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ACE Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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The Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACEs) Study was conducted by two medical doctors, Vincent Felitti and Robert Anda (Felitti 2002).

The study analyzed the medical records of more than 17,000 patients at a large health maintenance organization. The results show that ten commonly reported ACEs predict a very wide range of psychological and physical problems. The ten ACEs are:

Three kinds of abuse

- Sexual
- Physical
- Emotional

Two kinds of neglect

- Emotional
- Physical

Five kinds of household dysfunction

- Parents divorced or separated
- Witnessing domestic violence, such as a mother being treated violently
- A household member addicted to alcohol or other drugs
- A household member suicidal or mentally ill
- A household member in jail

Note: Remember to exercise caution throughout these worksheets. If any exercise becomes too uncomfortable, put it aside or seek professional counseling.

ACE Quiz: What's Your ACE Score?

Read through the list and check off the ones you relate to:

- ☐ Did your parents or primary caregivers often swear at you, insult you, put you down, or humiliate you?
- ☐ Did your parents or primary caregivers often hit, push, grab, slap, or throw something at you?
- ☐ Did an adult or someone at least five years older than you ever touch you or have you touch them in a sexual way?
- ☐ Did you often feel that your family never loved you or thought you were important or good enough?
- ☐ Did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you and take care of you?
- ☐ Were your parents ever divorced or separated?
- ☐ Was your mother or stepmother often pushed, grabbed, slapped, or hit?
- ☐ Did anyone in your family have a drinking problem or was addicted to drugs?
- ☐ Was anyone in your family mentally ill or suicidal?
- ☐ Did anyone in your family go to prison?

Total the number of items you checked. This is your ACE score.

Score: _____

Identifying Other ACEs

The original research listed only the ten ACEs most commonly reported by patients. But there are other ACEs that can potentially affect health:

- ☐ Loss of parent or guardian or a close family member or friend
- ☐ Serious illness of a loved one
- ☐ Parents' troubled marriage
- ☐ Violence in the community, neighborhood, or school
- ☐ Discrimination
- ☐ Isolation
- ☐ Growing up in poverty
- ☐ Living in a war zone
- ☐ Witnessing gruesome injury, death, or genocide
- ☐ Terrorism
- ☐ Being kidnapped or abducted
- ☐ Cults
- ☐ Natural disasters

Reflect on the items above and try to reflect on adverse experiences you went through as a child. Write down a brief description of these experiences below:

1. Adverse Childhood Experience:

2. What message did this experience give you about yourself? How might it have influenced the way you experience yourself and the world?

3. How have you tried to cope with these messages (negative beliefs)?

How ACEs Show Up In Your Life

ACEs can negatively affect your physical and psychological health as well as your basic sense of self and your beliefs.

Read through the following items and check the ones you relate to:

Emotional and Physical Arousal

- ☐ Do you struggle with regulating your emotions (e.g., separation anxiety, panic attacks, fear of abandonment, can't tolerate being alone feeling overwhelmed, etc.)?
- ☐ Do you often experience high-stress arousal (e.g. feeling on edge, easily startled, general irritability, inability to concentrate, etc.)?

Self-perception

Do you struggle with any of the following?

- ☐ Low self-esteem (feeling defective, inadequate, not good enough, unlovable)
- ☐ Shame
- ☐ Self-loathing
- ☐ Feeling dead inside
- ☐ Feeling isolated, alone, rejected, you don't belong

- ☐ Lacking confidence in relationships

Your Beliefs

I believe that...

- ☐ I am a disappointment.
- ☐ I'm defective, worthless.
- ☐ I am a failure.
- ☐ I'm inferior as a person to others.
- ☐ I am a mistake.
- ☐ I am uninteresting.
- ☐ I am unlovable.
- ☐ I am unwanted.
- ☐ I don't deserve anything.
- ☐ I was treated like trash, so I must be trash.
- ☐ No one can be trusted.
- ☐ Something is wrong with me.
- ☐ There's not enough to go around.
- ☐ There's something wrong with me.
- ☐ The world isn't safe.

- ☐ I don't really belong anywhere.
- ☐ Relationships are scary.

Your Coping Methods

Do you often use any of the following coping methods?

- ☐ I present a facade of calm (I look confident on the outside while feeling like a mess inside).
- ☐ I use extreme, inflexible defenses (keeping others away, extreme independence, or extreme dependence).
- ☐ I use a facade of superiority to mask vulnerability.
- ☐ I hide and withdraw from people to protect myself.
- ☐ I am harshly critical of self or others.
- ☐ I demand others' attention.
- ☐ I use perfectionism and overachievement to compensate for feelings of inadequacy.
- ☐ I use people-pleasing to avoid conflict and get approval.
- ☐ I can't tolerate negative or even positive emotions (numbing emotions using addictions, hiding feelings for fear that others will judge them).
- ☐ I overreact when encountering frustration, disappointments, being criticized, etc.
- ☐ I have difficulty connecting with others.

