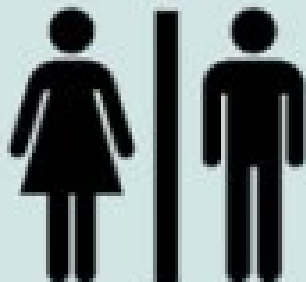


# Adverse Childhood Experiences (ACEs)



Lia Harris, BSN, Family Nurse Practitioner student at the University of Minnesota



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# Disclosures

There are no conflicts of interest or relevant financial interests that have been disclosed by this presenter that are applicable to this talk



# Learning Objectives

1. Gain a deeper knowledge of adverse childhood experiences (ACEs).
2. Recognize how ACEs relate to the importance of screening in a primary care setting.
3. Describe resources available for positive ACEs.



Answer	Count
Any other type of student not listed	1
Case Manager/ARMHS	0
Clinical Nurse Specialist	0
Coding/Billing/Finance	0
DNP Student	0
Dental Assistant	0
Dental Student	0
Dentist/Dental Therapist	0
Hygienist	0
LICSW	2
LMFT/LPCC	0

Answer	Count
Lab Technician	0
MA/CMA/NA	0
MD/DO	2
Medical Resident	1
Medical Student	0
Mental Health Clinical Trainee	0
Non-UMN Student	0
Nurse Practitioner	2
Pharmacist	2
Pharmacy Resident	1
Physician Assistant PA	0

Answer

Count

<b>Answer</b>	<b>Count</b>
Psychiatry Resident	0
RN/LPN	2
RN/other nursing student	0
Social Work Intern	0
Social Work Student	0
Temp Staff	0
Volunteer	0
Total	13



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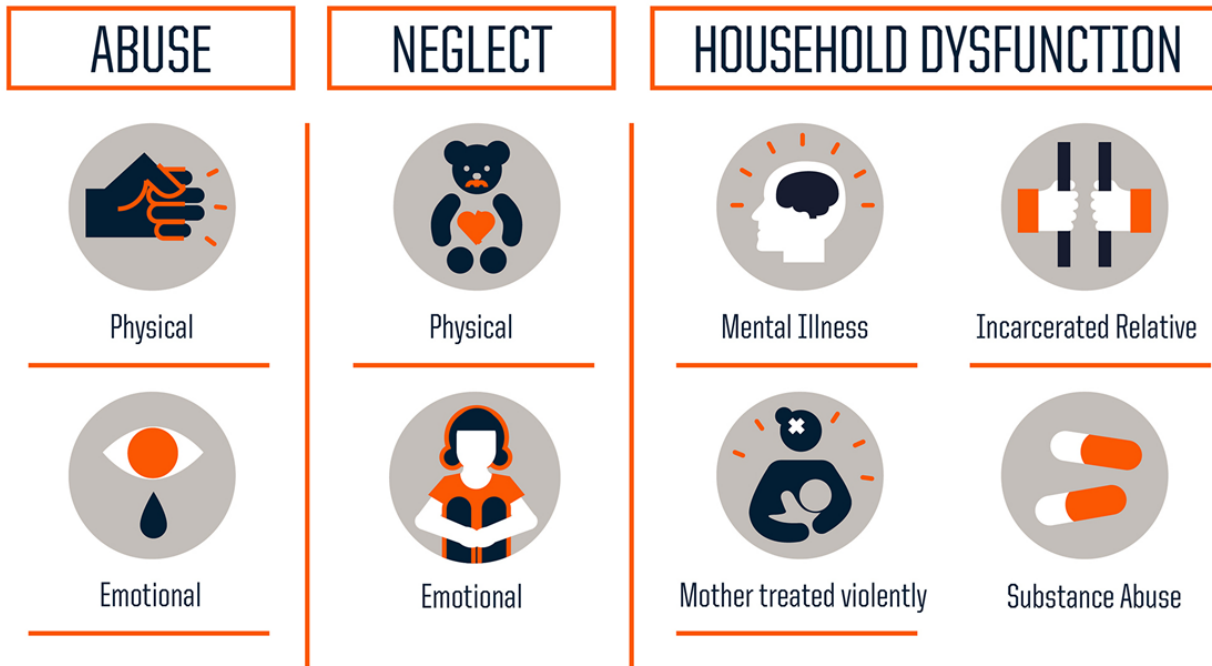
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# My current knowledge of Adverse Childhood Experiences (ACEs)

