

ACE Screening Sample Scripts for Pediatric Clinical Teams

It is critical for clinical teams to thoughtfully introduce ACE screening to patients, explain the screening results, and educate them about how their experiences can impact their health as well as strategies to prevent and mitigate the impacts of toxic stress. The goal is to provide a safe, welcoming environment, and use language that is calm, empathetic, supportive, and trauma informed.^{i,ii,iii} This document outlines workflow tips and sample scripts for approaching these conversations with patients, which were developed based on existing ACE screening scripts that are being used in practice and input from clinicians.

ACE Screening Purpose and Elements

As you go through this document, keep in mind that the purpose of ACE screening is to determine a patient's clinical risk for toxic stress to guide an appropriately tailored treatment and follow-up plan. A complete ACE screen involves understanding a patient's: 1) exposure to adversity as indicated by the ACE score; 2) clinical manifestations of toxic stress (the presence or absence of ACE-Associated Health Conditions); and 3) the presence of protective factors. The first two components are used in assessing clinical risk for toxic stress and all three help to guide effective responses.^{iv}

Reference Materials

- [Trauma-Informed Care Principles](#)
- [ACEs and Toxic Stress Risk Assessment Algorithm for Pediatrics and Adults](#)
- [ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress](#)
- [An Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress](#)
- [Stage 2 Workbook Step 3. Integrate ACE Screening into Your Workflow to identify clinical and staff team roles](#)

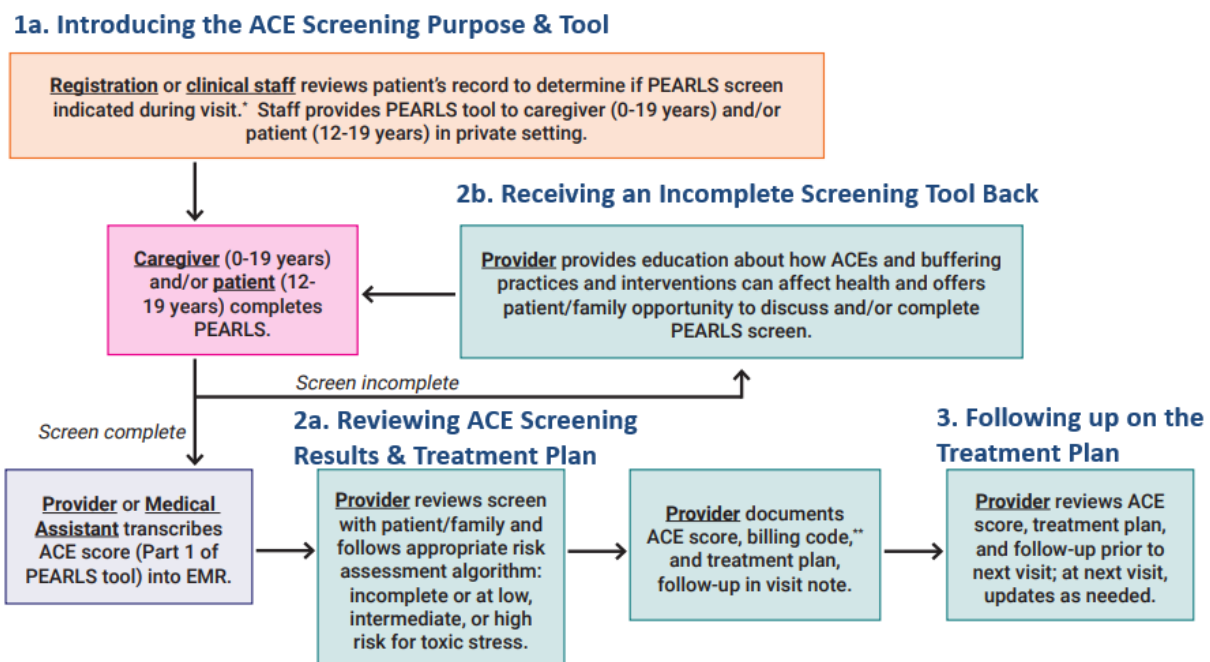
How to Use This Document

The sample scripts in this document align with the key steps in the ACEs Aware sample pediatric clinical workflow, which shows how ACE screening and response can be integrated into routine care for pediatric patients (Figure 1). The scripts also align with the [ACEs and Toxic Stress Risk Assessment Algorithm for Pediatrics](#), which illustrates how to assess a patient's risk of toxic stress.

