ACEs Provider Training
What are ACEs?

ACEs stands for Adverse Childhood Experiences which refers to a traumatic or stressful event(s) experienced by children aged 0-18 years old.

10 categories of adversities in three domains:

Abuse:
- Physical
- Sexual
- Emotional

Neglect:
- Physical
- Emotional

Household Instability:
- Mental Illness
- Incarcerated Relative
- Divorce
- Mother Treated Violently
- Substance Abuse
What is Toxic Stress?

POSITIVE

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

TOLERABLE

Serious, temporary stress responses, buffered by supportive relationships.

TOXIC

Prolonged activation of stress response systems in the absence of protective relationships.
Why do we screen?

Screening for ACEs and toxic stress and providing targeted, evidence-based interventions for toxic stress can:

- Improve efficacy and efficiency of health care
- Better support individual and family health and well-being, and
- Reduce long-term health costs.
How Common are ACEs?

62.7% Californians with ≥1 ACEs
17.6% with ≥ 4 ACEs

Source: A Hidden Crisis: Findings on Adverse Childhood Experiences in California, Center for Youth Wellness, 2014
https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/
What impact do ACEs have?

Repeated or Prolonged exposure to ACEs can lead to negative health outcomes and increases toxic stress which can have damaging effects on:

- Developing brain
- Immune system
- Behavior
- Health across the lifespan
Women, Pregnancy and ACEs

Pregnancy with exposure to ACEs

- Increased risk for preterm delivery and maternal and infant complications
- Gestational hypertension, preeclampsia
- Placenta Previa
- Gestational diabetes
- Increased rates of perinatal depression and anxiety

Women with exposure to ACEs

- Increased risk of irregular menses
- Increased teenage pregnancy
- Increased dysmenorrhea
ACEs and Leading Causes of Death

7 of the top 10 leading causes of death in the US are associated with ACEs

1. Heart Disease (2.1 times more likely with ≥4 ACEs)
2. Cancer (2.3 times more likely)
3. Chronic Lower Respiratory Diseases (3 times more likely)
4. Stroke (2 times more likely)
5. Alzheimer's Disease (11.2 times more likely)
6. Diabetes (1.5 times more likely)
7. Suicide (30.1 times more likely)
How will we address this?

Resilience Building by focusing on:

- The 6 domains of wellness
- Providing Trauma Informed Care
- Supplementing usual care with patient education on Toxic Stress
- Screen for both adversity and protective factors
- Integrate Behavioral health
Can ACEs be erased?

ACEs Can’t be erased BUT.....

- They can be prepared for Anticipatory Guidance
- They can be used to help families build resilience and self-efficacy
- They can change clinical care
  - Multidisciplinary treatment
  - Avert future consequences
- Positive Childhood Experiences can modulate the risk
- Exposure to ACEs does not mean that you will develop heart disease, cancer, etc.
**Pediatric Screening Tool:**

**Pediatric ACEs and Related Life Events Screener (PEARLS)**

<table>
<thead>
<tr>
<th>To be completed by Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today’s Date:</td>
</tr>
<tr>
<td>Child’s Name:</td>
</tr>
<tr>
<td>Your Name:</td>
</tr>
</tbody>
</table>

Many families experience stressful life events. Over time these experiences can affect your child’s health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible. At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences. Please note: some questions have more than one part separated by “OR.” If any part of the question is answered “Yes,” then the answer to the entire question is “Yes.”

- **Has your child ever lived with a parent/caregiver who went to jail/prison?**
- **Do you think your child ever felt unsupported, unloved and/or unprotected?**
- **Has your child ever lived with a parent/caregiver who had mental health issues?** (for example depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
- **Has a parent/caregiver ever insulted, humiliated, or put down your child?**
- **Has the child’s biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?**
- **Has your child ever locked in appropriate care by any caregiver (for example, not being being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)?**
- **Has your child ever been or heard a parent/caregiver being slammed at, sworn at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?**
- **Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? Or has any adult in the household ever hit your child so hard that your child had marks or was injured? Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?**
- **Has your child ever experienced sexual abuse? For example, anyone touched your child or asked your child to touch that person in a way that was unwanted; or made your child feel uncomfortable; or anyone ever attempted or actually had oral, anal, or vaginal sex with your child?**
- **Have there ever been significant changes in the relationship status of the child’s caregiver(s)? For example a parent/caregiver got a divorce or separated, or a romantic partner moved in or out?**

Add up the “yes” answers for this first section: ____________________

- **Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? (for example targeted bullying, assault or other violent actions, war or terrorism)**
- **Has your child experienced discrimination (for example being harassed or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)?**
- **Has your child ever had problems with housing (for example being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)?**
- **Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?**
- **Has your child ever been separated from their parent or caregiver due to foster care, or immigration?**
- **Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?**
- **Has your child ever lived with a parent or caregiver who died?**

Add up the “yes” answers for the second section: ____________________
When to screen?

