



The Adverse Childhood Experience (ACE) Survey

Early Life Trauma

Earning CEUs



- CEUs are available for the 7 content modules as a series (7 CEUs total)
 - One pre- and post-series assessment required for the program as a whole
 - OptumHealth Education saves all CEU credit documentation on their website
 - <https://www.optumhealtheducation.com/>
- Accreditation opportunities include:
 - American Medical Association PRA Category 1 Credit™ by the Accreditation Council for Continuing Medical Education
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 - Accreditation Council for Pharmacy Education
 - Pharmacy Tech Certification Board
 - Case Manager Certification by the Commission of Case Manager Certification
 - American Board of Social Work Certification and American Psychological Association Certification and National Board for Certified Counselors Certification

Meet Our Faculty

Melissa Bruhl, DO, CMD



Melissa is a primary care physician who has spent the past four years in Home Based Primary Care and Hospice Service. She has been practicing the art of providing trauma-informed care within her primary care practice. She is passionate about listening to people about their individual choices for end of life and supporting loved ones through this journey. Dr. Bruhl received her BA and DO from the University of Northern Iowa and her DO from the University of Osteopathic Medicine and Health

Sciences. She completed her Internal Medicine Residency at Iowa Methodist Medical Center affiliated with the University of Iowa. She is a Certified Medical Director and has over 16 years' experience in long term care with a focus on caring for patients and families navigating the complexities of dementia. She has a passion for listening to the individual regarding goals for health and partnering with the patient to provide whole-person centered care. She enjoys collaborating with her spouse, who is a Doctor of Chiropractic and her father, who is a Psychologist with many years of practice in the field of trauma, to individualize care of the whole person. She feels passionate about working to combat homelessness and food insecurity and her family volunteers with Joppa in the fight against homelessness and Meals of the Heartland. In her free time, she enjoys outdoor activities such as camping and hiking with her spouse and three children.

Nakeesha Longmire, LCSW



Nakeesha is a Licensed Clinical Social Worker. Nakeesha is a Behavioral Health Advocate based in Memphis, Tennessee on the Clinical Redesign Team. She has close to 12 years of experience treating both children and adults using an eclectic person-centered approach tailored to the unique needs of the individual. She has experience working in a variety of settings including the child welfare system, the education system, crisis mental health intervention services, acute psychiatric care and the military.

Nakeesha believes innovation and flexibility are two essential keys to success. She believes an individual's overall success is impacted by both their behavioral and physical health outcomes. She plans to use her combined nurse and clinical social worker skills to support clients towards improved outcomes by providing a holistic approach. She is always seeking to provide an environment of compassion to help individuals overcome obstacles to succeed and thrive.

Check Point

Today's presentation includes material that may elicit complex feelings for some individuals. Please sign out at any time the material being presented causes you discomfort or distress.



This informational training is an overview of current research and its applicability to current practices. Always defer to your business unit's specific policies. When in doubt, always check with your supervisor.