Answer	Count
Novice	1
Beginner	4
Competent	5
Proficient	3
Expert	0
Total	13



# What are ACEs?



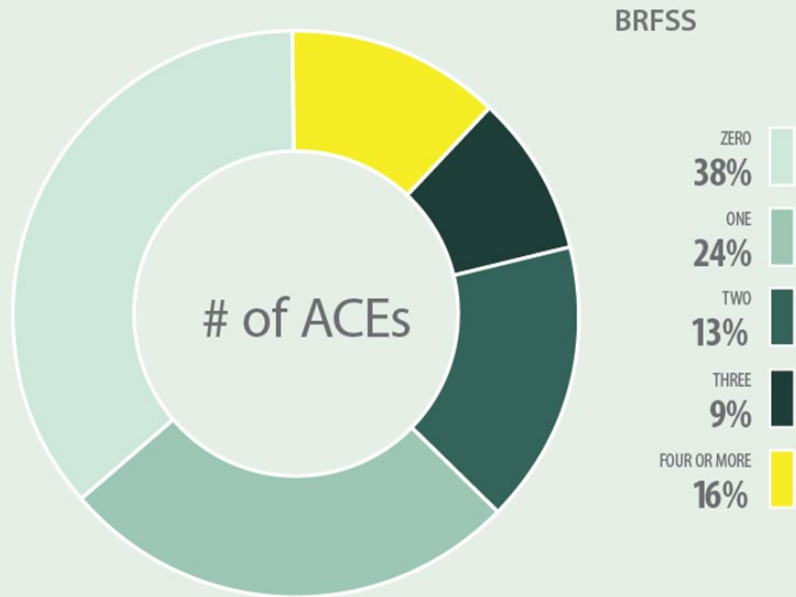
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Mental Illness/Depression
- Divorce
- Incarcerated Relative
- Substance abuse in home

Center for Disease Control and Prevention. (2019)

# ACEs Study

## How Common are ACEs?

ACE Score Prevalence for Participants  
Completing the ACE Module from the 2011-2014 BRFSS



- CDC/Kaiser cross-sectional study in 1995-1997
  - *17,000 adults, mostly Caucasian and higher SES*
- ACEs are strongly related to development of risk factors for disease
- Over half (55 percent) reported experiencing at least one ACE in childhood (in BRFSS 2011-2014)
- Adverse Childhood Experiences are the single greatest unaddressed public health threat facing our nation today- Dr. Robert Block former President, of the American Academy for Pediatrics

