Intervention Skills Training (ASIST)** - [http://www.livingworks.net/page/Applied%20Suicide%20Intervention%20Skills%20Training%20\(ASIST\)](http://www.livingworks.net/page/Applied%20Suicide%20Intervention%20Skills%20Training%20(ASIST))

**Assessment of Suicidal Behaviors and Risk Among Children and Adolescents** - [http://www.suicidology.org/c/document\\_library/get\\_file?folderId=235&name=DLFE-141.pdf](http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-141.pdf)

**Assessment of Suicidal Behaviors and Risk Among Children and Adolescents** - [http://www.suicidology.org/c/document\\_library/get\\_file?folderId=235&name=DLFE-141.pdf](http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-141.pdf)

**Authentic Happiness** - <http://www.authentichappiness.sas.upenn.edu/books.aspx?id=187>

**Autism Internet Modules** - <http://www.autisminternetmodules.org/>

**Ben's Top 11 Positive Psychology Websites** - <http://www.authentichappiness.sas.upenn.edu/newsletter.aspx?id=76;>  
<http://www.authentichappiness.sas.upenn.edu/books.aspx;>  
<http://www.authentichappiness.sas.upenn.edu/testcenter.aspx>

**Breaking Schools' Rules: A Statewide Study of How School Discipline Relates to Students' Success and Juvenile Justice Involvement** - <http://justicecenter.csg.org/resources/juveniles>

**CDC data** - [http://webappa.cdc.gov/sasweb/ncipc/leadcaus10\\_us.html](http://webappa.cdc.gov/sasweb/ncipc/leadcaus10_us.html)

**Center for Health Research** - <http://www.kpchr.org/public/acwd/acwd.html>

**Center for Promoting Research to Practice at Lehigh University (includes resources and videos)** - <http://www.lehigh.edu/~ineduc/cprp/pbs.html>

**Center for the Study and Prevention of Violence** - <http://www.colorado.edu/cspv/blueprints/>

**Child Maltreatment 2011** - <http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf#page=28>

**Childhood Mental Disorders** - <http://www.ssa.gov/disability/professionals/bluebook/112.00-MentalDisorders-Childhood.htm>

**Christopher Kearney, PhD. Professor of Psychology and Director of Clinical Training at the University of Nevada, Las Vegas. He is also the Director of the UNLV Child School Refusal and Anxiety Disorders Clinic** - <http://faculty.unlv.edu/wpmu/ckearney/books-and-ordering-information/>

**Collaborative for Academic, Social, and Emotional Learning** - <http://www.casel.org/>

**Creating a Self-Anchored Scale** - <https://www.msu.edu/course/sw/850/stocks/pack/slfanch.pd>

**Dialectical Behavior Therapy (DBT)** - [http://dbtcentermi.org/Overview\\_of\\_DBT\\_.php](http://dbtcentermi.org/Overview_of_DBT_.php)

**Doug Woods – University of Wisconsin, Milwaukee** - <https://pantherfile.uwm.edu/dwoods/www/index.htm>

**Dr. Reschly** - [www.doe.k12.de.us/.../staff/.../DrReschlyRTIAcademicPresentation5707.ppt](http://www.doe.k12.de.us/.../staff/.../DrReschlyRTIAcademicPresentation5707.ppt)

**Evidence Based Programs** - [www.evidencebasedprograms.org/Default.aspx?tabid=154](http://www.evidencebasedprograms.org/Default.aspx?tabid=154)

**Evidence-Based Intervention Network** - <http://www.ecu.edu/cs-cas/psyc/rileytillmant/EBI-Network-Homepage.cfm>

**Evidence-Based Interventions in School Psychology -**

[http://www.wcer.wisc.edu/news/coverstories/evidence\\_based\\_interventions.php](http://www.wcer.wisc.edu/news/coverstories/evidence_based_interventions.php)

