



Fundamentals of ACE Screening and Response in Adult Medicine

California ACEs Aware Initiative

July 29, 2020

ACEs Aware Mission



To change and save lives by helping providers understand the importance of screening for Adverse Childhood Experiences and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress.

Presenters

Nadine Burke Harris, MD, MPH, FAAP

California Surgeon General

Brent Sugimoto, MD, MPH, FAAFP

Family Medicine Physician and
New Physician Director, American Academy of Family Physicians

Mimi Mateo, CNM, MSN, CDE

Certified Nurse Midwife and Clinical Director of Midwifery, North County Health Services

Denise Gomez, MD, PharmD, ACP

Internal Medicine Physician and Associate Medical Director, North County Health Services

Leon Altamirano, Psy.D

Director of Integrated Behavioral Health, North County Health Services and
ACEs Aware Clinical Implementation Subcommittee member



Agenda



1. Introduction
2. The Value of ACE Screening & Clinical Response in Family/Adult Medicine
3. ACEs in Primary Care Case Studies
4. Audience Questions / Answers
5. Resources & Tools



Introduction

Nadine Burke Harris, MD, MPH, FAAP
California Surgeon General



The Value of ACE Screening & Clinical Response in Family/Adult Medicine

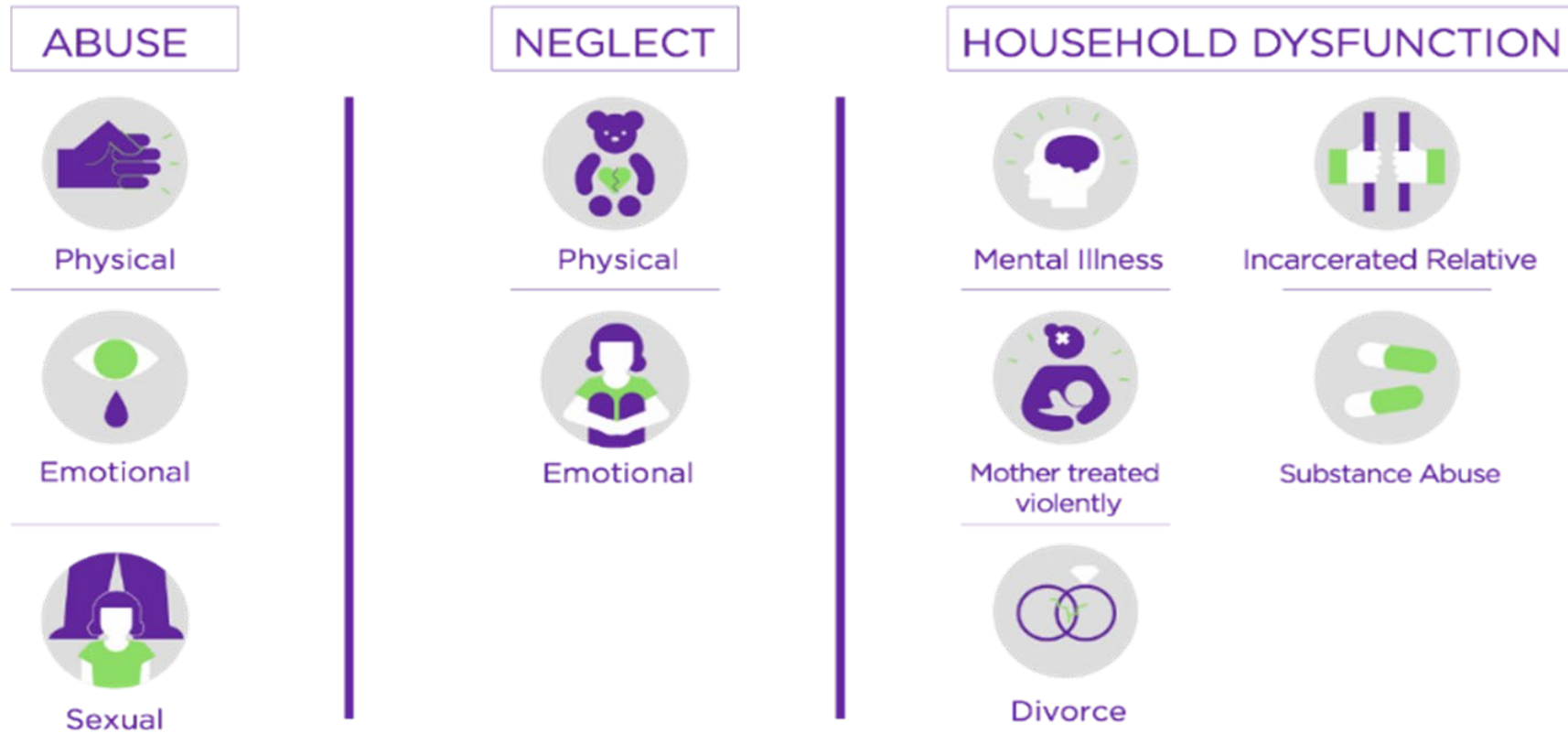
Dr. Brent Sugimoto, MD, MPH, FAAFP

The Value of ACE Screening and Response in Family Medicine



- Caring for people across the life course
- Interrupting intergenerational transmission
- Improving practice, patient, and family outcomes

