



Adverse Childhood Experiences Part II: ACE Screening in Pediatrics

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Learning Objectives

At the end of this educational activity, participants should be able to:

- Compare and contrast protocols and practices for ACE screening.
- Identify the steps to integrate ACE screening into medical practice.
- Apply and utilize appropriate ACE referrals, services and treatment and intervention strategies.
- List the supports and opportunities offered by the National Pediatric Practice Community to facilitate integration of ACE screening into practice.

Center for Youth Wellness Team



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Coach, National Pediatric Practice
Community on ACEs (NPPC)



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Behavioral Health Director
Clinical Innovations and Research (CIR)

Center for Youth Wellness Vision

All primary care pediatric serving medical providers implement **universal screening** for adverse childhood experiences (ACEs) and **routinely use an understanding** of ACEs and toxic stress **to enhance the quality of patient care and health outcomes**

National Pediatric Practice Community



- A network of **pediatric medical providers** who are leaders in **advancing knowledge** in the field of ACEs and toxic stress in primary care
- Peer to peer information exchange and **hub for learning** about ACEs and toxic stress
- Join the network: NPPCaces.org

National Pediatric Practice Community





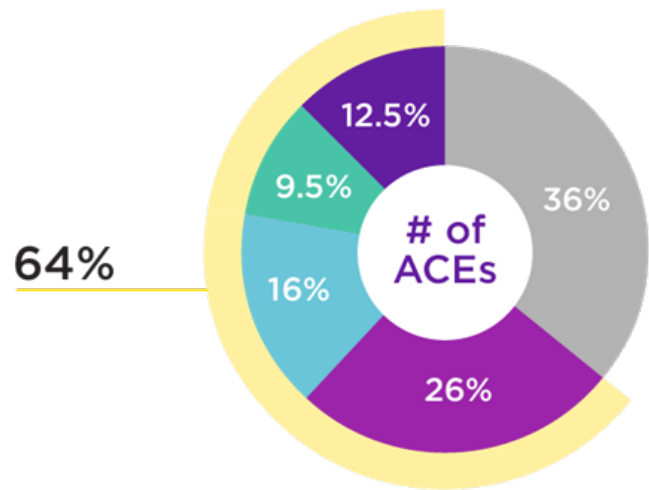
ACEs Science

Adverse Childhood Experiences (ACEs):



ACEs are common:

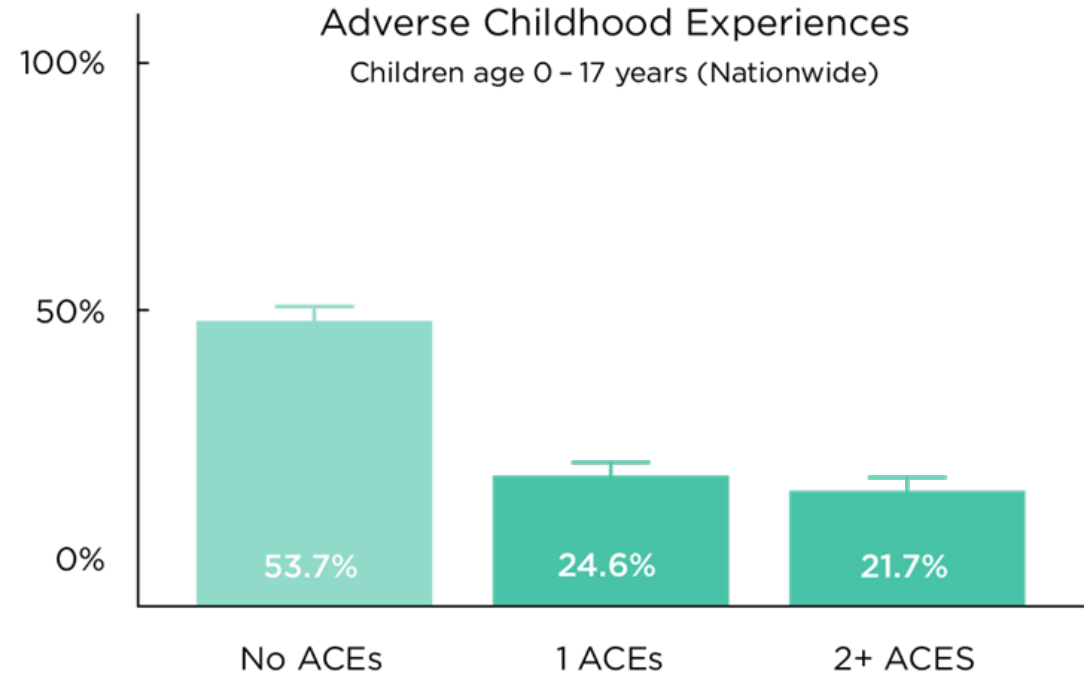
- Nearly 2 out of 3 adults have at least one ACE



