Adverse Childhood Experiences (ACEs)

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Disclosures

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Learning Objectives

1. Gain a deeper knowledge of adverse childhood experiences (ACEs).
2. Recognize how ACEs relate to the importance of screening in a primary care setting.
3. Describe resources available for positive ACEs.
| Answer                                      | Count |
|---------------------------------------------|-------|
| Any other type of student not listed        | 1     |
| Case Manager/ARMHS                          | 0     |
| Clinical Nurse Specialist                   | 0     |
| Coding/Billing/Finance                      | 0     |
| DNP Student                                 | 0     |
| Dental Assistant                            | 0     |
| Dental Student                              | 0     |
| Dentist/Dental Therapist                    | 0     |
| Hygienist                                   | 0     |
| LICSW                                        | 2     |
| LMFT/LPCC                                    | 0     |
| Lab Technician                               | 0     |
| MA/CMA/NA                                    | 0     |
| MD/DO                                        | 2     |
| Medical Resident                             | 1     |
| Medical Student                              | 0     |
| Mental Health Clinical Trainee               | 0     |
| Non-UMN Student                              | 0     |
| Nurse Practitioner                           | 2     |
| Pharmacist                                   | 2     |
| Pharmacy Resident                            | 1     |
| Physician Assistant PA                       | 0     |
| Answer                                      | Count |
|---------------------------------------------|-------|
| Psychiatry Resident                         | 0     |
| RN/LPN                                      | 2     |
| RN/other nursing student                    | 0     |
| Social Work Intern                          | 0     |
| Social Work Student                         | 0     |
| Temp Staff                                  | 0     |
| Volunteer                                   | 0     |
| **Total**                                   | **13**|
My current knowledge of Adverse Childhood Experiences (ACEs)

| Answer   | Count |
|----------|-------|
| Novice   | 1     |
| Beginner | 4     |
| Competent| 5     |
| Proficient| 3    |
| Expert   | 0     |
| Total    | 13    |
What are ACEs?

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Mental Illness/Depression
- Divorce
- Incarcerated Relative
- Substance abuse in home

Center for Disease Control and Prevention. (2019)
ACEs Study

- CDC/Kaiser cross-sectional study in 1995-1997
  - 17,000 adults, mostly Caucasian and higher SES

- ACEs are strongly related to development of risk factors for disease

- Over half (55 percent reported experiencing at least one ACE in childhood (in BRFSS 2011-2014)

- Adverse Childhood Experiences are the single greatest unaddressed public health threat facing our nation today- Dr. Robert Block former President, of the American Academy for Pediatrics
INCREASED RISK OF CONDITION/BEHAVIOR WHEN ACE IS PRESENT

MINNESOTA 2011

Number of Aces

1
2
3
4
5+

INCREASED RISK COMPARED TO NO Aces

Chart indicates times more likely. 1 represents equal risk to zero Aces.

Asthma | Diabetes | Obesity | Depression | Anxiety | Chronic Drinking | Current Smoker | Health Status
FAIR OR POOR

Minnesota Department of Health (2011).
ACE Study Findings

Childhood experiences are powerful determinants of who we become as adults

www.theannainstitute.org
The Brain and Child Development

Positive Stress
The body’s normal and healthy stress response to a tense situation/event.

Example:
First day of school or work.

Tolerable Stress
Activation of the body’s stress response to a long-lasting or severe situation/event.

Example:
Loss of family member, but with supportive buffers in place.

Toxic Stress
Prolonged activation of the body’s stress response to frequent, intense situations/events.

Example:
Witnessing domestic violence in the home, chronic neglect.²

Garner, A. S., Shonkoff, J. P., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., … Wood, D. L. (2011).

²Note: The specific example of chronic neglect is not detailed in the text and may require additional context for a complete understanding.
Keep in mind ACEs are not deterministic

• Some people who have experience ACEs may be healthy and happy while other may experience negative outcomes

• Consider how ACEs may, or may not be, affecting your patient and their family members
Why Screen?

• Early detection and intervention prevents negative health outcomes
• American Academy of Pediatrics (AAP) recommends screening for ACEs in primary care
• Primary care office provide a unique opportunity to connect with families at regular intervals in a safe and trusting environment
• Screening is both practical and feasible in routine clinic practices that already provide regular
  • Universal screening
  • Health promotion
  • Disease prevention

(Bucci et al., 2016)
I believe that ACEs and resiliency screening is important in pediatrics.
ACEs, Screening, and Primary Care
# Current Screening Tool

| ACE Finding Your Score                                                                 | 1248 | 1500 |
|---------------------------------------------------------------------------------------|------|------|
| Did a parent or other adult in the                                                   |      |      |
| Did a parent or other adult in the                                                   |      |      |
| Did an adult or person at least 5 years                                              |      |      |
| Did you often or very often feel that... No                                          |      |      |
| Did you often or very often feel that... You                                         |      |      |
| Were your parents ever separated or                                                 |      |      |
| Was your mother/step often or very often                                             |      |      |
| Did you live with anyone who was a                                                   |      |      |
| Was a household member depressed or                                                 |      |      |
| Did a household member go to prison?                                                 |      |      |
| **Total ACE Score**                                                                   |      |      |
Does the clinic screen for ACEs?

likely in some provider's assessments, but not in a clear way in the chart.