Trauma Symptoms

Do you often experience any of the following?

- ☐ Flashbacks and nightmares
- ☐ Extreme fears that appear without reason
- ☐ Being hyper-vigilant (Constantly on edge even in situations that wouldn't normally warrant such behavior)
- ☐ Difficulty with relationships and attachment

Are there times you struggle with unpleasant sensations in your body, thoughts, feelings, or behaviors without knowing why? What do you specifically experience? When?

Note: Use the list of bodily sensations and list of feelings at the end of these worksheets to better name your internal experiences.

Family History

Reflect on the following questions and respond in writing without judging.

1. Did your family enjoy each other's company?

2. How did adults in your home resolve their disagreements?

3. Did anyone in your family make you feel special? Safe? Loved?

4. Who was (were) your primary caregiver(s) in your early years? How would you describe them in terms of strengths and weaknesses?

5. How would you describe your relationship with your primary caregiver(s)?

6. How did they discipline you?

7. When you were a child, what did you do when you were upset? Who did you turn to for comfort? What would happen?

8. Did you ever feel rejected as a child by your primary caregiver(s)? If so, what was that like for you?

9. How have your early childhood experiences affected you today for good and bad?

10. Who or what has helped you survive so far? (e.g. inner strengths, interests, motivations, supportive people, etc.)

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Considering Therapy

When to Consider Therapy?

It is always helpful to work with a therapist or trauma specialist.

However, you should seriously consider therapy if you are experiencing any of the following:

- ☐ You can't think of certain memories without experiencing intense distress.
- ☐ You experience intrusive memories, including nightmares, flashbacks, or hallucinations.
- ☐ You or your surroundings seem unreal.
- ☐ You experience disturbing emotions frequently (e.g., crushing feelings of low self-worth, shame, fear, depression, hopelessness, irritability, extreme rage, etc.).
- ☐ You feel numb, unable to experience happy feelings.
- ☐ You have a mental illness, such as anxiety, panic disorder, depression, borderline personality disorder, or bipolar disorder.
- ☐ You are harming or thinking about harming yourself (e.g., suicidal thoughts, thoughts of cutting or otherwise injuring your body, engaging in risky behaviors such as driving dangerously or while intoxicated, having unprotected sex, etc.)
- ☐ Any memories or symptoms seem overwhelming.

Notes:

1. Are there troubling symptoms you are experiencing that are related to your ACEs?

2. How do you think your life would be different if the troubling symptoms improved?

3. If you were to seek professional help, how would you like the mental health profession to be?

Regulate Stress Arousal

Dysregulated stress is at the core of hidden wounds of ACEs.

Before any healing takes place, you'll need to master stress regulation skills.

Mindfulness Meditation Exercise

Mindfulness meditation has been shown to reduce psychological and physical symptoms of a wide variety of stress-related conditions. The following exercise is a great way to start and end your day.

Instructions

1. Sit or lie down in a comfortable position.
2. Close your eyes or simply lower your gaze if that's more comfortable.
3. Ground in the body by focusing on your breathing, how your feet feel planted on the ground, or notice the sensation of the mattress against your body.
4. Think of a safe place or person that made you feel loved. Recall what that felt like in your body.
5. Place your hands on your belly and feel it expanding as you breathe in and sinking as you breathe out. Imagine breathing in love and compassion and allowing them to settle in as you breathe out.

6. Repeat the same while placing your hand over your heart and imagining breathing in love and compassion. Then place your hands over your forehead and repeat the same process.

7. Take a few moments to let any pleasant feelings or sensations linger.

What thoughts did you have as you did this?

Grounding Exercise

Instructions

1. Place one hand over your belly.
2. As you breathe in, notice what is happening under your hand. Notice what happens to your body overall and your emotions as you do this.
3. Place the other hand over your heart and notice what is happening near that hand.
4. You might move the hand on your belly to your back, throat, forehead, or any other place that feels good. Notice what happens under this hand and what is happening in your body and emotions generally.

What thoughts did you have as you did this?

Resistance Exercise

If you tend to feel numb or helpless when recalling ACEs, this exercise may help you to counter the collapsed state.

Instructions

1. Stand in front of a wall and place one foot firmly behind the other.
2. Bend your knees and push against the wall. Allow yourself to feel the strength in your core, arms, and legs.
3. Notice what that feels like in your body.

What thoughts did you have as you did this?

Regulate Strong Emotions

It is normal to try to avoid unpleasant emotions.

However, avoidance won't make emotions go away, and more often than not, these emotions become more intense when we ignore them.

