



# Communicating about ACEs with Patients and Families

**National Pediatric Practice Community  
on Adverse Childhood Experiences**

*An initiative of*

CENTER FOR  
**YOUTH**  **WELLNESS**  
*health begins with hope*

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**Physician Accreditation Statement** - This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the New Jersey of Academy of Family Physicians. The New Jersey Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians. The New Jersey Academy of Family Physicians designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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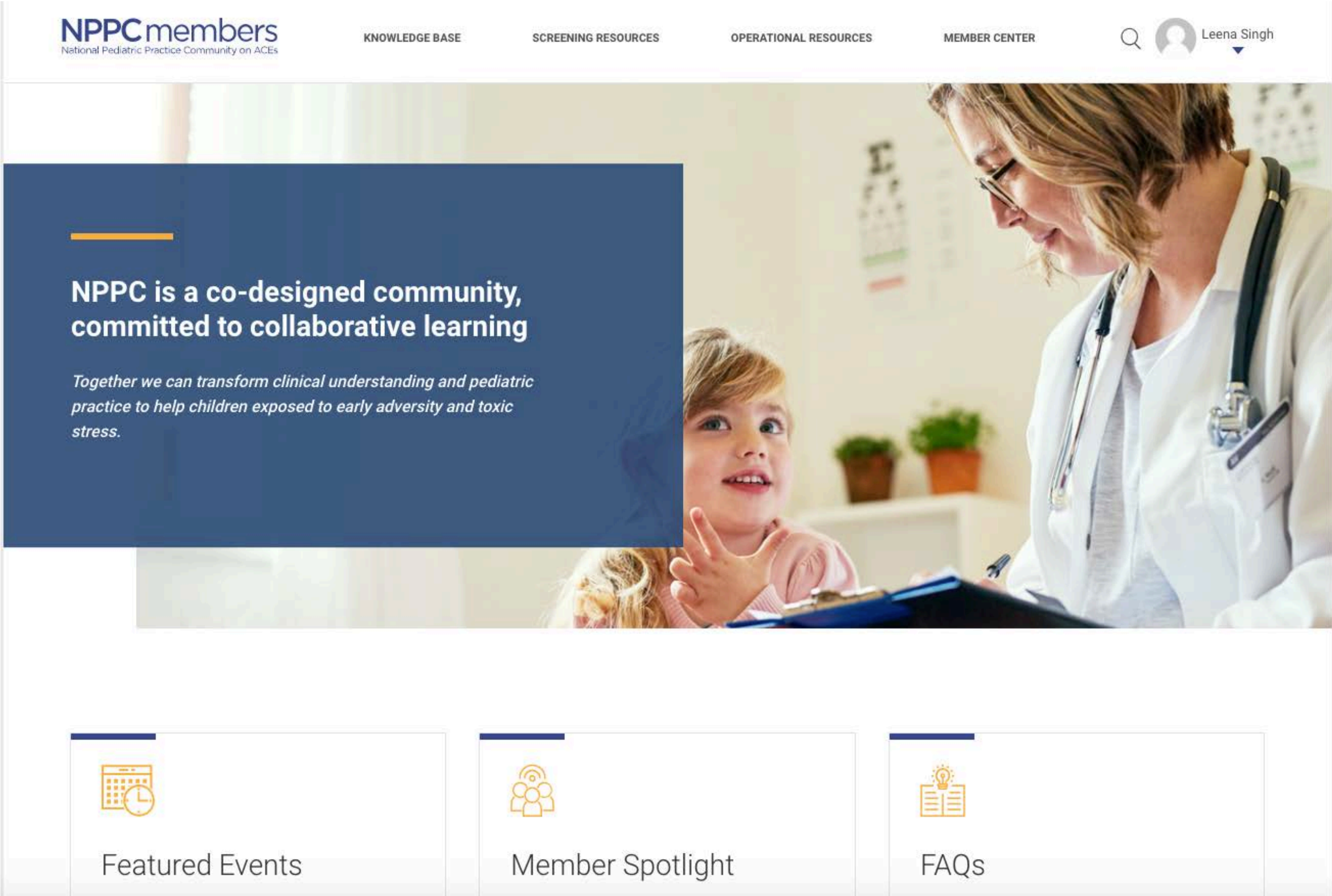
This activity provides a maximum of 1.0 contact hours. Successful completion of the course is defined as in-person attendance for 95% of the didactic learning session and a complete course evaluation.

# Disclosure

The presenters have no past or present financial interest or involvement with any of the products/companies that will be mentioned in this presentation.



# National Pediatric Practice Community on ACEs: nppcaces.org



# Objectives

- Review of Science behind Adverse Childhood Experiences (ACEs) and Toxic Stress
- Discuss rationale for ACEs screening
- Provide examples of conversation starters related to trauma and ACEs
- Review Maslow's Hierarchy of Needs
- Review Prochaska's Readiness to Change theory
- Discuss Motivational Interviewing and Anticipatory Guidance techniques
- Provide examples of scripts, tools and resources to help facilitate conversation around ACEs and identify patient willingness and needs