Following are the key places in the workflow where the scripts can be used in talking with patients/caregivers:

1. Introducing the ACE Screening Purpose & Screening Tool
- 2a. Reviewing ACE Screening Results & the Treatment Plan
- 2b. Receiving an Incomplete ACE Screening Tool Back (from patients/caregivers)
3. Following up on the Treatment Plan

Figure 1. ACEs Aware ACE Screening Pediatric Clinical Workflow



*PEARLS is recommended to be completed once per year.

** Healthcare Common Procedure Coding System (HCPCS) [billing codes for ACE scores](#)

- **Review Sample Scripts:** For each key step of the workflow (Figure 1), there are communication tips and script examples that can be modified and used by clinical team members to effectively communicate with their patients or patients' caregivers throughout the ACE screening process. Where relevant, scripts are provided in two versions:
 - *Caregiver-specific scripts:* For conversations directed towards the parent or caregiver of the child.
 - *Adolescent-specific scripts:* For conversations directed towards an adolescent who completes the self-report screening form on their own.

The scripts do not provide examples of conversations directed towards younger children who may be accompanied by their caregiver, but we encourage clinicians to leverage their experience and lexicon to seek ways to engage children of all ages in understanding how to identify stress and build stress management strategies.

- **Create Customized Scripts:** Clinics are encouraged to modify or augment the sample scripts for their practice. This document focuses on key messages at each stage of the ACE screening process, but it does not specify who on the clinical team would deliver the messaging since this varies by practice. Clinical team members may include physicians, physician assistants, nurse practitioners, nurses, medical assistants, front office staff, community health workers, patient navigators, social workers, and others.

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1. Introducing ACE Screening Purpose and Tool to Patients/Caregivers

Workflow Tips

As previously indicated, the first element of screening for ACEs is administration of an ACE screening tool, such as the PEARLS, to identify exposure to adversity (the 10 categories of ACEs) based on the patient's ACE score. Part 1a of this workflow focuses on scripts for introducing the ACE screening tool to patients and caregivers.

Prior to a clinic visit, a designated team member should review the patient record to see if an ACE screening (ACE score + ACE-Associated Health Condition evaluation + protective factors assessment) is indicated for that visit. When an ACE screening is indicated for a patient, the team member should make a note for the staff in the patient medical record (e.g., by typing "PEARLS" as a note for the front desk staff to see or by using a drop-down screening menu). Staff will then know to introduce the screening tool at the visit. Staff should be knowledgeable about which [version of the screening tool](#) to provide to patients of different ages.

The introduction of the ACE screening to a patient/caregiver may be the first time they learn about ACEs as a risk factor for toxic stress and ACE-Associated Health Conditions. Therefore, it is important to show the form and explain why you are asking them to complete it. If the form is sent out electronically before the visit, the same explanation should be included.

Remember that although you and your clinical team might be asking patients/caregivers about ACEs for the first time, their ACEs were there before you asked about them. But now that they are learning about them, you will be able to help the patient/family access care and support. Keep the [trauma-informed care principles](#) in mind and strive to provide a calm and safe environment.√

In some cases where language or literacy may be a consideration, patients/caregivers may need assistance to complete the form. However, it is likely that in most workflows the patient/caregiver will first be asked to complete the form on their own.

Communication Tips

- ✓ Explain the why, what, and how of screening
- ✓ Normalize the screening by highlighting that it is a routine part of care for all patients
- ✓ Reassure patients that the screening is used to provide better care
- ✓ Support patient autonomy to choose to complete the screening
- ✓ Avoid any negative or deterministic language about ACEs, adversity, trauma, or toxic stress

Sample Script (for staff introducing ACE screening tool to patient)

“We have a form(s) that we ask all our patients/families to complete to help your clinical team learn more about you/[child's name] so we can provide better care to keep you/them healthy.”