Mindfulness

Mindfulness is a great way to sit with your emotions in a nonjudgmental, accepting way.

Instructions

1. Start by thinking of something that brings on a degree of anxiety that isn't overwhelming.
2. Sit in a comfortable position with your eyes closed or loosely focused on the floor and take a moment to relax the muscles throughout your body.
3. Bring the anxiety-provoking situation into your awareness. Keep some of your attention on your breath to stay anchored in the present moment.
4. Notice everything that happens in your mind and your body as you hold the anxiety-provoking situation in your awareness. The goal here is to become curious.

What emotion arises in your body? What thoughts do you have? What happens over time? Does the situation stay sharp in your awareness, or does it get fuzzy?

Remember that you don't have to change or fix anything. If you notice yourself getting carried away with your automatic thoughts, gently bring your attention back to the breath and the present moment.

5. End your practice by focusing your attention on the breath for a minute or two.

Sometimes anxiety will fade quickly, and other times it may persist. The goal is to become aware of your automatic thinking patterns and notice any distortions in them. Mindfulness can also help you realize that the emotions associated with your fear are not that hard to tolerate and that they seem to wither away when you invite the feared situation to be present.

Check-in With Yourself

Take a moment to become aware of your emotions. At this very moment, how do you feel? Are you aware of why you feel the way you do?

At this moment I feel _____

Because _____

Practice Self-Compassion

1. Think about a difficult situation that you are having at the moment. For example, you may be experiencing stress at work, or you may have a conflict with a family member. Describe this situation in a few words:

2. Once you identified your current difficult situation try to come up with self-compassion actions by answering the following questions:

- What can you do to make yourself feel physically calmer?

- What can you do to take care of your emotional needs?

- What can you say to yourself to validate your feelings?

- What can you do to protect yourself from harm?

- How can you motivate yourself with kindness and understanding, rather than criticism?

Floating Back Strategy

Old memories can get locked in the brain along with the original emotions.

Recent events that trigger similar emotions can pull up aspects of an old, unprocessed memory and cause an excessive negative reaction.

Shapiro (2012, 94) notes that most people have ten to twenty core memories that are “running [their] show” and causing emotional overreactions.

The floatback strategy helps soothe both the recent event and the old memory and change the old memory.

Instructions:

1. Identify a recent event that is moderately triggering —perhaps a 4 or 5 SUDS rating.

For example, being criticized may trigger strong emotions of inadequacy and anger because it reminds you of your harshly critical mother.

Note: make sure the core memory isn’t too distressing. If you are concerned that a traumatic memory might be overwhelming, consider seeking the aid of a trauma therapist.

The Subjective Units of Distress Scale (SUDS) ratings range from 0 to 10, where 10 is the most distressing level of stress imaginable, 0 is no distress at all, and 5 is moderate distress.

2. Hold this incident in full awareness, without judging your reactions. Simply be curious about the emotions, bodily sensations, images, and then

thoughts this memory evokes. It might be helpful to repeat to yourself something like, “Whatever I feel is okay to feel.”

Record down the emotions, sensations, images, and thoughts and rate the intensity of your emotions:

SUDS Rating (from 0 to 10)_____

3. Now soothe your reaction by taking a few deep, calming breaths while repeating silently or aloud the self-compassion statements: “This is a moment of suffering; suffering is part of life; may I be kind to myself in this moment; may I give myself the compassion I need” (Neff 2011).

4. Notice your SUDS rating now and write down the new rating:_____

Note: if the distress has subsided, it is probably safe to continue. If not, then the memory might need to be processed with the help of a mental health professional.

5. Now let your mind float back to your childhood and notice an earlier time when you felt the same way.

6. Once you've identified a core memory, notice the facts and your reactions (emotions, sensations, images, and thoughts) in a non-judgmental way.

Record down the emotions, sensations, images, and thoughts and rate the intensity of your emotions:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SUDS Rating (from 0 to 10)_____

7. Now soothe the old memory by taking a few deep, calming breaths while repeating silently or aloud the self-compassion statements: “This is a moment of suffering; suffering is part of life; may I be kind to myself in this moment; may I give myself the compassion I need” (Neff 2011).

8. Notice your SUDS rating now and write down the new rating:_____

Note: if the distress hasn't subsided, then the memory might need to be processed with the help of a mental health professional.

	Recent Disturbing Event	Core Memory
Description		
Bodily Sensations		
Emotions		
Thoughts		
SUDS Rating Before		

Soothing		
SUDS Rating After Soothing		

Negative Core Beliefs List

Each person needs to internalize six basic core beliefs for their emotional well-being:

- I am worthwhile
- I am loving and lovable
- I am generally adequate
- I can grow and learn from mistakes
- I am good enough
- I am safe

ACEs can disrupt the development of these beliefs and instead cause the development of negative, damaging beliefs.