ACES Science

# Adverse Childhood Experiences, potentially traumatic events occurring before age 18.

## Abuse



Physical



Emotional



## Neglect



Physical



Emotional

## Household Instability



Mental Illness



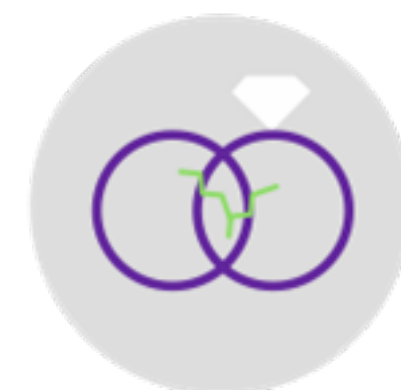
Incarcerated Relative



Mother treated  
violently



Substance Abuse

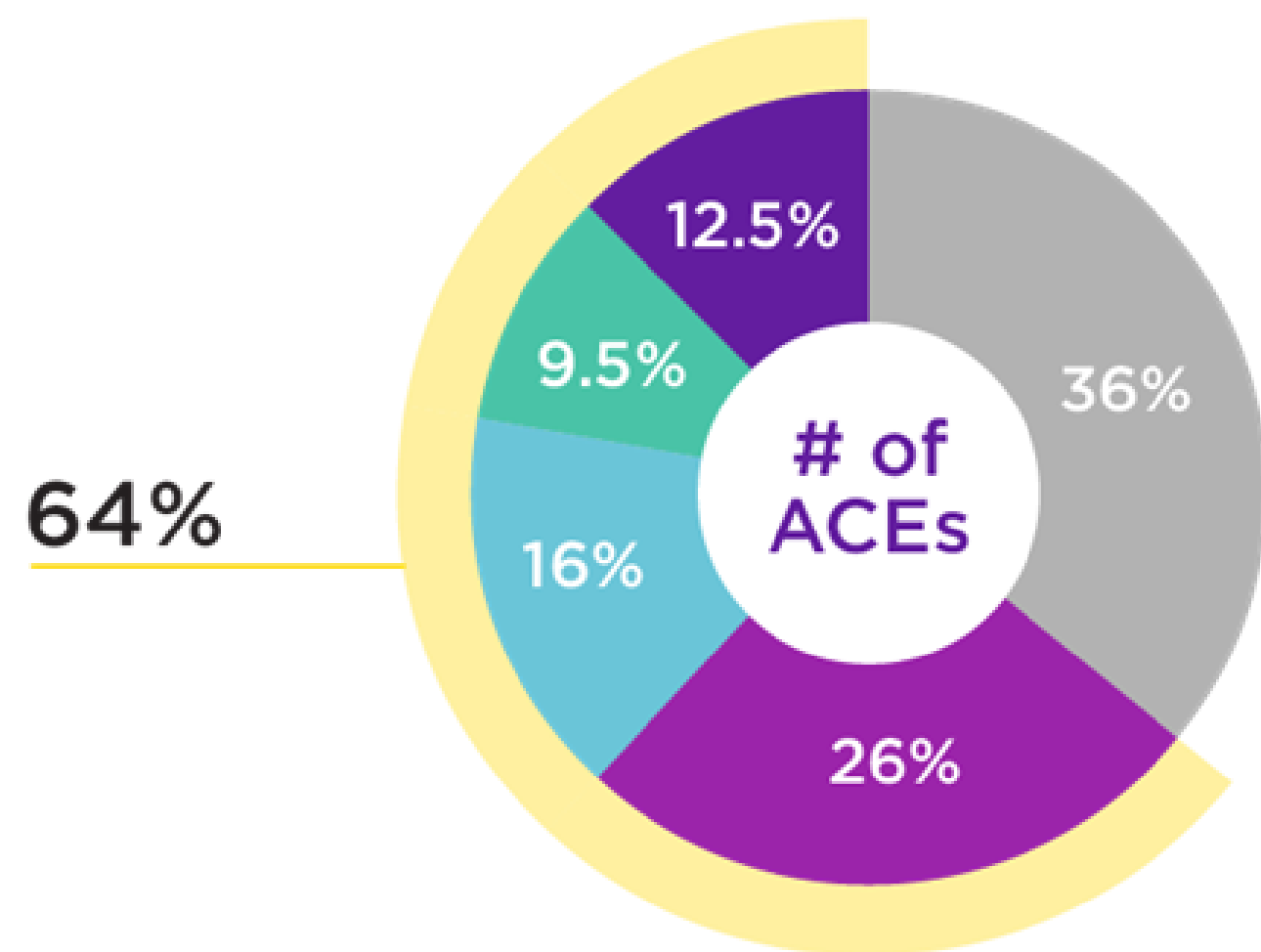


Divorce



# ACEs are common

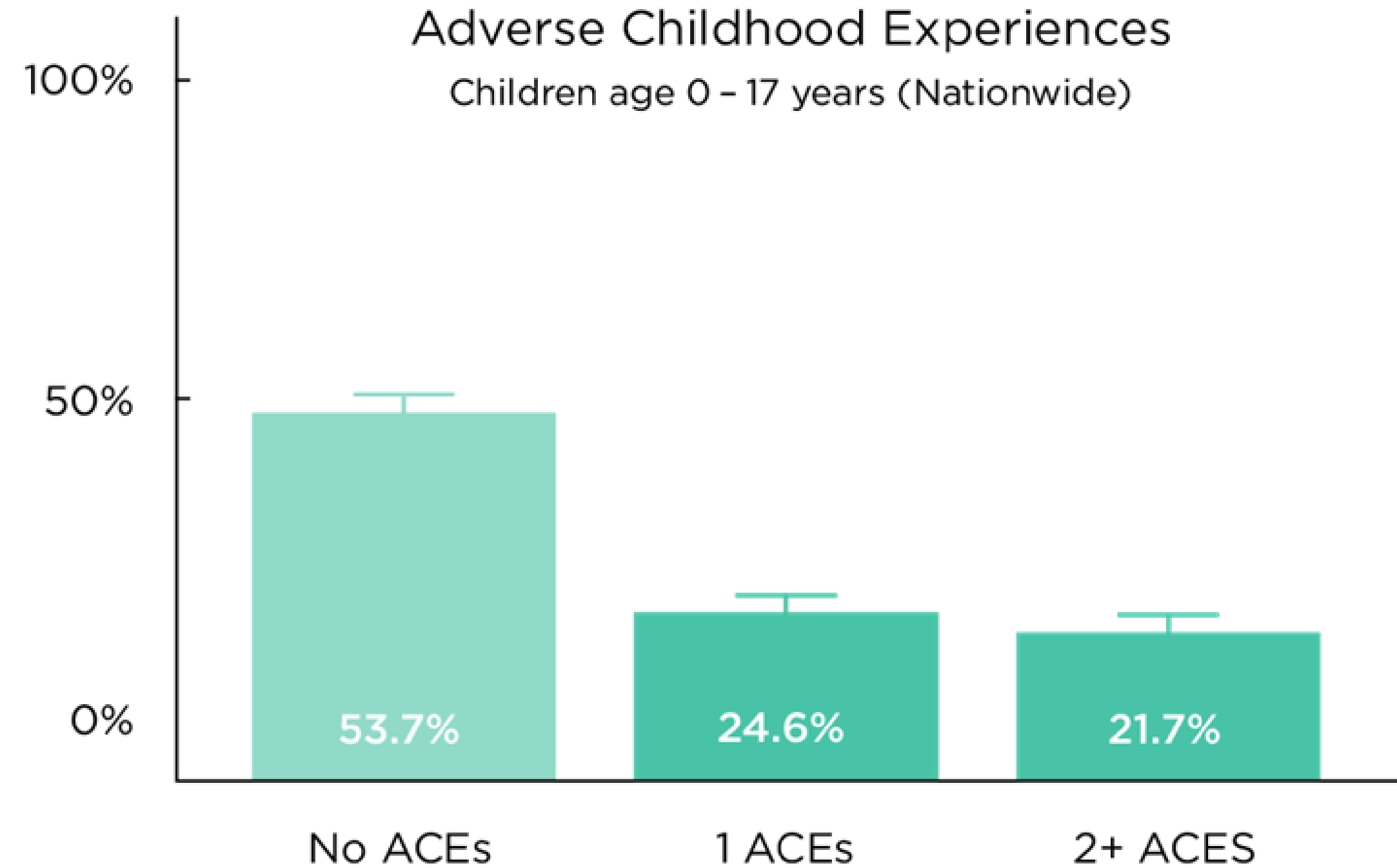
- Nearly 2 out of 3 adults have at least one ACE



