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*Testimony of Rep. Lori K. Gramlich presenting*

## **LD 1703, Resolve, to Establish the Adverse Childhood Experiences Screening and Resiliency Assessment Pilot Project** *Before the Joint Standing Committee on Health and Human Services*

Senator Ingwerson, Representative Meyer and esteemed colleagues of the Joint Standing Committee on Health and Human Services, I am Lori Gramlich. I have the honor and privilege of representing House District 131, the lovely seaside community of Old Orchard Beach, and of serving as Assistant House Majority Leader. I am here to present ***LD 1703, Resolve, to Establish the Adverse Childhood Experiences Screening and Resiliency Assessment Pilot Project***.

As a social worker who has worked with children and families impacted by trauma, and as a trauma survivor myself, I believe this pilot project is a timely and essential step toward promoting the long-term well-being of Maine's students.

The research is clear: **Adverse Childhood Experiences (also known as ACEs)** such as abuse, neglect and household dysfunction can have profound and lasting effects on the physical, emotional and behavioral health of children, which is often carried into adulthood. These experiences are often invisible but deeply impactful—affecting academic performance, relationships and mental health outcomes, again, well into adulthood. However, we also know that early **screening, resilience-building and timely intervention** can mitigate these impacts and change the trajectory of a child's life.

This pilot project is an important innovation because it:

- **Brings evidence-based screening directly into school-based health centers**, where students already receive trusted and confidential care.
- **Reaches three geographically and demographically diverse counties**—Cumberland, Washington and Penobscot Counties. You will note that this is slightly different from what is in the original bill, which identified Androscoggin County. I have recently learned that the loss of funding in Androscoggin County has adversely impacted the ability of the School Based Health Centers in the Lewiston area to continue operations at optimum capacity. Conversations with the Maine Primary Care Association and

advocates from Penobscot County Community Health Center suggested that this pilot would be better served in Penobscot County; thus, the minor change to the bill would be to delete Androscoggin County and insert Penobscot County. This geographic diversity provides a strong foundation for evaluating how this model could work statewide.

- **Pairs trauma screening with resiliency assessment**, which ensures the focus isn't just on risk but also on students' strengths, coping abilities and potential for recovery.
- **Invests in the training of social workers**, ensuring that screenings are conducted with sensitivity, cultural competence and professional care.
- **Provides actionable data** that can guide future decisions about mental health resource allocation, school supports and public health strategy.

As the Family Health Program Director for the City of Portland Public Health Division, I saw firsthand the benefit that School Based Health Centers bring to students. School Based Health Centers are really the perfect place for this type of pilot. Students spend a large portion of their time at school, making SBHCs a convenient, trusted and consistent access point for screening and care. **Students are more likely to seek help** or be honest about their experiences in a familiar and supportive environment like their school.

SBHCs have the capacity to develop **ongoing relationships** with students, which increases the effectiveness of trauma-informed care. Additionally, many children who **experience trauma don't show visible signs** until much later—or not at all unless screened. Early identification of ACEs allows for **timely support**, preventing more serious mental health or behavioral issues down the road.

Resiliency screenings are also an important component of this pilot, as this information can help **identify strengths and coping skills**, which inform targeted interventions and build student confidence.

Because high ACEs scores are linked to poor academic performance, chronic absenteeism, behavioral challenges, and increased suspension or expulsion rates, screening in schools allows for **a direct link between mental health support and academic success**. SBHCs typically have **mental health professionals on site** (LCSWs, LPCPs, counselors, psychologists) who can administer screenings, interpret results, make timely referrals, provide short-term intervention and connect families to long-term services. And when screenings happen as part of a routine school health visit, **it feels normal—not punitive or diagnostic**, because students aren't "pulled out" or singled out, thus reducing the stigma around mental health discussions.

It is important to note that this pilot does not mandate screenings—it ensures they are **voluntary and confidential**, fostering trust between students and school-based health professionals. And by requiring feedback from students, parents and staff, the project builds accountability and responsiveness into its design. And while some School Based Health Centers included in this pilot may already administer some form of ACEs screening, they may not be administering Resiliency Screenings.

The cumulative data from the pilot in three diverse counties will help inform the Legislature's Health and Human Services Committee regarding future legislation relative to these screenings. More broadly, concrete data on the prevalence of ACEs and student resilience can inform policymakers and school districts so we can **better allocate resources and train staff**. Informed educators and administrators can create **more trauma-informed classrooms and policies**.

As Maine continues to confront the youth mental health crisis—exacerbated by the pandemic, economic instability and rising rates of anxiety and depression—this pilot gives us the chance to act early, strategically and compassionately. It is a model grounded in science, driven by prevention and focused on hope.