For example, neglect, whether emotional or physical can make the child grow up believing they're not lovable or worthwhile; having critical parents, can make the child believe that they're inadequate; and witnessing arguments between parents can make the child believe they're not safe.

1. Read the following list of common negative core beliefs and check off the ones you relate to or write down ones of your own:

List of common negative core beliefs

- | | |
|---|---|
| ☐ I am a disappointment. | ☐ I am unwanted. |
| ☐ I am a failure. | ☐ I am unworthy. |
| ☐ I am a loser. | ☐ I am useless. |
| ☐ I am a mess. | ☐ I don't deserve anything. |
| ☐ I am a mistake. | ☐ No one can be trusted. |
| ☐ I am awkward. | ☐ There's not enough to go around. |
| ☐ I am bad. | ☐ There's something wrong with me. |
| ☐ I am defective. | ☐ _____ |
| ☐ I am disposable. | ☐ _____ |
| ☐ I am fat. | ☐ _____ |
| ☐ I am flawed. | ☐ _____ |
| ☐ I am hopeless. | ☐ _____ |
| ☐ I am incapable. | ☐ _____ |
| ☐ I am inferior. | ☐ _____ |
| ☐ I am stupid. | ☐ _____ |
| ☐ I am ugly. | ☐ _____ |
| ☐ I am unattractive. | ☐ _____ |
| ☐ I am uninteresting. | ☐ _____ |
| ☐ I am unlovable. | ☐ _____ |

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

2. For each belief, write down why you think it's true, then answer the following questions:

Negative belief: _____

· What evidence do I have that what I believe is actually true?

· Do I have experiences that would contradict my belief in any way?

· Am I confusing a belief with a fact?

· Am I basing my conclusion mostly on my feelings or on the true evidence?

- What would I tell a friend if he/she had the same thought?

Self-Compassionate Statements

- ☐ I am at peace with being imperfect.
- ☐ I am fallible just like everyone else. And that's okay.
- ☐ I have strengths and weaknesses. Everyone does.
- ☐ I see myself as generally capable. I can do lots of things well.
- ☐ Even though I'm imperfect, I'm still a worthwhile person.
- ☐ Bad times don't define me. I am so much more than that.
- ☐ Being treated poorly does not change my core worth.
- ☐ I can laugh at the silly things I do sometimes.
- ☐ I can find something to enjoy or appreciate each day, no matter what.
- ☐ It's okay to sometimes feel emotional pain.
- ☐ _____
- ☐ _____
- ☐ _____

Standing Up To Shame

Shame is experiencing the core self as damaged and defective. It is a deep sense of self-loathing and self-contempt.

ACEs can be the main source of shame for many people.

For example, parents' troubled marriage can make the child believe that they're to blame for anything bad that happens to the family; abuse can make the child believe that they must be bad or defective in some way to deserve such treatment.

Unchallenged, shame can continue to affect our lives in ways that hold us back from success and happiness.

To overcome shame, we need to bring it into kind, compassionate awareness.

1. The following are common symptoms of shame. Read through the list without judgment and check the items that describe you in general.

Emotional

- ☐ You tend to feel fearful, even when you are relatively safe
- ☐ You are often critical of yourself and/or others
- ☐ You often feel irritable or angry
- ☐ You are highly sensitive to criticism or rejection
- ☐ You often feel shut down, passive, or stuck

Physical

- ☐ You tend to avert your gaze (downward gaze, avoiding eye contact, looking away when a difficult topic comes up)
- ☐ You have a stooped posture
- ☐ You tend to hide your face with your hands
- ☐ You blush quickly

Speech

- ☐ You tend to hesitate or interrupt yourself when speaking
- ☐ You experience confusion of thought

Thoughts

- ☐ You often experience self-loathing and self-contempt
- ☐ You perceive yourself as disgraced, dirty, or dishonored
- ☐ You tend to torment yourself over shortcomings and mistakes
- ☐ You experience self-doubt often
- ☐ You perceive yourself as small or insignificant
- ☐ You often worry about what others think about you
- ☐ You are afraid of intimacy
- ☐ You experience excessive guilt

Coping Behaviors

- ☐ To cope with shame, you tend to...
- ☐ Apologize excessively
- ☐ Be overly submissive
- ☐ Avoid disagreeing with others
- ☐ Avoid standing up for yourself or asserting your own preferences
- ☐ Stay with hurtful people
- ☐ Keep secrets
- ☐ Avoid people and isolate yourself
- ☐ Deny painful emotions
- ☐ Focus on fixing or controlling others
- ☐ Put up a false front to impress others
- ☐ Act in arrogant, boastful ways
- ☐ Try to fix yourself in unhealthy ways (e.g., plastic surgery, excessive fitness, driven pursuit of wealth or position)
- ☐ Numb painful feelings (e.g., through addictions, denying it hurts, dissociating)
- ☐ Self-harm
- ☐ Quit trying or give up so as not to feel the pain of failing
- ☐ Blame others and assume the victim role