Patients 0-5 years old
- 2 Week Visit
- 15 Month Visit
- Annual WCE visit  2-5 years old
Front desk gives ACE screener to caregiver

Caregiver completes ACE in the waiting room and returns it to front desk
*if not completed return to MA

MA ensures score on box and presents it to the Provider

MA will provide Circle Chart to Provider if ACE score is ≥ 1

Provider reviews screener with patient/family and follows the appropriate risk assessment algorithm

Provider reviews ACE score, treatment plan, and follow-up prior to next visit

Provider documents score, treatment plan in EHR
*Scans PEARLS into confidential folder
ACEs Algorithm

**Low Risk**
- Score of 0
- With or Without Symptoms
  - Reach out and Read (read 4 days/week)
  - Healthy Texts (0-3 year olds)
  - Vroom.org

**Intermediate Risk**
- Score of 1-3
- No Symptoms
  - Reach out and Read
  - Refer to Circle Chart w/ resources
  - Healthy Texts (0-3 year olds)
  - Vroom.org
- With Symptoms
  - Reach out and Read
  - Refer to Circle Chart w/ Resources
  - Healthy Texts (0-3 year olds)
  - Vroom.org
  - Follow Up w/ regular provider (1-3 months)
  - Referral to ACEs Coordinator (One Degree)

**High Risk**
- Score of 1-3
- With or Without Symptoms
  - Reach out and Read
  - Refer to Circle Chart w/ Resources
  - Healthy Texts (0-3 year olds)
  - Vroom.org
  - Referral to Behavioral Health and ACEs Coordinator (One Degree)
  - Follow Up (1-3 months)
**Vroom** is a free program that provides science-based tips and tools that empower parents and caregivers to give children a great start in life today and an even better future.

**Available in Spanish or English**

**Sign up for weekly Vroom by Text tips**

**Enable the Alexa Skill**

**Use the Vroom app on your phone or computer.**

**Vroom by Text™ sends customized tips for your child from our virtual coach, Jesse.**

**Brain-building is easy, even when your hands are full, with the Vroom Alexa skill.**

**Put a Vroom Tip in your bag, near your diapers or on the fridge! (And print an extra to share with a friend!)**

**Download and print**
Circle Chart

Allows the provider and the parent to choose a co-created goal that is fun and age appropriate activities for caregivers to do with their child to boost their development and social-emotional health.
**What my child eats**

**Explore – possible opening questions:**
- Tell me more about why you chose this topic.
- How do you feel about what your child is eating now?

**Offer – suggestions:**
- Parents set example
- Offer some choices of healthy foods
- Good food for four year olds – offer every day
- Sample menus

**Explore – closing options:**
- What do you think about this information?
- What are your next steps? What will you do with what we talked about today?

**Healthy Relationships**

**Explore – possible opening questions:**
- Tell me more about why you chose this topic.
- What challenges do you have with your family’s meals?

**Offer – suggestions:**
- Play together
- Eat meals together
- Tell your child you love them
- Spend one on one time with children
- Child is learning to eat more neatly
- Be Available: Make time to talk to your child without any distractions.

**Explore – closing options:**
- What do you think about this information?
- What are your next steps? What will you do with what we talked about today?

**Mindfulness**

**Explore – possible opening questions:**
- Tell me more about why you chose this topic.
- How do you feel about your child’s emotions?

**Offer – suggestions:**
- Practice yoga, meditation, and breathing techniques
- Take a nature walk
- Talk about gratitude

**Explore – closing options:**
- What do you think about this information?
- What are your next steps? What will you do with what we talked about today?

**Sleep**

**Explore – possible opening questions:**
- Tell me more about why you chose this topic.
- How do you feel about your child’s sleep?

**Offer – suggestions:**
- Try going to bed at the same time every night
- Follow a bedtime routine that is calming, such as reading a book
- Limit foods and drinks that contain caffeine. Such as soda and ice tea
- Don’t watch TV late at night.

**Explore – closing options:**
- What do you think about this information?
- What are your next steps? What will you do with what we talked about today?