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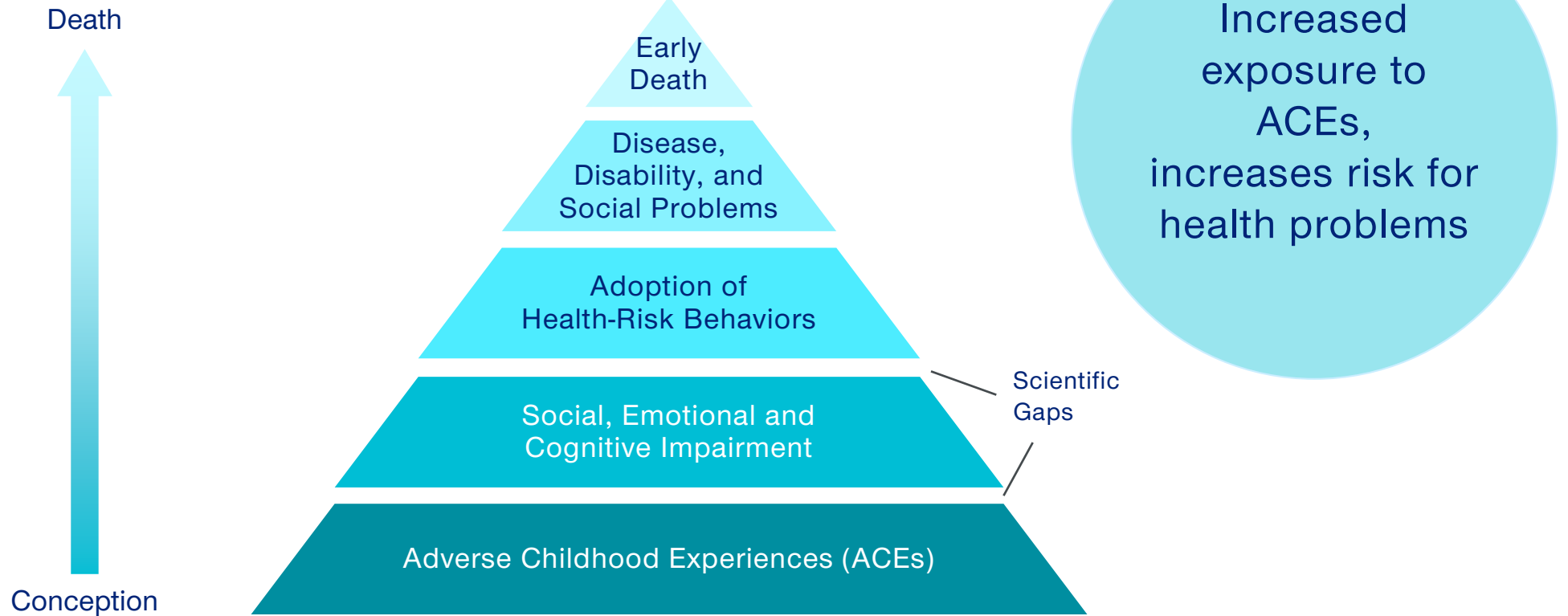
www.liveandworkwell.com or 866-781-6396

Learning Objectives

At the end of this course you will be able to:

- Define the Adverse Childhood Experience (ACE) survey as a tool to be used within a trauma-informed environment
- Identify why the ACE survey is important
- Recognize the correlation of the ACE score to long term health outcomes
- Discuss language used in conjunction with the ACE survey