Shame Beliefs

- ☐ I don't belong in the world.
- ☐ I don't deserve to succeed or perhaps even live at all.
- ☐ I don't fit in.
- ☐ I'm a black sheep in the family.
- ☐ I'm a disappointment to those who matter, including myself.
- ☐ I'm a failure.
- ☐ I'm an imposter.
- ☐ I'm defective, weak, disgusting, dirty.
- ☐ I'm either in control and perfect, or I'm worthless.
- ☐ I'm flawed to the core.
- ☐ I'm inept, inadequate.
- ☐ I'm not good enough.
- ☐ I'm too flawed to be loved.
- ☐ I'm unlovable.
- ☐ My feelings, thoughts, or desires don't matter to anyone.
- ☐ My parent was bad. I'm his or her offspring, so I'm bad.
- ☐ Others are more worthwhile than I am.
- ☐ Something is basically wrong/bad with me.

2. In what ways is shame interfering with your life?

3. Imagine waking up tomorrow and finding that your shame level had dropped. How would that feel? What would you be able to do?

4. Can you think of ways that will help you feel less shame about yourself?

Visualization Exercise

Instructions

1. Sit in a comfortable position and allow yourself to relax by taking a few deep breaths.
2. Imagine a time early in life when you felt shame in the presence of a parent (e.g., you were neglected, treated poorly, etc.). If you can't think of a specific memory, remembering a general time frame can be good enough for this exercise.
3. Imagine the expression on your parent's face (disgust, disinterest, scowl, etc.) and try to look more closely to see what's beneath their expression (fear, insecurity, anxiety, sadness, shame, etc.). Notice whatever comes up.
4. See your younger Self. Notice what the child is experiencing — sensations in the body, emotions, and thoughts. Allow yourself to feel compassion toward that child.
5. See your wise, grown-up Self soothing and comforting your younger self in whatever way is needed.
6. Now, look into your parent's eyes with compassion, if you can. Try to see the suffering underneath their poor treatment. Acknowledge that your parent had problems and their behavior wasn't a reflection of your worth but rather of the way they coped with their problems.
7. Allow yourself to detach from your parent's behavior and imagine yourself saying, "I have the right to feel happy and whole."

Dialogue with Your Child

Use this writing exercise to connect with your child part.

You'll need two different pens.

You'll be writing questions in the left-hand column from your adult part's standpoint and answers using a different pen in the right-hand column from your child part's standpoint.

Instructions

1. Using your dominant hand (the one with which you write), begin the conversation with your child part by asking a simple, introductory question (e.g. "How are you feeling?").

Keep in mind that you're talking to a child.

2. Using your non-dominant hand and a different pen, write in the right-hand column the child part's responses without forcing anything.

Notice whatever comes up and let it surface. Don't be surprised if the responses sounded childlike.

It's also okay if there was no response. You may need to ask several times before the child part can feel safe enough to be exposed.

The goal here is to be a nurturing figure to the child part.

Adult Questions (dominant hand)	Child Answers (nondominant hand)

Attachment Imagery

Happy childhood memories, starting even in utero, are associated with emotional well-being in older adults.

But what if you don't have fond recollections of your primary caregivers?

Insights and understanding of what happened in the past can heal the thinking and verbal regions of the brain, but that's not enough to heal from trauma.

This is where imagery comes. Imagery targets the right side of the brain. That is the visual, emotional, and visceral parts of the brain.

The following exercises will help you use imagery to strengthen and stabilize the nervous system, and rewire the brain.

Before We Begin: Approach Imagery With An Open Mind And Heart.

You might feel uncomfortable imagining things that do not square with your real-life experience. Remind yourself that in imagery, anything is possible and that with repetition, the new image becomes stronger.

Cultivate a curious attitude when trying to create a new experience. Then see what happened. Notice how imagery makes you feel and what changes occur inside of you.

Also, try doing these exercises in a relaxed, receptive state.

Find a safe place where you won't be disturbed and make yourself comfortable. If closing your eyes is not comfortable, you can simply lower your gaze.

1. In Utero Imagery

Studies show that in the third trimester of pregnancy, infants can hear their mother's voice and experience physical sensations.

Instructions

Imagine being an infant in your mother's womb.

Imagine your mother resting on her bed feeling content, loved and supported by your father.

You hear her humming as she daydreams about all the things she wants to experience with you when you arrive.

Feel her happiness as she anticipates your arrival.

Imagine your body nestling comfortably in her safe, warm womb. Hear your mother's heartbeat and the other sounds of her body.