**Evidence-Based Mental Health Treatment for Children and Adolescents -**

<http://www.effectivechildtherapy.com/>

**Evidence-Based Practices Institute University of Washington -** <http://depts.washington.edu/ebpi/>

**Family Check-up Model Parenting Assistance -** <http://pages.uoregon.edu/cfc/intervention.htm>

**First Steps to Success - Evidence Based Interventions for Kindergarten -**

<http://ies.ed.gov/ncee/wwc/interventionreport.aspx?sid=179>

**Free online training at** <http://tfcbt.musc.edu/>

**Guidelines for Responding to Student Threats of Violence -** [www.sopriswest.com](http://www.sopriswest.com)

**Intervention Central -** [www.interventioncentral.org/htmldocs/interventions/classroom/gbg.php](http://www.interventioncentral.org/htmldocs/interventions/classroom/gbg.php)

**James J. Mazza, University of Washington -**

<http://education.washington.edu/areas/ep/profiles/faculty/mazza.html>

**John Piacentini Professor of Psychiatry and Biobehavioral Sciences at the UCLA School of Medicine and Director of the Child OCD, Anxiety, and Tic Disorders Program at the UCLA Semel Institute -**

<http://www.semel.ucla.edu/caap>

**Life Satisfaction Scales -** <http://artsandsciences.sc.edu/PSYC/facdocs/hueblifesat.html>

**LivingWorks -**

[http://www.livingworks.net/page/Applied%20Suicide%20Intervention%20Skills%20Training%20\(ASIST\)](http://www.livingworks.net/page/Applied%20Suicide%20Intervention%20Skills%20Training%20(ASIST))

**Matthew K. Nock , Harvard University Director of Laboratory for Clinical and Developmental Research -**

<http://www.wjh.harvard.edu/%7Enock/nocklab/>

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**Mental Health Today -** <http://www.mental-health-today.com/dep/dsm.htm>

**Mindfulness for Children -** <http://mindfulnessforchildren.org/research/>

**National Center for Children in Poverty -** [http://www.nccp.org/publications/pub\\_882.html](http://www.nccp.org/publications/pub_882.html)

**National Center on Response to Intervention -** <http://www.rti4success.org/>

**National Center on Student Progress Monitoring -** <http://www.studentprogress.org/>

**National Institute of Mental Health (NIMH) -** <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml> | <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

**National Standards Project for Autism -** <http://www.nationalautismcenter.org/affiliates/>

**National Standards Project for Autism -** <http://www.nationalautismcenter.org/affiliates/>

**NREPP -** <http://www.nrepp.samhsa.gov/>

**Office of Juvenile Justice and Delinquency Prevention -** <http://ojjdp.gov/>

**Parent-Child Interaction Therapy -** <http://pcit.phhp.ufl.edu/>

**Peabody Research Institute -** <http://peabody.vanderbilt.edu/>

**PENT -** <http://www.pent.ca.gov/dsk/bspmanual.html>; <http://www.pent.ca.gov/hom/research.html>;

<http://www.pent.ca.gov/mh/differentiatingbehavior.pdf>; <http://www.pent.ca.gov/mh/coordinationofplansMH.pdf>;

<http://www.pent.ca.gov/mh/protocolinternalstates.pdf>; <http://www.pent.ca.gov/for/f7/bspdeskreference07.pdf>

**POSITIVE PARENTING PROGRAM (Triple P Parenting) -** <http://www.triplep-america.com>

**Promising Practices Network** - <http://www.promisingpractices.net>

**RESULTS-BASED PUBLIC POLICY STRATEGIES FOR Promoting Children's Social, Emotional and Behavioral Health** - <http://www.cssp.org/policy/papers/Promote-Childrens-Social-Emotional-and-Behavioral-Health.pdf>