“This form [*pointing to ACE screening tool*] asks some personal questions and screens for health risks that may arise from experiencing stressful events in childhood.”

“We have started to ask all patients/families about these experiences because they are very common, and we now understand that they may affect your/your child's health and development.”

“Would you mind filling out this form for your [*clinical team member*]?”

“Once you have completed the form, please hand it back to me [*or clinical team member*]. I'm here if you have any questions about the instructions. Your clinician can also answer any questions you have.”

De-identified PEARLS Part 1

“Please read the questions carefully. As I mentioned, this form lists a number of childhood adversities that have been found to affect health. You will fill it out by counting how many of these adversities you/[child's name] have/has experienced, and writing the total number in the box at the bottom of the page. Please only write in the box at the bottom of each page. Only the number you write down will be shared



with your *[clinical team member]* who will talk to you more about how adversities may be impacting your/your child's health."

Identified PEARLS Part 1

"Please read the questions carefully. This form lists a number of childhood adversities that have been found to affect health. Check the box next to each adversity that you/*[child's name]* have/has experienced. The answers to these questions will be shared with your *[clinical team member]* who will talk to you more about how adversities may be impacting your/your child's health."

"These answers are confidential between you and *[this clinical team]* unless you share information that you/*[child's name]* is being hurt. In that case, we will want to talk more with you about how to best help you keep you/*[child's name]* child safe."

2a. Reviewing ACE Screening Results and Treatment Plan with Patients/Caregivers

Workflow Tips

Upon receiving the ACE screening form, the clinician should:

1. Acknowledge the completion of the form and review it
2. Ask the patient/caregiver about any immediate concerns or needs
3. Conduct the clinical assessment, including assessing for both ACE-Associated Health Conditions and protective factors according to the [ACEs and Toxic Stress Risk Assessment Algorithm](#)
4. Develop the treatment and follow-up plan with the patient/caregiver based on the patient's toxic stress risk level

Review [ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress](#) and [An Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress](#) for more detail on how to approach the clinical assessment and treatment planning.

Remember the [trauma-informed care principles](#) you learned about in the "Becoming ACEs Aware in California" Core Training.

Overarching Communication Strategies

- ✓ **Framing.** Note that it's important to employ strategies to avoid patients feeling labeled or stigmatized. Some of these strategies include:
 - Being clear that "you are not your ACE score." The score gives us information about the likelihood of a toxic stress response and ACE Associated Health Conditions, but doesn't "guarantee" that an individual will have a negative outcome.
 - Emphasizing the importance of protective factors.
 - Highlighting what patients can do to reduce their risk of negative outcomes.

- ✓ **Focus on the fact that toxic stress is treatable.** Let patients know that toxic stress is treatable, and there are strategies and interventions that can help people heal. When educating the patient/caregiver about the science of ACEs and toxic stress mitigation strategies, remember that you already know how to support patients. Leverage your skills and the resources you have in place. Clinicians deliver patient education and anticipatory guidance in every clinical encounter as part of standard care.

- ✓ **For Parents/Caregivers:**
 - Help parents/caregivers understand that reflecting on their own ACEs can support a closer and more nurturing relationship with their child.

 - Empower parents with the knowledge that they are the most powerful tool for helping their children heal from toxic stress. Support them.

 - Help parents/caregivers understand the intergenerational nature of ACEs and the important opportunity they have to break the cycle. Help them avoid self-judgement by highlighting that their own ACEs were not their fault, but that the impact of their ACEs may still be affecting their biology and behavior and can potentially affect the health and development of their children. In addition, certain health conditions (such as mental illness, substance use disorder, or substance misuse) or health risk behaviors in adults (such as interpersonal and self-directed violence) may pose additional risks for toxic stress for the next generation. Consider having a discussion about how the parent/caregiver feels their ACEs have impacted their parenting by asking open-ended, non-judgmental questions, such as:
 - How have your ACEs made you a better parent?
 - How have your ACEs made your parenting challenging?
 - Do you have any questions or concerns about how your own ACEs may be impacting your child?