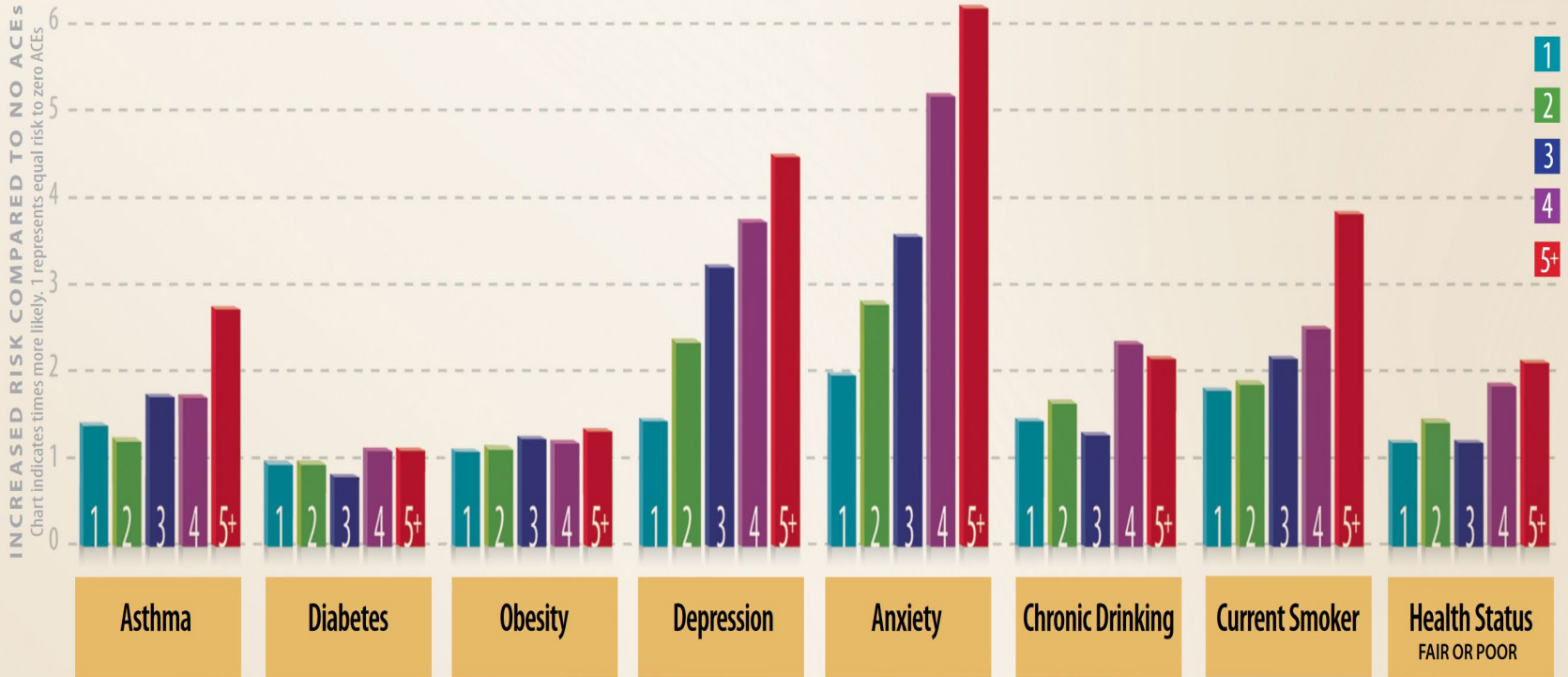




## INCREASED RISK OF CONDITION/BEHAVIOR WHEN ACE IS PRESENT

MINNESOTA 2011

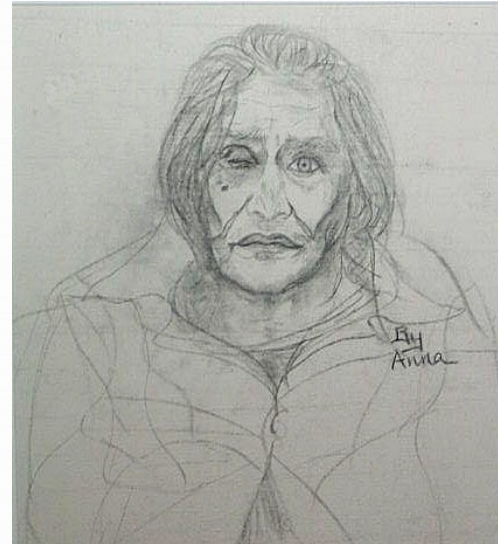
Number of Aces



Minnesota Department of Health (2011).



# ACE Study Findings



Childhood experiences are **powerful** determinants of who we become as adults

[www.theannainstitute.org](http://www.theannainstitute.org)



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# The Brain and Child Development



Garner, A. S., Shonkoff, J. P., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., ... Wood, D. L. (2011).



# Keep in mind ACEs are not deterministic

- Some people who have experience ACEs may be healthy and happy while other may experience negative outcomes
- Consider how ACEs may, or may not be, affecting your patient and their family members



