

Adverse Childhood Experiences: Children and Parents Heal Together

In our fall 2012 newsletter, we wrote about the results of the Adverse Childhood Experiences (ACEs) Study: "What if we shift the question from 'What's wrong with you?' to 'What happened to you?'" (To read, see our website at www.jumpingmouse.org.) In this issue of our newsletter, we look at the importance of helping both children *and* parents heal.

Jenny is a single mom raising three children. Her oldest was nine and her youngest, Anna, was five when Jenny called Jumping Mouse. Earlier that week, Jenny and Anna were getting into the car after grocery shopping. Anna decided she didn't want to go home with Jenny and wanted to go to her dad's house instead. She began screaming, insisting her mom was hurting her. Witnesses called the police.

This incident left Jenny shaken, feeling both fear that her child would be taken from her and shame for not handling the scene better. After enrolling Anna in therapy at Jumping Mouse, Jenny realized she needed help also. She began our Securing Connections parent program soon after.

What we know about childhood trauma is that the memories carry a sort of anniversary calendar of childhood events. Jenny had been placed in foster care at age five, the same age as Anna when this event occurred. Although remembering comes naturally for many of us, Jenny had no memories of her own early childhood. When her five-year-old began therapy, however, Jenny started to recall her own mother's alcohol abuse and how Jenny fed and cared for her younger siblings before going into foster care.

We learn something about Jenny's challenges as a parent when we ask about her own childhood. The Adverse Childhood Experiences screening tool is a 10-question survey covering 10 types of childhood trauma, including exposure to abuse, neglect, alcohol and other substance abuse, domestic violence, and other forms of serious household dysfunction. Jenny's ACE score is 8 out of 10. Five-year-old Anna already has a score of 7.

Recent studies have revealed that these adverse childhood experiences are directly linked to social, emotional, and physical health problems later in life, including depression, drug use, and alcoholism, among others. Unaddressed, these traumas can repeat themselves from one generation to the next. The stress of her trauma had affected Jenny's memories of her own childhood, which



"Understanding Adverse Childhood Experiences isn't to know one's life path ... It is to open doors for the future you would like for yourself and for future generations."

Ronald Voorhees, MD, PhD, Chief Office of Epidemiology & Biostatistics Allegheny County Health Department

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"I liked having someone advocate for [my child] and understand her as she is." — Jumping Mouse parent



Jumping Mouse Children's Center
Circle of Care

Our **Circle of Care** recognizes donors who give \$500 or more during the calendar year. In 2012, this annual major gifts campaign raised more than \$58,000 for our kids!

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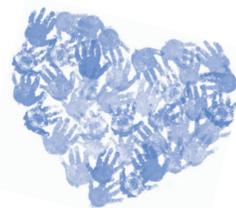
Andy and Claire Zaner



Port Townsend High School Rotary InterAct Club were volunteer servers at this year's Hearts in Bloom event. Photo: David Conklin

Hearts in Bloom a Sold-Out Success

Once again, the community came out to support Jumping Mouse at our annual Hearts in Bloom fundraiser on March 2, which raised more than \$23,000 for children's therapy services. More than 140 guests attended the sold-out event, enjoying a four-course dinner prepared by chef Arran Stark and served by high school students from the Port Townsend Rotary InterAct Club.



This year's Hearts in Bloom event highlighted our plans for growth over the next three years and how we can best support children.

"There are many places and spaces into which ordinary people step to do some part in mending the wounds of our kids," said Founder and Clinical Director Dott Kelly. "That commitment is at the heart of our resilient community."

were disjointed or absent. This response is a common safety mechanism, a way to protect ourselves as children from what is too harsh to bear. Jenny's unsayable memories were too much to carry alone.

Anna, in response to her trauma, had an either/or response to situations. She could be very excited and articulate when describing her favorite cartoons but dismissively substituted names for her own family members. Her inconsistent reactions made it difficult to build a rapport with her at the beginning of therapy. When her therapist called Anna's mom to check reality, Jenny didn't return the calls.

Anna wasn't deliberately lying; she was using a well-designed hide-and-seek method of defense. She felt ashamed and unworthy of love, and she desperately tried to keep adults from seeing her "bad" self. Her emotional turmoil affected her physical health as well and she suffered from chronic stomachaches and complained of being "sick."

Children who have experienced childhood trauma must be in a receptive state before they can build any kind of trust or relationship, and Anna's therapist recognized that Anna needed to prepare for a trustworthy relationship before taking that risk. Together, they often walked to the school playground to swing. When Anna's body was soothed by this lulling rhythm, she wasn't required to be eye-to-eye with her therapist and could talk a bit more easily.

Near the end of their first year together, Anna began to trust her therapist and to reveal the troubling experiences that were still affecting her. As they pieced those experiences together, it was essential that her therapist remained compassionate and attuned to Anna's perspective. Had the therapist attempted to "correct" Anna's stories, Anna would have needed to construct better hiding places. Instead, the therapist accepted Anna's means of defense while simultaneously expressing a coherent narrative that both of them relied on.