**RTI Action Network** - <http://www.rtinetwork.org/>

**RTI In Restrictive Settings For EBD** - [www.shoplrp.com](http://www.shoplrp.com)

**SCARED** - <http://www.cebc4cw.org/assessment-tool/screen-for-childhood-anxiety-related-emotional-disorders-scared/>

**Schools and Suicide Prevention Resources\* Center for School Mental Health** - <http://csmh.umaryland.edu/Resources/ClinicianTools/suicidepreventionresources7.pdf>

**Secret Services** - [www.ed.gov/admins/lead/safety/preventingattacksreport.pdf](http://www.ed.gov/admins/lead/safety/preventingattacksreport.pdf)

**Service Learning** - <http://www.servicelearning.org/what-service-learning>

**Signs of Suicide (SOS) and Signs of Self Injury** - <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>

**Substance Abuse & Mental Health Services Administration (registry of evidence-based interventions)** - <http://www.nrepp.samhsa.gov/find.asp>

**Substance Abuse and Mental Health Services Administration (SAMHSA)** -

<http://www.samhsa.gov/about/cmhs.aspx>

<http://store.samhsa.gov/product/Helping-Children-and-Youth-With-Serious-Mental-Health-Needs-Systems-of-Care/SMA06-4125> and <http://www.nrepp.samhsa.gov/Index.aspx>

**The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program** - <http://cbitsprogram.org>

**The UCLA Childhood OCD, Anxiety & Tic Disorders Program** - <http://www.semel.ucla.edu/caap>

**Three Good Things Technique** - <https://sites.google.com/site/psychospiritualtools/Home/psychological-practices/three-good-things>

**University of Illinois at Chicago** - [www.casel.org/about/index.php](http://www.casel.org/about/index.php)

**University of Nevada, Las Vegas** - <http://faculty.unlv.edu/wpmu/ckearney/books-and-ordering-information/>

**Virginia Threat Assessment Model** - <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=263>

**What Works Clearinghouse** - <http://ies.ed.gov/ncee/wwc/>

**Workbook Publishing** - <http://www.workbookpublishing.com/>

**World Health Organization (WHO)** - <http://who.int/topics/en/>

**WorldNet Web** - <http://wordnetweb.princeton.edu/perl/webwn?s=mental%20health>



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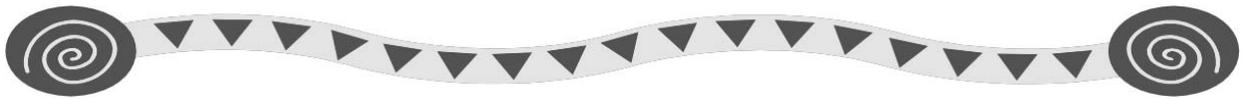
## Finding Your ACE Score

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often** swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often or very often** push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way?  
**or**  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often or very often** feel that no one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**





## The Adverse Childhood Experiences (ACE) Study

### ABOUT THE STUDY: What everyone should know!

Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires,

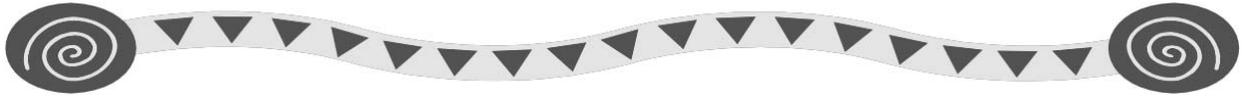
### Here's What We Learned:

Many people experience harsh events in their childhood. 63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.

ACEs seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl.

Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders.



The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- poor health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- obesity
- suicide attempts
- unintended pregnancies

**If you experienced childhood trauma, you're not alone.**

Talk with your family health practitioner about what happened to you when you were a child. Ask for help.

For more information about the ACE Study, email [carolredding@cestudy.org](mailto:carolredding@cestudy.org), visit [www.cestudy.org](http://www.cestudy.org), or the Centers for Disease Control and Prevention at: <http://www.cdc.gov/NCCDPHP/ACE/>