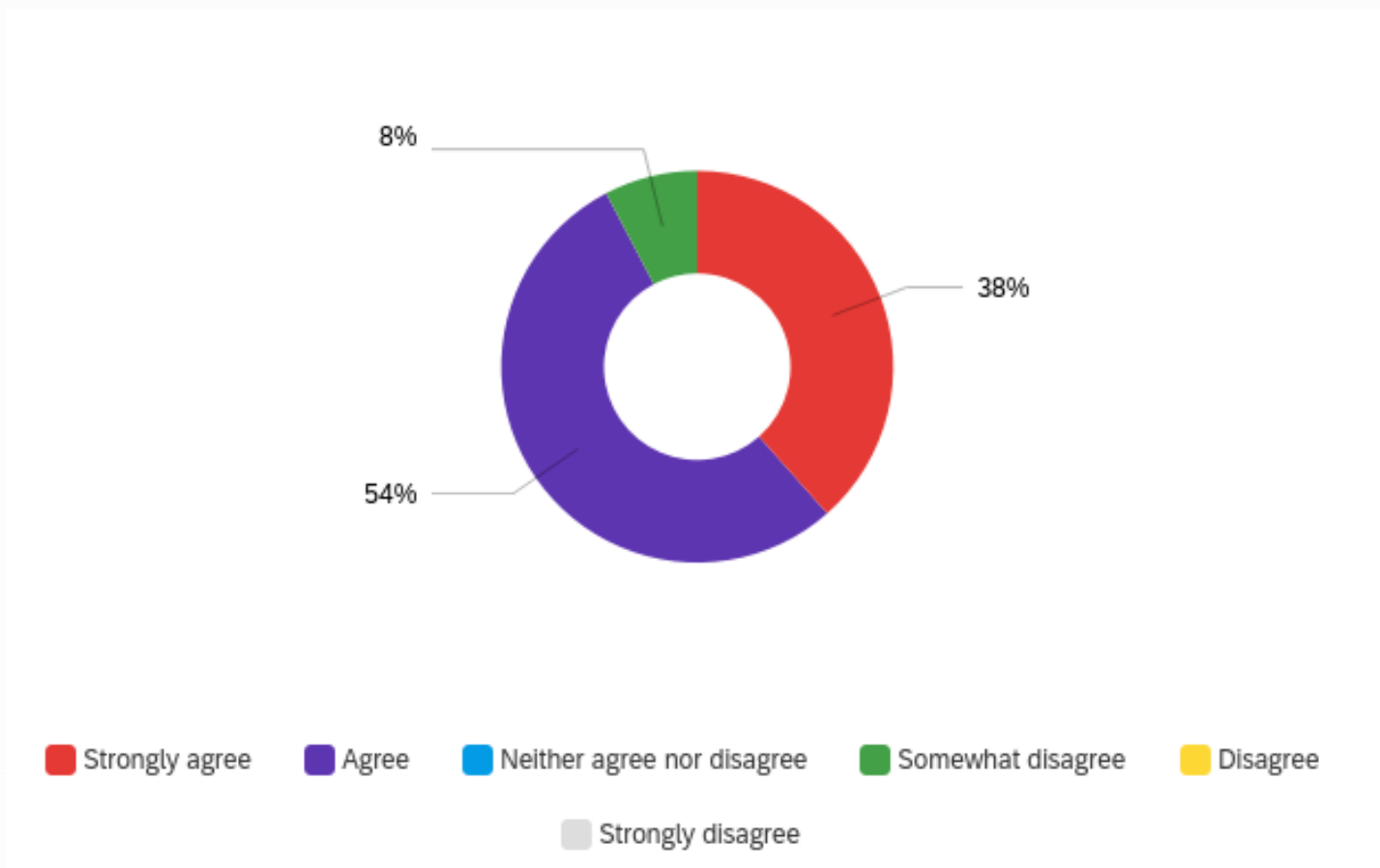
# Why Screen?

- Early detection and intervention prevents negative health outcomes
- American Academy of Pediatrics (AAP) recommends screening for ACEs in primary care
- Primary care office provide a unique opportunity to connect with families at regular intervals in a safe and trusting environment
- Screening is both practical and feasible in routine clinic practices that already provide regular
  - Universal screening
  - Health promotion
  - Disease prevention

(Bucci et al., 2016)



