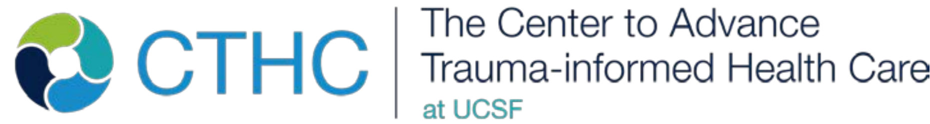
The TRIADS Framework

A project of the California ACEs Learning and Quality Improvement Collaborative (CALQIC)

DRAFT Version 11.9.20

Trauma & **R**esilience-informed **I**nquiry for **A**dversity, **D**istress & **S**trengths

CALQIC's TRIADS Framework describes a healing approach for screening, education, and response to Adverse Childhood Experiences (ACEs) in primary healthcare settings.



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The TRIADS Framework is based on a stress response model linking three factors that affect health: 1) adverse events; 2) the individual's distress response; and 3) the individual's strengths.

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Learn about the 5 core elements of the TRIADS Framework: 1) Foundation, 2) Environment, 3) Patient Education, 4) Screening for Adversity, Distress and Strengths, and 5) Provider Post-Screening Response. Explore goals, strategies and tools for each.

The TRIADS Framework is a work in progress that will evolve over the course of an 18-month learning collaborative in advance of sharing a refined version in an open source format. For the latest version of this document, please visit cthc.ucsf.edu/triads

The TRIADS Framework is product of the California ACEs Learning and Quality Improvement Collaborative (CALQIC) as a project of the University of California San Francisco (UCSF) Center to Advance Trauma and Resilience-Informed Healthcare (CTHC).

We want to acknowledge the following people for their contribution to the TRIADS Framework: Alicia Lieberman, PhD; Chris Bradley, PhD; Katy Davis, LCSW, PhD; Ken Epstein, LCSW, PhD; Kathleen Figoni, MHA; Sarah Ismail, MPH; Gail Kennedy, MPH; Leigh Kimberg, MD; Anda Kuo, MD; Marguerita Lightfoot, PhD; Dayna Long, MD; Eddy Machtinger, MD; Brigid McCaw, MD; Genesis Regalado; Amy Shekarchi, MD; Leena Singh, DrPH, MPH; and Shannon Thyne, MD.

About CALQIC

The California ACEs Learning and Quality Improvement Collaborative

The California ACEs Learning and Quality Improvement Collaborative (CALQIC) is a key component of the California *ACEs Aware* initiative, a project of the Office of the California Surgeon General (OSG) and the Department of Healthcare Services (DHCS) to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for adverse childhood experiences (ACEs). The TRIADS framework describes CALQIC's approach to provider and staff training for ACEs screening and response.

CALQIC is led by the University of California San Francisco (UCSF) Center to Advance Trauma and resilience-informed Healthcare (CTHC), in partnership with the Center for Care Innovations (CCI), RAND Corporation (RAND), and Los Angeles County Healthcare Services. The CALQIC centerpiece is an 18-month learning collaborative of 15 organizations (including 53 individual clinic sites) in 7 California regions representing the diversity of populations affected by health disparities. Training and implementation in the learning collaborative will involve an iterative, highly collaborative process using current best practices, provider feedback, and evaluation. Lessons learned in this process will be methodically collected, analyzed, and used to inform the next phases of implementation and learning. Ultimately, lessons learned in the learning collaborative will inform best practices, tools, and other resources to facilitate implementation of ACEs screening and response in clinics throughout California.

If you have any questions, comments or suggestions about the TRIADS framework, please email the CALQIC Content Team Lead, Sarah Ismail, at sarah.ismail@ucsf.edu.

TRIADS Goal, Vision & Values

A healing approach to ACEs screening and response.

CALQIC's approach to ACEs screening and response is guided by the TRIADS Framework (**T**rauma and **R**esilience-informed **I**nquiry for **A**dversity, **D**istress, and **S**trengths). TRIADS is informed by community wisdom derived from interviews with patients and other community members, evidence-based interventions for traumatized children and families, and influential trauma and resilience-informed clinical change frameworks for both pediatric and adult medicine[1-5] TRIADS is also aligned with Substance Abuse and Mental Health Services Administration's (SAMHSA) practices and principles of trauma and resilience-informed care[6], and the "ACEs and Toxic Stress Risk Assessment Algorithm" developed by the *ACEs Aware* initiative.

The Framework is a work in progress. CALQIC will refine TRIADS throughout the 18-month learning collaborative using feedback from participating providers and coaches as well as evaluation data collected during the project. We see TRIADS as a "living document" that will evolve over the course of the learning collaborative in advance of sharing a refined version in an open source format. *For the latest version of this document, please visit cthc.ucsf.edu/triads*

Goal

Our goal is to support healthcare providers and sites to incorporate ACEs screening and response in a way that leads to more positive healthcare experiences, better treatment outcomes, and reduced health disparities by enhancing relationships between patients, families, and healthcare teams and by linking patients and families to the services that they want and need.

Vision

Trusting relationships are at the core of all healing endeavors. Relational health is the underlying vision of the TRIADS Framework. We understand relational health as physical, emotional, and behavioral wellbeing that is promoted by healthy relationships. We aspire to build, support, and strengthen relationships between patients, their families, their communities and their healthcare providers based on values of equity, respect, and inclusion of diverse cultural and community values. Our vision includes engaging the whole family in a relational model of healing because healthy parents, caregivers, and other family members are crucial to promote healthy development in children and adolescents.

The TRIADS Framework understands adversity as a universal human experience that occurs in the context of embedded ecological risk factors, including painful family circumstances; racism, xenophobia, and discriminatory systemic practices; structural

power inequities for low-income and minority racial, ethnic, and cultural groups; and intergenerational patterns of historical group trauma that continue into the present.

Patients with histories of adversity often experience healthcare and other systems as impersonal, judgmental, or harmful. For this reason, we believe that it is essential to conduct ACEs screening and response within a safe and caring provider-patient relationship. We envision a purposeful expansion from a biomedical focus on disease and dysfunction to a bio-psycho-social-spiritual focus on strengths and healing. This expansion starts with a healthcare provider's authentic and non-judgmental interest in patients' life experiences. The journey to more holistic healing includes learning about patients' experiences of maltreatment, discrimination, and racism as well as their sources of resilience, defined as the individual's use of personal and community strengths as protective factors to recover from the harmful impacts of adversity.

The expansion from a biomedical paradigm to a bio-psycho-social-spiritual model of human development and healing calls for a holistic understanding of individual patients in three related areas: 1) adverse life circumstances from personal experiences and structural inequities; 2) signs of physical and psychological distress and 3) patients' strengths and self-care practices that affect health outcomes. Clinical attention to this triad allows for a more "actionable" understanding of individual patients than any one area alone. **To truly transform the quality of healthcare, the medical system and individual providers must understand and respond to patients' adversity and distress while enlisting their strengths in creating and implementing the treatment plan.**

Values

TRIADS core values reflect our commitment to workplace relationships based on respect, inclusion, equity, and cultural humility. We aspire to promote healthcare environments where patients, families, and healthcare workers at all organizational levels have a sense of belonging and trust that their contributions are valued and included. The values of TRIADS also align with SAMHSA's practices and principles of trauma and resilience-informed care (*see next page*.)