- No Adverse Childhood Experiences
- 1 Adverse Childhood Experiences
- 2 Adverse Childhood Experiences
- 3 Adverse Childhood Experiences
- 4 or more Adverse Childhood Experiences

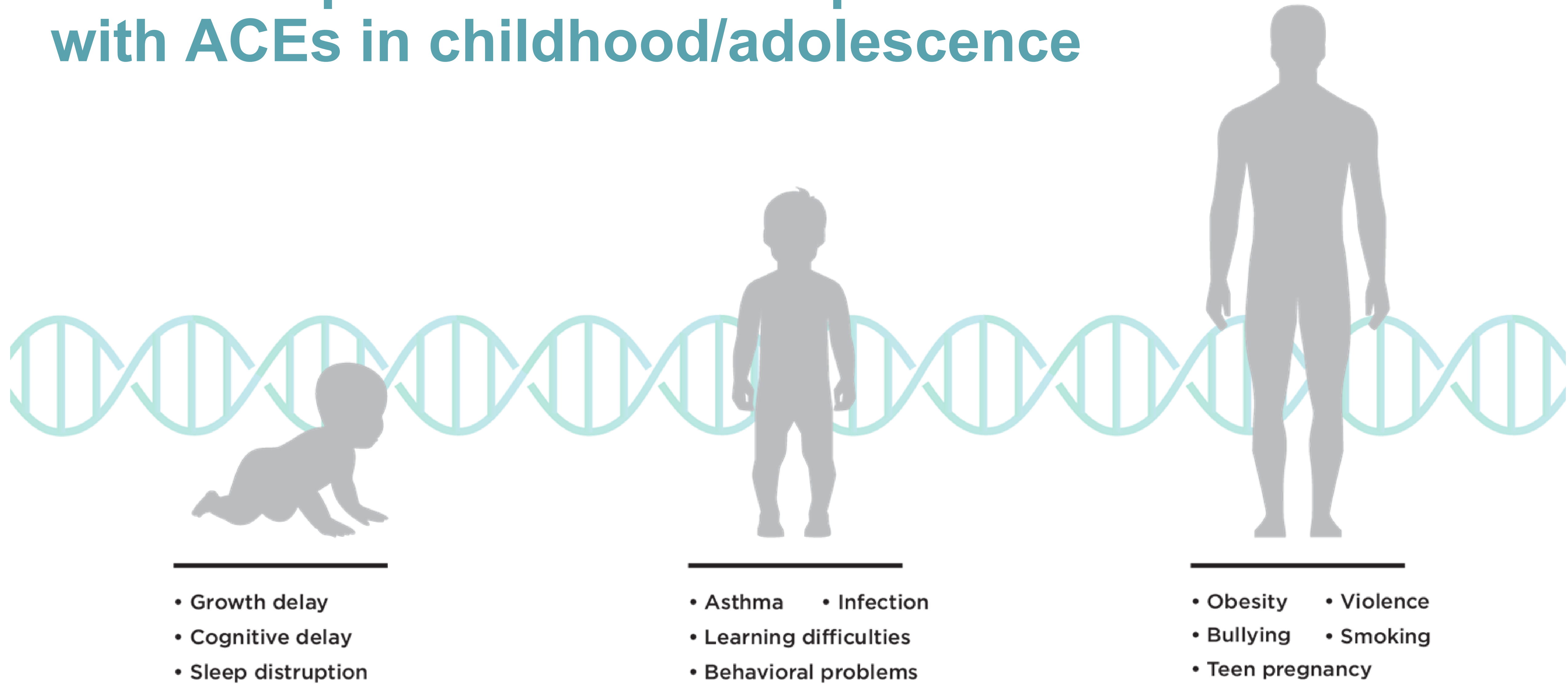
Source: CDC-Kaiser ACE Study (1998)

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



[http://www.cahmi.org/wp-content/uploads/2017/10/aces\\_fact\\_sheet.pdf](http://www.cahmi.org/wp-content/uploads/2017/10/aces_fact_sheet.pdf)