# I believe that ACEs and resiliency screening is important in pediatrics



# ACEs, Screening, and Primary Care



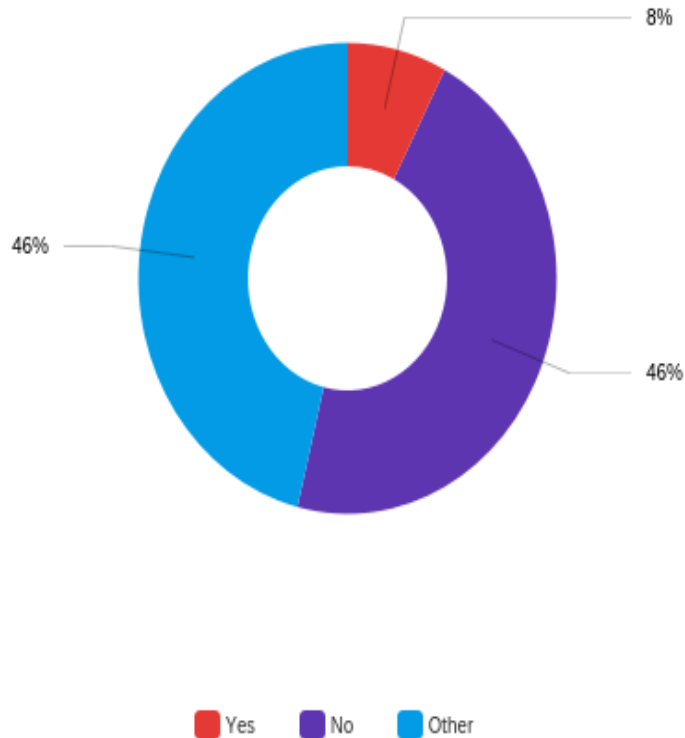
# Current Screening Tool

	1248	1500	
<input checked="" type="checkbox"/>	<b>ACE Finding Your Score</b>		
<input checked="" type="checkbox"/>	Did a parent or other adult in the		
<input checked="" type="checkbox"/>	Did a parent or other adult in the		
<input checked="" type="checkbox"/>	Did an adult or person at least 5 years		
	Did you often or very often feel that..No		
	Did you often or very often feel that..You		
	Were your parents ever separated or		
	Was your mother/step often or very often		
	Did you live with anyone who was a		
	Was a household member depressed or		
	Did a household member go to prison?		
	<b>Total ACE Score</b>		





# Does the clinic screen for ACEs?



## Other - Text

likely in some provider's assessments, but not in a clear way in the chart.

i don' t know. but please !

I don't think so

in interviews, not in formal tools

Unsure about the clinic as a whole - I do my own assessment of trauma

Unknown



# What do you think is the biggest barrier to ACE screening?

**Time; well-child checks already are long appointments with multiple screening tools**

Knowing next steps after a positive screen, time crunch in visits

the right people to do the screening, and a flow in place for positive screenings, also this can be very triggering esp if there is no response plan in place

They are very personal and intense questions and harm can be done if you screen in a rushed or unsensitive way and then do not follow up with appropriate and timely resources