SAMHSA’s Practices and Principles of Trauma and Resilience-Informed Values

Safety[1]: Physical and psychological safety is the foundation of health and wellbeing. Healthcare organizations provide safe physical environments and uphold expectations for kind and respectful workplace interactions that include the perspectives of patients and communities.

Trustworthiness and Transparency[1]: Organizations make decisions and conduct operations in a clear and open manner that promotes confidence among patients, family members, and clinic staff.

Equity and Cultural Humility: Health equity consists of having access to resources that support health regardless of socioeconomic conditions, race, ethnicity, religion, national origin, immigration status, age, gender identity, sexual orientation or other individual characteristics. Cultural humility involves the recognition that understanding another cultural group’s values, perspectives, and experiences is an open-ended process that calls for ongoing commitment to learn. Organizations strive to incorporate these values in their policies and procedures and in the workplace climate they promote.

Peer Support[1]: The term “peers” refers to individuals with lived experiences of trauma who support each other and children in their care. Peer support and mutual self-help are key vehicles in promoting recovery and healing. Health providers endeavor to enlist and encourage peer support as an integral component of care.

Collaboration[1]: Organizations cultivate a spirit of partnership towards shared goals and adopt procedures that involve the joint participation of leadership, providers, staff and patients in the allocation of roles and sharing of power in decision making processes.

Empowerment, Voice and Choice[1]: Organizations give primacy to their healing mission by affirming the strengths of the communities they serve and by seeking out and including the preferences and choices of their patients in the services they offer.

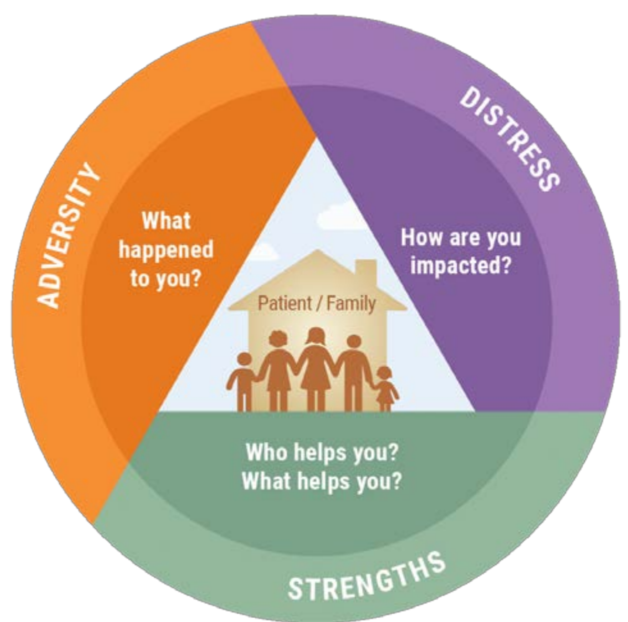
Resilience and Recovery: Resilience is the individual’s use of inner strengths and cultural and social protective resources to cope adaptively with hardship. Recovery is the restoration of healthy self-care and daily functioning after the harmful physical and emotional sequelae of adversity. Organizations maintain an unwavering commitment to support the resilience of the individuals and communities they serve and to provide culturally appropriate resources to aid in their recovery.

[1] From SAMHSA publication: Concept of Trauma and Guidance for a Trauma-Informed Approach

Why TRIADS?

Defining a Triad of Adversity, Distress and Strengths

The TRIADS Framework describes best practices for screening, education, and response to Adverse Childhood Experiences (ACES) in primary healthcare settings.



TRIADS refers to the three core ingredients of healthcare providers' healing approach:

1. ACEs Screening: Empathic interest in asking about the patient's experiences of adversity and trauma
2. Assessing Distress: Supportive inquiry about how ACES have impacted the patient's health, feelings and behavior
3. Identifying Strengths: Offering hope and promoting resilience by guiding the patient to identify helpful resources and supports

The Framework promotes a holistic approach to healthcare that helps patients understand how ACES affect physical and emotional health and engages the patients as active partners in their treatment plan.

Adversity

Adversities are difficult life events that create heightened physiological and psychological stress responses. The term became widely used with the dissemination of the Adverse Childhood Experiences Study (ACEs)[7,8] which reported that 10 forms of childhood adversity were strongly correlated in a stepwise fashion with heightened risk for many of the most common, serious, adult medical and psychiatric illnesses. The original ACEs include physical, sexual, and emotional abuse; witnessing violence against the mother; primary caregiver with mental illness or substance misuse; a primary caregiver in prison; growing up with a single parent; physical or emotional neglect; and loss of a parent by death, separation, divorce, or other reasons. Since the original study, social conditions such as racism, discrimination, traumatic migration, food insufficiency, and poverty have been identified as additional adversities that are linked with many of the same adult medical and psychological conditions[9,10].

Distress

Distress occurs when the magnitude of adversity overpowers the patient's coping mechanisms, detracting from the ability to use protective resources to maintain healthy functioning. Distress has a range of manifestations that may include physiological imbalance, somatic symptoms, subjective experiences, and/or emotional or behavioral dysregulation. Different manifestations of distress can co-occur, reinforce each other, and escalate the overall scope of distress. For example, depression may be expressed through chemical imbalances, loss of appetite and sleeping problems, negative affects like sadness and loss of pleasure in daily activities, and withdrawal from relationships and community engagements. Each one of these expressions of distress may exacerbate the others. For this reason, to best understand patients' distress, providers need to probe for symptoms of distress at all levels—somatic, emotional, and behavioral levels.

Figure 3 illustrates a continuum from normative stress, which is manageable, to toxic stress, that interferes with health and wellbeing.

Figure 3. The Continuum of Stress

- *Normative stress* is a manageable response to challenge where stress responses are followed by return to homeostasis and physiological balance. Normative stress provides energy and motivation to achieve immediate and long-term goals. For example, children are usually stressed when they first start school but they grow and learn from this challenge. Adults may respond with stress to deadlines, but this stress impels them to complete the task and then relax. Normative stress enables individuals to change behavior and adapt effectively to new situations.

- *Toxic Stress* is the name given to physiologically costly stress and is defined as a chronic response to frequent, intense, or persistent threat without returning to physiological balance. It involves the continued release of high levels of stress hormones that creates chronic physiological imbalance and undermines the individual's stress management system, including the ability to deploy adaptive coping strategies and make use of protective relationships and resources. Toxic stress can be caused by individual and family-level stressors as well as by threatening social conditions including system inequities, poverty, discrimination, racism, and xenophobia. Toxic stress has varying

degrees of intensity, ranging from chronic stress in response to persistent adversity to traumatic stress in response to specific life-threatening events. It is important to recognize the distinction between traumatic stress, which can have a range of impacts and manifestations, and post-traumatic stress disorder (PTSD), which is an algorithm-based psychiatric diagnosis that may result from exposure to specific forms of trauma such as actual or threatened death, serious injury, or sexual violence[11].