- No Adverse Childhood Experiences
- 1 Adverse Childhood Experiences
- 2 Adverse Childhood Experiences
- 3 Adverse Childhood Experiences
- 4 or more Adverse Childhood Experiences

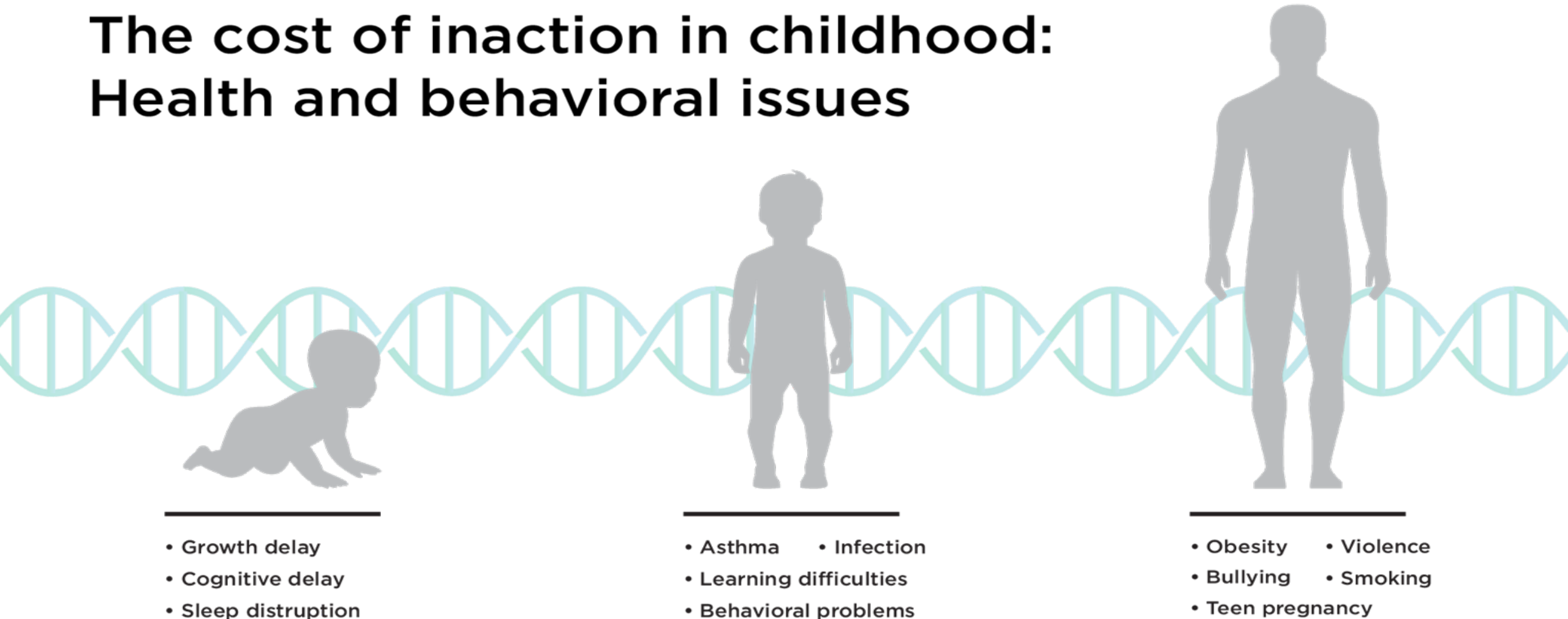
Source: CDC-Kaiser ACE Study (1998)

- Nearly half of children (34.8 million) have at least one ACE



http://www.cahmi.org/wp-content/uploads/2017/10/aces_fact_sheet.pdf

The cost of inaction in childhood: Health and behavioral issues



And not all individuals experience toxic stress as a result of negative experiences



What can we do?