10 Categories of Adverse Childhood Experiences

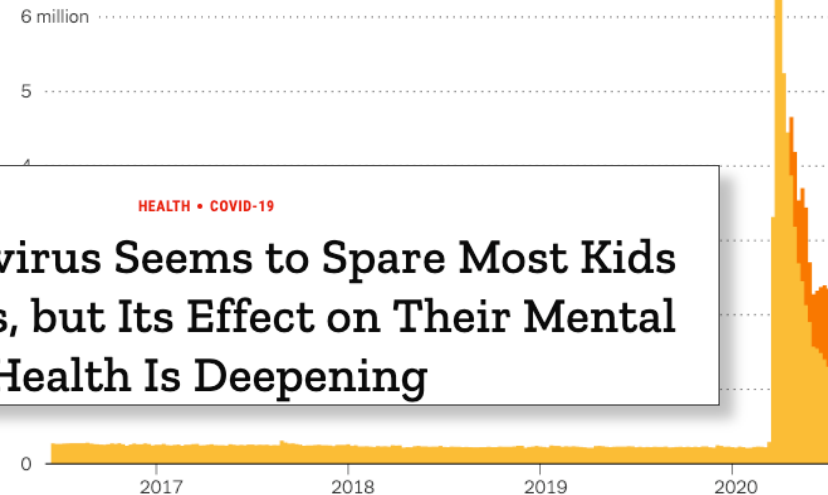


Copyright 2013. Robert Wood Johnson Foundation.
Used with permission from the Robert Wood
Johnson Foundation.

Rise in Unemployment Claims Signals an Economic Reversal

Job losses showed no letup as a surge in coronavirus cases forced new business shutdowns and a \$600 weekly federal benefit inched to its expiration.

Initial weekly unemployment claims, both **regular** and those under the **Pandemic Unemployment Assistance** program



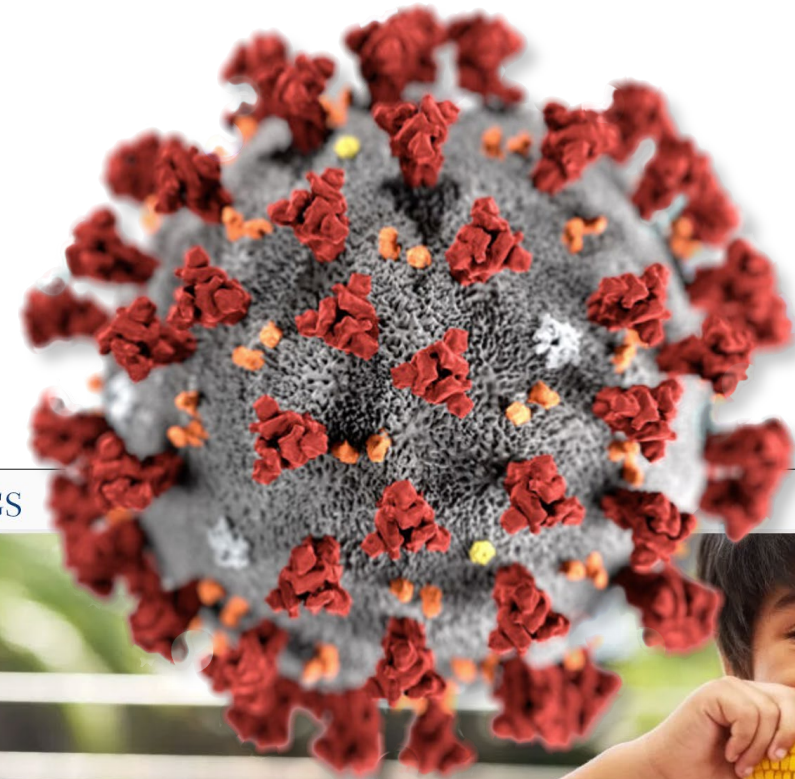
TIME

HEALTH • COVID-19

The Coronavirus Seems to Spare Most Kids From Illness, but Its Effect on Their Mental Health Is Deepening

Pandemic Unemployment Assistance extends eligibility to some workers who would not otherwise be able to apply for unemployment benefits, such as part-time and self-employed workers. Regular claims are seasonally adjusted but P.U.A. claims are not. • Source: Labor Department • By The New York Times