Notice what is happening in your body. What emotions are you feeling now?

2. Mother–Newborn Imagery

Although children don't understand words in the first months of their life, they can feel nonverbal communication.

Instructions

Imagine that you are a newborn in a pleasant, cozy room.

Imagine a loving mother who is warm and soothing. Sense that she's happy to have you here in the world.

Hear her soothing voice and sense her affectionate touch.

Allow yourself to feel peaceful and calm knowing that you can trust her and that she will take care of you.

Sense her heartbeat and warm breath. Enjoy her smell and imagine her enjoying your baby smell.

See the expression on her kind face. Feel the connection as you exchange loving gazes.

Notice what is happening in your body. What emotions are you feeling now?

3. Loving-Messages Imagery

Messages children receive early on in life, become beliefs later in life. When the child receives the message that they are loved, they grow up believing they're lovable.

Instructions

Imagine that you are three years of age.

At this stage, the verbal areas of the brain are developing. The messages you hear may be understood in a literal sense, but the nonverbal message (the tone of voice, gestures, facial expressions, posture) are imprinted.

Imagine yourself in a cozy, pleasant room playing with two loving parents beside you.

Imagine their facial expression and tone of voice that let you sense that they're enjoying having you around. Let that knowing make you feel safe and calm.

They fully present with you and you feel cared for and loved.

Imagine the loving messages they tell you. Sense the love in their voice as they tell you, "We're so glad you're here," or, "You are precious."

Imagine them embracing you in a loving, warm hug as they say these messages.

Notice what is happening in your body. What emotions are you feeling now?

4. New Sibling's Arrival Imagery

A new sibling's arrival can leave us feeling neglected. This imagery can help you if you felt neglected as a child.

Instructions

Imagine that a new sibling was born and is coming home from the hospital.

Imagine your mother rushing to you and hugging you as soon as she comes home and feel her delight.

Imagine her telling you how much she missed you and asking you if you'd like to meet your baby brother (or sister).

Hear your mother saying to you, "We love you. Even when we welcome more children, we will always love you the same."

Feel her loving words and allow yourself to enjoy your new sibling, knowing that you are always cared for.

Notice what is happening in your body. What emotions are you feeling now?

List of Bodily Sensations

How Emotions Show Up In Our Bodies

Achy muscles	Numbness
Being easily startled	Pain
Blushing	Pounding heart
Chest pain	Rapid breathing
Chills	Rashes
Choking feeling	Shakiness
Churning stomach	Shortness of breath
Cramps	Soreness
Decreased or increased appetite	Stomach “butterflies”
Digestion difficulties	Stomach pain
Discomfort	Sweating
Dizziness	Tears
Faint	Tense muscles
Fatigue	Throat tightness
Feeling detached	Tingling
Headache	Trembling
Heat sensations	Unsteady
Lightheadedness	Weakness
Nausea	

Feeling Word List

SAD	Anguish – Blue – Bummed – Burdened – Desperate – Despondent – Disappointed – Discouraged – Dismayed – Gloomy – Grave – Grey – Grieved – Grim – Heavy-hearted – Let down – Longing – Lost – Low – Miserable – Moody – Mournful – Pained – Pessimistic – Scorned – Sorrowful – Tearful – Unhappy
HURT	Abased – Abused – Aching – Afflicted – Agonized – Annihilated – Assaulted – Betrayed – Blamed – Bleeding – Brutalized – Burned – Bushwhacked – Chastised – Cheated – Crushed – Damaged – Defeated – Deflated – Dejected – Deprived – Devalued – Diminished – Disrespected – Forgotten – Heart-broken – Humiliated – Ignored – Injured – Insulted – Intimidated – Invalidated – Invisible – Jilted – Laughed at – Neglected – Offended – Oppressed – Pained – Persecuted – Punched – Put down – Rebuffed – Rejected – Ridiculed – Screwed – Slighted – Snubbed – Squashed – Tormented – Tortured – Victimized – Wronged
VICTIMIZED	Abused – Bamboozled – Bullied – Cheated – Cheated on – Controlled – Crushed – Damned – Debased – Deceived – Degraded – Denigrated – Denounced – Deprived – Devoured – Dumped-on – Duped – Emasculated – Erased – Eviscerated – Hoodwinked – Intruded upon – Jinxed – Mistreated – Objectified – Quashed – Railroaded – Reamed – Scapegoated – Set up – Suffocated
DEPRESSED	Abominable – Abysmal – Accursed – Ashamed – Bad – Besieged – Black – Dark – Despairing – Despicable – Diminished – Dissatisfied – Dour – Dreary – Dysphoric – Guilty – Loathsome – Lousy – Morbid – Morose – Repugnant – Self-abasing – Self-destructive – Sense of loss – Suicidal – Sulky – Terrible – Worn out