Importance of the ACE Survey

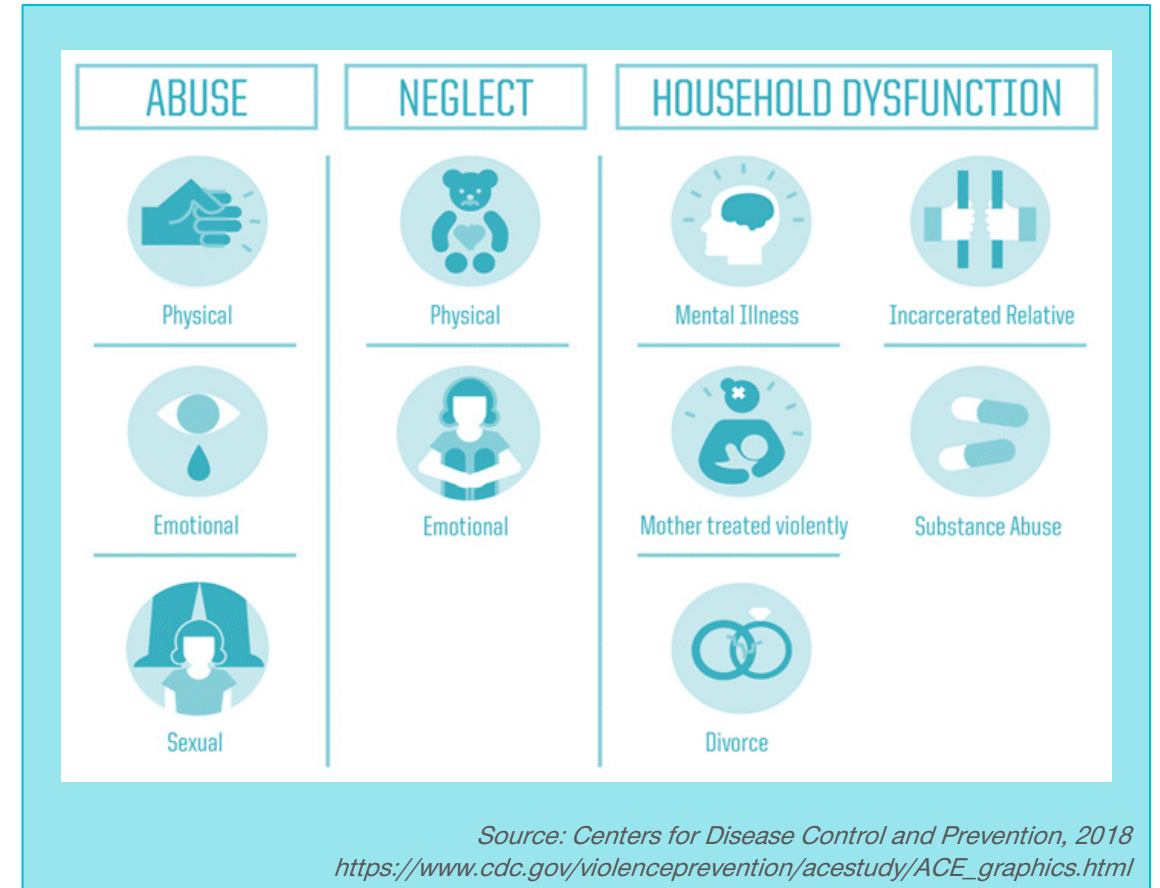


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan*

*Source: Centers for Disease Control and Prevention, 2018

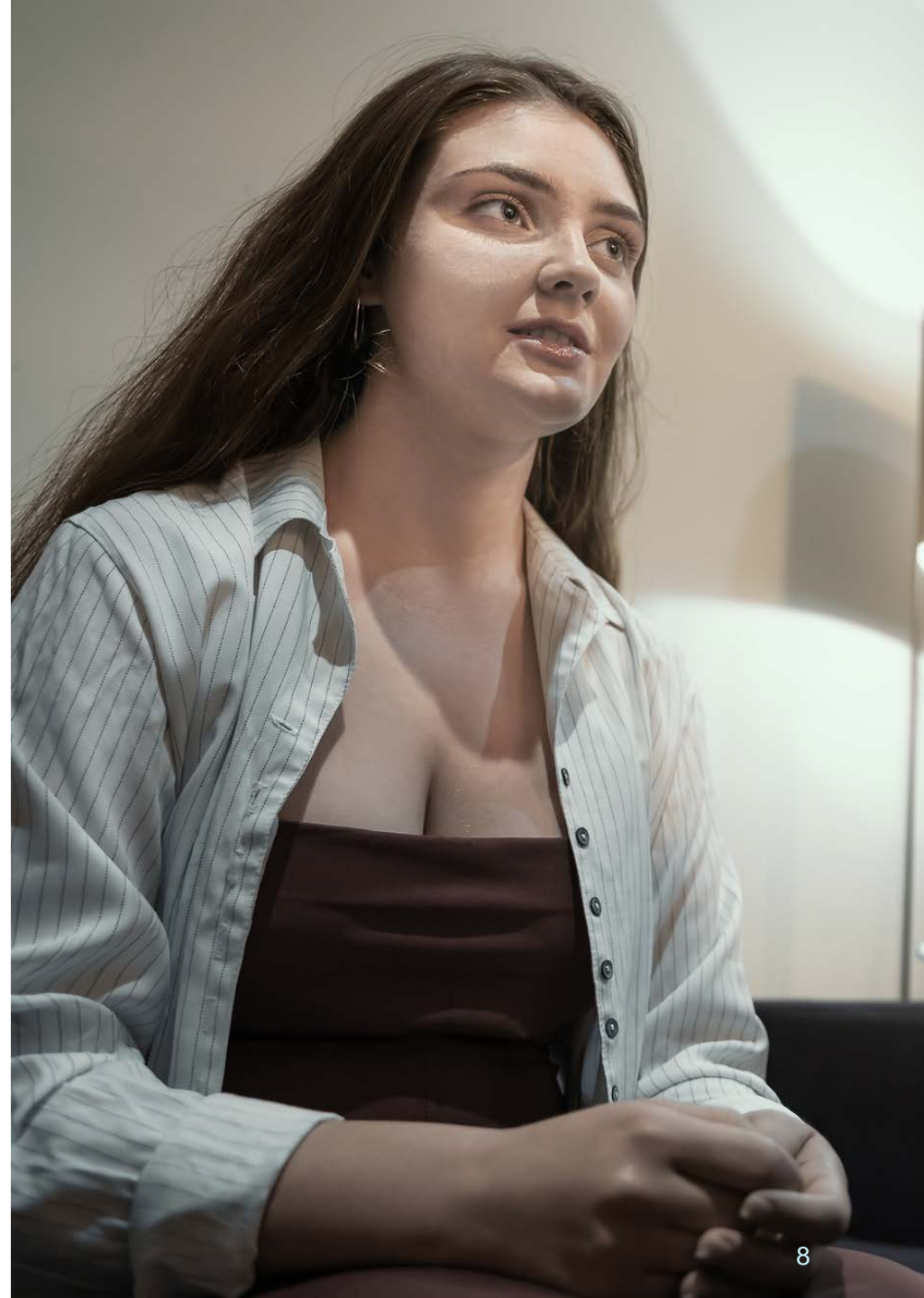
Connection to Care Philosophy and Practice