July 23, 2020



BROOKINGS

AI POLICY 2020 CITIES & REGION

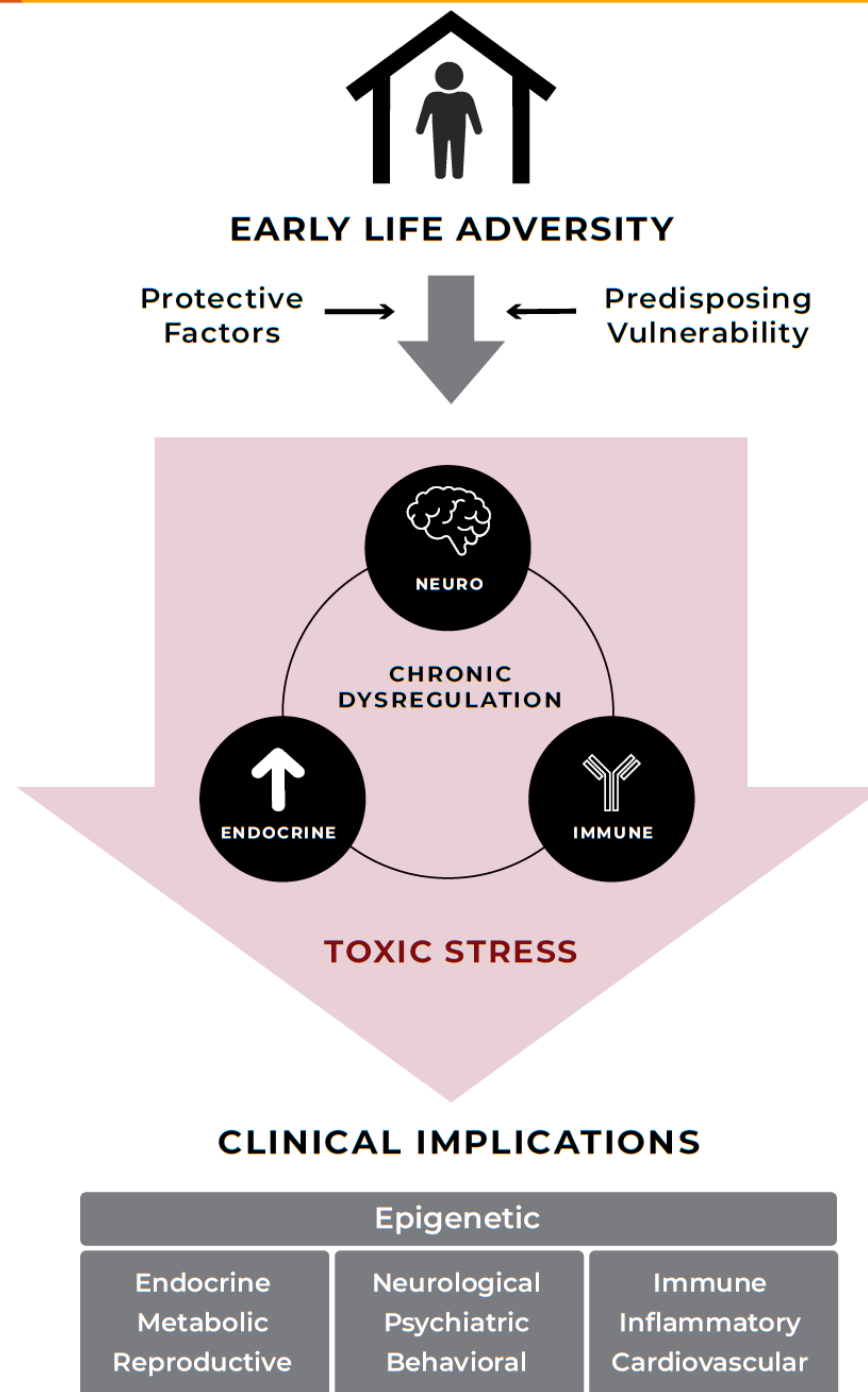
UP FRONT

About 14 million children in the US are not getting enough to eat

Lauren Bauer • Thursday, July 9, 2020



Since the COVID-19 pandemic began, food insecurity has [remained](#) [persistently elevated](#) at record levels. Though food insecurity among households with children [decreased from April](#)



Adapted from Bucci et al, 2016

ACE-Associated Health Conditions – Adults

For more details, see the ACEs and Toxic Stress Risk Assessment Algorithms at:
ACEsAware.org/clinical-assessment

ACE-Associated Health Conditions: Adults

Symptom or Health Condition	Odds Ratio (excluding outliers)
Cardiovascular disease ²¹ (CAD, MI, ischemic heart disease)	2.1
Tachycardia ³⁷	≥ 1 ACE: 1.4
Stroke ²⁰	2.0
Chronic obstructive pulmonary disease (emphysema, bronchitis) ²¹	3.1
Asthma ⁴³	2.2
Diabetes ²¹	1.4
Obesity ²⁰	2.1
Hepatitis or jaundice ¹	2.4
Cancer, any ²¹	2.3
Arthritis ^{32, 7} (self-reported)	3 ACEs, HR: 1.5 ≥ 1 ACE: 1.3
Memory impairment ²⁰ (all causes, including dementias)	4.9
Kidney disease ⁴³	1.7
Headaches ¹¹	≥ 5 ACEs: 2.1
Chronic pain, any ³⁸ (using trauma z-score)	1.2
Chronic back pain ³⁸ (using trauma z-score)	1.3
Fibromyalgia ³⁷	≥ 1 ACE: 1.8
Unexplained somatic symptoms, including somatic pain, headaches ^{20, 2}	2.0 - 2.7
Skeletal fracture ¹	1.6 - 2.6 ²⁰
Physical disability requiring assistive equipment ²³	1.8
Depression ²¹	4.7
Suicide attempts ²¹	37.5
Suicidal ideation ²⁰	10.5
Sleep disturbance ²⁰	1.6
Anxiety ²¹	3.7
Panic and anxiety ²⁰	
Post-traumatic stress disorder ³⁷	4.5
Illicit drug use ²¹ (any)	5.2
Injected drug, crack cocaine, or heroin use ²¹	10.2
Alcohol use ²¹	6.9
Cigarettes or e-cigarettes use ³⁵	6.1
Cannabis use ³⁵	11.0
Teen pregnancy ²¹	4.2
Sexually transmitted infections, lifetime ²¹	5.9
Violence victimization ²¹ (intimate partner violence, sexual assault)	7.5
Violence perpetration ²¹	8.1

