ADDICTION
BORN OUT OF ACEs
&
RETURN TO HOPE

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California-ACEs Academy
October 1, 2020
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Addiction Medicine

Disclaimers
I have no affiliations with any financially-interested company.  
I have no known royalty, stock or financial interest in any industry-sponsored company.  
I do not serve any position in any financially-interested company.
Educational Objectives

1) Neurobiology of balance and survival
   • stress management: regulation pathway
   • reinforcement: reward pathway

2) Neurobiology of distress and escape
   • chronic, toxic stress: dysregulation pathway
   • negative reinforcement: addiction pathway

3) Pathways to resolution and restoration
   • emotional mastery: (re)regulation pathway
   • resiliency: recovery pathway
Neurobiology of balance

Hypothalamus
Pituitary Gland

ACTH
CRF-POMC

Adrenal Glands

Corticosteroids
• Mineral corticoids
• Glucocorticoids
• Sex Steroids

HPA Stress Management
Neurobiology of balance

Cardio Vascular Activation
- heart rate
- blood pressure

Immune System Activation

Muscular-Skeletal
- bone and connective tissue
- muscle mass

Fat and Protein Metabolism
- fat distribution
- protein turnover

Liver and Energy
- gluconeogenesis

Cognition and Brain Function
- sleep, mood, learning
- neuron signaling

Autonomic Nervous System

CRF-POMC

ACTH

Hypothalamus

Pituitary Gland

Adrenal Glands

norepinephrine

Corticosteroids
- Mineral corticoids
- Glucocorticoids
- Sex Steroids
Neurobiology of survival
# Neurobiology of balance and survival

**Neurobiology of balance and survival**

<table>
<thead>
<tr>
<th>Reward Pathway</th>
<th>STRUCTURE</th>
<th>Regulation Pathway</th>
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</thead>
<tbody>
<tr>
<td>Evaluates effective value of stimulus</td>
<td>Central Cortex, Amygdala</td>
<td>Higher-order thinking</td>
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<tr>
<td>Avoid consequences</td>
<td>Cingulate Gyrus, Temporal Lobe</td>
<td>Cognitive flexibility, social adaptation</td>
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<tr>
<td>Limbs reward vs. context</td>
<td>Septal Area, Ventral Tegmental Area</td>
<td>Inhibition of fear, enhancement of pleasure</td>
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<tr>
<td>Positive reinforcement of behavior</td>
<td>Ventral Pallidum, Basal Ganglia</td>
<td>Substantia Nigra, Amygdala</td>
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<tr>
<td>Emotional experience of balance</td>
<td>Extended Amygdala, Temporal Lobe</td>
<td>Emotional tone, flight-or-fight, susceptibility</td>
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<tr>
<td>Learning and memory</td>
<td>Hippocampus, Temporal Lobe</td>
<td>Short-term into long-term memory, navigation</td>
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<td>Motivation and action, Reward</td>
<td>Basal Forebrain, Nucleus Accumbens</td>
<td>Cognitive processing of aversion</td>
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<tr>
<td>Maintain homeostasis</td>
<td>Hypothalamus, Forebrain</td>
<td>Maintain homeostasis</td>
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<tr>
<td>Regulates mesolimbic system</td>
<td>Thalamus, Forebrain</td>
<td>Motor control, sensory stimuli, synthesis</td>
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<td>Positive reinforcement for survival</td>
<td>Ventral Tegmental Area, Mesolimbic</td>
<td>Reward reinforcement for survival</td>
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<tr>
<td>Thirst</td>
<td>Nucleus Inertor, Thalamic areas</td>
<td>Positive stress reaction, regulates hypothalamic tone</td>
</tr>
<tr>
<td>Pituitary Gland, Brain—Corpus</td>
<td>Regulate endocrine system</td>
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<tr>
<td>Brain—Corpus Distinction</td>
<td>Autonomic Nervous System, Sympathetic, Parasympathetic</td>
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</tbody>
</table>

**Amygdala**

**REACTION**

**emotional tone**

**Hypothalamus**

**HOMEOSTASIS**

**balance**

**Ventral Tegmental Area**

**REINFORCEMENT**

**survival**

---

Fig. 1. Reward pathways and regulation pathways. Copyright © Susie West, MD 2014.
**Amygdala**
- Sociability
- Fear and aggression
- Pleasure
- Pheromone processing