For your reference, I have attached the ACEs Screening tool and a number of Resilience Assessments to my testimony. Again, I have been in conversation with the Maine Primary Care Association, who represents the collective voices of Maine's Community Health Centers, including Maine's School Based Health Centers and Penobscot Community Health Care, who also oversee School Based Health Centers, as well as Maine Behavioral Health and developed the proposal before you thanks in part to their helpful input.

I urge you to support this Resolve and help Maine lead the way in supporting our most vulnerable children before trauma becomes a lifelong burden.

Thank you for your time, your consideration and for your commitment to the health of Maine's children and families. I would be happy to try to answer any questions for you.

# Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

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

1. Did a parent or other adult in the household often ...

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 \_\_\_\_\_

2. Did a parent or other adult in the household often ...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

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

Try to or actually have oral, anal, or vaginal sex with you?

Yes No

If yes enter 1 \_\_\_\_\_

4. Did you often feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If yes enter 1 \_\_\_\_\_

5. Did you often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

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 pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over 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

## RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**12. As a youth, people noticed that I was capable and could get things done.**

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**13. I was independent and a go-getter.**

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**14. I believed that life is what you make it.**

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) \_\_\_\_\_

Of these circled, how many are still true for me? \_\_\_\_\_

This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. **Its purpose is limited to parenting education.** It was not developed for research.

## How resilient are you?

This is an abbreviated version of the Nicholson McBride Resilience Questionnaire (NMRQ). For each question, score yourself between 1 and 5, where 1 = strongly disagree and 5 = strongly agree. Be honest: understanding the specific areas in which you lack resilience will enable you to get the most out of our 10 point booster plan.

Resilience Questionnaire	Score
1. In a difficult spot, I turn at once to what can be done to put things right.	
2. I influence where I can, rather than worrying about what I can't influence.	
3. I don't take criticism personally.	
4. I generally manage to keep things in perspective.	
5. I am calm in a crisis.	
6. I'm good at finding solutions to problems.	
7. I wouldn't describe myself as an anxious person.	
8. I don't tend to avoid conflict.	
9. I try to control events rather than being a victim of circumstances.	
10. I trust my intuition.	
11. I manage my stress levels well.	
12. I feel confident and secure in my position.	
<b>TOTAL</b>	

## **Your score**

<b>0 – 37</b>	<b>38 - 43</b>	<b>44- 48</b>	<b>49 -60</b>
<b>A developing level or resilience.</b> Your score indicates that, although you may not always feel at the mercy of events, you would in fact benefit significantly from developing aspects of your behaviour.	<b>An established level of resilience.</b> Your score indicates that you may occasionally have tough days when you can't quite make things go your way, but you rarely feel ready to give up.	<b>A strong level of resilience.</b> Your above-average score indicates that you are pretty good at rolling with the punches and you have an impressive track record of turning setbacks into opportunities.	<b>An exceptional level of resilience.</b> Your score indicates that you are very resilient most of the time and rarely fail to bounce back – whatever life throws at you. You believe in making your own luck.



## How to boost your resilience

The following 10 steps will help you become more resilient.

- 1. Visualise success**
- 2. Boost your self – esteem**
- 3. Enhance your efficacy, take control**
- 4. Become more optimistic**
- 5. Manage stress**
- 6. Improve decision – making**
- 7. Ask for help**
- 8. Deal with conflict**
- 9. Learn**
- 10. Be yourself**

### **1. Visualise success**

Resilient people create their own vision of success. This helps them achieve their goals by providing a clear sense of where they're headed. Your vision needs to be rounded and vibrant and based on what is currently possible; resilient people don't waste time on impossible dreams or hankering after things they'll never have. They recognise the fine line between stretching goals and unrealistic goals.

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### **2. Boost your self-esteem**

Some people are naturally blessed with high self-esteem. Others – perhaps most of us – need to work on self-esteem, which involves understanding where it comes from and what makes you feel good about yourself. The checklist below may help.

- Identify what you're good at. What can you feel positive about?
- Remind yourself of these things regularly.
- Recognise what other people appreciate about you.
- Allow others to praise you, and resist the temptation to brush compliments aside.
- When something goes wrong try to avoid beating yourself up unnecessarily; others will undoubtedly do it first!
- Don't compare yourself with other people.
- When things go well for others feel genuinely pleased for them.
- Enjoy it when something goes better than you thought it would.
- Praise yourself.

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### **3. Take control**

Resilient people believe they can make a difference and be successful. Others suffer from unhelpful beliefs, or 'drag anchors'. Here are 6 of the most common:

***I am the victim of my personal history*** – Your past must have an impact, but is no excuse for not improving yourself now.