 - When hearing this information parents/caregivers may begin to worry about how their own ACEs or parenting practices have affected their child's health. Using trauma-informed care principles as well as a strengths-based approach can help create a safe, non-judgmental space where you can highlight that ACEs are not destiny, toxic stress is treatable, and self-care is not selfish.



The following sections provide sample scripts for reviewing ACE screening results for patients at:

- **Lower risk of toxic stress:** 0 ACEs
- **Intermediate risk of toxic stress:** 1-3 ACEs without ACE-Associated Health Conditions
- **High risk of toxic stress:** 1-3 ACEs with ACE-Associated Health Conditions OR 4 or more ACEs with or without ACE-Associated Health Conditions
- **Unknown Risk**

Reminder: There are two different [ACEs and Toxic Stress Risk Assessment Algorithms](#) – one for pediatrics and another for adult patients. This document highlights the pediatric algorithm, but some pediatric teams may also use the ACE Questionnaire for Adults and the algorithm for patients ages 18 and older.

Lower Risk of Toxic Stress: 0 ACEs

Workflow Tips

Because ACEs are common and their impact on health is under-recognized, routine screening offers an important opportunity for prevention by educating all patients about ACEs, toxic stress, and protective factors; helping patients make the connection between toxic stress and health; and providing anticipatory guidance to help them effectively manage stress.

Remember that lower risk does not mean absence of risk. This is because there is substantial individual variability, patients/caregivers may underreport ACEs, and other risk factors for toxic stress (such as experiencing discrimination or bullying) are not used in the toxic stress risk assessment algorithm due to insufficient data for standardization.

Communication Tips

- ✓ Avoid making assumptions about the meaning or impact of the adverse experience(s) for an individual, which may be inconsistent with the patient's feelings and experience
- ✓ Confirm the patient's ACE score to verify the patient/caregiver understands the tool and has filled it out correctly
- ✓ Discuss the clinical assessment findings
- ✓ Educate and provide anticipatory guidance about ACEs and toxic stress

Sample Script (for clinicians)

[If previous steps were conducted with a different member of the clinical team, thank the patient and restate why your clinic asks about ACEs.]

"Thank you for completing the form that asked about certain events you/[child's name] have experienced. It gives us information that helps us to better care for you/[child's name]."



“From what I see on the form, you/[child's name] has not experienced any of the things listed here. Is that correct?”

“We are asking these questions because we now understand that exposure to stressful or traumatic experiences like the ones listed here may alter the amount of stress hormones that a child's body makes and this can increase their risk for health and developmental problems. Some stress is good – like studying for a test or giving a presentation at work. Stress hormones – like adrenaline – may be released, our heart rate, blood pressure, sugar levels may go up, but it is short lived, and everything returns to normal quickly through our body's natural coping mechanisms. This type of stress is helpful to prepare us for future challenges.

“But if stressful events happen a lot, or last a long time, the stress hormones can become abnormal, and this can affect things like our heart rate, blood pressure, and blood sugar levels — this is a process called toxic stress. There are lots of parts to the stress response so different people can have different long-term health effects.

So you can see how really stressful events, if they happen over and over, can then put us at risk for health problems like heart disease, diabetes, ADHD, asthma, anxiety, depression, and more.”

“Is there anything that is concerning you about your/your child's health right now?”

Parent/Caregiver-Specific

“ACEs may occur at different points in childhood, so if your child does experience any of these, don't hesitate to check in with us because the science tells us that early intervention can help prevent negative physical and mental health outcomes. These things may include connecting with friends and family, eating healthy foods, getting regular exercise, spending time outside in nature, having a regular bedtime and getting enough sleep.”

“How do you and your family cope with stressful situations?”

“ACEs Aware has put together a [self-care tool](#) [show pediatric self-care tool], and here's another good informational handout [give to patient/caregiver]; we can take a look at some of these activities together and discuss what you think would be best for



you and *[child's name]*'s routine. Your family may be doing some of these strategies already."