At home, Anna continued to face adversity—her dad went into jail and she witnessed ongoing domestic violence. In therapy, though, she trusted her therapist's guidance. When something was too scary to face, they both slowed down and mitigated the dread before moving forward. At this point, Anna can self-correct her "trauma truths" more often.

Meanwhile, Jenny was doing the best she could to offer her children love while coping with her own challenges. She has been in our Securing Connections program for two years. In this program, Jenny has a one-on-one meeting once a week with Parent Clinician Catharine Robinson to talk about Anna and her needs and about Jenny's own difficult childhood.

At first, Jenny would suddenly stop coming to her meetings, for unknown lengths of time. Catharine would call and leave a message: "I'm glad you called last month and I hope you are doing all right. Call me soon. Our time is still on



"Wonderful staff! They are kind and respectful to both children and their parents. Big hearts full of compassion for the challenges we face."

— Jumping Mouse parent

OUTCOMES

How Do We Know Our Program Is Working?



Our in-depth work with kids, their parents, and the surrounding community strengthens families and protects against future harm and distress. To ensure we are meeting our goals, we focus on three main areas of evaluation.

1. Therapeutic progress and achievement of treatment goals.

Jumping Mouse therapists measure every child's unique progress in therapy on a weekly basis. Treatment and support are continually reviewed and refined according to each child's needs, and more than three-quarters of our children show positive gains over the course of their therapy.

2. Attendance and accessibility to services.

In 2012, 78% of Jumping Mouse kids successfully completed therapy or are continuing their therapy at Jumping Mouse in 2013. Last year, 4% withdrew prior to reaching all therapy goals, due to a geographic move; 4% withdrew because the program wasn't a good fit; and the remaining 14% withdrew for other reasons, such as transportation problems or housing issues. Our 2013–2015 strategic plan includes hiring a social worker to help address these challenges for our families.

3. Participant survey.

At the end of a child's therapy, Jumping Mouse asks parents to rate 23 statements that assess our program's long-term goals: their child's health and well-being; their relationship with their child; and their feeling of support in the community. In 2012, every category showed improvement between the beginning and the close of therapy.

“It is very helpful to have another adult help me understand her view of the world and her home life. I felt supported as a single parent.”

— Jumping Mouse parent

Jumping Mouse Children's Center

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Port Townsend, WA 98368
(360) 379-5109

www.jumpingmouse.org
info@jumpingmouse.org

Jumping Mouse is inspired by a Native American legend of a small creature who dreams of a new way. He journeys into the world beyond the familiar, with compassion and awareness. He grows, discovers his strengths, and transforms into Eagle. Like the myth, our children's center is about offering the tools that will assist each child in meeting the challenges of daily life.

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An Update on Our Three-Year Plan (2013–2015)

In January 2013, Jumping Mouse board and staff met in a full-day retreat to affirm the goals and strategies of our plan for CARE: Capacity and Resource Expansion. Thanks to the generous response of Jumping Mouse donors at the end of 2012, we have been able to take the following concrete steps toward doubling our services by 2015.

OUR KIDS

As of January 1, we were able to increase our staff time for children's therapy, increase support for parents and caregivers, and provide supervision for an additional master's-level intern in our training program. Administrative staff also increased hours for billing and fundraising to directly support these services. We're now providing 50 children's therapy sessions per week, toward our target of 60 weekly sessions by the end of this year. Clinical staff time will continue to increase throughout the spring and summer of 2013.

OUR CAMPUS

On April 8, we were able to repay the bank financing obtained last August, making us the proud owners-in-full of the home directly behind and adjacent to Jumping Mouse! With the help of volunteer Ian Keith, plans are well under way to remodel and outfit this additional space to accommodate our continued growth. This fall, we'll open an additional children's therapy room, two consultation rooms, and a new meeting space for group work and community collaboration.

Special thanks to the Port Townsend Rotary Club for featuring this project at their 2013 Treasure Island: Sharing the Bounty dinner and auction on May 11, and to the Norcliffe Foundation for seeding our community campaign.



Our CARE project is also made possible by the legacy gift of Jan Merritt, who bequeathed his home to Jumping Mouse in 2011 to benefit our local kids now and into the future

OUR COMMUNITY

Stable, caring relationships continue to be central to our work at Jumping Mouse, both for our children and for our organization. In all that we do, our priority is to voice a child's needs and to build bridges among the agencies that help meet needs beyond our own reach. Next month, Jumping Mouse staff will be meeting with teachers at Grant Street School to explore how we support each other in our shared caring for children.

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Monday." Jenny's disappearances reflected the hide-and-seek defense, which was shared by mom and daughter. Anna made up stories and Jenny disappeared. Both behaviors deflect relationship building—a response to a profound violation of trust—and it is here that therapy and support must focus.

