Screening for ACEs at the Bayview Child Health Center (BCHC)

Lisa Gutiérrez Wang, PhD
Director of Clinical Programs
Center for Youth Wellness

January 24, 2019
Adverse Childhood Experiences, potentially traumatic events occurring before age 18.

- **Abuse**
  - Physical
  - Emotional

- **Neglect**
  - Physical
  - Emotional

- **Household instability**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce
ACEs are common

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

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

Source: CDC-Kaiser ACE Study (1998)

Dose Response Relationship associated with ACEs in childhood/adolescence

- Growth delay
- Cognitive delay
- Sleep disruption

- Asthma
- Infection
- Learning difficulties
- Behavioral problems

- Obesity
- Violence
- Bullying
- Smoking
- Teen pregnancy

Biological mechanism: Toxic stress

Adverse Childhood Experiences

Toxic Stress

Chronic Dysregulation

NEURO

ENDOCRINE

IMMUNE

Clinical Implications

- Endocrine
- Metabolic
- Reproductive
- Neurologic
- Psychiatric
- Behavioral
- Immune
- Inflammatory
- Cardiovascular
- Epigenetic
But not all individuals experience toxic stress as a result of negative experiences
Key Concepts to Address with Patients and Families about ACEs and Toxic Stress

- ACEs are common
- Dose response relationship
- ACEs accumulate over time
- ACEs along with the absence of protective factors at key developmental milestones create the potential for toxic stress
- Toxic Stress may lead to negative physical/mental health outcomes
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
CYW Patient Population

CCHE Data: 2013 - July 2017

<table>
<thead>
<tr>
<th>Age at Intake</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>35%</td>
</tr>
<tr>
<td>6-12</td>
<td>40%</td>
</tr>
<tr>
<td>13-18</td>
<td>20%</td>
</tr>
<tr>
<td>19-21</td>
<td>5%</td>
</tr>
</tbody>
</table>
History of Screening for ACEs at BCHC

### CYW ACE-Q

- **BCHC screened for traditional ACEs (de-identified)**
- **BCHC & CYW identified limitations to screening tool**
- **1.5 years 40 iterations Review from CAC & CRB**
- **Evaluation of Instrument’s use**
- **3rd Revision: current CYW ACE-Q (parent & adolescent)**

- **2013-2014**
- **Fall 2014**
- **Spring 2015**
- **July 2015**
Screening Workflow

**Process**

1. Administer tool
2. Review Results and Assess for Symptoms
3. Determine Next Steps

**Roles at BCHC**

1. Tool introduced by Medical Assistant (MA). Completed by parent/caregiver and patient 13+
2. Primary Care Provider (PCP) answers patient/family questions, gathers additional information
3. PCP determines course of action (anticipatory guidance, Warm Hand-Off, etc.), and documents in EHR
# Screening Tool

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

To be completed by Parent/Caregiver

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 in the box 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 wore an, 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
Clinical Symptoms Associated with Toxic Stress

**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
**BCHC ACEs Screening Score Algorithm**

**Low Risk**
- Score of 0
  - No Symptoms
    - Provide patient education/anticipatory guidance on ACEs and Toxic Stress

**Intermediate Risk**
- Score of 1-3
  - No Symptoms
    - Provide patient education/anticipatory guidance on ACEs and Toxic Stress. Other options: Brief Intervention; Enhanced Surveillance

**High Risk**
- Score of 1-3
  - Symptoms
    - With or without symptoms
      - Provide patient education/anticipatory guidance on ACEs and Toxic Stress, symptomatology, protective factors, and offer integrated behavioral health services

- Score of 4+
  - No Symptoms
    - Provide patient education/anticipatory guidance on ACEs and Toxic Stress, symptomatology, protective factors, and offer integrated behavioral health services
Documenting ACEs in NextGen
Documenting ACEs in NextGen
**Example: Patient Education Materials**

What are ACEs and Why Do They Matter?

Adverse Childhood Experiences (ACEs) are stressful events in a child or adolescent’s life. They are very common, and most Americans have at least one. ACEs can happen to anyone and may have lasting effects on health.

**Types of ACEs**

ACEs include experiences like abuse, neglect, and other major stressors such as divorce, a parent’s substance abuse, or witnessing violence in the home. Listed below are 10 ACEs that are linked to a child’s current and future health. Other kinds of difficulty, including community violence, bullying, and poverty, can also lead to health harms without the right support.

**Exposure to ACEs may cause harms**

Children have both good and bad experiences, and both can affect their health. Science shows that negative experiences can have long-term effects on children’s brains and bodies. Stress from an ACE is different than the everyday stress that all children experience. This type of stress can lead to health problems such as asthma, diabetes, and heart disease. It can also affect behavior, learning, and mental health.

What do ACEs mean for your child?

A higher number of ACEs can mean a higher risk of health problems. A child’s primary care provider may ask about ACEs to help guide medical decisions, improve your child’s care, and connect you to helpful services.

What Is Toxic Stress?

Everyone feels stress!

And not all stress is bad. Stress can help bring attention to what’s important and be a motivator for problem-solving. But too much of the wrong kind of stress can be unhealthy. For children, this kind of stress can become toxic over time, affecting the way their brains and bodies grow.

Adverse Childhood Experiences (ACEs) like abuse or neglect can cause this kind of stress and can harm a child’s long-term health. Because of the possible impact, it’s important to know a little more about stress and the different ways people’s bodies can respond.

**Positive stress response:**

This is the body’s response to temporary stress. Stress hormones like the body do what’s needed in the moment. Once the event passes, the stress response turns off and the body goes back to its normal state. For example, when a new child needs to go home, the stress response turns off and the child can safely leave the hospital.

Knowing these skills can help children develop confidence and coping skills when supported through this type of stress.

**Tolerable stress response:**

This is the body’s response to more lasting and serious stress. With tolerable stress, a child needs the help of a responsive caregiver to help her stay calm and turn down the stress response. With this help in place, the body can more easily return to its normal state. Tolerable stress can occur during events like an injury or natural disaster.

**Toxic stress response:**

This is the body’s response to lasting and serious stress, without enough support from a caregiver. When a child doesn’t get the help he needs, his body can’t turn off the stress response normally. This lasting stress can harm a child’s body and brain and can cause lasting health problems. This type of stress results from exposure to things like abuse and neglect.
Q & A