"Which of these strategies would you be interested in trying to help manage stress? Let's make a plan for how you can try these strategies during your day."

Adolescent-Specific

"From what I see on the form, you have not experienced any of the things listed here. Is that correct? We know that ACEs may occur at different points in life, so if you do experience any of these, don't hesitate to check in with us because the science tells us that early intervention can help prevent negative physical and mental health outcomes. These things may include having healthy relationships with family and friends, eating healthy foods, getting regular exercise, spending time outside in nature, having a regular bedtime and getting enough sleep."

"How do you cope with stressful situations?"

"ACEs Aware has put together a [self-care tool](#) *[show pediatric self-care tool]*, and here's another good informational handout *[give to patient/caregiver]*; we can take a look at some of these activities together and discuss what you think would be best for your routine. You may be doing some of these strategies already."

"Which of these strategies would you be interested in trying to help manage stress? Let's make a plan for how you can try these strategies during your day."

Intermediate Risk of Toxic Stress:

1-3 ACEs without ACE-Associated Health Conditions

Workflow Tips

Having ACEs without any ACE-Associated Health Condition(s) could indicate either that the patient does not have a toxic stress physiology (but could develop toxic stress physiology in the future) or that the patient does have a toxic stress physiology that is not yet clinically significant. Thus, a patient determined to be at intermediate risk of toxic stress may benefit from specific education, interventions, and support services that focus on preventing toxic stress physiology or treating subclinical toxic stress.

The scripts below provide examples for education and anticipatory guidance on ACEs, toxic stress, and stress mitigation strategies aimed at prevention of toxic stress as well as treatment of possible subclinical toxic stress physiology. The provider should assess for protective factors, jointly formulate a treatment plan, provide interventions, and link to support services as appropriate.

Talking about ACEs can help to start a conversation on how the patient/family has been resilient and provides an opportunity for the clinical team member to support these resilience-building behaviors/strategies.

Communication Tips

- ✓ Avoid making assumptions about the meaning or impact of the adverse experience(s) for an individual, which may be inconsistent with the patient's feelings and experience
- ✓ Confirm the patient's ACE score to verify the patient/caregiver understands the tool and filled it out correctly
- ✓ Discuss the clinical assessment findings
- ✓ Validate existing patient/family strengths and protective factors
- ✓ Educate patients on how prolonged activation of the stress response system may be contributing to their health condition and provide evidence-based recommendations for regulating the stress response.

- ✓ Jointly formulate treatment plan
- ✓ As appropriate, ask permission to link to support services and interventions
- ✓ Discuss follow-up plan

Sample Script (for clinicians)

[If previous steps were conducted with a different member of the clinical team, thank the patient and restate why your clinic asks about ACEs.]

"Thank you for completing the form that asked about certain events you/[child's name] have experienced. It gives us information that helps us to better care for you/[child's name]."

"I see from this form that you/[child's name] has experienced some of the things listed here. We now understand that exposure to stressful or traumatic experiences like the ones listed here may alter the amount of stress hormones that your/your child's body makes, and this can increase the risk for health and developmental problems. The good news is that your child does not have any of those symptoms. This tells me that you are doing something really right. Let's talk about what you are doing right and let's keep doing that! In the meantime, be on the lookout for any of these symptoms. Early detection is associated with improved outcomes. And I will check back in on a regular basis."

"The good news is that we also have strategies that have been shown to help children and adults calm the stress response. These include things like good nutrition, healthy sleep, spending time in nature, regular exercise, mental health support, mindfulness, and healthy relationships. I'd like to explore some of these with you to identify which we can use to prevent health problems and support your child's overall well-being."

"Addressing these experiences now may help prevent later health and mental health problems. Do you notice any of these experiences are affecting you/[child's name] now? Do you have any concerns about your/your child's health, such as sleep/weight gain/[other concerns]?"

"Based on what you told me about your/[child's name] family's strengths, let's talk about some activities (or treatments) that can help you/[child's name] manage stress and prevent future health conditions. ACEs Aware has put together a [self-care tool](#) [show tool], and here's another good informational handout [give to

patient/caregiver]; we can take a look at some of these activities together and discuss what you think would be best for your/*[child's name]*'s routine. You may be doing some of these strategies (or treatments) already."