**Active play**

**Explore – possible opening questions:**
- Tell me more about why you chose this topic.
- How do you feel about how active your child is?

**Offer – suggestions:**
- Children need to be active every day
- Playing together helps with bonding and makes child healthier and happier
- Mark some activities you would like to do with your child, or add other activities
- Handout: “Playing With Your 3 to 5 Year Old”

**Explore – closing options:**
- What do you think about this information?
- What are your next steps? What will you do with what we talked about today?

**Mental health**

**Explore – possible opening questions:**
- Tell me more about why you chose this topic.
- What questions do you have about snacks for your child?

**Offer – suggestions:**
- Take part in local and school activities
- Stay physically active
- Healthy snack recipe
- Practice healthy family relationships

**Explore – closing options:**
- What do you think about this information?
- What are your next steps? What will you do with what we talked about today?
**Intro**: “Included in the forms for you to complete is a Pediatric Adverse Childhood Experiences Screener. We give this to all our pediatric patients. Research has shown that children’s exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. We ask about early childhood experiences because its such an important part of understanding and managing your health. Please complete as much as you are comfortable. Your Medical Assistant can assist you with the form and your provider can answer any questions that you have.”

**How to complete**: “For the listed questions, count how many times you answered ‘Yes’ and write the total amount in the tally box after each section. You do not have to say which question you answered ‘Yes’ to, but we would like to know the total so the provider can give you the best treatment.”
• **ACE Questionnaire (PEARLS):** “This form is the Pediatric Adverse Childhood Experiences Screener. We screen all of our pediatric patients. Research has shown that children’s exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. This tool helps us understand and manage your child’s health. Please complete as much as you are comfortable.”

• **How to complete:** “For the listed questions, count how many times you answered ‘Yes’ and write the total amount in the tally box after each section. You do not have to say which question you answered ‘Yes’ to, but we would like to know the total so the provider can give you the best treatment.”

• **Once complete:** “When you’re finished, you can return the form to me. I will give it to your provider.”
Introducing the ACEs screening results:

“Research has shown that children’s exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. Thank you for telling us how many ACEs your child has experienced. I’d like to take a moment to review your responses”
Low Risk (Score of 0)

“Based on your responses, I don’t see any cause for concern. We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes, and this can increase their risk for health and developmental problems. If, in the future, [Child’s Name] experiences any of these issues, please let us know because early intervention can lead to better outcomes.”
Intermediate Risk (Score of 1-3)

“I see that [Child’s Name] has experienced [Score/Result] of these items, is that correct? Based on your responses, I want to ask a few more questions about her/his health and development.”

- Has [Child’s Name] experienced any significant weight gain or loss since these experiences occurred?
- Do you have any concerns about [Child’s Name]’s urination or stooling?
- How does [Child’s Name] sleep?
- Have you noticed any worsening of your [Child’s Name] asthma/eczema/diabetes since these events occurred?

(Caregiver answers NO and that the patient is doing fine)

“We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. At this time, it doesn’t seem like [Child’s Name] is experiencing those issues, but if, in the future, s/he does start showing symptoms, please let us know, because early intervention can lead to better outcomes.”
Clinical Symptoms

Inflammatory Response
• Frequent eczema flaring
• Frequent colds
• Frequent infections such as ear and pneumonia

Endocrine System Response
• Diabetes
• Obesity
• Poor growth
• Frequent abdominal pain
• Constipation
• Difficulty keeping weight on
• Weight gain or weight loss

Neurological System Responses
• New onset or recent increase in anxiety
• New onset or recent increase in depression
• Enuresis/Encopresis
• Behavior problems- impulsivity, defiance
• Frequent headache/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
Intermediate Risk (Score of 1-3)

> Review activities/Circle Chart

“Let’s look over these fun, age-appropriate activities together on the Circle Chart. We are co-creating a goal to boost [child’s name] development and social-emotional health while having fun at the same time. Choose one area that you would like to work on with your child before his/her next visit.”

“What activity would you like to try with your child? During your next visit, we can discuss how this activity went and if it is something you would like to continue doing with your child.”

> Provider circles the domain that the patient prefers to address on the circle chart prior to its being scanned into the EHR

> Hand out appropriate handouts.
High Risk (Score of 1-3 with symptoms)

“I see that [Child’s Name] has experienced [Score/Result] of these items, is that correct? Based on your responses, I want to ask a few more questions about her health and development.”