- ACEs are most significant determinant of health and social outcomes identified to date
- Impacts long-term health outcomes
- ACE score is a count of early life experiences
- Correlates early life trauma to health outcomes



The Adverse Childhood Experience Survey

- Questionnaire that determines the number of ACEs
- The number of ACEs is known as an ACE Score
- Not a diagnostic tool
- Information gives insight into one's life and challenges
- ACE Score is simply a number



Questions on the ACE Survey

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?
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?
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?
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?
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?
6. Were your parents ever separated or divorced?
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?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
10. Did a household member go to prison?

The ACE Survey

Questions

ACE Survey Score

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score



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.

Administer the ACE Survey

- Can be completed in person or over the phone.
- Spend time resource building prior to survey
- Each statement is scored a “1” if a "yes" response
- Not intended to relive events
- Can be started, stopped, and revisited over time
- Conversation around survey is valuable



Journal Prompt

In your personal journal, you are asked to complete the ACE Survey yourself to build empathy for the experience.

Language Used with ACE Survey

- Remain person-centered
- There are no right or wrong answers
- Show empathy, support, and compassion
- Build the relationship, don't be a robot



Approach to the ACE Survey

- Listen with empathy and without judgment
- Be aware of your own emotional and non-verbal reactions
- Consider the prevalence of trauma and connection to chronic health conditions
- Ask how the person feels early life trauma impacts their health
- “Roll with resistance” (Motivational Interviewing)
- Support optimism and healing strategies
- Highlight the person’s resiliency
- Increase knowledge and learning about ACEs and resiliency theory



A young woman with curly hair, wearing a white button-down shirt, is looking towards the right side of the frame. The background is a blurred indoor setting with blue and gold tones. A small cyan horizontal bar is located in the top left corner.

Role-Play of ACE Survey

Role-Play Debrief

- Introduce connection between early life trauma and adult health issues
- Engage with the person
- Validate and highlight resiliency
- Discuss the survey
- Ending the conversation can feel awkward or abrupt

How to Use Information from ACE Survey

- Considerations, not clinical responses
- Engaging patient where they want to go
- Identify resilience and resourcefulness
- Not diagnostic tool
- Not a decision tree
- Identify training needs for organization or staff
- Remember, the experience of trauma is unique and deeply personal.

Personal Next Steps

- Privately complete ACEs survey yourself
- Use Personal Journal to reflect on the experience
- Explore ACEs Connection website and CDC site



Journal Prompt

Complete ACE Survey privately and journal your reflections. Visit the websites provided for additional exploration.