I don't know. but please!

I don't think so

in interviews, not in formal tools

Unsure about the clinic as a whole - I do my own assessment of trauma

Unknown
What do you think is the biggest barrier to ACE screening?

| Time; well-child checks already are long appointments with multiple screening tools |
|-------------------------------------------------------------------------------|
| Knowing next steps after a positive screen, time crunch in visits              |
| the right people to do the screening, and a flow in place for positive screenings, also this can be very triggering esp if there is no response plan in place |
| They are very personal and intense questions and harm can be done if you screen in a rushed or unsensitive way and then do not follow up with appropriate and timely resources |
| what to do with positives, our patients have multiple vulnerabilities that make service access so hard |
| Lack of knowledge- I hadn't heard about this before |
| pre-conceived implicit biases. People not wanting to be uncomfortable. Race |
ACEs and/or resiliency screening increases the burden of screening (i.e. more time, resources, etc.)
What is one thing you would like to know more about ACEs?

- Available screening tools
- What do you do with the results
- Resources available
### Recommended measures assessing exposure to adverse experiences in children and adolescents

- **Center for Youth Wellness ACE Questionnaire-Ages 0-12 years and 13-19 (CYW ACE-Q)**
- **Child Abuse and Trauma Scale (CATS)**
- **Child PTSD Checklist-Child Version and Parent Version (CPC-C)**
- **Childhood Trust Events Survey-Caregiver and Child Version (CTES)**
- **Elsie Allen Health Center ACE survey**
- **Juvenile Victimization Questionnaire (JVQ-R2)**
- **Lifetime Incidence of Traumatic Events (LITE-S/P)**
- **Loma Linda University Whole Child Assessment (WCA)**
- **Montefiore Child Clinical Adverse Childhood Experiences Questionnaire**
- **Negative Life Events Inventory**
- **Things I Have Seen and Heard (TIHSH)**
- **Trauma History Checklist and Interview (THC)**
- **Yale-Vermont Adversity in Childhood Scale (Y-VACS)**
- **Young Child PTSD Checklist (YCPC)**
CYW ACE-Q

- Clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACEs) in patients age 0 to 19
- De-Identified-respondents are asked to report how many experience types (or categories) apply to them or their child, not which experiences apply
- Intended for use in pediatric and family practice setting
- Tool is available in three age-specific versions, and in English and Spanish
- Takes approximately two to five minutes to complete
The CYW Model

**Screening Protocol**

- **CYW ACE-Q Score 0 or 1-3 w/o symptoms**
  - Anticipatory guidance

- **CYW ACE-Q Score of 1-3 with symptoms or ≥4**
  - Multi-disciplinary Treatment

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**CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child**

- **Today's Date:**
- **Child's Name:**
- **Date of birth:**
- **Your Name:**
- **Relationship to Child:**

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

**Section 1. At any point since your child was born...**

- Your child’s parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child’s private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

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Center for Youth Wellness. (2017).
Screening Protocol

What do you do with your ACE screening results?

• Provider interprets during visit
• Warm hand-off to behavioral health
• Referral to case manager for resources as needed
Consider making referrals to

- Mental health providers or other medical specialists
- Community organizations
- Parenting classes
- Family support groups
- Other resources you’ve identified in your local community
Links for More Information

ACES

- TED TALK
  https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- CDC https://vetoviolence.cdc.gov/apps/aces-training/#/resources
- Academy of Violence and Abuse www.avahealth.org/aces_best_practices/
Evidence Based Treatment & Prevention

- SAMHSA [http://www.samhsa.gov/ebp-web-guide](http://www.samhsa.gov/ebp-web-guide)
- Children’s Bureau [http://www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)
- NCTSN [www.nctsn.org](http://www.nctsn.org)

Advocacy & Policy

- AAP [www.aap.org/en-us/Pages.Defult.aspx](http://www.aap.org/en-us/Pages.Defult.aspx)
- APAs [www.apa.org](http://www.apa.org) & [www.psychiatry.org](http://www.psychiatry.org)
Putting it all together!

• ACE screening is important
• Standardize screening tool is needed
• Primary care is the gatekeeper
Questions? Thoughts?
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