**Septum**
- Enhances pleasure
- Inhibits fear

**Cingulate**
- Cognitive flexibility
- Social adaptation
- Learning to avoid consequences
- Interpretation of emotions

**Hippocampus**
- Short-term into long-term memory (enhanced by strong emotion related to topic)
- Navigation

**Hypothalamus**
- Mind-body connection
- Autonomic Nervous System, Immune function
- Connects to hippocampus

**Limbic System: Regulation**
- Connects to hippocampus
- Integrates emotional and autonomic responses
### STAGES OF PSYCHO-EMOTIONAL DEVELOPMENT

#### THE FIRST 5

<table>
<thead>
<tr>
<th>Trust</th>
<th>Autonomy</th>
<th>Initiative</th>
<th>Industry</th>
<th>Identity</th>
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<td>Hope</td>
<td>Will</td>
<td>Purpose</td>
<td>Confidence</td>
<td>Fidelity</td>
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<tr>
<td>Infant</td>
<td>Toddler</td>
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</table>

...leading to Intimacy...  

*The Life Cycle Completed*, Eric and Joan Erikson

Neurobiology of balance and survival
Neurobiology of balance and survival

PERCEPTION
AGE & STAGE
CONNECTION

PROTECTIVE FACTORS
balance and survival

Neurobiology of distress and escape

distress and escape
Neurobiology of distress

- Prolonged
- Overwhelming
- Unpredictable
“The loss of the ability to regulate the intensity of feelings is the most far-reaching effect of early trauma and neglect.”

- Van der Kolk

“…must take into account the behavioral repertoire processes and changes occurring in anatomical structures and physiological processes of the brain, throughout the life course.”

- Cicchetti, 2000
**Cingulate**
- Cognitive rigidity
- Misreading social interactions
- Repetition compulsion

**Hippocampus**
- Short-term into long-term memory (enhanced by strong emotion related to topic)
- Navigation

**Hypothalamus**
- Mind-body connection
- Autonomic Nervous System, Immune function

**Limbic System: dys-regulation**
- **Septum**
  - Dysregulated perception of pleasure

**Amygdala**
- Fight Flight Freeze
- Anger reactivity, Aggression
- Impulsivity
- Hypervigilance

**Hippocampus**
- Memory impairment (short and long-term)
- Stagnation (enhanced by strong emotion)
Neurobiology distress

HPA distress response

Chronic Exposure to Stress

Hypothalamus

Pituitary Gland

Adrenal Glands

CRF

ACTH

POMC

Corticosteroids
- Mineral corticoids
- Glucocorticoids
Cardio Vascular Activation
- heart rate
- blood pressure

Immune System Activation

Muscular-Skeletal
- bone and connective tissue
- muscle mass

Fat and Protein Metabolism
- fat distribution
- protein turnover

Liver and Energy
- gluconeogenesis

Cognition and Brain Function
- sleep, mood, learning
- neuron signaling

Hypertension
- Arterial plaque
- C-V events

Infections
- Cancer
- Inflammation

Weak joints/bones
- Arthritis/arthralgia
- Fatigue

Truncal obesity
- Muscle break-down

Insulin resistance
- Elevated cholesterols
- Fatty liver

Insomnia
- Anxiety, depression
- Inattention

Neurobiology distress
My ANS is messed-up!
Neurobiology of distress
Epigenetic changes are essential for normal development

- DNA methylation
- histone modification
- non-coding RNA

Regulated by environmental stimuli
AND
Records “molecular memory”

translates past stressful events into changes in:
- gene expression
- the HPA
- neuronal circuitry
- future behaviors
**Traumatic Experiences**

Persistent impact of the *unthinkable and unspeakable*
- Changed neuro-receptors, chemistry, pathways
- Altered immune and hormone systems
- Epigenetic changes and genetic damage
- Dysfunction in relationships and life

**Drugs**
- Disease
- Death

**Addiction is the AVOIDANCE of SELF.**

- Susie Wiet, MD

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**Neurobiology of escape**

*Cannabis isn't a gateway drug.  
Alcohol isn't a gateway drug.  
Nicotine isn't a gateway drug.  
Caffeine isn't a gateway drug.  

Trauma is the gateway.  Childhood abuse is the gateway.  Molestation is the gateway.  Neglect is the gateway.  

Drug abuse, violent behavior, hyper sexuality and self harm are often symptoms (not the cause) of much bigger issues.  And it almost always stems from a childhood filled with trauma, absent parents, and an abusive family.  

But most people are too busy laughing at the homeless and drug addicts to realize your own children could be in their shoes in 15 years.  Communicate.  Empathize.  Rehabilitate.  