Key Takeaways

1

Counts the number of adverse childhood experiences that are part of personal history

2

Identify and recognize early life trauma to gain insight into the person we serve

3

Better understand the person we serve and allow adjustments to interventions

4

Keep the person first, share the connection between the trauma and health issues, validate and resiliency, and remain empathetic



Additional Resources

What Language is Used to Discuss Early Life Trauma?

Introduce connection between early life trauma and adult health issues.

- “I’ve learned in my work that some experiences in our childhoods can actually have long term impact on our health.”
- “Having this information can be the basis for further conversation and understanding about how this exposure might triggers certain feelings or behaviors and how it impacts your well-being overall.”

How you engage with members on this topic is very important. Consider using the following conversation starters.

- “I’d like to ask you a set of questions that are fairly personal. If you don’t want to answer any of them just say pass or ‘I’d like to stop now’.”
- “Would it be ok if I asked some questions that may be of a personal nature?”
- “I’d like to ask you some questions that relate to experiences you may have had as a child. At any point, if these questions are uncomfortable for you to answer, please let me know. It’s ok if we need to stop.”

Validate and highlight resiliency

- “I am so sorry this happened to you. And I’m also so aware of your strength in resilience.”
- “While I can’t change what happened to you, I want you to know I’m grateful to have this information as we work together.”
- “You’ve shared so much with me today and I now feel more informed in how I suggest we address some of your health concerns. How are you feeling about sharing this?”

Discuss the survey

- “I’d like to share the score with you, but before I do I want to remind you this is just a number. It doesn’t reflect how you got through that experience, the support you may or may not have had, or how it still affects you today. What it does tell us is that you could experience higher risk of adult medical conditions depending on the score.”
- “It helps me understand your strengths. Getting through any sort of childhood trauma shows how strong and resilient you are.”

Ending the conversation can feel awkward or abrupt. “Thank you so much for sharing this with me.”

- “I know you had a few urgent concerns that we need to cover today so if you’re ok with this we’ll transition to talking about that now.”
- “These questions may come up again as we work on your health goals, and if you’d like to I can connect you with behavioral health resources should you feel new distress or simply want to talk more about your experiences.”

Awareness when Discussing Early Life Trauma

Try This	Instead of This
✓ Listen with empathy and without judgment	✗ Trying to fix
✓ Be aware of your own emotional and non-verbal reactions	✗ Arguing and confrontation
✓ Consider the prevalence of trauma and connection to chronic health conditions	✗ Minimizing someone's feelings or experience
✓ Ask how the person feels early life trauma impacts their health	✗ Engaging in a power struggle
✓ "Roll with resistance" (Motivational Interviewing)	✗ Telling someone what they should do/feel
✓ Support optimism and healing strategies	✗ Overly identifying with a person's story
✓ Highlight the person's own resiliency	✗ Over-reacting to a person's story
✓ Increase knowledge and learning about ACEs and resiliency theory	✗ Creating overstimulating spaces

Additional Research and Development

- [Visit the ACEs Connection Resource Center](#)
 - Review blog posts
 - Investigate areas of research
- [Centers for Disease Control \(CDC\): Violence Prevention](#)
 - Review Fast Facts and Prevention Strategies
 - Read the original CDC-Kaiser study
 - Browse available resources

Learning Circle Discussion Guide: ACE Survey

Directions: In your self-defined Learning Circle, a peer facilitator leads a discussion and/or role-play leveraging the talking points below to process the training content from the most recent learning event. Please reflect on all learning topics to date as you discuss today's content including personal life experiences and how these topics might be woven into your day to day work with UHG and ultimately impact our members.

- Based on what you learned in this session, how do you see using the ACE Survey or ACEs science being used in your role or organization?
- What considerations should individuals or organizations have when including ACE Survey results and scores as part of assessments or progress notes? (EMR, charts, group notes, etc.)
- If you are familiar with the ACE Survey, how have you seen it used in the real world? If you are new to this tool, what "ah-ha" moments did you have in this training?
- If time permits and volunteers are willing, engage in a role-play where you practice the ACE Survey. Focus on:
 - Initiating the conversation and beginning the activity
 - Engagement with the person
 - Validate and highlight moments of resilience
 - Ending conversation