TRIADS has adopted the term ***Distress*** to describe the entire range of stress manifestations that may be observable in clinical practice. Expressions of distress include many of the most common illnesses and physical and behavioral symptoms seen in pediatric and adult primary care. Please refer to this comprehensive list of such ACE-associated health conditions (AAHC) in children and adults.

Individuals are often unaware of the causal connections between exposure to adversity and manifestations of distress. Understanding that symptoms of distress may be traced back to adverse life experiences can help the healthcare provider explain to the patient the possible origins of the condition and help design more effective treatments. For example, a patient's depression and substance use are likely to be treated more effectively if the healthcare provider or mental health consultant also understands the origins of these conditions in the patient's traumatic experiences.

Identifying distress. Distress may be expressed in physical symptoms, behavior, and/or emotions. Distress may be manageable or cause significant difficulties depending on its duration and intensity, factors which are in turn influenced by underlying constitutional, situational, and cultural factors.

- **Physical manifestations.** Examples include ACE-associate health conditions (AAHC) in the forms of endocrine, metabolic, immune, inflammatory, and cardiovascular problems, disturbances in eating (loss of appetite or overeating), sleeping (insomnia, oversleeping, night waking, nightmares), digestion (constipation, diarrhea), frequent illness or pain (unexplained weight loss, headaches, or stomach aches with no known medical cause), lack of energy, and multiple childhood and adult health conditions such as asthma, obesity, and diabetes.
- **Behaviors.** Examples include relationship conflicts, risk taking, angry outbursts, aggression, self-harming behaviors, and substance use.
- **Emotional difficulties.** Examples include intense and persistent sadness, anxiety, depression, irritability, anger, and loss of pleasure in relationships and activities.

Strengths

Protective factors that promote resilience and recovery

Strengths are individual, family and community resources that protect against the impact of adversity and promote resilience and recovery. There are three basic reasons to include strengths as a key focus of inquiry.

1. Acknowledging strengths promotes hope. Healthcare providers create a more positive relationship with their patients when they speak about the patient's strengths rather than focusing only on adversity and distress.
2. Understanding how a patient's strengths buffer the impact of adversity and distress allows providers to better determine whether a patient is managing well or needs immediate supportive intervention.
3. Learning about a patient's strengths allows providers to harness individual, family, and community protective resources as integral parts of the treatment plan.

Protective factors are commonly understood to include supportive family and community relationships. There are, however, societal protective factors that are basic to health and wellbeing, such as food sufficiency, adequate housing, safe neighborhoods, well-functioning schools, employment opportunities, and access to healthcare. The list below includes examples of family and community protective factors that offer support in coping with life challenges.

- Supportive interpersonal relationships (friends and family) are the most reliable predictors of health and wellbeing across the lifetime. Research also shows that having at least one caring adult during childhood can help prevent or reverse the negative health impacts of adversity.
- Supportive community settings like faith institutions, social clubs, or volunteer organizations offer a sense of belonging and higher meaning.
- Activities that promote self-worth, such as work and school.
- Pleasurable activities like intellectual interests, sports and hobbies that maintain physical and mental engagement in learning.

Role of healthcare providers as a protective factor. Patients are often ashamed to reveal adversities and distress, even when these conditions stem from events beyond their control. Offering a context for the screening enables providers to create a supportive atmosphere. A useful introduction to the screening may be a statement that adverse events and resulting distress happen frequently and can affect health, and that people are not to blame for their harmful life circumstances.

The provider can then build on this supportive introduction, explaining that treatment can be more effective when the provider and the patient share an understanding of the patient's difficult experiences, state of mind, and sources of strength and comfort. Many studies show that people find relief from disclosing painful experiences to someone they trust.

People also respond positively when the provider follows up questions about adversity and distress by asking with genuine interest about their sources of strength, using questions such as “What helps you the most when you are feeling down?,” “What makes you feel good?”, and “What do you like to do?” These questions can encourage patients to acknowledge and cultivate areas of goodness in their lives.

Conducting the screening in ways that support the patient’s response and offer empathy and reassurance when needed helps to promote patient trust, improves the quality and accuracy of patient-provider communications, and increases providers’ professional satisfaction.

In summary

The TRIADS Framework is designed to understand patients and families holistically by inquiring supportively about their adversities, distress, and strengths. Providers use this understanding to engage their patients in addressing medical conditions and supporting sources of strength and resilience. This support can include explicit encouragement for sound daily practices in diet, sleep, and bodily care; safety in intimate and family relationships; meaningful engagement with the community; and activities that promote wellness in the face of adversity.

Providers also have an important role to play in addressing larger structural and systemic racism and discrimination. They can be actively engaged in learning about and changing power structures and traumatic systemic practices in relationships with patients, within the clinic, and in the community. Through this commitment to health at the individual, family, and community levels, providers can become effective allies in confronting the forces that perpetuate the disproportionate incidence and negative impact of adversity among low-income and racial and ethnic minorities.

TRIADS Framework: Core Elements & Tools

Introduction

The TRIADS Framework promotes a bio-psycho-social-spiritual model of healing. It envisions ACEs screening as taking place in the context of healthcare values of equity, trauma and resilience-informed care; a safe and welcoming clinic environment; and the informed participation of patients. Several implementation studies found that ACE screening is associated with improved healthcare utilization and patient satisfaction and that patients find it useful as a bridge to the services they need.

The Framework includes 5 core elements that reflect this approach:

1) Foundation, 2) Environment,
3) Patient Education, 4) Screening and Assessment, and 5) Response.

The *Foundation* and *Environment* elements establish the organizational culture necessary for effective ACEs screening and response. The other 3 elements, *Patient Education*, *Screening and Assessment*, and *Response*, focus on direct patient engagement and care.

Each core element has its own goals, strategies, tools, and background resources:

- *Goals* represent the key objectives of each element and answer the question, “What is the desired result?”
- *Strategies* are the actions undertaken to meet the goals and answer the question, “What do we do to reach this goal?”
- *Tools* provide mechanisms to carry out the strategies and answer the question “How do we do it?”
- *Background Resources* are key essential readings that provide contextual information, but would not be considered practical self-contained tools.

Foundation

The **Foundation** promotes trauma and resiliency-informed values; clinic champion(s); buy in from organizational leadership; interdisciplinary team-based care; community partnerships; patient/family engagement; and a commitment to health equity.

GOAL 1: Healthcare organization is committed to trauma and resilience-informed healthcare values.