• Has [Child’s Name] experienced any significant weight gain or loss since these experiences occurred?
• Do you have any concerns about [Child’s Name]’s urination or stooling?
• How does [Child’s Name] sleep?
• Have you noticed any worsening of your [Child’s Name] asthma/eczema/diabetes since these events occurred?

(Caregiver responds YES)

“We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes, and this can increase their risk for health and developmental problems.”
“Because of what [Child’s Name] has experienced, I am concerned that this may be contributing to her problems in school/worsening asthma/weight gain. Some of the things that have been shown to help include good nutrition, healthy sleep, regular exercise, therapy, mindfulness — like meditation and healthy relationships.”

“I’d like to refer [Child’s Name] to some services that could be helpful.” (Describe referral and resources available at your setting. Refer to algorithm.)

“We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you mom/dad/grandma/auntie. Reducing or managing your stress level is one of the best things that you can do for [Child’s Name] to improve his/her health and development.”

>Provider will circle the domain that the patient prefers to address on the circle chart prior to its being scanned into the EHR
High Risk (Score of ≥4)

“I see that [Child’s Name] has experienced [Score/Result] of these items, is that correct?

“We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes, and this can increase their risk for health and developmental problems.”

“Because of what [Child’s Name] has experienced, I am concerned that this may be contributing to her problems in school/worsening asthma/weight gain. Some of the things that have been shown to help include good nutrition, healthy sleep, regular exercise, therapy, mindfulness — like meditation and healthy relationships.”
“I’d like to refer [Child’s Name] to some services that could be helpful.”
(Describe referral and resources available at your setting. Refer to algorithm.)

“We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you mom/dad/grandma/auntie. Reducing or managing your stress level is one of the best things that you can do for [Child’s Name] to improve his/her health and development.”

>Provider will circle the domain that the patient prefers to address on the circle chart prior to it being scanned into the EHR
Documenting ACEs in NextGen

Step 1: Under your provider encounter, select the template “Child Dev. Rec”
Documenting ACEs in NextGen

Step 2: Click on “Today’s Details”

Step 3: Under “Other screenings” click “Add New”
Documenting ACEs in NextGen

Step 4: Click on the white bar next to “Name of screening tool” → a drop down menu will appear. Select “PEARLS (Pediatric Aces and Life Screener)”
Documenting ACEs in NextGen

**Step 5**: Click on “Results” → A drop down menu will appear. Select any of the “PEARLS” score that matches what the patient scored on the TOP BOX of the ACEs Screening Tool, and indicate with or without symptoms.

**Step 6**: Click on “Score” → Type in score from the TOP BOX + BOTTOM BOX on the ACE’s Screening Tool (do not add up scores).

*Example*: 1 + 2
Documenting ACEs in NextGen

Step 7: In the “Additional comments” box you can add referrals made or treatment discussed.
*Procedure code automatically populates when you select the PEARLS Score.
PEARLS has 2 procedure codes only:
1. G9919 – High-risk, patient score of 4 or greater
2. G9920 – Lower-risk, patient score of 0-3

Step 8: Check off “See Scanned Report” and Click “Save & Close”
Documenting ACEs in NextGen

Once you Save and Close, the Screening tool will be captured at the bottom where it says “Screening Tool Results”

<table>
<thead>
<tr>
<th>Date of Test</th>
<th>Screening Name</th>
<th>Results</th>
<th>Score</th>
<th>Scanned Report</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/05/2020</td>
<td>PEARSLS (Pediatric ACEs and Life Screener)</td>
<td>PEARSLS - Score of 2-3 (No Symptoms)</td>
<td>+2</td>
<td>Yes</td>
<td>R = Referred to T = Currently in</td>
</tr>
<tr>
<td>04/20/2020</td>
<td>PEARSLS (Pediatric ACEs and Life Screener)</td>
<td>PEARSLS - Score of 3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Documenting ACEs in NextGen

**Step 9:** Scan PEARLS in EHR under “Confidential” folder.
Referral for ACEs Coordinator in NextGen

1. Click on **Referrals**
2. Select the **Specialty/Specialist name/Site**
3. Click on white box under specialty
4. Drop down menu will appear, select **NEVHC ACEs Coordinator** & click OK
Documenting ACEs in NextGen

- The provider circles the activity the parent chooses on page 2 of the Circle Chart. Scan page 2 of circle chart into EHR under Confidential following the ACEs screener.
- The provider will give the Circle Chart with the pictures and supplemental resources on interested topics to the patient's family.
Developed with ACEs Aware Grant Funds