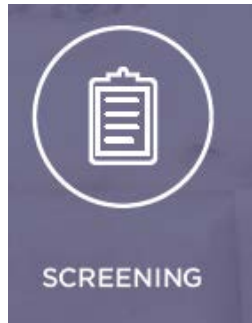
Start with **early detection**



Providing **appropriate medical management**



Coupled with **enhancing protective factors** ,
addressing modifiable risk factors + connecting to
therapeutic intervention





Screening Rationale

Why screen for ACEs in primary care?

- It is the ideal setting for screening , health promotion, and disease prevention
- Early detection can prevent negative health outcomes
- The Provider/Patient relationship creates an atmosphere to discuss adverse experiences



Challenges to Universal ACEs Screening

- Lack of time
- Lack of provider comfort and fear of incorrect information
- Perceived negative patient reaction
- Concerns regarding strength of referral system
- Fear of clinic liability and increases in cases of mandated reporting
- Questions about tools and scientific foundation
- Perception that ACEs pertain to only certain populations
- Perception that ACEs are outside physician core function

Using a QI Performance Improvement Methodology

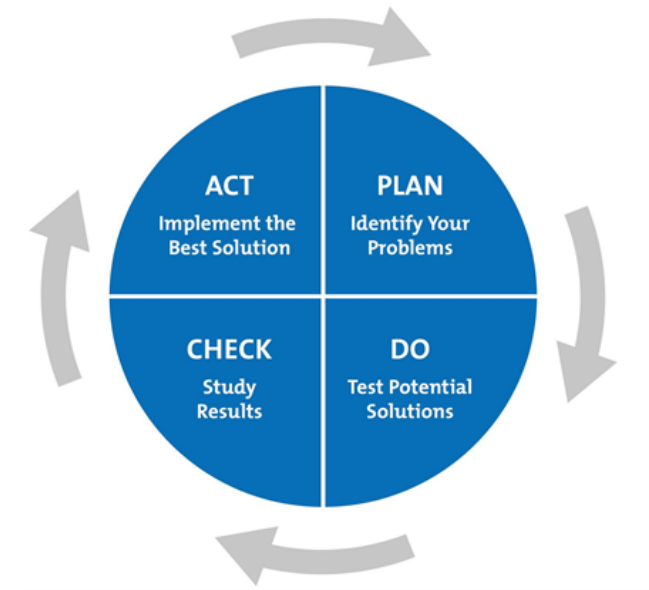
Documenting the PDCA Cycle for your Clinic:

Plan: Target Population to be screened, screening interval, and rationale for screening

Do: Final implementation workflow, and operational definitions for performance measures

Check: Summarize 6 month data, and other significant insights (EHR, Staff training needs)

Act: Summary of the pilot and conclusions including lessons learned Capture and document any “mission moments” where clinical provider and/or the patient families had unique insights or experienced high levels of satisfaction or engagement.

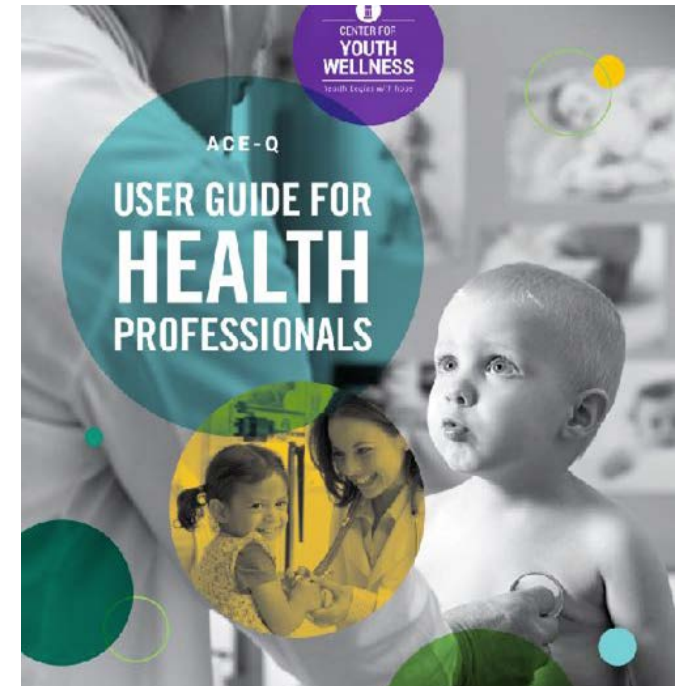


Benefits of Performance Improvement Framework

- Provides structure and standardization to the implementation process
- Documentation of the PDCA cycle can be utilized to engage Leadership regarding the value, and gains of the initiative
- Can be utilized to meet requirements of funders, and other community stakeholders
- Can be used for HRSA and Patient Centered Medical Home Certification PI requirements
- Meets Joint Commission Standards:
 - Performance Improvement Chapter Standards--PI01.01.01, PI01.02.01, PI01.03.01
 - Leadership Standards--LD 03.02.01, LD 03.05.01, LD 04.04.03
 - Quality Improvement and Patient Safety Standards--QPS 03.04, QPS 04.02