***There's so much to do it's not even worth trying*** – Life is complex, and you now have to do more with less. As a result, you may come to believe there are simply so many imperatives that you can't see where to start. Psychologists call this 'agglomeration' – feeling overwhelmed by the volume and complexity of the issues. Break the problem down, establish priorities and take first things first.

***You only get one shot*** – Occasionally this may be the case, but not often – especially in circumstances where even the experts can't predict the right way to go. It then becomes a question of trial and error, always being alert to the worst-case scenario and unintended consequences.

***There's a right answer to everything*** – Analysts dream that by scrutinising data hard enough, the 'correct' answer will emerge. This rarely happens in real life. The danger is that analysis becomes a substitute for, rather than a prelude to, action.

***I'm on my own*** – It's easy to believe that you are the only one suffering and that you have to weather the storm alone. The old adage 'a problem shared is a problem halved' works well in these circumstances; talking things through is a source of strength, not a sign of weakness.

***This isn't fair*** – Doctors claim that perpetrators of crimes heal more quickly than their victims. More generally, if you believe you have in some way contributed to a problem, you may feel more motivated to resolve it. If you are not to blame you tend to dwell on the unfairness of the situation rather than on what can be done.

Slip these drag anchors by **reframing**. Recognise when your thinking is negative and immediately turn it around so that it becomes positive.

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#### **4. Become more optimistic**

Optimism is one of the most important characteristics of resilient people; it is vitally important to look on the bright side, have confidence in your own abilities, and salvage what you can from problematic situations. Even those who lean towards the glass-half-empty mindset can learn.

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#### **5. Manage stress**

Psychologists see stress as an energising force – up to a point, beyond which it becomes debilitating. Highly resilient people have a higher tipping point and, when things threaten to get them down, they know how to deal with it. Sources of stress are unique to you: to boost your resilience, you need to identify what your stressors are and how to counteract them. There are also personality traits that make some individuals more stress-prone. Look at the list below. If you tend towards any of these, discipline yourself to reduce or eliminate them:

***Displaying hostility      Hiding feelings      Being unable to listen properly***  
***Being over-perfectionist      Having difficulty relaxing      Being generally critical***

Stress management falls into 2 categories – distraction and resolution. Distraction techniques include exercise, breathing deeply, walking or extracting yourself from the situation. Resolution is focused on solving the problem.

## 6. Improve decision-making

Resilience requires you to make rather than avoid decisions. Resilient people trust their own judgement, but aren't afraid to challenge their minds. They know that decisions are rarely irreversible and that procrastination is the enemy of resilience. Understanding your preferred decision-making approach is a critical step towards building resilience. Tips for shifting your style are given below.

***Becoming more intuitive*** – Build experience – understand your decision-making shortcuts – trust your gut – establish the worst-case scenario – take a risk – learn

***Becoming more rational*** – Stand back/don't rush to judgement – gather data – talk to the relevant parties – establish criteria – use a rational process – 'sense check' the answer

## 7. Ask for help

You don't have to do this alone; resilient people know when to reach out to others – and who is best to turn to. Do you have this strength of network? If not, map it out. Draw a circle on a sheet of paper – this is you. Draw your network, with others depicted as circles too: the more important they are to you, the larger the circle; the stronger the relationship, the closer they are to you. Draw lines linking you to others and others to one another, dotted lines for indirect relationships. Consider what you want from them and what you can offer and add this to the map. What actions do you need to take to get and give support?

## 8. Deal with conflict

Conflict occurs when our views differ from those of another person – so we have to deal with conflict every day. The ability to handle it constructively is an important part of resilience – ensuring that the style of resolution is appropriate, given the nature of the conflict and the other party. The 'Conflict Resolution' panel below gives examples and suggested tactics.

Nature of problem	Possible approach
Although I'm annoyed, it's a trivial matter	This is one to let drop – get over it.
My solution is better than the other person's but their approach could work.	It's not worth fighting over. Win credit for your flexibility.
This is important, something that requires a well-thought-through solution. I have strong views but so does the other person.	Honest, constructive talking and listening. Collaborate to find a solution acceptable to both parties.
I'm convinced I'm right and the other person is wrong.	Use your powers of influence and persuasion. Sell the benefits of your idea or say it's the way it has to be – but in a way that preserves your relationship.

## 9. Learn

Thinking regularly about what lessons can be drawn from your experience strengthens your 'learning muscle' and helps you build resilience. Figure out how you learn best and take the most from the experiences life throws at you.

## 10. Be yourself

You may be determined to enhance your resilience but you won't succeed if your plan for doing this offends your core identity and values. The most resilient leaders are as self-aware as they are self-confident!