STRATEGIES

1. Implementation of organization-wide education about trauma and resilience-informed healthcare values.

- aces aware ACEs Trauma-Informed Care Overview
  This fact sheet for providers provides information on the framework and principles of trauma-informed care. Published by ACEs Aware in 2020.
- Summary of NCBH Trauma and Resilience-Informed Principles
  This NCBH brief for providers defines trauma, resilience, trauma-informed care, and gives reasons to implement TIC. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.
- Becoming Trauma-Informed (NCBH)
  A master PowerPoint slide set that can be used to give health care providers an introduction to becoming trauma-informed. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.
- NCBH Trauma in the Context of Culture
  A master slide set that can be used to give health care providers an introduction to providing culturally-sensitive trauma-informed care. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.
- Trauma Transformed Healing Organization
  A brief that describes the transition from a trauma-informed organization that only understands and recognizes trauma to a healing organization rooted in prevention, equity, and a relational approach. Published by Trauma Transformed in 2019.
- AAP Addressing ACEs in Primary Care
  A roadmap for pediatricians to consider when addressing ACEs in their practices. Published by American Academy of Pediatrics in 2014.

GOAL 2: Implementation of trauma and resilience-informed policies and practices.

STRATEGIES

1. Review of current policies and procedures to ensure alignment with trauma and resilience-informed healthcare values.

   🛠 NCBH 20 Questions for Leaders
   20 guiding questions for leadership and/or a safety committee to start the process of improving psychological health and safety for employees. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

2. The clinic CEO, medical director, and/or clinic manager participate in the organizational trainings to signal leadership buy-in.

3. Organization provides leadership-specific training in Trauma and Resilience-informed Systems.

   🛠 Leadership Competencies of a Trauma-Informed System
   Leadership competencies (including communication, inclusive, and relational leadership) of a trauma-informed system detailing descriptions and examples. Published by Trauma Transformed in 2019.

   🛠 Hyde: Critical Self-Reflection and Privilege
   An article on critical self-reflection on power and privilege to help those focused on social justice and equity to examine their own situations, privileges, etc. through a four-step process. Published by Cheryl A Hyde in 2012.

4. Leadership practices cultural humility, promotes workplace equity, and endeavors to reduce implicit bias.

5. Leadership recruits and retains diverse healthcare team members who are culturally concordant with the patient population.

   🛠 NCBH Trauma and resilience-informed Interview Questions
   A list of sample interview hiring questions to understand how a potential employee may fit into your trauma-informed organization. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

GOAL 3: Organization identifies and supports clinic champions and/or core implementation team to lead the implementation of ACEs screening.

STRATEGIES

1. Selection of champions/core team who represent different roles within the organization.

🛠 NCBH Guide on Developing a Core Implementation Team (CIT) and CIT Checklist
A guide and checklist to ensure that the core implementation team of an organization/practice has essential roles required for implementing a trauma-informed practice. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

2. Champions/core team receive paid time and authority to implement the ACEs screening.

3. Champions/core team develop an implementation plan that incorporates staff feedback and communicates regularly about implementation progress.

4. Organization adopts a continuous learning approach informed by health systems science.

GOAL 4: Organization works as an integrated interdisciplinary team.

STRATEGIES

1. Interdisciplinary healthcare team meets regularly to coordinate patient care.

2. Leadership solicits regular input on policies, procedures, and workflows.

🛠 Building Teams in Primary Care
A toolkit for providers/leadership with five recommendations for developing high functioning care teams to deliver high-quality evidence-based care. Published by Agency for Healthcare Research and Quality (AHRQ) Tools for Change in 2018.

GOAL 5: Organization promotes engagement with the patients / families / communities it serves.

STRATEGIES

1. Organization assesses the patient population's needs and resources.

2. Organization solicits input from patients, families, and relevant community groups, includes them in organizational decisions, and compensates them for their participation.

🛠 Working with Patients and Families as Advisors
A handbook to help hospitals develop effective partnerships with patients and family members with the ultimate goal of improving hospital quality and safety; it outlines five steps including real-world examples from hospitals who implemented this strategy. Published by Agency for Healthcare Research and Quality in 2017.

🛠 Patient Advisory Councils: Giving Patients a Seat at the Table
A brief for providers/leadership that provides a case for patient advisory councils (PAC), how to build PACs and how to conduct PAC meetings. Published by Family Practice Management at American Academy of Family Physicians (AAFP) in 2015.

🛠 Diverse Voices Matter
A toolkit for providers/leadership with steps on how to improve diversity in patient and family advisory councils. Published by Institute for Patient- and Family-Centered Care in 2018.

3. Organization regularly examines the impact of organizational power dynamics.

🛠 NCTSN Sharing Power – A Tool for Reflection
A brief tool that guides providers through a series of reflections that will help them identify opportunities to share power with patients in trauma-responsive care. Published by National Child Traumatic Stress Network (NCTSN) in 2016.

GOAL 6: Organization has a plan to measure, finance, and sustain the ACEs screening plan.

STRATEGIES

1. Organization adopts a QI model to track changes and identify areas for improvement.

2. Organization measures trauma and resilience-informed activities (e.g. types, dosage, and outcome of services).

   🛠 CALQIC Tool: Capacity Assessment
   This capacity assessment for leadership assesses a clinic site's capacity related to effectively integrating education, screening and response for recent and past traumatic experiences (ACEs). Published by CALQIC in 2020

3. Organization identifies billable activities and financial and non-financial resources to support ACEs screening plan.

   🛠 aces aware Medi-Cal Certification and Payment
   This fact sheet explains how Medi-Cal providers can participate in the ACEs Aware initiative by getting trained, screening patients for ACEs, responding with evidence-based interventions, and receiving payment. There is specific information on documentation in the medical record and billing codes. Published by ACEs Aware in 2020.

   🛠 NCBH Financing Trauma and resilience-informed Primary Care
   A brief for leadership / core implementation team (CIT) on how to make trauma-informed primary care sustainable in terms of organizational infrastructure, policies and procedures, HR, workforce development and data collection. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

   🛠 NCBH Sustainability Guide
   A brief for providers/leadership on how to make trauma-informed primary care sustainable in terms of organizational infrastructure, policies and procedures, HR, workforce development and data collection. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

BACKGROUND RESOURCES

🛠 Melanie Tervalon Cultural Humility Article
An editorial article on the difference between cultural humility and cultural competence: a critical distinction in defining physician training outcomes in multicultural education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. Published by Melanie Tervalon, MD, MPH and Jann Murray-Garcia, MD, MPH in 1998.

🛠 The Path to Continuous Learning in Healthcare Article
An article on how the United Sates can build a smart health care system that provides best care at lower cost by advancing real-time knowledge, empowering patients, fostering high-value care and creating a new culture. Published by Robert Saunders and Mark D. Smith in 2013.

🛠 Greene-Moton and Minkler Cultural Competence and Cultural Humility Article
This article for health care providers advocates for moving beyond the cultural competence or cultural humility debate by suggesting that both are necessary to eliminate health disparities. Published by Health Promotion Practice Journal in 2020.