# Dose Response Relationship associated with ACEs in childhood/adolescence



# Biological mechanism: Toxic stress

Adverse Childhood Experiences

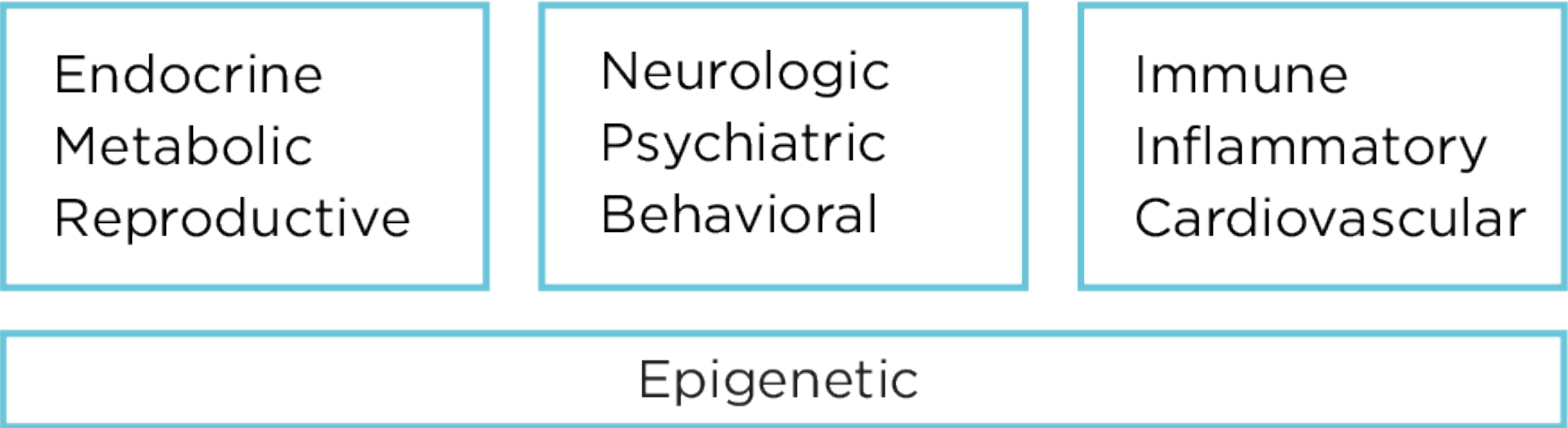


Toxic Stress

Chronic Dysregulation



Clinical Implications





# Some individuals experience toxic stress as a result of negative experiences





**SCREENING**



# Rationale: Why screen for ACEs in primary care?

- It is the ideal setting for screening, health promotion, and disease prevention
- Some evidence to show that early detection can prevent negative health outcomes
- The Provider/Patient relationship creates an atmosphere to discuss adverse experiences






# Challenges to Universal ACEs Screening

- Lack of time
- Lack of provider comfort and fear of providing incorrect information
- Perceived negative patient reaction
- Concerns regarding strength of referral system
- Fear of clinic liability and increases in cases of mandated reporting
- Questions about tools and scientific foundation
- Perception that ACEs pertain to only certain populations
- Perception that ACEs are outside physician core function

## *Activity*

Explain what ACEs and Toxic Stress  
are to a patient or family

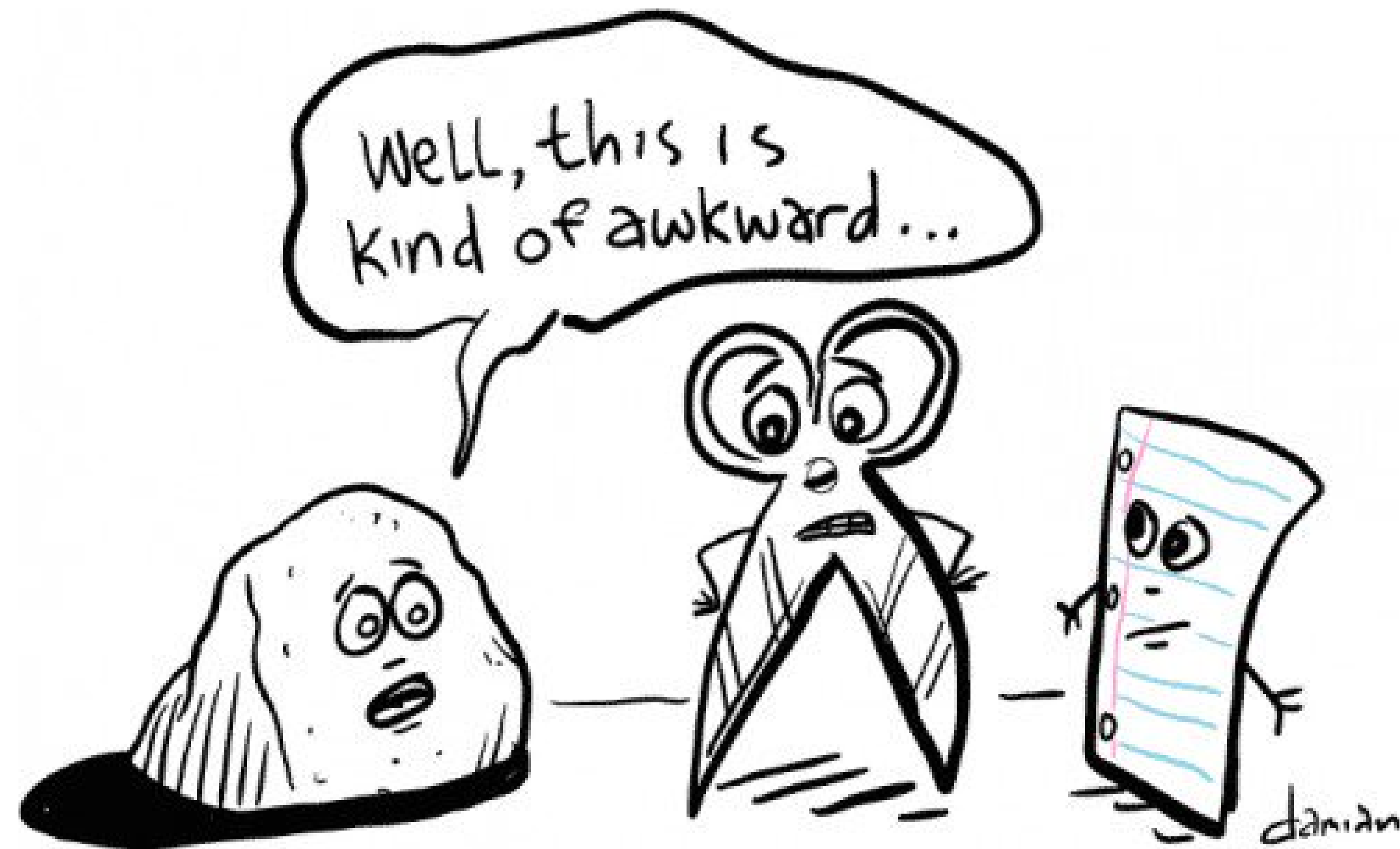
# Key Concepts to Address with Patients and Families about ACEs and Toxic Stress