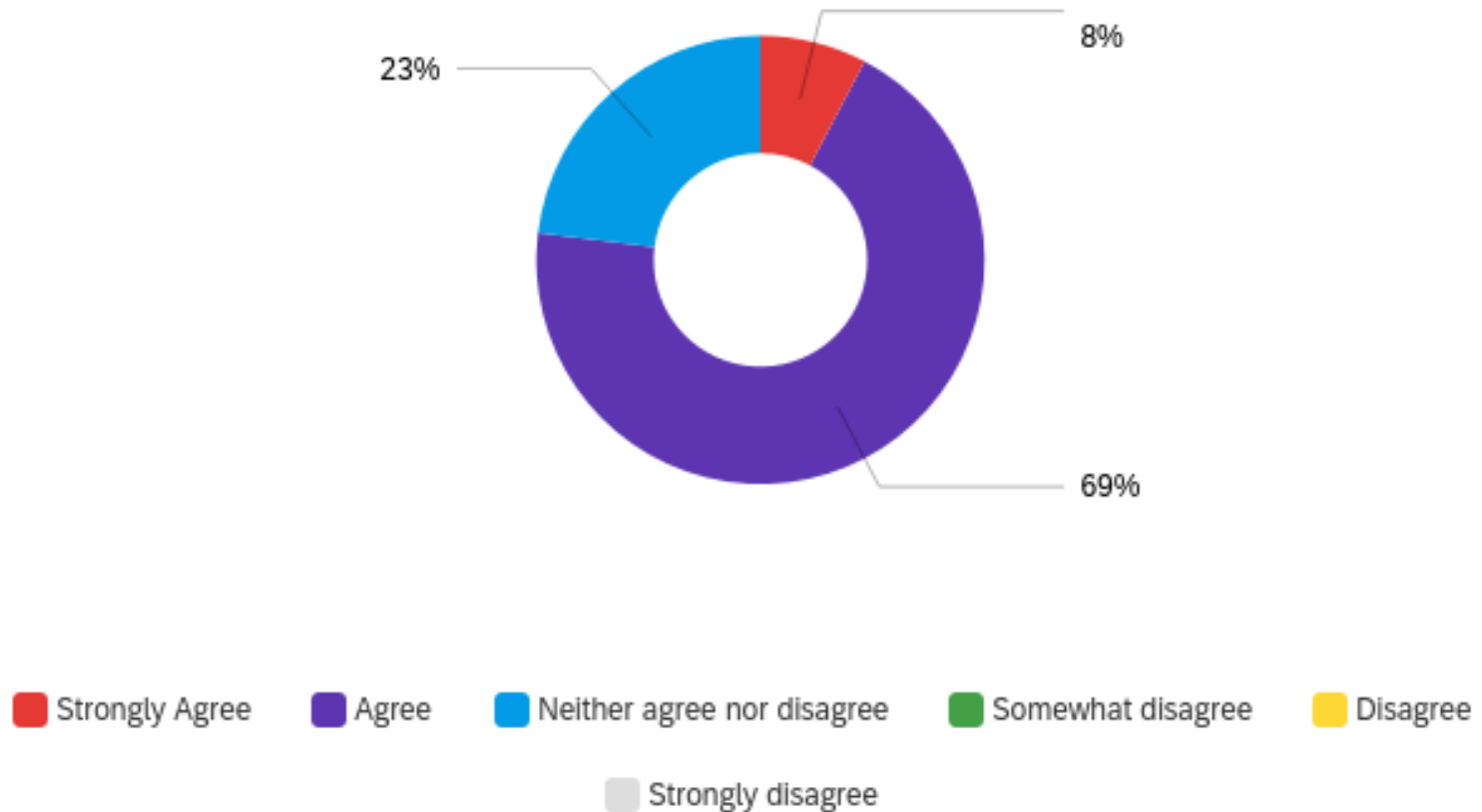
what to do with positives, our patients have multiple vulnerabilities that make service access so hard

Lack of knowledge- I hadn't heard about this before

pre-conceived implicit biases. People not wanting to be uncomfortable. Race



# ACEs and/or resiliency screening increases the burden of screening (i.e. more time, resources, etc.)



# What is one thing you would like to know more about ACEs?

- Available screening tools
- What do you do with the results
- Resources available



## Recommended measures assessing exposure to adverse experiences in children and adolescents

Center for Youth Wellness ACE Questionnaire-Ages 0-12 years and 13-19 (CYW ACE-Q)

Child Abuse and Trauma Scale (CATS)

Child PTSD Checklist-Child Version and Parent Version (CPC-C)

Childhood Trust Events Survey-Caregiver and Child Version (CTES)

Elsie Allen Health Center ACE survey

Juvenile Victimization Questionnaire (JVQ-R2)

Lifetime Incidence of Traumatic Events (LITE-S/P)

Loma Linda University Whole Child Assessment (WCA)

Montefiore Child Clinical Adverse Childhood Experiences Questionnaire

Negative Life Events Inventory

Things I Have Seen and Heard (TIHSH)

Trauma History Checklist and Interview (THC)

Yale-Vermont Adversity in Childhood Scale (Y-VACS)

Young Child PTSD Checklist (YCPC)

## ARTICLE

# Review of Tools for Measuring Exposure to Adversity in Children and Adolescents



Debora Lee Oh, MSc, PhD, Petra Jerman, PhD, MPH, Sukhdip K. Purewal Boparai, MPH, Kadiatou Koita, MD, MS, Susan Briner, MD, Monica Bucci, MD, & Nadine Burke Harris, MD, MPH, FAAP

### ABSTRACT

Exposure to childhood adversity can result in negative behavioral and physical health outcomes due to potential long-term embedding into regulatory biological processes. Screening for exposure to adversity is a critical first step in identifying children at risk for developing a toxic stress response. We searched PubMed, PsycArticles, and CINAHL for studies published between January 1, 2012, and December 31, 2016,

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Conflicts of interest: None to report.

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0891-5245/\$36.00

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Published online June 29, 2018.