🛠 Campinha-Bacote Cultural Competemility Part I Article
This article for health care providers advocates for cultural competemility which is a synergy between cultural competence and cultural humility. Published by The Online Journal of Issues in Nursing in 2018.

🛠 Fitzgerald and Campinha-Bacote Cultural Competemility Part II Article
This article for health care providers advocates for an intersectionality approach to using cultural competemility at the individual and organization level. Published by The Online Journal of Issues in Nursing in 2019.

🛠 Equity, Diversity and Inclusion in Recruitment, Hiring and Retention
A guide for hiring managers to increase equity, diversity, and inclusion in their offices by addressing historical discrepancies in recruitment, hiring and retention efforts. Published by Urban Sustainability Directors Network in 2018.

Environment

The **Environment** encourages a calm, safe and welcoming space for patients; **staff** receive robust **training** and support.

Overview

The Environment element of TRIADS refers to a calm, safe, and accessible clinic setting; staff that are welcoming and knowledgeable about the interplay of adversity, distress, and strength in patients; and the wellbeing of the healthcare team. The clinic's physical conditions, practices, and procedures can enhance physical and psychological safety. Providers can help provide digital access for telehealth visits and establish procedures that enhance privacy and confidentiality.

The healthcare team's wellbeing is essential to creating a safe environment. Listening to patients' descriptions of adversity and trauma can trigger providers' recollections of their own adverse and traumatic experiences and/or lead to vicarious traumatization. Providing healthcare teams with trauma and resilience-informed training, supervision, self-care strategies, and ongoing support equips them with the knowledge and skills they need to respond to patients in an effective and compassionate manner while also attending to their own physical and emotional well-being.

GOAL 1: Organization provides a safe and accessible physical or virtual (telehealth) environment.

STRATEGIES

1. Organization establishes safety and privacy practices for both in-person and virtual visits.

2. Organization conducts an assessment of physical layout that includes patient input.

   🛠 Environmental Scan
   A brief organization checklist to scan for components of a safe and welcoming physical environment. Published by Center for Social Innovations – Grantee Data Technical Assistance, and Trauma Transformed in 2020.

🛠 NCBH Safe & Secure Environment Survey – Adult Patients | Children/Adolescents

The S&SE Patient Survey is an environmental scan designed as part of a larger environmental assessment to elicit feedback from your adult and pediatric patients on the implementation of trauma-informed care principles in the clinic environment. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

🛠 We Ask Everyone posters – English | Spanish

Sample posters (English/Spanish) to be displayed in a pediatric clinic telling patients that the practice asks everyone about ACEs. Published by National Pediatric Practice Community.

Ideas for Creating a Welcoming Environment*

For all interactions

Providers engage in trauma and resilience-informed communication with patients when they establish eye contact, use a calm and respectful tone of voice, include the patient in agenda setting, explain what will happen before doing it, ask permission, and solicit feedback.

For in-person visits

Healthcare team members can offer a smile and eye contact, a clean and organized clinic, soft music, soothing videos, minimal overall noise, friendly signs with supportive language, odor-free and well-lit public areas, screen-savers that normalize clinic procedures, warm or vibrant colors, snacks, opportunities for community and social support, and if possible, chair massage, therapy dog, or safety personnel.

For telehealth visits

Providers can offer friendly, supportive, and kind instruction on how to do video visits, minimal distracting noises, assessment of patient privacy, and can ask permission before discussing sensitive material.

* Ideas solicited from literature and from patient interviews

3. Organization prioritizes accessibility for all patients and families. For in-person visits, organization ensures physical accessibility. For telehealth, organization assists with digital access.

🛠 Access to Medical Care for Individuals with Mobility Disabilities

A tool for providers with diagrams on how to create accessible exam rooms, medical equipment, etc. to give access to medical care for individuals with disabilities.

Ideas for Creating a Welcoming Environment from a Disability Perspective

- Provide enough space for wheelchairs to park in the row where other patients are seated.
- Offer a variety of seating options (e.g. extra wide or extra tall).
- Ensure options for patients and families with hearing, vision, or language disabilities.
- Place items for guests at an accessible height or have staff automatically offer to assist guests in retrieving items.
- A clipboard may be insufficient to meet some people's needs, and alternatives may be needed such as accessible tables in the waiting room.
- Move chairs as needed when someone in a wheelchair is struggling or uncomfortable.
- Do not violate HIPAA rules when someone needs an accommodation. For example, do not read medical information aloud in the waiting room if reading assistance is requested.

*Adapted from Emily Munson, 2018

GOAL 2: Healthcare team understands the impact of adversity and strengths on health and wellbeing.

STRATEGY

Organization implements a training plan for staff on ACEs, adversity, distress, strengths/protective factors, and cultural humility.

1. The science of ACEs and toxic stress, and the impact on physical and behavioral health.

🛠 Introduction to ACEs (for pediatric providers)
A 39-slide PowerPoint for providers including two case studies explains ACEs, toxic stress, rationale for early detection, and opportunities for screening in pediatrics. Published by Singh and Gilgoff, Center for Youth Wellness in 2019.

🛠 aces aware The Science of ACES and Toxic Stress (for provider)
A seven-page introduction on ACEs, their association with health impairments and toxic stress. Published by ACEs Aware in 2020.

🛠 ACE Aware Infographic
An infographic poster for patients explaining ACEs, toxic stress, and how to reduce the effects of ACEs and toxic stress. Published by Center for the Developing Child – Harvard University in 2020.

🛠 ACEs Connection Understanding ACEs
An infographic patient handout explaining ACEs and how to build resiliency. Published by ACEs Connection in 2018.

🛠 Adverse Childhood Experiences, Outcomes, and Interventions
A well-referenced peer-reviewed journal article on ACEs, outcomes and interventions in pediatrics. Published by Pediatric Clinics of North America in 2020.

🛠 Nadine Burke Harris, MD TED Talk: How Childhood Trauma Affects Health Across a Lifetime
A 16-minute TED talk video by Nadine Burke Harris on how childhood trauma affects health across a lifetime; it introduces ACEs and is suitable for providers and a lay audience.

🛠 Two Generation Approach
A brief for providers on a two-generation approach to ACEs: ensuring that caregivers are getting the support they need will improve outcomes for children. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

2. Impact of adversity and trauma on mental, physical, and behavioral health (i.e., distress).

3. Distress reactions to adversity and trauma across different ages.

🛠 NCTSN Age-Related Reactions to a Traumatic Event
A two-page brief for providers/parents/caregivers on how children of various ages respond to traumatic events and how to help them. Published by National Child Traumatic Stress Network (NCTSN) in 2010.

4. Role of strengths and protective factors and coping strategies in promoting health and healing.

🛠 Strategies to Regulate Stress Response
Sleep Habits | Exercise | Nutrition | Mindfulness | Supportive Relationships
Briefs for parents/caregivers on strategies to regulate stress response: Sleep Habits, Exercise, Nutrition, Mindfulness, Supportive relationships, etc. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

🛠 What We Know About Resilience
A guide for patients or providers with interactive images showing that resilience happens when positive supports outweigh negative experiences.