"Which of these strategies would you interested in trying to help manage stress? Let's make a plan for how you can try these strategies during your day."

"During your next visit in ___ weeks/months, we can check in and see if *[interventions selected]* are helping with *[health/wellness goal]* and if we should make any changes. In the meantime, please feel free to reach out to me if you have any concerns or questions."

Parent/Caregiver-Specific

[It can be important to focus on stress mitigation strategies for the patient and also for the caregiver, because the caregiver's experiences can affect their ability to be a buffer for their child's toxic stress response.]

"Parents and caregivers play an important role in helping children deal with stress. We know that safe, stable, and nurturing environments can prevent the development of poor health outcomes and help children thrive."

"I think that so often we don't tell parents what a good job they are doing and how hard it can be sometimes. And that you can make your kid strong and resilient based on the positive and supportive things that you do at home. You being here and helping your child feel safe is the key to calming how their bodies react to stress."

"When things get hard for you/*[child's name]*, where do you/they draw your/their strength? How does this help you in parenting? How do your family or friends support you? When you are stressed or worried, what is most helpful?"

"We also know that a healthy caregiver is one of the most important ingredients for healthy children so an important part of helping your child will involve managing your own stress level and practicing taking care of yourself."

"It can be helpful to have some tools to build up our body's ability to cope with stressful events. For children, the things you are already doing at home, like taking time to bond with your child, are essential. Other things that help prevent stress or help the body

recover from it include making sure your child has good relationships with family members, friends, teachers, coaches, or others; eating healthy foods like fruits and vegetables; having a regular bedtime and getting enough sleep; moving your body and exercising; taking deep breaths and doing mindfulness exercises like meditation; and getting outside in nature. And sometimes we all need someone like a therapist who we can talk to about things that are going on with us."

Adolescent-Specific

"If you feel like you are experiencing a lot of stress, then learning strategies to reduce, manage, or even use how you respond to stress is one of the best things you can do for your health. Managing stress involves both making sure you are safe and feel safe, as well as learning strategies to support and strengthen the way your own brain and body regulate stress, such as sleeping and eating well, getting out into nature, exercising, and more. We are here to help with all of these."

"For example, leaning into an adult or friend for support is also really helpful. Who in your life do you count on for support? Can we discuss this more?"

"Strong and safe relationships with adults are important to your health and help you to be strong. Is there an adult, like a mom, dad, aunt, uncle, grandparent, or mentor in your life who is there for you, no matter what? Who do you rely on?"

"Do you feel safe now? Please know that our clinic is here to help if you ever feel scared or unsafe at home, at school, or anywhere."

"Where do you feel the most safe? Are there additional places that make you feel safe?"

"When things get hard for you, where do you draw your strength? How does this help you? How do your family or friends support you? When you are stressed or worried, what is most helpful?"

"It can be helpful to have some tools to build up our body's ability to cope with stressful events. There are ways to manage our response to stressful events including making sure you have good relationships with certain family members, friends, teachers, coaches, or others; eating healthy foods like fruits and vegetables; going to bed at a regular time and getting enough sleep; moving your body and exercising; taking deep



breaths and doing mindfulness exercises like meditation; and getting outside in nature. And sometimes we all need someone like a therapist who we can talk to about things that are going on with us.”

High Risk of Toxic Stress:

1-3 ACEs with ACE-Associated Health Conditions OR

4 or more ACEs with or without ACE-Associated Health Conditions

Workflow Tips

When you see a patient is at high risk of toxic stress, know that you do not have to unpack all of their experiences and ACE-Associated Health Conditions in one day. Most important is to start the conversation, follow up, and develop treatment plans over multiple visits. Primary care is about building long-term relationships.

The high risk category indicates a high level of concern for either active toxic stress (suggested by the presence of an ACE-Associated Health Condition) or subclinical toxic stress (in the case of 4 or more ACEs without ACE-Associated Health Conditions). Thus, a patient determined to be at high risk of toxic stress may benefit from specific education, interventions, and support services that focus on reducing sources of stress and regulating the biological stress response.