Making screening a reality in your practice

- Implement a Performance Improvement Project
- Start with a pilot population
- Incorporate into annual well-child visits
- Utilize coaching and tools provided
- Build upon shared lessons from fellow LC practices and the NPPC





ACEs Screening

ACEs Screening Protocol Development

- Clear rationale for ACEs screening
- Population and screening intervals selected
- Identify screening tool to be utilized
- Outline scoring algorithm
- Develop education and intervention plan

Screening Tool: How to screen for ACEs?

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

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...

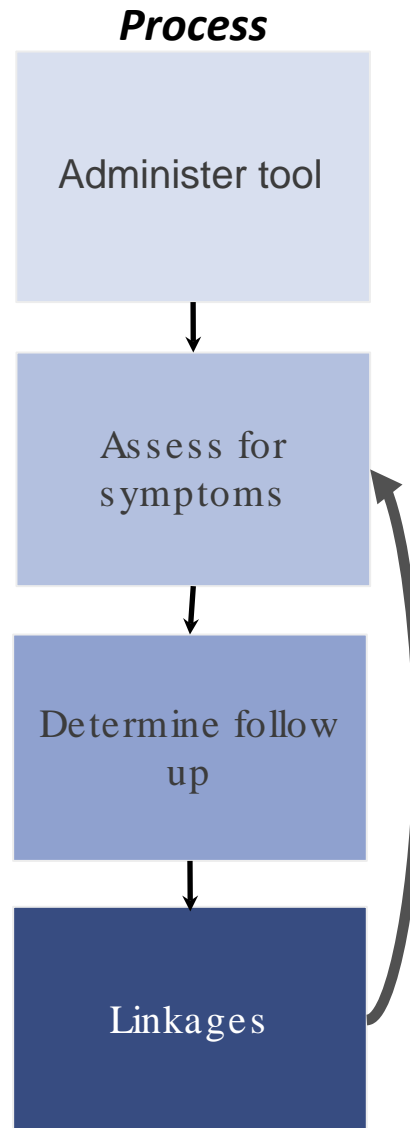
- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt 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.