- ACEs are common
- More ACEs means  chance of toxic stress
- ACEs accumulate over time (we can't unexperience something)
- ACEs without protective factors at key developmental ages can increase risk of toxic stress
- Toxic Stress can bring illness-- physically and mentally





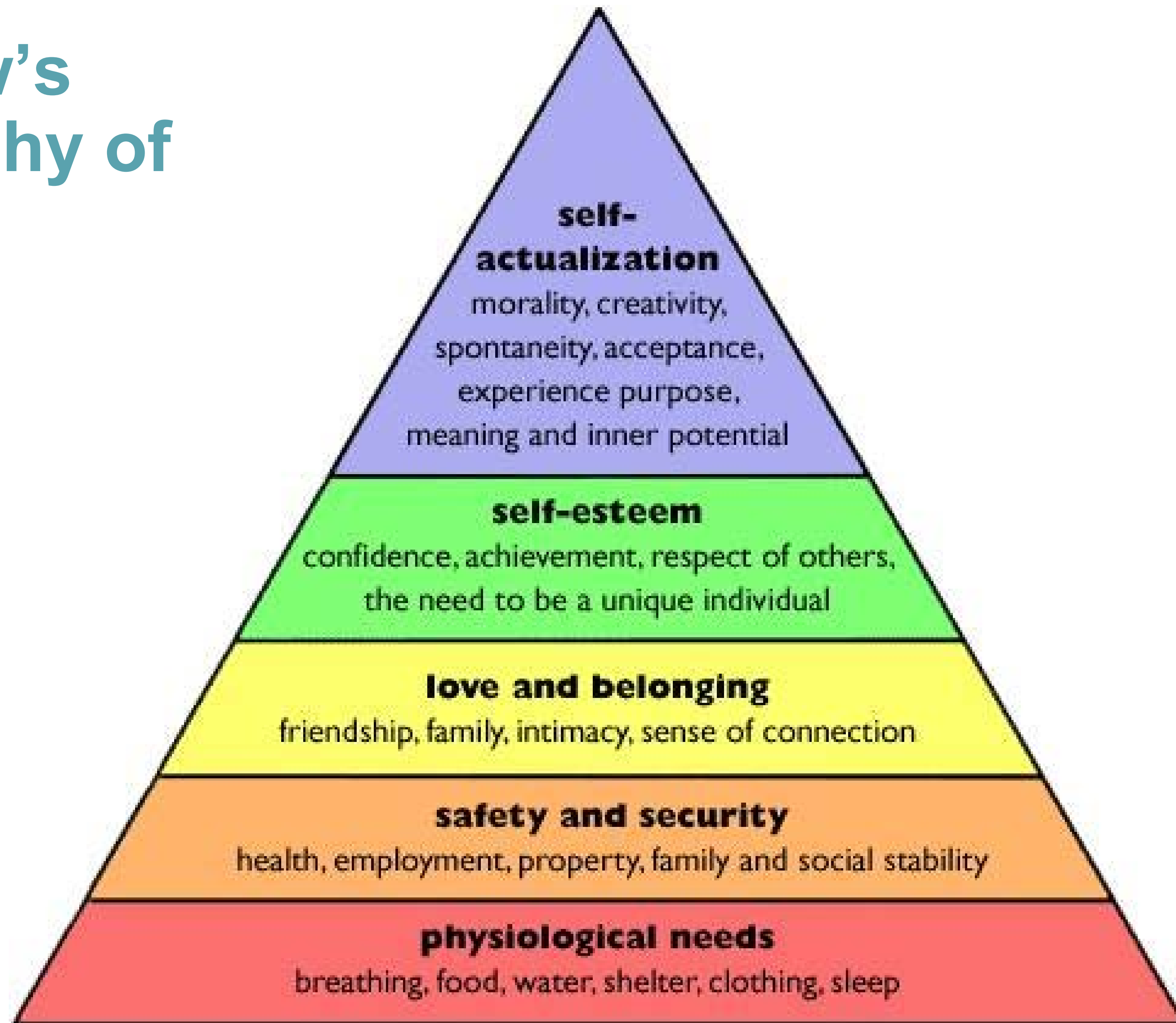
# Just starting the conversation about ACEs can be hard!