5. Cultural humility practices to increase healthcare equity and reduce implicit bias.

GOAL 3: Organization supports the wellbeing of healthcare team members.

STRATEGY

Organization provides healthcare team with trauma and resilience-informed training and supervision, policies, and practices that support wellbeing and prevents vicarious trauma and burnout, including:

1. Supervision that is consistent, reflective, and relational.

    🛠 NCBH Trauma-Informed Supervisor Assessment
    A one-page trauma informed supervisor assessment to be completed by their employees. Published by National Council for Behavioral Health in 2019.

2. De-escalation and conflict resolution techniques.

3. Identification and addressing of vicarious trauma and burnout.

    🛠 Professional Quality of Life Scale (ProQOL)
    A provider self-assessment on quality of life in the workplace. Published by B. Hudnall Stamm in 2009.

    🛠 NCBH Secondary Traumatic Stress and Staff Self Care PowerPoint
    A slide deck for providers on recognizing and treating secondary traumatic stress in themselves and their staff with practical tips such as setting compassionate boundaries in order to prevent burnout. Published by the National Council for Behavioral Health in their Fostering Resilience and Recovery Change Package in 2019.

    🛠 Provider Resilience Staying Healthy
    A brief for providers with practical individual and team tips (ABC: Awareness, Balance, Connection) on how to promote resilience to avoid burnout, compassion fatigue and secondary stress in order to provide better care. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

    🛠 Advancing Adult Compassion and Resilience Avoid the Contagion Effect
    A brief for providers about seeking permission before sharing traumatic stories with colleagues. Published by Advancing Adult Compassion and Resilience in 2012.

    🛠 CHCS Staff Wellness
    A one-page infographic for trauma-informed organizations to ensure wellness in their staff. Published by Trauma-Informed Care Implementation Resource Center in 2016.

BACKGROUND RESOURCES

🛠 Melanie Tervalon Cultural Humility Article

An editorial article on the difference between cultural humility and cultural competence: a critical distinction in defining physician training outcomes in multicultural education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. Published by Melanie Tervalon, MD, MPH and Jann Murray-Garcia, MD, MPH in 1998.

Patient Education

Patient Education provides all patients and families with an understanding of the connection between trauma and health, the role of protective factors, and available resources for safety and healing.

Overview

Patient education provides all patients and families with knowledge about the connections between ACEs, health, and distress; the role of protective factors and strengths; and available resources and opportunities for healing. Patient education can take many forms – flyers, pamphlets, posters, videos, websites, as well as formal and informal conversations with healthcare team members. Education about the impact of adversity and protective factors and available resources ensures that regardless of whether patients and families disclose traumatic events, they are given increased access to critically important information and resources.

GOAL 1: Patients and families understand that adversity may affect health and that protective factors promote healing.

STRATEGY

The healthcare team provides **education** about adversity, distress, and strengths to all patients/families, including:

1. Description of ACEs

🛠 What are ACEs (for patients)
A 2-page handout for adult caregivers/parents explaining ACEs. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

🛠 Parenting with ACEs
A 2-page handout for adult caregivers/parents with ACEs; it explains how ACEs can affect their parenting and offers suggestions for how to reduce the effects of ACEs. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

🛠 We Ask Everyone posters – English | Spanish
Sample posters (English/Spanish) to be displayed in a pediatric clinic telling patients that the practice asks everyone about ACEs. Published by National Pediatric Practice Community.

🛠 ACEs Infographic
An infographic poster for patients explaining ACEs, toxic stress, and how to reduce the effects of ACEs and toxic stress. Published by Center for the Developing Child – Harvard University in 2020.

- 🛠 ACEs Connection Understanding ACEs
  An infographic patient handout explaining ACEs and how to build resiliency. Published by ACEs Connection in 2018.
- 🛠 ACEs Connection Parenting to Prevent ACEs
  A two-page infographic for parents/caregivers on how to parent in a manner that prevents ACEs and how caregivers with ACEs can support themselves. Published by ACEs Connection in 2018.
- 🛠 Futures Without Violence Connecting Parents/Connecting Kids info video for parents
  A video for caregivers that illustrates how caregivers' previous hurts can affect how they parent their kids and includes resources such a toll-free hotline and an app; can be shown in a waiting room.

2. Distress symptoms

- 🛠 CDC Coping with a Traumatic Event (adults and children)
  A brief for parents/caregivers on how to cope with a traumatic event. Published by CDC and DHHS.
- 🛠 NCTSN Age-Related Reactions to a Traumatic Event
  A two-page brief for providers/parents/caregivers on how children of various ages respond to traumatic events and how to help them. Published by National Child Traumatic Stress Network (NCTSN) in 2010.
- 🛠 Trauma-Informed Support for Children
  A one-page infographic for patients with 7 strategies on how to support children in a trauma-informed way. Published by echo in 2017.
- 🛠 Zero to Three Coping with Aggression and Teaching Self-Control in the Early Years
  A brief for caregivers on how to cope with aggression and teach self-control with practical tips for toddlers. Published by ZERO TO THREE in 2009.

3. Strengths and Protective factors

🛠 aces aware Adult/Pediatric Self Care Plan – Adult | Pediatric
A self-care tool for patients (adult/pediatric) to come up with a self-care plan. Published by ACEs Aware in 2019.

🛠 CYW/Zero-3 briefs on Regulating Stress Response
Briefs for parents/caregivers on strategies to regulate stress response: Sleep Habits, Exercise, Nutrition, Mindfulness, Supportive relationships. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

🛠 Fatigue and Resilience Reflection
A reflection tool for adult patients on recognizing fatigue in four key areas (heart, spirit, strength, mind) and building resilience. Published in the Advancing Adult Compassion and Resilience Toolkit for Health Care Agencies in 2019.

🛠 Wellness and Resilience Strategies
A reflection tool for adult patients on measuring resilience in four key areas (heart, spirit, strength, mind); it also includes a page on mindfulness with links to a mindfulness video. Published in the Advancing Adult Compassion and Resilience Toolkit for Health Care Agencies in 2019.

GOAL 2: Culturally relevant resources and services are provided to patients and families regardless of whether they disclose adversity.

STRATEGY

Healthcare team provides information to patients and families about available resources including:

1. Physical and psychological wellness

- aces aware Adult/Pediatric Self Care Plan – Adult | Pediatric
  A self-care tool for patients (adult/pediatric) to come up with a self-care plan. Published by ACEs Aware in 2019.
- Zero to Three Discipline Do's: An Empathic Approach to Addressing Challenging Behaviors in Young Children
  A brief guide for parents/caregivers with practical empathic and effective approaches to addressing challenging behaviors in young children including sample sentences to tell children. Published by ZERO TO THREE in 2016.
- Bring out the Best in Your Children: English | Spanish
  A guide for parents/caregivers with practical tips for parenting including sample sentences to tell children. Published by America Academy of Pediatrics in 2014.