ANGRY	Abrasive – Abusive – Aggravated – Aggressive – Annoyed – Appalled – Bitter – Bloodthirsty – Boiling – Bristling – Bugged – Confrontive – Contemptuous – Contentious – Cranky – Cross – Dangerous – Disgruntled – Disgusted – Dismayed – Enraged – Exasperated – Fiery – Frustrated – Fuming – Furious – Galled – Hateful – Horrified – Hostile – Incensed – Inflamed – Infuriated – Insulting – Irritated – Livid – Miffed – Misanthropic – Nauseated – Offensive – Outraged – Perturbed – Pissed off – Provoked – Repulsed – Resentful – Revolted – Riled – Seething – Sore – Spiteful – Steamed – Stewing – Surly – Ticked off – Troubled – Unpleasant – Upset – Vicious – Wary – Worked up
HURTFUL	Controlling – Cruel – Dangerous – Enraged – Harmful – Malevolent – Malicious – Malignant – Manipulative – Mean – Menacing – Mouthy – Nasty – Offensive – Retaliatory – Rude – Ruthless – Sadistic – Vengeful
UNCOMFORTABLE	Antsy – Awkward – Conspicuous – Discomfit – Discontented – Disturbed – Fidgety – Icky – Ill-tempered – Inappropriate – Odd – Off-balance – Off-center – Out of it – Peculiar – Rotten – Sickened – Sour
EMBARRASSED	Absurd – Ashamed – Awkward – Clumsy – Conspicuous – Disgraced – Foolish – Humiliated – Mortified – Silly – Uncomfortable
VULNERABLE	Bare – Bested – Blind – Broken – Bullied – Captive – Conned – Conspicuous – Constrained – Controlled – Corralled – Delicate – Eclipsed – Expendable – Exposed – Little – Lost – Obscured – One-down – One-upped – Open – Raw – Sensitive – Small – Susceptible – Weak
CONFUSED	Addled – Ambivalent – Anxious – At a loss – Baffled – Befuddled – Bewildered – Conflicted – Confused – Disconcerted – Distracted – Doubtful – Flustered – Hesitant – Indecisive – Lost – Misgiving – Muddled – Mystified – Perplexed – Puzzled – Tense – Uncertain – Uneasy – Unsure

SHOCKED	Agape – Aghast – Agog – Astonished – Astounded – Awestruck – Dazed – Dumbfounded – Dumbstruck – Dumfounded – Flabbergasted – Jarred – Jolted – Rattled – Startled – Stricken – Stunned – Stupefied
LOST	Planless – Rudderless – Scattered – Seeking – Stranded – Stumped
HELPLESS	Alone – Controlled – Despairing – Distressed – Dominated – Empty – Fatigued – Forced – Frustrated – Futile – Hesitant – Hindered – Immobile – Impotent – Incapable – Ineffective – Inferior – Lame – Micro-managed – Overwhelmed – Paralyzed – Pathetic – Stifled – Stonewalled – Straight-jacketed – Stuck – Tragic – Useless – Vulnerable – Woeful
INADEQUATE	Deficient – Enfeebled – Helpless – Incapable – Incompetent – Inept – Inferior – Insecure – Insufficient – Mediocre – Meek – One-down – Pathetic – Powerless – Second rate – Spineless – Unworthy – Useless – Weak – Worthless
GUILTY	Accountable – At fault – Contrite – Culpable – Deceitful – Faulty – Regretful – Remorseful – Responsible – Rueful – Undeserving – Wrong
AFRAID	Alarmed – Anxious – Boxed-in – Chilled – Cornered – Cowardly – Doubtful – Fear – Frightened – Jittery – Jumpy – Menaced – Overwhelmed – Quaking – Scared – Shaken – Spooked – Suspicious – Terrified – Threatened – Uneasy – Wary – Worried
ANXIOUS	Daunted – Dreading – Frantic – Fretful – Guarded – Insecure – Jangled – Knotted – Nervous – Neurotic – Obsessive – Overcome – Panicky – Preoccupied – Restless – Ruffled – Self-conscious – Shaky – Shy – Skittish – Stressed – Timid – Unnerved
ALONE	Abandoned – Alienated – Aloof – Antisocial – Apart – Avoided – Bypassed – Deserted – Desolate – Disliked – Dispossessed – Disregarded – Dissociated – Distant – Estranged – Excluded – Friendless – Ignored – Inaccessible – Isolated – Jilted – Longing – Loveless – Needy – Outnumbered – Rejected