Russel Brand**
Neurobiology of escape

BRAIN RECOVERY WITH PROLONGED ABSTINENCE

Healthy Person  METH Abuser  METH Abuser
1 month abstinence  14 months abstinence

Drugs, Brains, and Behavior
The Science of Addiction

NIH National Institute on Drug Abuse
Neurobiology of escape

Types of Behavior Addictions
- Codependency
- Food & Eating
- Gambling
- Sex
- Love
- Internet & Games
- Debit
- Shopping
- Work
# Neurobiology of distress and escape

## Origins of Addiction Predictably Embedded in Childhood Trauma: A Neurobiological Review

Sue Sek

Clinical and Adolescent Psychiatrist, Addiction Medicine, Holland, Treatment for Psychiatric Trauma Addiction, University of Florida, Jacksonville, Faculty, Salt Lake City, UT, USA

### Table XX: Interface of the Extended Reward Pathways and Extended Limbic System

<table>
<thead>
<tr>
<th>Dual Reward Pathway</th>
<th>Reward Pathway</th>
<th>Regulation Pathway</th>
<th>Strutural Pathway</th>
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<td>Loss of empathy</td>
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<td>Cognitive</td>
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<td>Reduced effectiveness</td>
<td>Inhibition of control</td>
<td>Flexibility</td>
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<td>Social extinction</td>
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Neurobiology of distress and escape

**STAGES OF PSYCHO-EMOTIONAL DEVELOPMENT**

<table>
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<th>Pre-Schooler</th>
<th>School-Ager</th>
<th>Adolescent</th>
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</thead>
<tbody>
<tr>
<td>Mistrust</td>
<td>Shame</td>
<td>Guilt</td>
<td>Inferiority</td>
<td>Role Confusion</td>
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</tbody>
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...leading to Isolation...un-

*The Life Cycle Completed*, Eric and Joan Erikson
balance and survival

distress and escape

resolution and restoration
RESILIENCY & REGULATING the STRESS SYSTEM
The HPA (hypothalamic-pituitary-adrenal system)

PILLARS of SELF-REGULATION

<table>
<thead>
<tr>
<th>SLEEP</th>
<th>RELAXATION</th>
<th>NUTRITION</th>
<th>EXERCISE</th>
<th>EMOTIONS</th>
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<tbody>
<tr>
<td>Regular</td>
<td>Play and fun</td>
<td>Regular mealtimes</td>
<td>Moderate and regular</td>
<td>Awareness of feelings</td>
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<tr>
<td>Circadian rhythm</td>
<td>Mindful breathing</td>
<td>Wholesome nutrition</td>
<td>Stretching and alignment</td>
<td>Validation and acceptance</td>
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<tr>
<td>Restorative</td>
<td>Meditation/prayer/reflection</td>
<td>Microbiome</td>
<td>Meditative movement</td>
<td>Regulating and balance</td>
</tr>
</tbody>
</table>

PROTECTIVE FACTORS

RELATIONSHIPS:  Supportive adult  Healthy friendships  Self-worth and efficacy
PERCEPTION:     Self-regulation  Adaptation            Hope for future
COMMUNITY:      Cultural roots   Shared activities  Faith structure

SAFETY and TRUST

©5/2017
Sleep

Neurobiology of resolution and restoration
Neurobiology of resolution and restoration
Neurobiology of resolution and restoration

relaxation
Neurobiology of resolution and restoration

Nutrition

[Diagram showing the interaction between the hypothalamus, anterior pituitary, adrenal cortex, and gut microbiota with labels for CRF, ACTH, and cytokines (TNF, IL-1, IL-6)].
Nutrition as prescription
Neurobiology of resolution and restoration

Methylation Biochemistry

Methionine Cycle

Folate Cycle

Biopterin Cycle

NT Metabolism

Vitamin C

Susie Wiet MD
Neurobiology of resolution and restoration

Exercise
Neurobiology of resolution and restoration

Emotions

The Human Condition

feeling

thinking

doing
Neurobiology of resolution and restoration

The Human Condition

feelings
Neurobiology of resolution and restoration

The Human Condition
Neurobiology of resolution and restoration
Hypothalamus
Pituitary Gland
Adrenal Glands

CRF-POMC
ACTH

Corticosteroids
• Mineral corticoids
• Glucocorticoids
• Sex Steroids

Neurobiology of balance
Effective behavior

Emotional Regulation
Neurobiology of resolution and restoration

PROTECTIVE FACTORS
PERCEPTION
AGE & STAGE
CONNECTION

self
Infomercial

No cost or obligation involved.