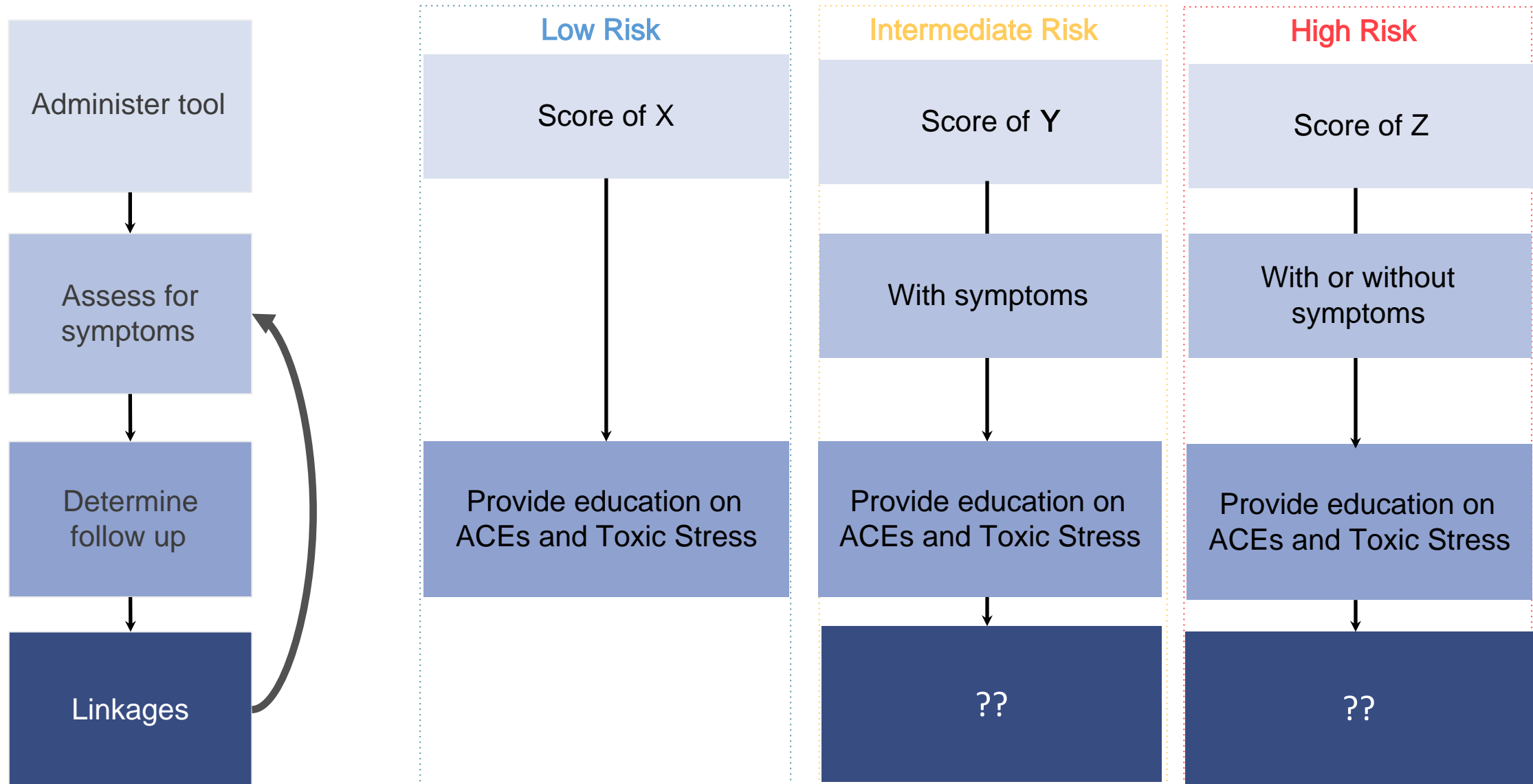
Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Ex: Screening workflow



Ex: Scoring Algorithm



Clinical Symptoms

Inflammatory Responses

- Frequent asthma exacerbations
- Frequent eczema flaring
- Frequent colds
- Frequent infections such as ear infections or pneumonia

Endocrine System Responses

- Diabetes
- Difficulty keeping weight on
- Frequent abdominal pain
- Obesity
- Poor growth
- Constipation
- Weight gain or loss
- Difficult/irregular menses
- Early or late onset of menses/puberty

Neurological System Responses

- New onset, or recent increase in anxiety
- New onset, or recent increase in depression
- Enuresis/Encopresis
- Behavior problems- impulsivity, oppositional defiance
- Frequent headaches/migraines
- Inconsolable crying
- Difficulty sleeping or nightmares
- Disassociation/apathy
- Regular Drug, alcohol, tobacco use
- Risky sexual behavior- frequent sexual activity, multiple partners, lack of use of condoms/contraception
- Self-Harm –cutting, suicidal Ideation/attempt
- School problems- school avoidance, frequent absence, poor/failing grades
- Learning problems- increase in ADD, ADHD symptoms

Referrals & Interventions – 3 Tiers

- Clinical Response
 - Early detection through screening
 - Patient Education
 - Anticipatory Guidance
 - Screen = intervention = increased rapport
 - Clinical management & considerations using an ACEs lens
- 6 Domains of Intervention (sleep, nutrition, exercise, mindfulness, mental health, and healthy relationships)
 - Prompt therapeutic interventions & enhancing protective family factors
- Additional intervention supports
 - Modifiable factors (housing, food, etc)
 - Parenting support

Anticipatory Guidance & Patient Education

- Anticipatory guidance, specific to the age of the patient, includes information about the benefits of healthy lifestyles and practices that promote wellness, coping with a chronic disease, or prevention
- Anticipatory guidance topics can be used as prompts to ask open-ended questions so that the parent and physician can have a timely, relevant, and appropriate discussion that meets everyone's needs. The following Anticipatory Guidance handouts are available in this toolkit as patient education tools:
 - Building Resilience
 - Nutrition and Exercise
 - What is ACEs Screening?
 - Toxic Stress
 - Self-Regulation



Adverse Childhood Experiences (ACEs)

Did you know that Adverse Childhood Experiences can be harmful to your child's health?:

- Adverse Childhood Experiences (ACEs) can cause harm to a child's developing brain and body, influence behavior and learning, and lead to overall health problems.
- These long term changes, in the absence of a supportive caregiver, are called **toxic stress**.
- Everyone is built differently. Some need more support than others.