**A few theories (*yawn*) to help you understand  
what a patient needs and how to communicate  
about those needs...**

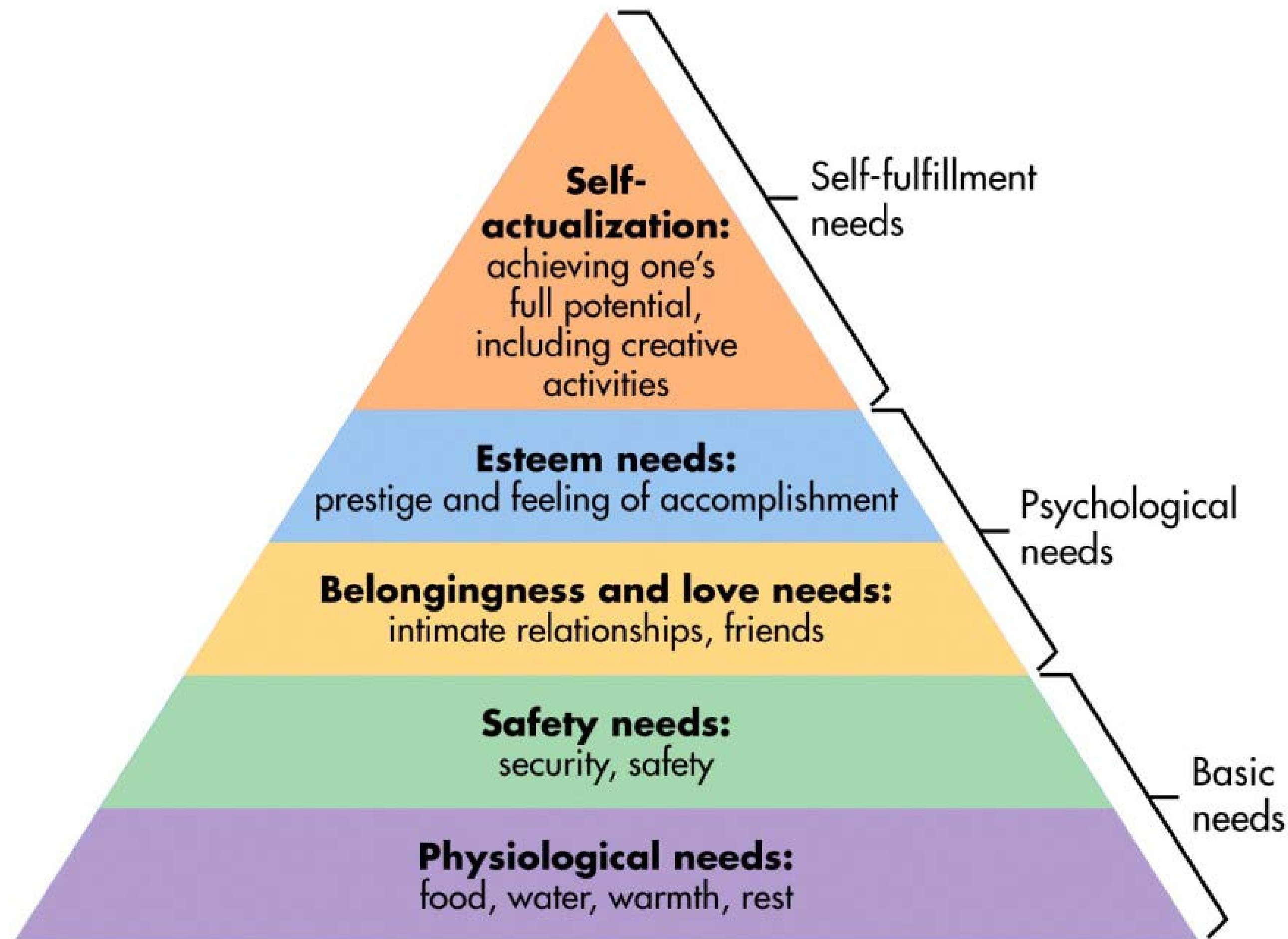


# Maslow's Hierarchy of Needs





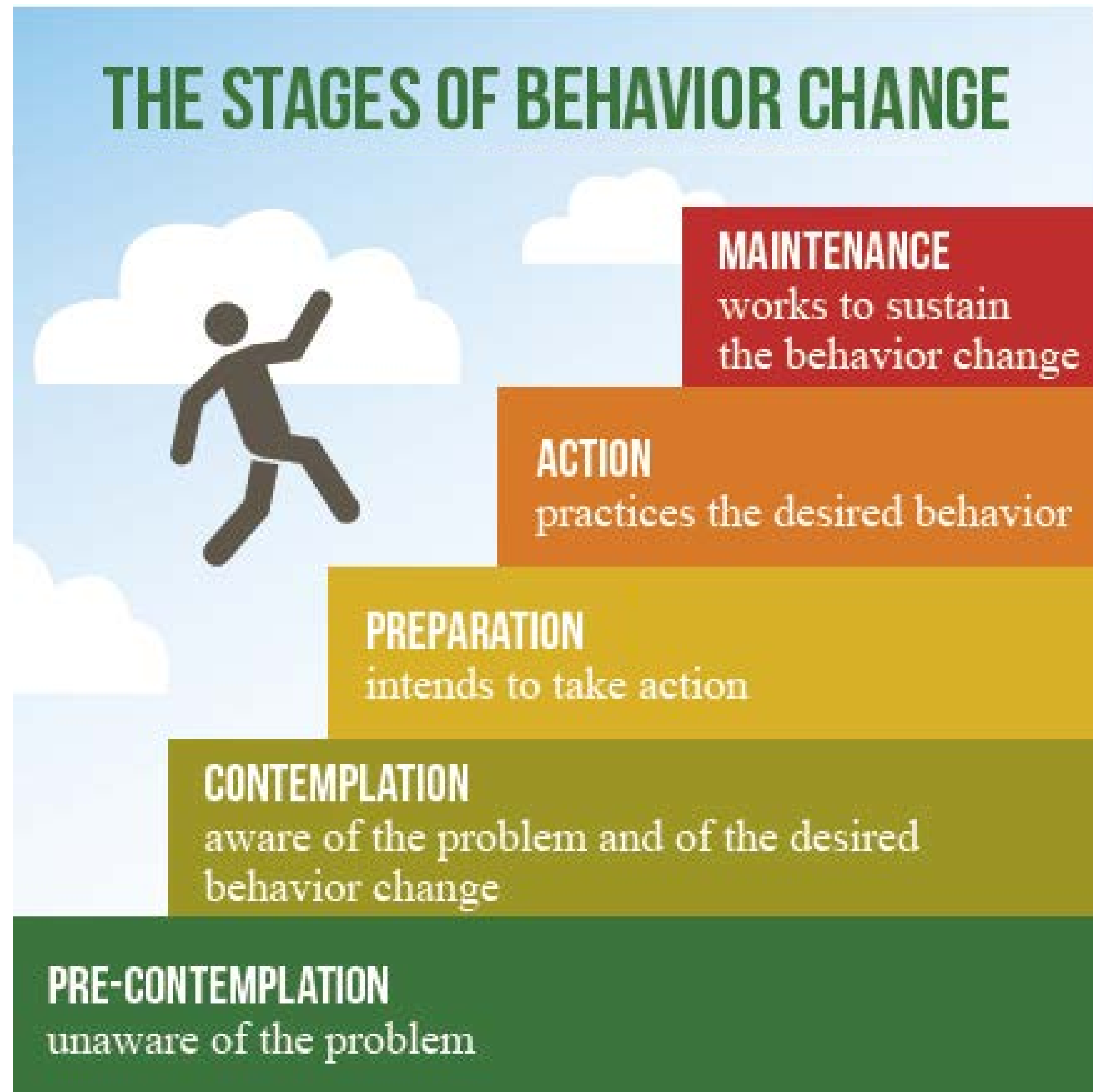
# Matching the right resource to the right need is key.....