“SAVE”

CHANGE THE EQUATION
for risk of mental and physical illness

Start:
... a conversation with your patient

Ask:
... about adverse childhood experiences (ACEs) and other traumatic experiences, and protective factors.

Validate:
"Things you have experienced should have never happened to you or to any person."

"Please know if you should ever experience or recall something traumatic in the future, this is a safe place to talk about those things."

Empower:
"Your mind and body may have been affected by what you experienced. But, there is a lot you can do to improve your health, now."

TOXIC STRESS ON THE BODY

- High blood pressure, artery plaques, cardiovascular clots
- Infection, cancer, inflammation, insulin resistance
- Weak joints/bones, painful joints/muscles, muscle breakdown
- Insomnia, anxiety, depression, inattention
- Addiction, high-risk behavior
- Obesity, fatty liver
- Elevated cholesterol and triglycerides, fatigue

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HEALTH RESILIENCY STRESS QUESTIONNAIRE (HRSQ)

Health-Resiliency-Stress Questionnaire (HRSQ)

We each have our own ways to cope in life and get through difficult times.

Please circle the answer that shows how true each statement is for you.

1) I tend to bounce back quickly after hard times.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

2) I have a hard time making it through stressful events.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

3) It does not take me long to recover from a stressful event.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

4) I find it hard to snapping when something bad happens.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

5) I usually come through difficult times with little trouble.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

6) It takes me a long time to get over set-backs in my life.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

Some physical health problems can make it difficult to function or feel well.

Please circle the answer that fits best.

1) My overall physical health is.
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

2) My physical health to do the tasks of everyday life is.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

3) My ability to function when I have physical pain is.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

4) My overall mental health is.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

5) My ability to stay positive when I am not feeling well is.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

6) My ability to function when feeling out of balance is.
   - Strongly Disagree
   - Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Agree
   - Strongly Agree

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month you

1) Had nightmares or thought about it when you did not want to?
   - Yes
   - No

2) Tried hard to keep it out of your head or to forget it?
   - Yes
   - No

3) Avoided thoughts or feelings related to it?
   - Yes
   - No

4) Was constantly on guard, watchful, or easily startled?
   - Yes
   - No

5) Found it hard to get back to your feelings or detached from others, activities or your world?
   - Yes
   - No

This questionnaire is about childhood experiences that may have happened before you were 18 years old.

Please circle the answer that best describes your experiences.

Or write in your total score if you prefer.

1) Did you live with anyone who was depressed, mentally ill, or suicidal?
   - Yes
   - No

2) Did you live with anyone who was a problem drinker or alcoholic?
   - Yes
   - No

3) Did you live with anyone who used illegal drugs or who abused prescription medications?
   - Yes
   - No

4) Did you live with anyone who served time in prison or was sentenced to serve time in a prison, jail, or other correctional facility?
   - Yes
   - No

5) When your parents separated, divorced, one parent never involved OR was a sex partner of the opposite parent?
   - Yes
   - No

6) Did you often feel that you did not have enough to eat, had to wear dirty clothes, had no one to protect you OR that your parents were not able to care for you due to their own problems?
   - Yes
   - No

7) Did you often feel that no one in your family knew you, that you were important in special OR that your family didn’t look out for each other, feel close or support each other?
   - Yes
   - No

8) In your home, did you ever worry or live in a home where violence was physical, sexual, verbal, or was afraid to go home?
   - Yes
   - No

9) In your home, did you ever physically hurt, injured or threatened by anyone? (Do not includeigne or gang)
   - Yes
   - No

10) In your home, did anyone hit, punch, or push you?
    - Yes
    - No

11) Did anyone ever make you watch sexually explicit or sexually explicit images or videos?
    - Yes
    - No

12) Did anyone ever make you watch sexual acts or try to make you touch them sexually?
    - Yes
    - No

13) Did anyone ever force or force you into having sex?
    - Yes
    - No

14) Did you bulling at school and felt unaccepted?
    - Yes
    - No

15) Being picked on by family members?
    - Yes
    - No

16) Were you often alone or outside because of violence in your community?
    - Yes
    - No

Do you ever wonder if any of the experiences listed above have affected your health today?

Do you want help to address any of the experiences listed above?

Were the questions on this form easy to understand? If not, circle the questions that were not.

