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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Accreditation

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 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)™. 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
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

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

Source: CDC-Kaiser ACE Study (1998)

Dose Response Relationship associated with ACEs in childhood/adolescence

- Growth delay
- Cognitive delay
- Sleep disruption
- Asthma
- Infection
- Learning difficulties
- Behavioral problems
- Obesity
- Violence
- Bullying
- Smoking
- Teen pregnancy

Biological mechanism: Toxic stress

Adverse Childhood Experiences

Toxic Stress

Chronic Dysregulation

NEURO

ENDOCRINE

IMMUNE

Clinical Implications

Endocrine
Metabolic
Reproductive

Neurologic
Psychiatric
Behavioral

Immune
Inflammatory
Cardiovascular

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

http://www.albertafamilywellness.org/what-we-know/resilience-scale
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

Flaherty et al., 2013; Kecker et al., 2016
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

CYW Insights Research with Pediatricians, unpublished; Kecker et al., 2016
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

- **Physiological needs**: breathing, food, water, shelter, clothing, sleep
- **Safety and security**: health, employment, property, family and social stability
- **Love and belonging**: friendship, family, intimacy, sense of connection
- **Self-esteem**: confidence, achievement, respect of others, the need to be a unique individual
- **Self-actualization**: morality, creativity, spontaneity, acceptance, experience purpose, meaning and inner potential
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

THE STAGES OF BEHAVIOR CHANGE

PRE-CONTEMPLATION
unaware of the problem

CONTEMPLATION
aware of the problem and of the desired behavior change

PREPARATION
intends to take action

ACTION
practices the desired behavior

MAINTENANCE
works to sustain the behavior 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

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>Purpose</th>
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| **O**       | **Open Questions**                                                          | • Establish a safe environment, and build a trusting and respectful relationship  
• Explore, clarify, and gain an understanding of the patient’s world  
• Learn about the patient’s past experiences, feelings, thoughts, beliefs, and behaviors  
• Gather information  
| **A**       | **Affirmations**                                                            | • Build rapport and affirm exploration into the patient’s world  
• Affirm the patient’s past decisions, abilities, and healthy behaviors  
• Build the patient’s confidence and self-efficacy  
| **R**       | **Reflective Listening**                                                    | • Reflect the patient’s thoughts, feelings, and behaviors  
• Demonstrate to the patient that you’re listening and trying to understand his or her situation  
• Offer the patient the opportunity to “hear” his or her own words, feelings, and behaviors reflected back to him or her  
| **S**       | **Summarizing**                                                             | • Keep the patient and care team “on the same page”  
• Close the conversation with a plan of action  
• Help the patient see the bigger picture  
• Highlight the most important elements of the conversation  

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From The Advisory Board 2015: Motivational Interviewing 101
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 (ACEs) can be harmful to your child’s health?

- Adverse Childhood Experiences (ACEs) can cause harm to a child’s developing brain and toxic, developmental, and learning and lead to adult health problems.
- These long-term changes in the absence of a supportive caregiver are called HIGH STRESS.
- Everyone is built differently. Some need more support than others.

Adverse Childhood Experiences as defined by the ACEs scale are listed below:

- Parental separation or divorce
- Incarcerated household member
- Domestic violence
- Living with someone who is frequently depressed, institutionalized, or alcoholic
- Alcoholism or abuse in the home

In addition to violent abuse, these things can lead to toxic areas:

- Life threatening illness/injury
- Gender identity
- Community violence
- Domestic violence
- Household violence
- Infant/young child/adolescent death

Health begins with hope!

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

Toxic Stress

Positive stress:
- Helps the nervous system learn and grow.
- Can provide a sense of normalcy and help children manage stress.

Toxically stressful:
- Causes harm to the nervous system, leading to dysregulation in the body and mind.

Tolerable stress:
- Causes harm to the nervous system, leading to dysregulation in the body and mind.

Normal stress:
- Helps the nervous system learn and grow.
- Can provide a sense of normalcy and help children manage stress.

Low stress:
- Helps the nervous system learn and grow.
- Can provide a sense of normalcy and help children manage stress.

High stress:
- Causes harm to the nervous system, leading to dysregulation in the body and mind.

How stress affects the human body:
- Changes in mood, behavior, and development
- Increased risk of chronic illness
- Changes in immune function
- Changes in heart rate and blood pressure
- Changes in sleep and appetite
- Changes in brain development
- Changes in cognitive function
- Changes in social behavior

Resources:
- National Child Traumatic Stress Network
- Child Welfare Information Gateway
- National Resource Center on Domestic Violence
- National Suicide Prevention Lifeline
- Child Triage Center
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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.”
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."
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:  

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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