Adverse Childhood Experiences as Identified in the ACEs study are listed below:

- Parental separation or divorce
- Incarcerated household member
- Domestic violence
- Living with someone who is chronically depressed, institutionalized, or suicidal
- Alcohol/drug abuser in the home
- Sexual abuse
- Emotional abuse
- Physical abuse
- Physical neglect
- Emotional neglect

In addition we believe these things can lead to toxic stress:

- Life threatening illness/injury
- Guardian death
- Community violence
- Homelessness, foster care/CPS involvement

Health begins with hope!

People can cope with challenging events in their lives by creating a circle of wellness that includes caring support systems, exercise, good nutrition and regular medical care.

CENTER FOR YOUTH WELLNESS

Clinical Office:
3450 Third Street, Bldg 2, Suite 201,
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F: 415.920.1725

centerforyouthwellness.org
nppcaces.org

NPPC
National Pediatric Practice Community



Toxic Stress



Positive Stress:

Brief increases in heart rate, mild elevations in stress hormone levels.



Tolerable Stress

Serious, temporary stress responses, buffered by supportive relationships



Toxic Stress:

Prolonged activation of stress response systems in the absence of protective relationships
Serious, temporary stress responses, buffered by supportive relationships.



How stress affects the human body

- Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression), behavior younger than age
- Acne and other skin problems
- Faster heartbeat, rise in blood pressure, heart attack and heart disease
- Blood sugar increases, higher cholesterol, increased risk of diabetes
- Muscle aches and tension, increased risk of reduced bone density



- Grinding teeth, tension in jaw, increased or decreased eating
- Stress hormones increase, increased inflammation, lowered ability to fight or recover from illness, frequent colds
- Increased risk of asthma and flare ups
- Diarrhea, constipation, nausea, stomach pain, heart burn, other digestive problems
- Irregular or more painful periods, reduced or increased sexual desire, bedwetting
- Weight gain & obesity

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Outcome and Performance Measures

(1) % of patients screened	
Numerator	The number of patients in a given month that were screened using an ACE questionnaire
Denominator	The number of patients in a given month that were eligible* for the ACE questionnaire (write out what definitions for eligible patients)
(2) % patients with positive ACE score	
Numerator	The number of patients screened in a given month with a positive* ACE questionnaire score (write out definition for positive)
Denominator	The number of patients in a given month that were screened using an ACE questionnaire
(3) % patients positive ACE score patients that have appropriate referral	
Numerator	The number of patients referred to additional services/resources related to positive ACE screen
Denominator	The number of patients screened in a given month with a positive ACE questionnaire

Documentation in Patient Record

- Needs methodical planning of documentation with reporting and data analysis in mind
- Bring IT build representatives and report builders to the table during planning discussions
- Consider target population in discussions for report planning (visit type, age)



Documenting ACEs in NextGen

Templates Save Close Clear Inbox

Patient History Medication Allergies PAQ PM DM Orders Medications Procedures

(F) DOB: 11/22/2007 (10 years)

Address: 1234 1st St MRN: 303344 Pharmacy: PCP:

Referring: Gonzales, Erin E MD
Ordering: Gonzales, Erin E MD
e Directives Screening Summary

Other Developmental Screening Tools

Date of test: 04/17/2018

Historian:

Relationship to child:

Name of screening tool: ACES (required)

Results: S (for Symptoms)

Score: Score (Section 1 and 2 added together)

Additional comments: R = Referred to additional services
T = currently in treatment or other services

Comments by: Erin E. Gonzales Date of comments: 04/17/2018

☐ See scanned report ☒ Submit developmental screening to Superbill

Description: Code: 96110
Procedure: Developmental testing, limited

Description: Code: Status:
Assessment: Encounter for routine child health exam w abnormal findings Z00.121

Save & Close Cancel

Print

4-6 years Pass- Fail- Details
7-17yr Pass- Fail- Details

Screening Tool Results

Documented by MA

Documented by Provider

Documenting ACEs in NextGen

Templates Save Close Clear Inbox

Patient History Medication Allergies PAQ PM DM Orders Medications Procedures

(F) DOB: 11/22/2007 (10 years)

Address: 1234 1st St MRN: 303340 Pharmacy: PCP:

Referring: Gonzales, Erin E MD
Ordering: Gonzales, Erin E MD
[Practice Directives](#) [Screening Summary](#)