Basic needs are often met with tangible resources - food voucher, shelter slot, bus card

Psychological Needs are often met by services- Social Worker consult...*but family must be willing and ready to accept these resources.*

# Prochaska (1998) Readiness to Change



# Motivational Interviewing

“Motivational Interviewing is a collaborative conversational style for strengthening a person's own motivation and commitment to change.”

- Miller & Rollnick, 2013

***Meeting the patient where they are.***



# OARS Framework of Motivational Interviewing

Skill	Description	Purpose
<b>O</b> Open Questions	<ul style="list-style-type: none"><li>• Ask the patient open-ended questions</li><li>• Allow the patient to reflect and elaborate in response to questions</li><li>• Let the patient do most of the talking</li></ul>	<ul style="list-style-type: none"><li>• Establish a safe environment, and build a trusting and respectful relationship</li><li>• Explore, clarify, and gain an understanding of the patient's world</li><li>• Learn about the patient's past experiences, feelings, thoughts, beliefs, and behaviors</li><li>• Gather information</li></ul>
<b>A</b> Affirmations	<ul style="list-style-type: none"><li>• Recognize and reinforce success</li><li>• Express a positive statement about what the patient has already done or a personal strength or ability</li><li>• Show empathy for the patient's situation</li></ul>	<ul style="list-style-type: none"><li>• Build rapport and affirm exploration into the patient's world</li><li>• Affirm the patient's past decisions, abilities, and healthy behaviors</li><li>• Build the patient's confidence and self-efficacy</li></ul>
<b>R</b> Reflective Listening	<ul style="list-style-type: none"><li>• Mirror what the patient is saying</li><li>• Rephrase what the patient says in your own words</li></ul>	<ul style="list-style-type: none"><li>• Reflect the patient's thoughts, feelings, and behaviors</li><li>• Demonstrate to the patient that you're listening and trying to understand his or her situation</li><li>• Offer the patient the opportunity to "hear" his or her own words, feelings, and behaviors reflected back to him or her</li></ul>
<b>S</b> Summarizing	<ul style="list-style-type: none"><li>• Apply reflective listening when closing the conversation or transitioning to a different part of the conversation</li><li>• Paraphrase and/or pull out key points from the conversation</li></ul>	<ul style="list-style-type: none"><li>• Keep the patient and care team "on the same page"</li><li>• Close the conversation with a plan of action</li><li>• Help the patient see the bigger picture</li><li>• Highlight the most important elements of the conversation</li></ul>

# Anticipatory Guidance

- Anticipatory guidance, specific to the age of the patient, includes information about the benefits of healthy lifestyles and practices that promote wellness, coping with a chronic disease, or prevention
- Anticipatory guidance topics can be used as prompts to ask open-ended questions **using motivational interviewing techniques** so that the parent and physician can have a timely, relevant, and appropriate discussion that meets everyone's needs.

# Conversation starters when you are told a patient has a “positive ACE score...”

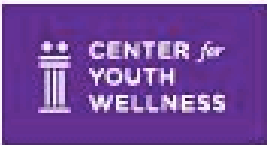
“When you filled out this questionnaire you marked you have been through some difficult things. **(Pause)** Many people in our community have been through a lot” (if you feel ok, and it is true, you can say, even me/or even people in my family).


“Can you tell me what is causing your family stress, so that I can know how to help you in the best way possible? “

“What is the most important thing to you that I can help with today?”

***What are some ways you have opened the conversations that works well?***

# Patient Education materials





## Adverse Childhood Experiences (ACEs)

**Did you know that Adverse Childhood Experiences can be harmful to your child's health?:**

- Adverse Childhood Experiences (ACEs) can cause harm to a child's developing brain and body, influence behavior and learning, and lead to overall health problems.
- These long term changes, in the absence of a supportive caregiver, are called **TOXIC STRESS**.
- Everyone is built differently. Some need more support than others.

**Adverse Childhood Experiences as Identified in the ACEs study are listed below:**

- Parental separation or divorce	- Sexual abuse
- Incarcerated household member	- Emotional abuse
- Domestic violence	- Physical abuse
- Living with someone who is chronically depressed, institutionalized, or suicidal	- Physical neglect
- Alcohol/drug abuser in the home	- Emotional neglect

**In addition we believe these things can lead to toxic stress:**

- Life threatening illness/injury
- Guardian death
- Community violence
- Homelessness, foster care/CPS involvement

### Health begins with hope!

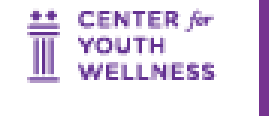
People can cope with challenging events in their lives by creating a circle of wellness that includes caring support systems, exercise, good nutrition and regular medical care.


CENTER FOR YOUTH WELLNESS

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## Toxic Stress

**Positive Stress:**  
Brief increases in heart rate, mild elevations in stress hormone levels.

**Tolerable Stress**  
Serious, temporary stress responses, buffered by supportive relationships

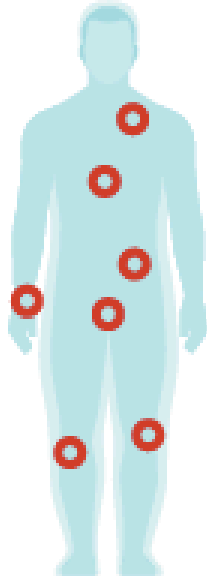
**Toxic Stress:**  
Prolonged activation of stress response systems in the absence of protective relationships  
Serious, temporary stress responses, buffered by supportive relationships.