NEGATIVE	Against – Averse – Disharmonious – Hesitant – Opposed – Oppositional – Quarrelsome – Rebellious – Recalcitrant – Resistant - Stubborn
TIRED	Battle-worn – Bedraggled – Careworn – Depleted – Dispirited - Done-in – Downtrodden - Drained - Dried up – Exhausted – Faint – Finished – Fried – Harried – Hassled – Limp – Listless – Overdrawn – Overloaded – Pooped – Spent – Strained – Stretched - Used up – Weary - Worn
BORED	Bland – Dreary – Listless – Mundane – Tedious – Unchallenged - Understimulated
INDIFFERENT	Absent – Apathetic – Banal – Bland – Blasé – Bored – Cavalier – Cold – Dead – Disinterested – Dulled – Emotionless – Empty – Insensitive – Lifeless – Mindless – Neutral – Nonchalant – Reserved – Robotic – Uncaring - Weary
INTERESTED	Absorbed – Affected – Attentive – Aware – Concerned – Curious – Engrossed – Fascinated – Imaginative – Inquisitive – Intrigued – Nosy – Rapt - Snoopy
POSITIVE	Anxious – Complimented – Determined – Eager – Earnest – Enthusiastic – Excited – Hopeful – Inspired – Intent – Keen – Productive – Pumped - Sincere
ACCEPTABLE	Adequate – Average – Functional - Good enough – Legitimate - Okay
THANKFUL	Appreciative – Beholden – Grateful – Obligated - Owing
OPEN	Aboard – Accepting – Adventurous – Amazed – Boundless – Confident – Easy – Exultant – Free - Fun-loving – Interested – Kind – Ready – Receptive – Reliable – Satisfied – Sympathetic - Understanding
ALIVE	Animated – Awake – Colorful – Courageous – Electric – Energetic – Free – Frisky – Glorious – Glowing – Impulsive – Liberated – Optimistic – Peppy – Playful – Provocative – Reborn – Spirited – Spunky – Thrilled - Wonderful

HAPPY	Blissful – Bouncy – Buoyant – Cheerful – Delighted – Delirious – Ecstatic – Elated – Exuberant – Festive – Fortunate – Giddy – Glad – Gleeful – Great – Important – Joyous – Jubilant – Lucky – Merry – Mirthful – Overjoyed – Peachy – Perky – Satisfied – Soaring – Sparkling – Sunny - Thankful
GOOD	At ease – Bright – Calm – Certain – Clean – Clever – Comfortable – Content – Decent – Deserving – Encouraged – Extraordinary – Fabulous – Pleasant – Pleased – Quiet – Reassured – Relaxed – Serene – Smart – Sure - Surprised
RELAXED	Breezy – Calm – Chill – Released - Resolved - Sleepy
STRONG	Able – Accomplished – Assertive – Assured – Authoritative – Brave – Capable – Certain – Clear – Competent – Confrontive – Courageous – Dynamic – Ethical – Feisty – Free – Graceful – Hardy - In control – Influential – Moral – Nervy – Outspoken – Persevering – Rebellious – Reliable – Resolute – Revitalized – Solid – Stable – Sure – Tenacious - Unique
LOVING	Admiration - Affectionate – Attracted – Caring – Connection - Considerate – Cuddly – Devoted – Love - Passionate – Sensitive – Tender - Warmth
CARING	Affectionate – Attached – Benevolent – Communicative – Connected – Cuddly – Dedicated – Empathetic – Generous – Gracious - In tune – Loving – Loyal – Nurturing – Responsible – Selfless – Sympathetic - Warm
CARED FOR	Accommodated – Admired – Appreciated – Esteemed – Honored – Pampered

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: ·ACE· is not a standalone DSM-5-TR diagnosis · non-diagnostic or contextual/quasi-diagnostic construct
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under this title · non-diagnostic or contextual construct
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 9, 16, 17, 18, 25, 26, 27, 28, 29, 33, 34, 36, 39, 42, 43, 46. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Describe ACE as a contextual, functional, occupational, umbrella, or proposed construct-not a confirmed diagnosis-unless a separately recognized disorder is assessed.
- Where ACE discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 5, 6, 25, 26, 27, 28, 29]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise trauma/protocol material on pages [7, 18, 25, 26, 27, 28, 29, 42]: distinguish stabilization and reflection from trauma processing, state training/scope requirements, and add dissociation, acute-risk, and destabilization safeguards.
- Clinically review medical or treatment statements on pages [36]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2, 4, 5, 16] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 5, 6, 25, 26, 27, 28, 29] contain named, implied, or author-created screening/rating content; extracted candidate names include: ACE Quiz, CE Quiz . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- Use ACE activities as psychoeducation and structured reflection, not diagnosis or a stand-alone treatment plan. Adapt or stop any exercise that worsens distress, functioning, conflict, pain, or dissociation, and escalate care according to the actual presentation.

Crisis and current resources

- For ACE, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://www.healthquality.va.gov/guidelines/MH/ptsd/>
- <https://988lifeline.org/>