Developmental Record Child Development History

Screenings:
done: / /
done: / /

ings below) ☐ Reviewed

4-6 years Pass- Fail- Details
7-17yr Pass- Fail- Details

Screening Tool Results

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Procedure: Developmental testing, limited

Description: Code: Status:
Assessment: Encounter for routine child health exam w abnormal findings Z00.121

Provider may add S (for Symptoms) based on additional information in the visit

Documentation of ACEs in EPIC

▼ ACE Score			
Total for Section 1		<input type="text"/>	
Total for Section 2		<input type="text"/>	
Total Score	<input type="text"/>		
Patient is:		<input type="button" value="0=with no symptoms"/>	<input type="button" value="1=with symptoms"/>
Patient is:		<input type="button" value="0=Already receiving services"/>	<input type="button" value="1=Declined Referral"/>
			<input type="button" value="2=Accepted Referral"/>
 Restore	 Close F9	 Cancel	 Previous F7
			 Next F8

A close-up, warm-toned photograph of a male healthcare worker with a full beard and a purple stethoscope around his neck. He is smiling broadly at the camera. In the foreground, the back of a patient's head and shoulder are visible, slightly out of focus. The background is bright and blurred, suggesting an indoor setting with large windows.

Screening at BCHC-CYW

Screening Rationale

- Standardized risk assessment for toxic stress
- Provides a context for a discussion of toxic stress and potential changes in health outcomes

Target Population

- Children 0 to 19 years old



WE ASK EVERYONE...

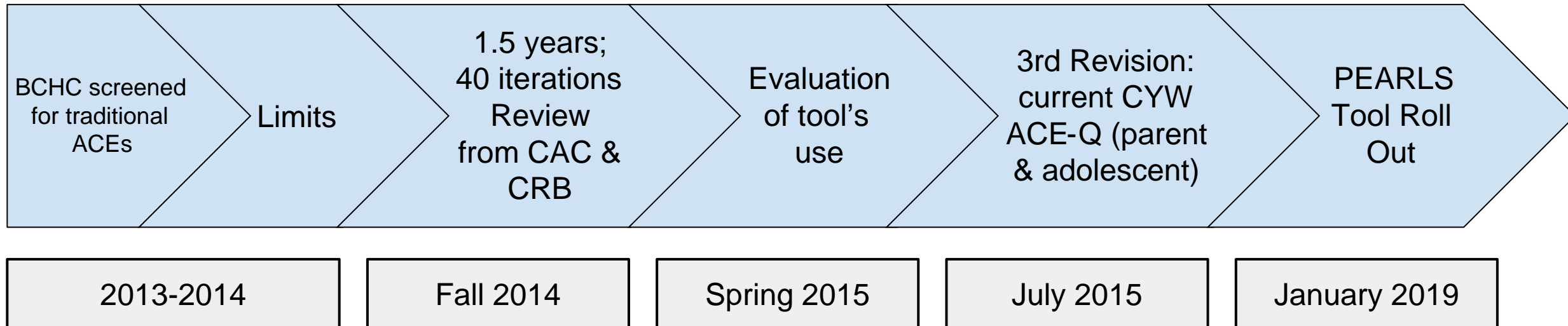
about exposure to adversity and trauma because we know that stressful life events can have an impact on the health and wellbeing of children. Understanding what your child has experienced is part of giving you good care.

 CENTER for YOUTH WELLNESS

 Bayview Child HEALTH CENTER

History of Screening for ACEs at BCHC

CYW ACE-Q



Screening Workflow

Process

Administer tool



Review Results
and Assess for
Symptoms



Determine
Next Steps

Roles at BCHC

Tool introduced by Medical
Assistant (MA). Completed by
parent/caregiver and patient 13+



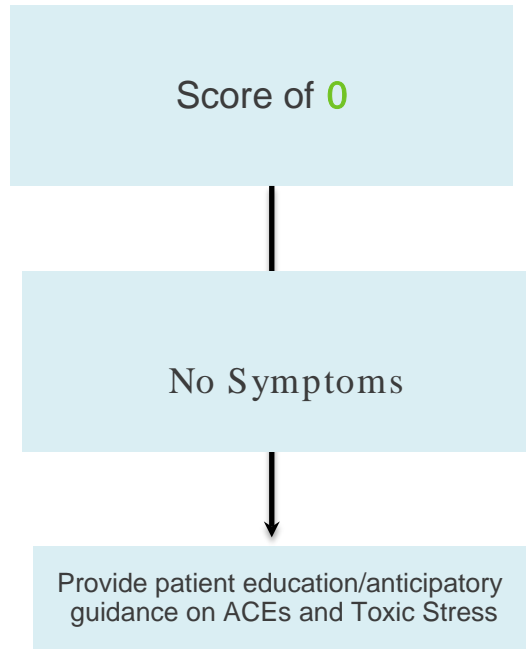
Primary Care Provider (PCP)
answers patient/family questions,
gathers additional information