I appreciate your time for my care provider to know about my answers to these questions.

This questionnaire is about childhood experiences that may have happened before you were 18 years old.

What is your race?

What is your gender?

What is your height?

What is your weight?

What is your income?

How much do you like your life?

How much do you like your body?

How much do you like your career?

How much do you like your job?

How much do you like your relationships?

How much do you like your family?

How much do you like your friends?

How much do you like your health?

How much do you like your physical health?

How much do you like your mental health?

How much do you like your self-esteem?

How much do you like your self-confidence?

How much do you like your self-image?

How much do you like your self-worth?

How much do you like your self-respect?

How much do you like your self-esteem?

How much do you like your self-confidence?

How much do you like your self-image?

How much do you like your self-worth?

How much do you like your self-respect?
The Health Resiliency Stress Questionnaire (HRSQ) provides a quick overview of a person's ability to tolerate and cope with stress, which is known to significantly affect their health. This tool was designed for busy primary care health clinics and is also valued by therapists, treatment centers, medical specialists, naturopaths, and other providers. The HRSQ identifies and quantifies resiliency skills (strengths), tolerance to stress, expanded Adverse Childhood Experiences (ACEs) and other experiences of trauma and/or violence. We know that such toxic stresses are highly associated with pro-inflammatory illnesses, which makes the HRSQ a very important tool for any practice. The HRSQ is an efficient (4-5 min), self-administered tool that can be completed in a waiting room, exam room, or at home. It can be used repeatedly to monitor improvement. In response to healing from the effects of ACEs and other toxic experiences, the future goal is to assist providers with treatment recommendations by stratifying which persons may need what treatment recommendations with regard to the effects of trauma. Providers can register for the e-HRSQ and will receive and automated email with full description of their patient/client’s responses. The data entered will be pooled and used to study the utility of this instrument. The data set and email responses are HIPAA compliant: only the numerical answer-scores, race, gender, and zip code are recorded, and none are required (all optional). This is an IRB-approved study.

https://trcutah.org/hrsq

PROVIDER REGISTRATION

HRSQ Versions:
- Paper version - HRSQ (without instructions)
- Paper version - HRSQ (with instructions)
- Electronic version — e-HRSQ (HIPAA compliant)

HRSQ-Provider Registration: Provider Registration-HRSQ
- Register on the Provider Registration-HRSQ database (30 seconds)
- Provide each patient/client with a code that is internal to the clinic (e.g., Client or Dr-Split, chocolate, etc.)
- Provider receives automated results by email, then provider must match the clinic-generated code present on the upper left corner of the HRSQ result to the correct chart

HRSQ Versions:
- Paper version - HRSQ (without instructions)
- Paper version - HRSQ (with instructions)
- Electronic version — e-HRSQ (HIPAA compliant)

E-HRSQ

Scoring and Suggestions
Click here for details on how to score the pdf versions. This same information will be attached to the e-HRSQ result that is sent to the provider’s designated email.

HRSQ informed consent (simplified) for patients/clients
Feel free to use our simplified patient/client informed consent (simplified) to introduce your client/patient to the HRSQ.

ACESConnection Blog Article on HRSQ
If you would like to learn more about the history and development of the HRSQ, click the button below. You will see how this instrument is the result of a truly collaborative effort and without funding.

ACES CONNECTION ARTICLE: HRSQ
The following are simply a place to start with resources for educating patients/clients about how they may be able to take a more active role in their health. These are NOT medical interventions and are NOT meant to intend or replace clinical judgment, clinical monitoring, or clinical treatment. Improving the patient/client typically enhances commitment to health, wellness and recovery from any disease process or pathology, which has been well documented in scientific literature. The provider may want to explore these links to make a good fit for their practice. Providers may add to or delete from this list, as they see fit for their practice.

Any person using this list, whether that includes the referring provider or the person who received the referral, shall hold harmless the author and collaborators of the Health Resiliency Stress Questionnaire (HRSQ). This list was compiled with the intent to provide health, wellness and recovery from any disease process or pathology. All rights reserved. HRSQ©

Education: why building resilience is important and possible, even in the face of trauma
- ACEs Trauma High - ACEs CDC resource
- ACEs video 3 min. Academy on Violence and Abuse - ACEs Health Video
- CDC’s website on ACEs: ACEs CDC

Improving resilience helps to give structure about how to improve resilience skills
- Resilience skill lists for the Face of Adversity
- Affirmations - Resilience Skills - Mayo Clinic
- Road to Resilience (APA)