Odds ratios compare outcomes in individuals with > 4 ACEs to those with 0 ACEs, except where specified

ACE Questionnaire for Adults – De-Identified

Available at:

ACEsAware.org/screening-tools/

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Your ACE score is the total number of yes responses.

Do you believe that these experiences have affected your health?

☐ Not Much ☐ Some ☐ A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

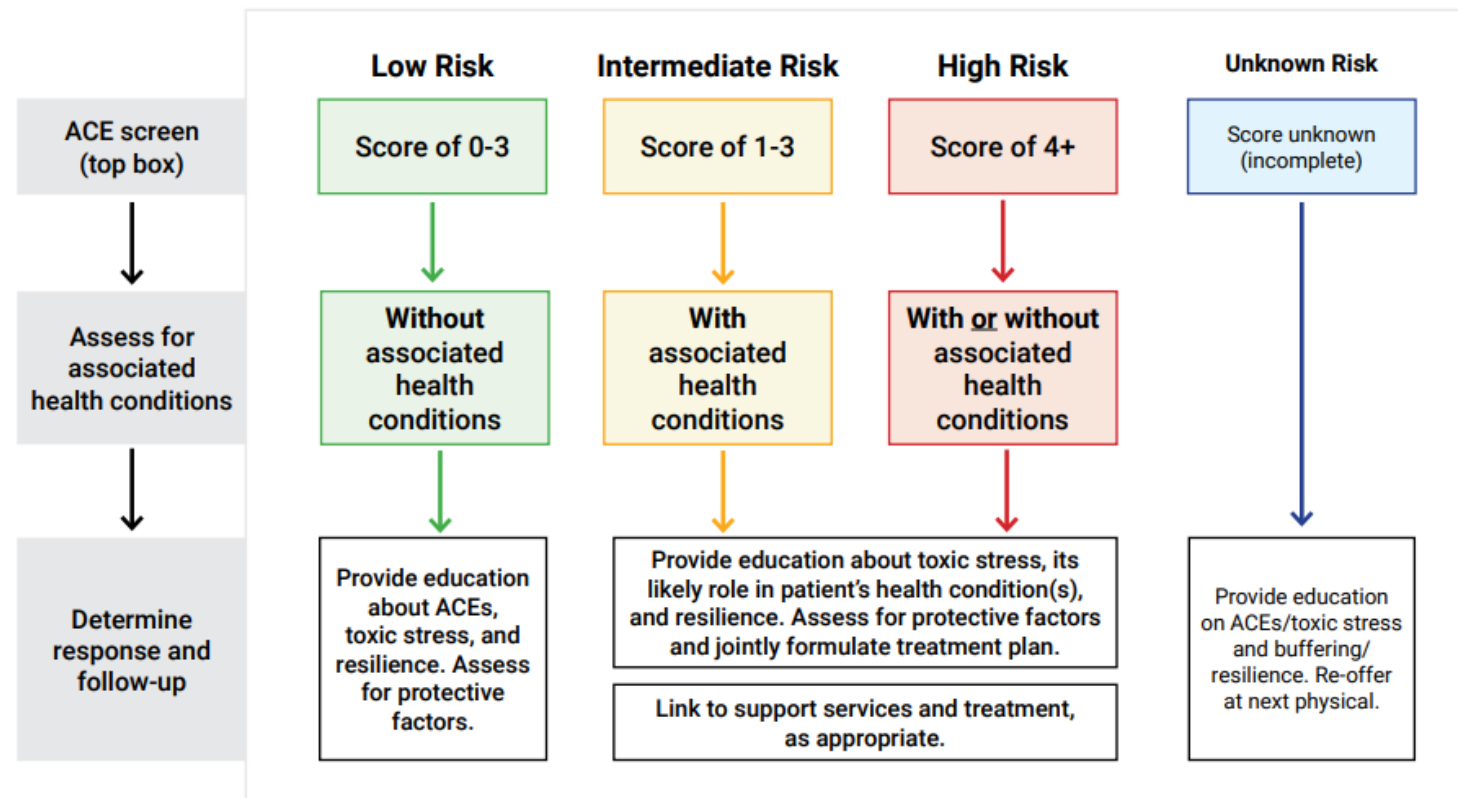
Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm

Adults

ACEs and Toxic Stress Risk Assessment Algorithm – Adults

Available at:

ACEsAware.org/clinical-assessment



Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0-3 without ACE-Associated Health Conditions, the patient is at "low risk" for toxic stress physiology. The provider should offer education on the impact of ACEs and other adversities on health (including reviewing patient's self-assessment of ACEs' impact on health), buffering/protective factors, and interventions that can mitigate health risks. If the ACE score is 1-3 with ACE-Associated Health Conditions, the patient is at "intermediate risk." If the ACE score is 4 or higher, even without ACE-Associated Health Conditions, the patient is at "high risk" for toxic stress physiology. In both cases, the provider should offer education on how ACEs may lead to a toxic stress response and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan and link to supportive services and interventions, as appropriate.

Pediatric ACEs & Related Life-events Screener (PEARLS)

Available at:

ACEsAware.org/screening-tools/

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. 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)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. 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?
6. 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)
7. 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?
8. 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?
9. 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)
10. 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)

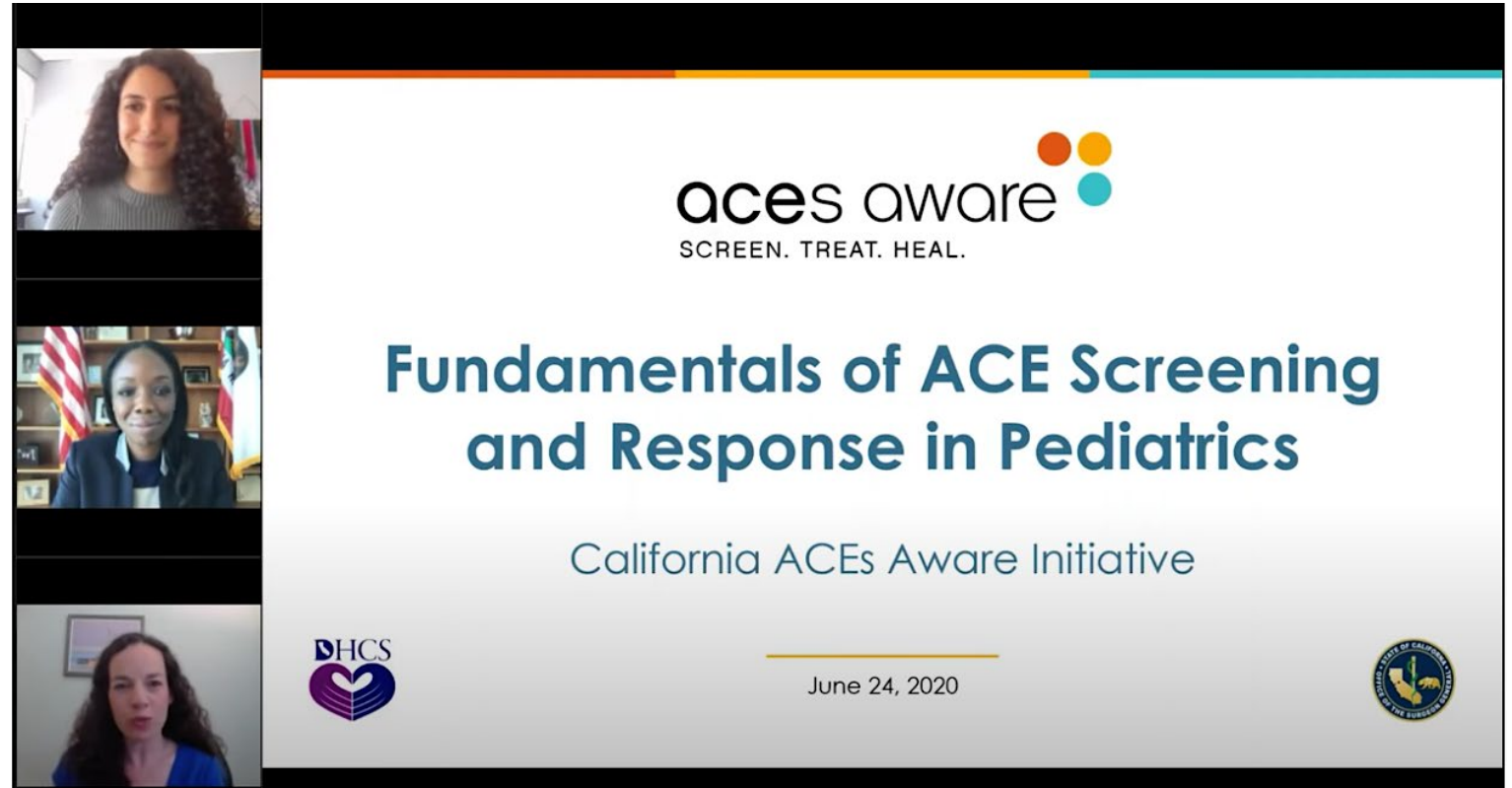


Add up the "yes" answers for this first section:

Please continue to the other side for the rest of questionnaire →

ACEs Aware Pediatric Webinar (Archived)

To view the archived webinar, go to:
<https://www.acesaware.org/events/2020-june-24-webinar/>



The screenshot shows a webinar interface. On the left, there are three small video thumbnails of participants. The main slide area has a white background with a black header bar. The 'aces aware' logo is at the top right, with the tagline 'SCREEN. TREAT. HEAL.' below it. The title 'Fundamentals of ACE Screening and Response in Pediatrics' is centered in a large blue font. Below the title, it says 'California ACEs Aware Initiative'. At the bottom left of the slide is the 'DHCS' logo, and at the bottom right is the 'State of California Department of Social Services' seal. The date 'June 24, 2020' is centered at the bottom of the slide.

aces aware
SCREEN. TREAT. HEAL.

Fundamentals of ACE Screening and Response in Pediatrics

California ACEs Aware Initiative

DHCS

June 24, 2020

State of California
Department of Social Services

How does ACE Screening Fit into your Practice?



Credit: <https://www.cdc.gov/chronicdisease/resources/publications/aag/population-health.htm>

ACEs in Adult Medicine Case Studies

Mimi Mateo, CNM, MSN, CDE

Denise Gomez, MD, PharmD, ACP

Leon Altamirano, Psy.D



Case Study #1

30-year old woman
Gravida 1, Para 0

New OB visit, 23 weeks

Case Study #1 – History

Past Medical History	Obesity, tobacco use
Family History	Hypertension (mother)
Psychosocial History	Risks: unplanned pregnancy, father of baby incarcerated Strengths: employed fulltime, strong family support

Case Study #1 – ACE Score, Exam & Assessment

	Evaluation
ACE Score	3
Depression Scale	Edinburg Prenatal Depression Scale – Pending
Physical Exam /Diagnostics	Unremarkable
Assessment	Increased risk: smoking, gestational diabetes, mood disorder Stable, motivated, engaged in self care and health promotion

Case Study #1 – Prenatal Care Provider Plan

1	Educate on ACEs and risks related to toxic stress, including potential epigenetic impact
2	Assess, validate, and empower her desire to provide a healthy environment in utero and after birth
3	Opportunity for education and support to maximize pregnancy related motivation for change
4	Referrals and ongoing care

Case Study #1 – Key Takeaways

Many ACE-informed treatment plans can be managed within routine prenatal care because many patients:

- **Do not require direct intervention by a behavioral health provider**
 - Health education by certified nurse midwife at each visit
 - Referral to support services – e.g. Registered Dietician, Childbirth Education
- **Are not ready to engage in behavioral health treatment**
 - An opportunity exists to introduce continuity of care to support enhanced readiness for additional treatment if/ when appropriate

Opportunities in Prenatal Care



Routine ACE screening serves to:

- Normalize the inquiry
- Help women make the association between adversity and health
- Create a framework for care planning and the promotion of “*healing engagement*”



Case Study #2

49-year old woman in adult
primary care

In continuity clinic for past 8 years

Case Study #2 – ACE Score, Physical Exam & Assessment

	2018 Evaluation	2020 Evaluation
ACE Score	8	8
Depression (PHQ) & Anxiety (GAD-7) Scales	PHQ = 1 GAD-7= 0	PHQ= 9 GAD-7=12
Clinical Findings	Stable Cancer diagnosis	More cancer-related symptoms
Assessment	Depression and anxiety is controlled	Patient overwhelmed Mild depression, moderate anxiety
Plan	Addressed ACEs and toxic stress. Discussed options for self care including social network. Patient declined BH referral.	See next slide

Case Study #2 – Primary Care Provider Plan

1	Educate on ACEs and toxic stress
2	Discuss simple interventions to reduce toxic stress
3	Validate the patient's strengths and protective factors Reassess interest in behavioral health
4	Provide warm handoff to behavioral medicine specialist
5	Follow up: Patient situation could change!

Case Study #2 – Primary Care Provider Plan

ACEs Aware Self-Care Tool

☐ **Exercise.** I've set a goal of...

- ☐ Limiting screen time to less than hours per day
- ☐ Walking at least 30 minutes every day
- ☐ Finding a type of exercise that I enjoy and doing it regularly
- ☐ Create your own goal:

☐ **Nutrition.** I've set a goal of...

- ☐ Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
- ☐ Drinking water instead of juice or soda
- ☐ Limiting my alcohol consumption

ACEsAware.org/heal/resources/resources-by-topic/self-care-tools/

Case Study #2 – Key Takeaways

Many ACE-informed treatment plans can be managed within primary care because many patients:

- **Do not require direct intervention by a behavioral health provider** (PCP intervention is the appropriate level of care); or
- **Are not ready to engage in behavioral health treatment** (Level of Readiness/Stages of Change).
 - This also emphasizes the importance of **continuity of care to support enhanced readiness for additional treatment**, when appropriate.