2. Reducing parents/caregivers/children stress

🛠 Parenting with ACEs
A 2-page handout for adult caregivers/parents with ACEs; it explains how ACEs can affect their parenting and offers suggestions for how to reduce the effects of ACEs. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

🛠 ACEs card – stress reduction, positive parenting
A 2-page brief with national hotlines, to support parents/caregivers who had difficult childhoods that emphasizes strength and resilience. Published by Futures Without Violence in 2013.

🛠 SEEK Parental Stress – English | Spanish
A 2-page brief (English/Spanish) for parents/caregivers on how to parent while stressed; it also includes the national parent helpline and a section to add local community resources. Published by Safe Environment for Every Kid (SEEK) in 2019.

🛠 Surgeon General's Stress-Busting Playbook for Caregivers and Kids during COVID
A practical guide for parents/caregivers on how to reduce stress; it has many practical tips in a checklist form including hotline numbers. Published by California for All, OSG State of California in 2020.

3. Intimate Partner Violence

🛠 Is Your Relationship Affecting Your Health? (English/Spanish/Mandarin)
A 2-page information card (English/Spanish/Mandarin) for adult patients on recognizing healthy and unhealthy relationships, impact on health, safety planning, and national hotline/website for support. Published by Futures Without Violence in 2012.

4. Behavioral health and mental health services

🛠 Online Tool: Mental Health Plans in each county offering services to Medi-Cal beneficiaries
A list of Medi-Cal Therapists in California published by the California Department of Healthcare Services.

Screening and Assessment

Screening provides guidance on screening for adversity (immediate safety / ACEs), current distress, and strengths.

Overview

This element of the framework encompasses the practices and policies necessary to provide safe and effective **screening for ACEs, distress, and strengths**. This process may occur during a visit designated for this purpose, as a part of a standard visit, or over the course of multiple interactions.

While the TRIADS framework is focused on providing guidance on screening for ACEs, distress, and strengths, **it is essential that clinics also establish screening protocols to identify and respond to urgent safety needs and social determinants of health** that may be having immediate, critical impacts on the health and wellbeing of individual patients and families. (See appendix for screenings and protocols).

Experiences of **adversity and distress are difficult to disclose** due to shame, guilt, fear of being judged, and fear of punitive consequences. Patients from racial and ethnic groups subjected to historical trauma and ongoing racism may associate disclosure with negative consequences such as child removal, which occurs disproportionately among populations of color in spite of their not having higher rates of child maltreatment. Providers need to be aware of the systemic and structural factors that may influence patient screening response.

For this reason, **ACEs screening needs to start with a supportive explanation of the rationale for the screening.** Patients respond well to explanations that normalize the screening as a routine component of healthcare. Patients and families are often interested to learn that adversities are very common and have an effect on physical health and emotional wellbeing. Learning that strengths such as coping strategies and protective factors such as an available and caring adult are important aids to healing creates a hopeful tone that promotes patient engagement. These explanations and the screening that follows can provide the patient, family, and provider with important information to improve healthcare.

GOAL 1. Healthcare team has clear and efficient ACEs screening protocols.

STRATEGIES

1. Organization identifies target population for ACEs screening.

2. Organization selects tools and screening procedures (including whether ACEs will be identified or de-identified).

3. Organization defines roles and responsibilities for receptionist, clinic assistant, provider, and any other staff involved.

4. Organization creates a clear workflow for ACES screening

🛠 aces aware ACEs Aware Screening Clinical Workflow (Pediatrics | Adults)
A clinical workflow for providers with pediatric/adult patients for ACEs screening. Published by ACEs Aware in 2020.

5. Organization develops Electronic Health Record policies for documentation.

🛠 aces aware Medi-Cal Certification and Payment
This fact sheet explains how Medi-Cal providers can participate in the ACEs Aware initiative by getting trained, screening patients for ACEs, responding with evidence-based interventions, and receiving payment. There is specific information on documentation in the medical record and billing codes. Published by ACEs Aware in 2020.

GOAL 2. Patients and families understand the rationale and procedures for screening.

STRATEGY

1. Healthcare team understands and describes the rationale and procedures for screening.

🛠 Providing Anticipatory Guidance for ACEs Screening
A guide for providers on how to introduce ACEs screening to parents/caregivers and how to share the results. Published by Center for Youth Wellness and ZERO TO THREE in 2018.

🛠 Addressing ACEs in Primary Care
A brief for providers that provides a roadmap for pediatric practices to consider when newly addressing ACEs in their practices. Published by American Academy of Pediatrics in 2014.

GOAL 3. Healthcare team conducts screening for adversity, distress and strengths.

STRATEGIES

1. Inquire about immediate safety and basic needs.

🛠 Conversations with Families Regarding Referrals
Recommendations for providers on how talk to patients about social needs and common community resources for referral. Published by Chapin Hall at the University of Chicago in 2020.

🛠 ARISE IPV in COVID guide for providers
A tool for providers on how to address IPV including telehealth script. Published by ARISE, Leigh Kimberg in 2020.

2. Screen for ACES using PEARLS/ACEs screen.

🛠 ACEs Aware Screening Clinical Workflow (Pediatrics | Adults)
A clinical workflow for providers with pediatric/adult patients for ACEs screening. Published by ACEs Aware in 2020.

🛠 ACEs Aware Provider Toolkit Screening Tools Overview
A brief for providers on ACE Screening rationale, description of the ACEs screens (identified and de-identified) that should be used for children, adolescents, and adults. Published by ACEs Aware in 2020.

🛠 aces aware ACEs screeners for adults in identified (English ID | Spanish ID) and de-identified (English de-ID | Spanish de-ID) versions
The ACEs screener questionnaire for adults in Identified (English/Spanish) and De-Identified (English/Spanish) versions. Published by ACEs Aware in 2018.

🛠 PEARLS and ACEs screeners for children in identified and de-identified versions to be completed by a caregiver (children ID | children de-ID | children part I de-ID and part II ID). For Adolescents, it can be completed by a caregiver (teen by caregiver ID | teen by caregiver part I de-ID and part II ID | teen by caregiver de-ID) or self-reported by adolescents in de-identified (teen self-report de-ID) . Published by Center of Youth Wellness / UCSF Benioff Children's Hospital.

Identified vs. De-identified ACEs and PEARLS Screeners

De-identified screening tracks the total number of ACEs. It asks patients to indicate only how many types of adverse events they experienced, not which specific ones. The de-identified tool allows patients/families to report levels of adversity without requiring them to disclosure of specific, often stigmatizing, experiences. Early evidence suggests that patients/families report higher levels of ACEs when the questionnaire is deidentified.

Identified screening allows providers to know the specific ACEs that patients or their caregivers endorse. This detailed knowledge is useful to offer individually tailored treatment plans and referrals, for example by providing referrals to mental health or substance use programs.