Positive affirmations: helps to redirect pathways in the brain associated with health and well-being
- Positive Affirmations INST (life-affirmation fist)
- Positive Affirmation Resource (suicide hope)

Trauma-focused guided meditation: can help to shift thoughts into a more peaceful state
- Guided Meditations - Letting Go of Grief (Bodywork Hypnosis)
- Guided Meditations - Healing Trauma Recovery
- Guided Meditations - Mindful Peace

Building mindfulness, health and wellness: skills that increase the neural-body connection are associated with improving overall health
- Positive Affirmations (suicide hope)
- Nutrition for Recovery (Alliance for Addiction Solutions)
- Movement - Tai Chi and Qi Gong (NCI-CHN-20)
- Sleep Modulation (Remede Sleep Protocol)

Emotional regulation: grounding skills are associated with improving overall health
- Grounding Techniques - easy to learn for PTSD (Anxiety Society)
- Start an emotions journal
- Connection: Connection to others (Net Family News)
- Make Stress Your Friend (TIE Tech-kelly McDougall)
- Deep rhythmic breathing
- Breathing for relaxation (Fora Journal)
- Sensory techniques I: Shush (OCD)

Tapping:
- Tapping graphic (Therapeutic Grace)
- Tapping demonstration (The Tapping Solution)

Crash hotlines and links:
- Suicide prevention (Utah): 1-800-273-8255 (also chat available: Suicide Prevention Resources)
- Suicide Prevention Chat: CHAT
- Domestic violence shelters: 1-800-799-7173 or The National Domestic Violence Hotline
- UTAH “Learn in Crisis” for mental health crises (UTAH ONLY): 1-800-387-3000

National Alliance for Mental Health (NAMI) contact information
- U-200-339-9930
- Toll-free: 877-230-6064
- Utah Peer support groups by NAMI (for mental illness): UTN resources (NAMI)
- Addiction-Recovery meetings (e.g. 12 Steps, National Recovery, Al-Anon Recovery, etc.)

- Local: Community Recovery Meetings Locator
- National (on-line meetings): Ondine 12 Steps
- UTAH ONLY: Meeting Schedule at USARA

HRSQ
Score
Risk
Category
Print Study Suggestions for the Provider
The following are suggestions to help providers simply start a clinically relevant and emotionally validating connection with a care provider.

These suggestions are NOT meant or intended to replace other pertinent clinical judgment, clinical monitoring, or clinical treatment. These suggestions are aligned with known disease process or pathology that can arise from unresolved trauma, especially when it has been well documented in scientific literature.

The provider may wish to review these recommendations to make a good fit for treatment plans for clients/patients. Providers may add to or delete from this list, as they see fit for their practice.

Any provider making use of this list, whether that includes the care provider or the patient/client, shall hold harmless the author and collaborators of the Health Resiliency Stress Questionnaire (HRSQ). This list was compiled in good faith for the benefit of health for humanity and to provide information about the provider/patient relationship that is connected with a history of adversity and how resilience can mitigate such effects.

3–5 Excellent
SUGGESTED RESPONSE: “I can see from your answers that you have really gone through a lot so you should have experience. And I also see that you are really struggling right now. Thank you for being so honest, which helps me to better understand you and things to consider about your health.”

5–6 High
SUGGESTED RESPONSE: “I can see from your answers that you have gone through a lot that no one should have experience. And I also see that you have some struggles right now. Thank you for being so honest, which helps me to better understand you and things to consider about your health.”

3–4 Moderate
SUGGESTED RESPONSE: “I can see from how you answered this question that you have some really good ways to cope with stress. I also see that you have some struggles right now that may be related to things that happened to you that should never happen to anyone. Thank you for being so honest, which helps me to better understand you and things to consider about your health.”

3–2 Low
SUGGESTED RESPONSE: “I can see from how you answered this questionnaire that you have some really good ways to cope with stress and that you are not having too many struggles about your health. I do see that you’ve had some (minor, explicitly specified) experiences in life that don’t seem to cause grief for you now. Thank you for being upfront, which helps me to better understand you and things to consider about your health.”

www.TRCUtah.org
1) Neurobiology of balance and survival
   • regulation and reward pathways

2) Neurobiology of distress and escape
   • Dysregulation and addiction pathways

3) Pathways to resolution and restoration
   • emotional mastery through restoration of the regulation pathway
   • resiliency through the recovery pathway
There is no greater agony than bearing an untold story inside you.

-Maya Angelou