Case Study #3

55-year old woman in adult primary care.

Multiple, poorly controlled chronic conditions and frequent emergency room visits.

Case Study #3 – Evaluation

	Evaluation
ACE Score	7
Depression (PHQ) & Anxiety (GAD-7) Scales	PHQ =19 GAD-7 =12
Clinical Findings	Active uncontrolled rheumatoid arthritis, diabetes (HgbA1c 8.4) BP >140/90
Assessment	Highly complex, non-adherent patient

Case Study #3 – Primary Care Provider Plan

1	Discuss barriers for patient and difficulty adhering to treatment
2	Focus entire visit on ACEs and toxic stress
3	Provide warm handoff to behavioral health consultant for trauma-focused therapy
4	Follow up in 1 month

Case Study #3 – Key Takeaways

Toxic Stress Response	Treatment
<ul style="list-style-type: none">○ We commonly recognize the association between ACEs and behavioral or psychiatric symptoms○ It is also important to recognize that ACES can lead to a toxic stress response and neuro-endocrine-immune dysregulation which increases risk for chronic conditions.○ Including diabetes, hypertension, and rheumatoid arthritis.	<ul style="list-style-type: none">○ Identify and reduce the current sources of adversity/stress○ Validate the patient's existing strengths and protective factors○ Supplement usual care with education on toxic stress and self-care tools to reduce stress response and enhance wellness

Key Takeaways



- Establish relationship with patient
- Spend the time to focus on ACE and toxic stress if needed
- Emphasize what they are already doing well
- Reassure patient



Case Study #4

42-year old man with chronic pain
offered warm handoff to
Behavioral Health Consultant

Case Study #4 – ACE Score, Behavioral Health Assessment

	Evaluation
ACE Score	Disclosed in Primary Care = 3 Disclosed to Behavioral Health Consultant = 7
Presenting History	<u>Occupation:</u> Trial Attorney; unofficially disabled <u>Pain Hx:</u> 10+yrs. Degenerative Disk Disease <u>Anxiety/Depression Hx:</u> Developed after college <u>PsychSoc Hx:</u> Military family, moved frequently
History of Chronic Pain Management	Alcohol and cannabis use - no pain relief Pain meds for 8 years while practicing law - no pain relief Inpatient detox/ rehab for alcohol & opiates - no pain relief Spinal fusion (L4-S1) - no pain relief SSRI/SNRI - no pain relief Had to close practice due to impairment

Case Study #4 – Behavioral Health Consultant Process

- Educate on impact of toxic stress during brain development and long-term impact of toxic stress on adult health.
- ACE screening
 - Inquiry about associated symptoms such as sleep, concentration, anxiety
- Additional questions on other traumatic events, survival skills, and relief seeking behaviors
- Patient offered additional appointments to improve pain management and identify other areas of intervention and finding more consistent relief

Overview of Treatment Goals for Patients with History of ACEs

1	Enhance Understanding of: <ul style="list-style-type: none">○ Impacts of toxic stress○ Self-care strategies○ Stress management
2	Improve symptom identification and management <ul style="list-style-type: none">○ Develop healthier coping skills○ Identify behavioral changes desired & long-term vision
3	Promote Resilience <ul style="list-style-type: none">○ Enhance natural strengths○ Increase sources of support

The Value of Integrated Behavioral Health

- Trauma/ACE-informed behavioral health treatment within routine primary care can work better than traditional therapy
- Patients not ready to engage further in behavioral health treatment benefit from education and stigma reduction
- Even brief interventions by behavioral health provider can promote self care and open the door for future therapeutic support
- Patients treated in integrated behavioral health are more likely to understand and follow primary care treatment recommendations

Key Takeaways

1. Routine screening for ACES can help build stronger therapeutic relationships with patients, better treatment plans and improved outcomes – “healing engagement”
2. Understanding that an overactive stress response may be a contributing part of the physiologic mechanism precipitating or exacerbating chronic health conditions. Providers can use ACE information to attain more effective treatment of chronic health conditions
3. Many ACE-informed treatment plans can be managed within routine care – many patients do not require direct intervention by a behavioral health provider
4. Addressing ACEs as part of adult primary care (including obstetrics) provides an opportunity for prevention and to interrupt intergenerational transmission of ACEs



Reflections

Dr. Brent Sugimoto, MD, MPH, FAAFP



Audience Questions & Answers

ACEs Aware Provider Training



1. Get trained at www.ACEsAware.org/training

- Free, 2-hour online course that offers CME and MOC credits
- Includes information on:
 - Medi-Cal policies and requirements
 - Science of ACEs and toxic stress
 - How to screen for ACEs
 - How to implement trauma-informed care

2. Fill out a form to self-attest to completing the training at www.Medi-Cal.ca.gov/TSTA/TSTAattest.aspx

- List of Medi-Cal provider types eligible to receive payment at www.ACEsAware.org/eligible-providers/



Resources By Topic

The ACE resources below are organized by topic to help you find the resource more quickly. Select a topic to view corresponding resources.