3. Screen for symptoms and signs of distress

- 🛠 PHQ-A to screen for depression in adolescents
  A one-page assessment to screen for depression in adolescents. Published by Spitzer at al. and J. Johnson in 2002.
- 🛠 PHQ-9 to screen for depression in adults
  A one-page assessment to screen for depression in adults, with an extra page for how to interpret results. Published by Pfizer Inc. in 1999.
- 🛠 GAD-7 to screen for anxiety in adolescents/adults
  A one-page assessment to screen for generalized anxiety disorder in adolescents and adults, with an extra page on how to interpret results. Published by Spitzer et al. in 2006.
- 🛠 CAGE AID Questionnaire for alcohol/substance use
  A four-question assessment for screening adolescents and adults for substance use. Published by Pedagogy Education in 1998.
- 🛠 PC-PTSD5 to screen for PTSD
  5 questions to screen for PTSD in a primary care setting. Published by National Center for PTSD in 2015.
- 🛠 ASQ to screen for suicide risk for youth/adults
  4 questions to screen for suicide risk for youth/adults. Published by National Institute on Mental Health in 2020.
- 🛠 ASQ Suicide-Screening Questions Toolkit

4. Screen for strengths, protective factors, and resiliency

- 🛠 Promoting Resilience
  A brief for pediatricians on their role in educating parents/caregivers on promoting resilience. Published by the Resilience Project by the American Academy of Pediatrics in 2013.

Response

Response to disclosures of adversity and distress should express empathy and address immediate safety. Health care providers should collaborate with patients and family on referrals to services that promote safety, connection and healing.

Overview

The **cornerstone** of responding to disclosures of adversity and distress **is empathic and non-judgmental validation** of these experiences. The urgency of various elements of the response should be dictated by the level of risk to immediate safety, the patient's distress level, and the patient's use of effective coping strategies and protective factors as sources of strength and resilience.

While disclosures of life-threatening situations require an immediate response, **disclosures of past trauma do not typically require an immediate intervention** beyond a statement of empathy and an offer to talk more over time about its impact and available resources to address it.

Disclosure of immediate threat to safety calls for prompt protective action and consistent follow up. For example, when a patient or parent discloses interpersonal violence, an appropriate response is to affirm that she/he is not alone and that supportive services are available, inquire about the whereabouts of the person using violence to assess for on-site safety, assess risk of harm to all adults and children in the household, and offer an immediate referral for safety planning or a private call while on site to a local or national domestic violence agency.

For children, the impact on developmental trajectory needs to be carefully evaluated.

For example, an immediate response and ongoing support are necessary when a child has significant behavioral issues after a recent traumatic loss or parent incarceration to ensure that the child and family receive appropriate services and to alleviate the developmental and mental health impact on the child.

When asking parents about their child's experience of ACEs, it helps to remember that parents often feel guilt or shame about their child's exposure and may also fear being judged for not protecting the child. Providers can help both the child and the parent when they support the parents on behalf of the child. This might involve, for example, speaking to the parent about the stress of raising children when the parents themselves face difficult circumstances; affirming that children can recover from adversity when they feel loved and protected by their parents; explaining that adults also can recover from the impact of traumatic experiences with family and community support; and reiterating the healthcare provider's commitment to support the parents and the child.

Clinical responses may include the following components:

1. **Collaborate** with the patient and family in deciding on a course of action.
2. **Normalize** the patient's experience by stating that adverse events are very frequent.
3. **Validate** the patient's **distress as a common and understandable responses**.
4. **Affirm the patient's strengths and protective resources** as aids to recovery.
5. Remind patient that people can recover from adversity and lead healthy and satisfying lives.
6. **Provide education on strategies to regulate distress**, including:
    - Relationships that provide protection and support.
    - Sufficient sleep.
    - Balanced, healthful food.
    - Regular physical activity.
    - Culturally congruent self-care practices that promote calmness, including spiritual pursuits such as prayer and mindfulness or meditation exercises.
    - Engagement in activities that offer pleasure and give a sense of meaning.
7. Offer **educational materials**.
8. **Refer** to support groups, parenting groups, patient navigation, care coordination, or social work as needed.
9. **Refer** to mental health and/or substance use treatment if indicated.
10. **Follow up** as needed, monitoring distress to ascertain the progress of treatment.

GOAL: Organization creates a response algorithm that incorporates adversity, distress, and strengths.

STRATEGIES

1. Provide immediate resources and referrals when patient or family has urgent safety concerns

- National Parenting Hotline: 855-427-2736
- National Suicide Prevention Lifeline: 800-273-TALK (8255)
- National Sexual Assault Hotline: 800-656-4673
- National Domestic Violence Hotline and Online Chat: 1-800-799-7233
- Love Is Respect Domestic Violence Online Chat, Text and Hotline: Call or Text: LOVEIS to 1-866-331-9474
  A resource for adolescent and teen patients about disrupting and preventing unhealthy relationships.
- SEEK Food Insecurity
  A list of nationwide resources for food assistance. Published by SEEK in 2019.
- LEAP IPV Safety Plan – English | Spanish
  A handout (English/Spanish) for patients on how to develop a safety plan if they are in an abusive relationship. Published by LEAP SF in 2009.
- Futures Without Violence IPV information cards
  A 2-page information card (English/Spanish/Mandarin) for adult patients on Intimate partner violence with national hotlines. Published by Futures Without Violence in 2012.
- myPlan Domestic Violence safety plan App
  A free, private, and secure app to help with safety decisions for adult patients experiencing intimate partner abuse.

2. Respond to positive ACE score by validating patient experiences, the impact of ACEs and expressions of distress, enlisting strengths identified during screening, and engaging patients in collaborative treatment planning.

   - aces aware Self-Care Tool – Adults | Pediatrics
     A self-care tool for patients (adult/pediatric) to come up with a self-care plan. Published by ACEs Aware in 2019.
   - Addressing ACEs in Primary Care
     A roadmap for pediatricians to consider when addressing ACEs in their practices. Published by American Academy of Pediatrics in 2014.
   - Health Provider Guide to Assessing, Supporting, and Treating Trauma in Children
     An AAP guide to assess a child for trauma related symptoms, provide treatment, follow-up and offer anticipatory guidance to the family. Includes a description of therapies for a traumatized child. Published by America Academy of Pediatrics in 2014.
   - aces aware ACEs Aware Clinical Response Scoring Algorithm (Pediatrics | Adults)
     A clinical workflow for providers with pediatric/adult patients for ACEs screening. Published by ACEs Aware in 2020.

3. Address patient and/or family distress by utilizing internal resources and external referral network to link patients and families to culturally appropriate services.

   - Mental Health Plans in each county offering services to Medi-Cal beneficiaries
   - Community Resources for Patient Referrals
     Recommendations for providers about how to connect patients to existing community resources. Published by Chapin Hall at the University of Chicago in 2020.

4. Plan post-screening follow-up visits or phone/video calls to assess whether referrals were successful and adjust the plan as needed (scripting can be developed into a tool).

5. Monitor healthcare team, patient, and family experience of screening, and response for continued improvement.

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