With gentle encouragement and patience, Jenny began showing up again for her appointments. She ended a destructive relationship and is learning to set boundaries and create safety for her children.

When working with children and parents who have been affected by adverse childhood experiences, we can't reset the dial to zero and begin again, but we can rebalance the scales and introduce new, increasingly healthy ways to make choices around relationships, trust, and stability. Now that we understand how deeply childhood trauma is internalized, we know that time and compassion heals much more firmly and deeply than instruction and efficiency.

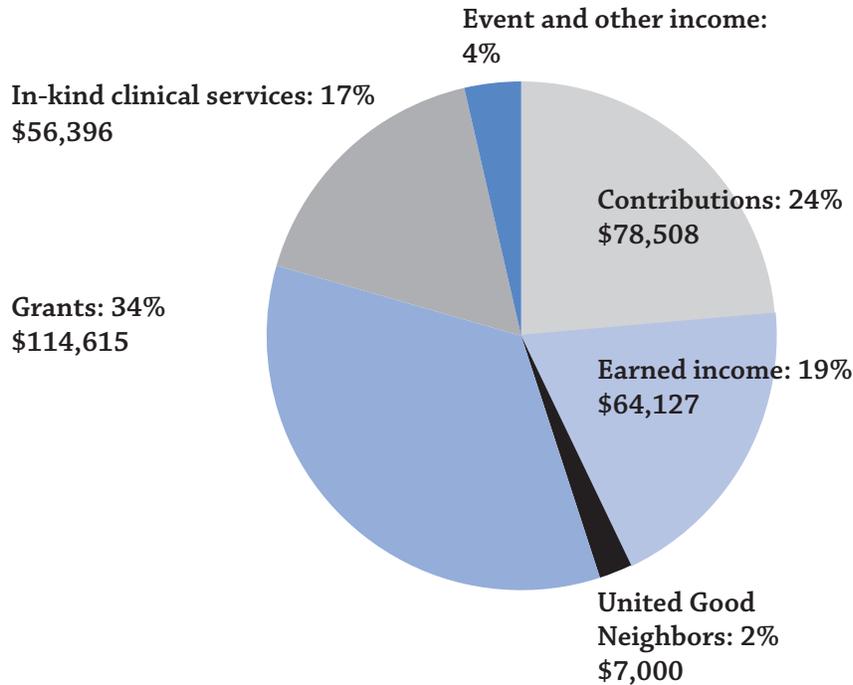
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2012 Financial Report

Support and Revenue

Total Support and Revenue: \$332,596



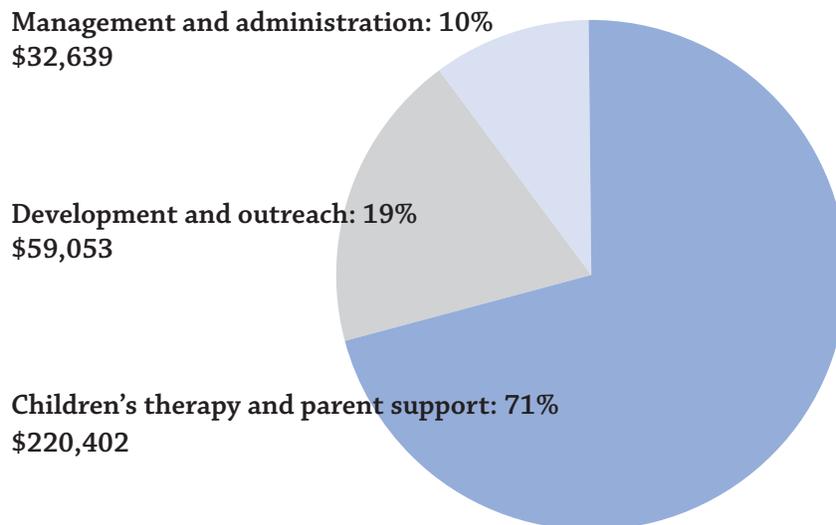
2012 FOUNDATION, CORPORATE, AND GOVERNMENT GRANTS

- Costco Wholesale
- Elizabeth Lynn Foundation
- Glaser Foundation
- Horizons Foundation
- Jefferson County 1/10 of 1% sales tax fund
- Medina Foundation
- Northwest Children's Fund
- Port Townsend Marathon Association
- Port Townsend Rotary Club
- Satterberg Foundation
- Walmart Stores

At Jumping Mouse, we see children for as long as it takes them to heal. Insurance payments and earned income compensate only 19% of our services, yet no family is turned away for inability to pay. We rely on community and foundation support to ensure that kids get the help they need.

Expenses

Total Expenses: \$312,094



2012 Operating result: \$20,502



The Seattle Foundation

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Tell your friends and support Jumping Mouse as part of The Seattle Foundation's GiveBIG.

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