COVID-19 & Stress

Educational Events

Provider Toolkit

ACEs Aware Grants

ACE Resources

right

Visit [Advanced Search](#) to filter the resources and search by keyword.

Resources by Type

Clinical Resources for Adult Providers

Clinical Resources for Pediatric Providers

Organizational Toolkits

Patient/Family Education Handouts

Policy, Research and Advocacy Briefs

Resources by Topic

Resilience-Building Interventions

Science of Toxic Stress

Screening & Clinical Response

Self-Care Tools

Trauma-Informed Systems

Self-Care Tool for Adults

For more details, see the ACEs and Toxic Stress Risk Assessment Algorithms at: ACEsAware.org/clinical-assessment

ACEs Aware Self-Care Tool for Adults

When a person has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less stress hormones than is healthy. This can lead to physical and/or mental health problems, such as diabetes, heart disease, anxiety, smoking, or unhealthy use of alcohol or other drugs. Safe, stable, and nurturing relationships can protect our brains and bodies from the harmful effects of stress and adversity. The following tips can help you manage your stress response. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help decrease stress hormones and improve health. Here are some goals you can set to support your health. *[Check the goals that you are choosing for yourself!]*

☐ **Healthy relationships.** I've set a goal of...

- ☐ Spending more high-quality time together with loved ones, such as:
 - ☐ Having regular meals together
 - ☐ Having regular "no electronics" time for us to talk and connect with each other
- ☐ Making time to see friends and create a healthy support system for myself
- ☐ Connecting regularly with members of my community to build social connections
- ☐ Asking for help if I feel physically or emotionally unsafe in my relationships
 - ☐ The National Domestic Violence hotline is **800-799-SAFE (7233)**
 - ☐ The National Sexual Assault hotline is **800-656-HOPE (4673)**
 - ☐ To reach a crisis text line, **text HOME to 741-741**
- ☐ Create your own goal: _____

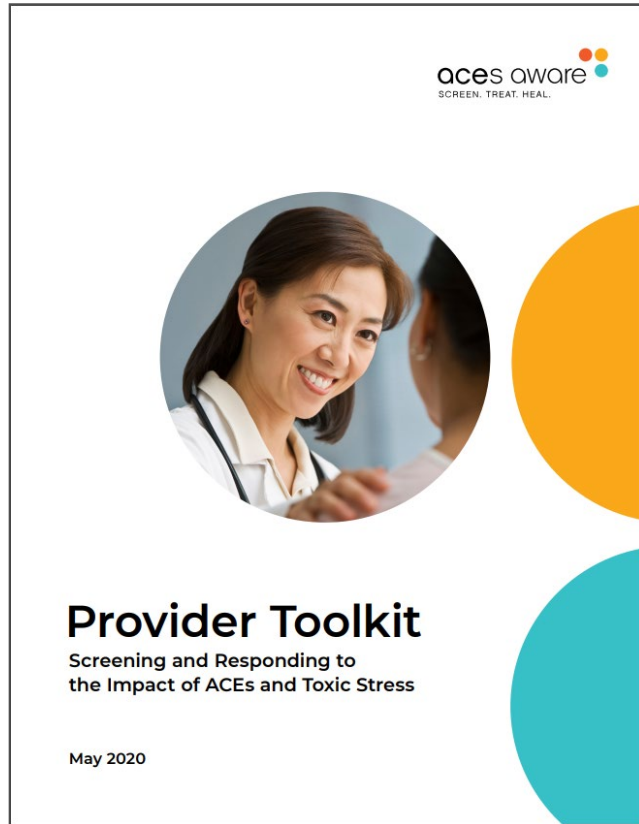
☐ **Exercise.** I've set a goal of...

- ☐ Limiting screen time to less than ___ hours per day
- ☐ Walking at least 30 minutes every day
- ☐ Finding a type of exercise that I enjoy and doing it regularly
- ☐ Create your own goal: _____

☐ **Nutrition.** I've set a goal of...

- ☐ Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
- ☐ Drinking water instead of juice or soda
- ☐ Limiting my alcohol consumption

ACEs Aware Provider Toolkit



The [Provider Toolkit](#) provides comprehensive information on the ACEs Aware initiative

ACEsAware.org/provider-toolkit

ACEs Aware Initiative

[Cover Letter from Dr. Nadine Burke Harris & Dr. Karen Mark](#)

[ACEs Aware Initiative: Overview](#)

[The Science of ACEs & Toxic Stress](#)

Screen: Training and Payment

[Screening Tools Overview](#)

[Suggested Clinical Workflows for Screening](#)

[Medi-Cal Certification & Payment](#)



Treat: Clinical Practice

[Trauma-Informed Care Overview](#)

[Clinical Response to ACEs & Toxic Stress](#)

Heal: Resources and Support

[Patient Tools & Informational Handouts](#)

[References](#)

Upcoming Webinar



Regulating the Stress Response for Kids: Practical Tips
for Primary Care Providers

Register for Webinars and Find Webinar Recordings at:

www.ACEsAware.org/educational-events



Questions?

Contact Us



Info@ACEsAware.org