<https://doi.org/10.1016/j.pedhc.2018.04.021>

as well as other sources, to identify potential tools for measuring cumulative adversity in children and adolescents. We identified 32 tools and examined them for adversity categories, target population, administration time, administration qualifications and method, and reliability and validity. We also created a list of recommended tools that would be feasible for use by pediatric practitioners in most types of practice. This review provides a starting point for mobilizing screening in pediatric settings, highlighting the challenges with existing tools, and potential issues in the development and evaluation of future tools. *J Pediatr Health Care.* (2018) 32, 564-583.

### KEY WORDS

ACEs, adverse childhood experiences, children, cumulative adversity, measurement tools

Exposure to adversity such as abuse and neglect during child and adolescent development can result in negative behavioral and physical health outcomes due to potential long-term embedding into regulatory biological processes (Campbell, Walker, & Egede, 2016; Felitti et al., 1998; Gilbert et al., 2015; Johnson, Riley, Granger, & Riis, 2013; Kalmakis & Chandler, 2015). In a child, the chronic or frequent activation of the stress response in the absence of a buffering caregiver has been referred to as toxic stress (National Scientific Council on the Developing Child, 2014). A toxic stress response is caused by the dysregulation of the neuroendocrine-immune system via the hypothalamic-pituitary-adrenal axis and the sympathetic-adrenomedullary axis and is associated with a spectrum of alterations in the developing brain and body (Bucci, Marques, Oh, & Burke Harris, 2016). Whereas exposure to individual adversities can result in negative

Oh et al., 2018



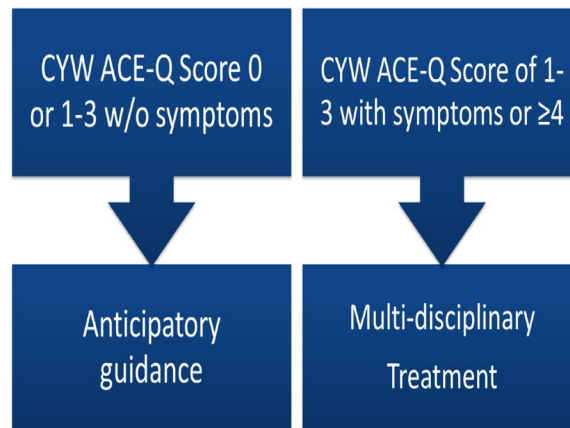
# CYW ACE-Q

- Clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACEs) in patients age 0 to 19
- De-Identified-respondents are asked to report **how many** experience types (or categories) apply to them or their child, **not which experiences apply**
- Intended for use in pediatric and family practice setting
- Tool is available in three age-specific versions, and in English and Spanish
- Takes approximately two to five minutes to complete



# The CYW Model

## Screening Protocol



Center for Youth Wellness. (2017).

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

Today's Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance.** Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

**Please DO NOT mark or indicate which specific statements apply to your child.**

**1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.**

### Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

**2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.**



# Screening Protocol

What do you do with your ACE screening results?

- Provider interprets during visit
- Warm hand-off to behavioral health
- Referral to case manager for resources as needed





# Consider making referrals to

- Mental health providers or other medical specialists
- Community organizations
- Parenting classes
- Family support groups
- Other resources you've identified in your local community



# Links for More Information

## ACES

- TED TALK  
[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime)
- CDC <https://vetoviolence.cdc.gov/apps/aces-training/#/resources>
- Academy of Violence and Abuse [www.avahealth.org/aces\\_best\\_practices/](http://www.avahealth.org/aces_best_practices/)



# Evidence Based Treatment & Prevention

- SAMHSA <http://www.samhsa.gov/ebp-web-guide>
- Children's Bureau <http://www.acf.hhs.gov/programs/cb>
- NCTSN [www.nctsn.org](http://www.nctsn.org)

## Advocacy & Policy

- AAP [www.aap.org/en-us/Pages.Default.aspx](http://www.aap.org/en-us/Pages.Default.aspx)
- APAs [www.apa.org](http://www.apa.org) & [www.psychiatry.org](http://www.psychiatry.org)



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# Putting it all together!

- ACE screening is important
- Standardize screening tool is needed
- Primary care is the gatekeeper



# Questions? Thoughts?



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