Intense, prolonged, repeated & unaddressed

Social-emotional buffering, caregiver resilience, early detection, and effective intervention

**How stress affects the human body**

- Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression), behavior younger than age
- Acne and other skin problems
- Faster heartbeat, rise in blood pressure, heart attack and heart disease
- Blood sugar increases, higher cholesterol, increased risk of diabetes
- Muscle aches and tension, increased risk of reduced bone density



- Grinding teeth, tension in jaw, increased or decreased eating
- Stress hormones increase, increased inflammation, lowered ability to fight or recover from illness, frequent colds
- Increased risk of asthma and flare ups
- Diarrhea, constipation, nausea, stomach pain, heart burn, other digestive problems
- Irregular or more painful periods, reduced or increased sexual desire, bedwetting
- Weight gain & obesity

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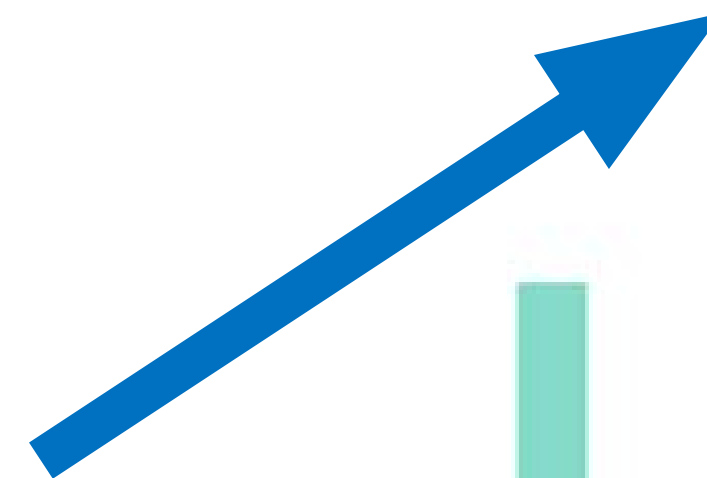
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# Using Patient Education materials as conversation starters

*“When I first heard of ACEs I didn’t understand them. We always have to have a fancy name for something in the medical field don’t we?”*

*So, ACEs are really difficult or stressful times in our lives. There are some examples on this sheet.”*





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# Using Patient Education materials as conversation starters

*“Having a lot of stress over a long time, can make people sick.*

*Do you think this could be happening in your family?*

*We want to help.”*



## Toxic Stress



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



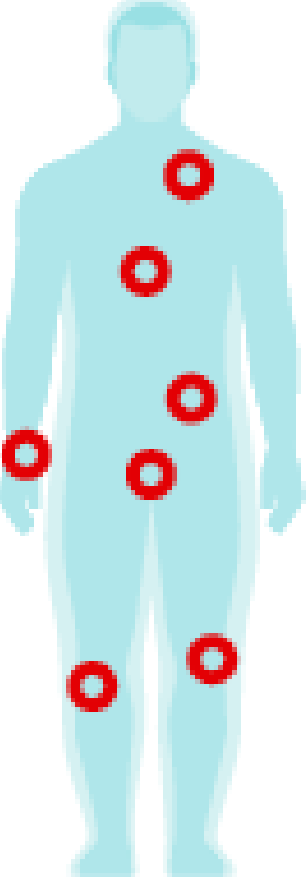
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# Sample Script: Administering the ACE Questionnaire

*We have some forms that we'd like for you to fill out, so your doctor understands how your child is doing.*

*This one is called the ACEs screen. We screen all of our patients at X years old to understand what they have experienced.*

*Please look at the form and write the number of events that your child has been exposed to. You don't need to circle any, just write the total number at the bottom of the form...*

# Sample Script: Provider Review of Questionnaire with Patient/Family

*We ask about ACEs because we care about you, and want to understand what your child has experienced. The more we understand about you, the better we can support you.*

*Because of what your child has experienced, I am concerned that this may be contributing to some of the problems we have been discussing (like...)*

*The earlier we can address these stressors the faster the body can begin to work to adjust and heal.*



# Case Study

- 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 lacked appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)?
- Has your child ever seen or heard a parent/caregiver being screamed 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:

2

The patient is a 7 year old female who has been seen 4 times in the school clinic in the past 6 months for stomach aches.

Mom has reported to the MA, that she has been called 3 times from the school in past 6 weeks related to behavior incidents.

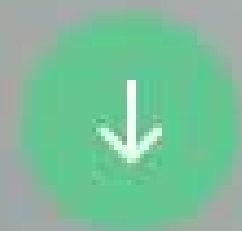
# Remember...

- . If the patient doesn't seem receptive, use the patient education handouts to talk about ACEs or Toxic Stress
- . If the patients admits there is family stress but is having a hard time opening up, use Marlow's Hierarchy of Needs
- . If the patient is willing to tell you the problem, but you don't know if they are open to services, use your OARS

# Keep in mind...

- Don't be afraid to ask what the patient is most concerned about
- Give advice only with permission
- Use your OARS (open ended questions, active listening, reflective statements, summarizing)
- Verbally summarize the patient's plan but also put it in writing!
  - People are at least 5x more likely to follow through when plan is written

# What's Toxic Stress?





# Remember this work can trigger us - make sure you are taking care of yourself...

1. **Awareness:** The first step in self-care involves a check of your body and mind.
2. **Balance:** This includes your personal and family life and your work life. You will be more productive when you make time to rest and relax.
3. **Connection:** Build supportive relationships with people in all areas of your life, including community, friends, work, and family. Connections help you find a balance and give you a safe place to process feelings you may be having.
4. **Debrief:** Discuss challenging cases and support each other in learning to use the tool as one additional resource in helping your patients.
5. **EAP:** If you are experiencing long-term stress, anxiety or symptoms of burnout, you can access your Employee Assistance Program

# Thank you!

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