

Communicating About ACEs



Talking about Adverse Childhood Experiences (ACEs) can sometimes be uncomfortable. Your first goal as a provider is to regulate yourself. Being aware of your own emotional reactions will help you remain calm in the presence of someone else who's upset and respond in a thoughtful and intentional way. Make sure your body language says that you're listening. Relax your shoulders and make eye contact, unless that seems to be overwhelming to the other person.

Start by explaining the following

- The reason the screening asks such personal questions is because research has shown that our childhood events, specifically parental separation or divorce, physical abuse, and emotional trauma, can have strongly negative, long-lasting effects on our bodies, behavior, and minds.
- These childhood experiences, often called ACEs, are common. Around two thirds of adults have experienced at least one ACE, and of those individuals, the majority have two or more. ACEs can be intergenerational, meaning they can affect the health of adults and also their children.
- The ACEs questionnaire was developed to help doctors identify risks early in a child's life and prevent or lower the risk of health problems.
- We want to know about your family's experiences so we can provide better health care, treatment, and more individualized support.
- Members of your child's care team who are directly involved may see your ACE screening. The total number of ACEs for you and your child will be noted, but specific ACEs may or may not be noted on the screening tool.

Lean in and listen

Active listening is the process of listening to families and validating their unique story, while also remaining attuned to nonverbal communication. Parents want to feel seen, heard, and understood. Active listening techniques can help with this, especially when compared to advice-giving or even simple acknowledgments.

Hearing vs listening

- Hearing is a biological act. It requires only that we receive the message using our sense of hearing.
- Listening is an intellectual and emotional act. Listening requires paying close attention, concentrating, and trying to understand what the message means.

Ask questions without pressure

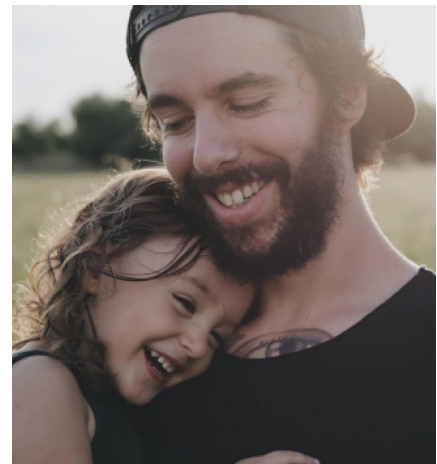
Open-ended questions provide an opportunity for more details to be shared. They allow space for someone to begin talking about their story, if desired. For adults exposed to trauma, it is common that other professionals have focused on the parent's deficits. A trauma-informed approach allows the parent to share their life experiences which may, in many cases, provide some context for their actions and identify key strengths for recovery and healing. This empathic lens changes the discussion from "What's wrong with you?" to "What happened to you?" which is a critical component of trauma-informed care.



“What happened to you?”

Provide supportive care and assistance as a first step, prior to referral

- Ask what parents want and need: “What can I support you with right now?”
- Recognize, respond to, and affirm the parent’s current feelings. “It sounds as though you are feeling really overwhelmed.” “I understand that you are angry right now.”
- Determine which immediate factors can be changed. What does the patient have control over? Explore resources available in the community.
- Help patients and their families identify coping strategies while waiting to be referred to additional services.
- Explore past coping strategies—what stress reduction strategies have worked in the past?
- Discuss how the parent might support their child during times of family stress—for example, by making adjustments such as implementing a daily routine or making time for parent–child play each day.
- Facilitate referrals for patients as needed, by explaining the referral and staying with the parent while they call (if they wish). Follow up later with the parent or referral source to ensure the connection was made.



SOURCES

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