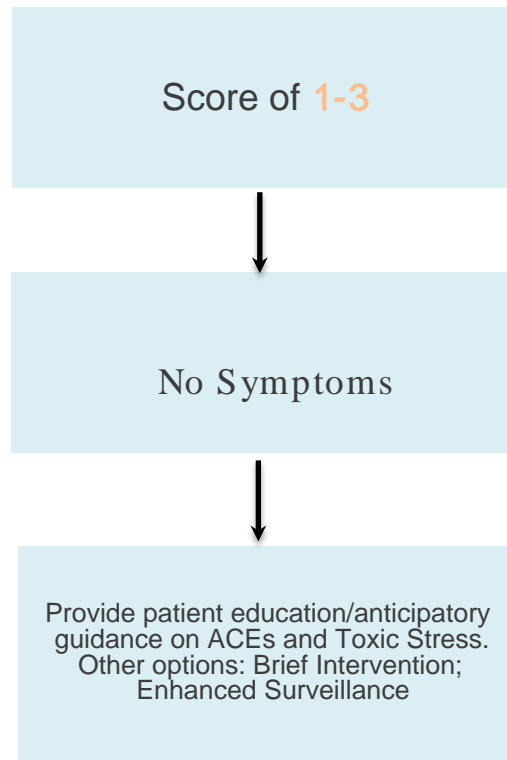
PCP determines course of action
(anticipatory guidance, Warm
Hand-Off, etc.), and documents in
EHR

BCHC ACEs Screening Score Algorithm

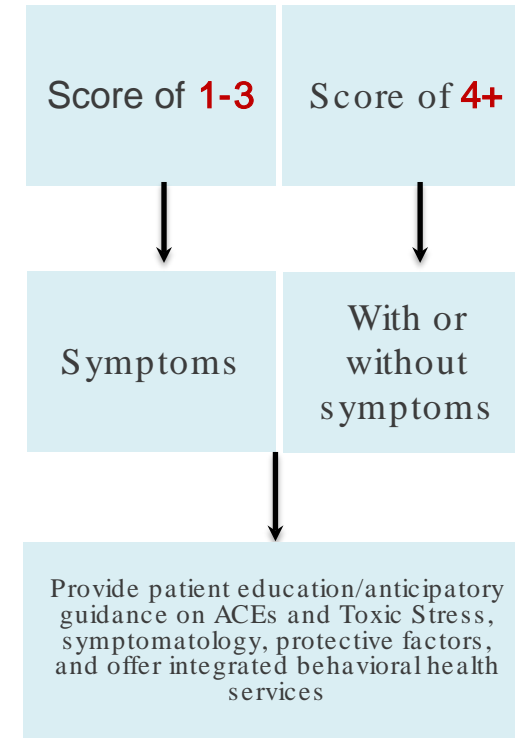
Low Risk



Intermediate Risk



High Risk



CYW Integrated Care Model

- CARE COORDINATION
- PSYCHOTHERAPY
- PSYCHIATRY
- BIOFEEDBACK (PERIPHERAL AND NEUROFEEDBACK)

Patient Story

- 15 year old female patient referred due to recent traumatic event (parental IPV and restraining order against dad), passive suicidal ideation, depressive symptoms, back pain, shoulder pain, and diagnosis of asthma
- CYW ACE-Q score of 4+0, Self-report of 6+2
- Measurement: Child Behavior Checklist (CBCL), Youth Self-Report (YSR), and Stress Index of Parents of Adolescents (SIPA)
- Received Care Coordination, Psychotherapy (DBT-focused), and Psychiatry
- Successfully completes treatment goals in 2 years
 - Patient Behavioral Health
 - Patient Physical Health
 - Parental/Caregiver Stress
 - Natural Supports
- Change in functioning is Much Improved and Prognosis is Good

Questions?

Thank you!

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Additional Resources

<https://nppcaces.org/>

www.stresshealth.org