The scripts below provide examples for education and anticipatory guidance on ACEs, toxic stress, and stress mitigation strategies aimed at treating toxic stress. The provider should assess for protective factors, jointly formulate a treatment plan, provide interventions, and link to support services as appropriate.

Communication Tips

- ✓ Avoid making assumptions about the meaning or impact of the adverse experience(s) for an individual, which may be inconsistent with the patient's feelings and experience
- ✓ Confirm the patient's ACE score to verify the patient/caregiver understands the tool and filled it out correctly
- ✓ Discuss the clinical assessment
- ✓ Validate existing patient/family strengths and assess for protective factors

- ✓ Educate and provide anticipatory guidance
- ✓ Make the link between ACEs, toxic stress, and the patient's ACE-Associated Health Condition(s)
- ✓ Jointly formulate treatment plan
- ✓ As appropriate, ask permission to link to support services and interventions
- ✓ Discuss follow-up plan

Sample Script (for clinicians)

[If previous steps were conducted with a different member of the clinical team, thank the patient and restate why your clinic asks about ACEs.]

“Thank you for completing the form that asked about certain events you/[child's name] have experienced. It gives us information that helps us to better care for you/[child's name].”

“We are asking these questions because we now understand that exposure to stressful or traumatic experiences like the ones listed here may alter the amount of stress hormones that a child's body makes, and this can increase their risk for health and developmental problems.”

“I see from this form that you/your child has experienced some of the things listed here. Research tells us that difficult or traumatic experiences during childhood can put us at risk for poor health through a process called toxic stress.

- “Some stress is good – like studying for a test or giving a presentation at work. Stress hormones may be released, our heart rate, blood pressure, sugar levels may go up, but it is short lived, and everything returns to normal quickly through our body's natural coping mechanisms. This type of stress is helpful to prepare us for future challenges.
- “But if stressful events happen a lot, or last a long time, the stress hormones can stay elevated – our heart rate, blood pressure, glucose levels in our body can stay elevated too long – this is a process called toxic stress. There are lots of parts to the stress response so different people can have different long-term health effects.
- “For some people toxic stress can lead to a system that ratchets up, that gets sensitized, that stays on high alert too much of the time. Our brain being on high alert might start seeing danger everywhere so that we are anxious, jumpy,

hyperactive, impulsive. Our endocrine system being overactive might lead to sugar being elevated a lot of the time and risk for diabetes. Our immune system on over drive could lead to auto-immune diseases. Our cortisol system on overdrive could lead to increased infections, weight gain, and hypertension.”

- “For other people the stress system can tire out or try to shut itself off and overshoot, leading to low stress hormones and low energy in the face of stressful situations. This can look like depression or numbing. Low cortisol levels can lead to abdominal pain, weight loss, low blood pressure, and even fainting.”
- “So you can see how really stressful events, if they happen over and over, can put us at risk for health problems like heart disease, diabetes, ADHD, asthma, anxiety, depression, and more.”

“I am concerned that your child's ACEs may be contributing to their poor *growth/ asthma/ diabetes/other AAHC*.”

“The good news is that we can do something about this. Some of the things that have been shown to help children with this stress response include things like good nutrition, healthy sleep, spending time in nature, regular exercise, mental health support, mindfulness, and healthy relationships. I'd like to explore some of these with you to identify which we can use to treat your child's [name the AAHC].”

Sample Script (for clinicians)

Example Script for Infant with Failure to Thrive

“I think that because of what your child is experiencing, their body is making more stress hormones than it should. This may be what's affecting their growth. I want to refer you to a specialist (e.g., Child Parent Psychotherapy) that can help you learn how to support the two of you and reduce the amount of stress hormones that their body is making.”

“We also know that a healthy caregiver is one of the most important ingredients for healthy children so an important part of helping your child heal will involve managing your own stress level and practicing taking care of yourself.”

Example Script for Overweight/Obesity

“I think that because of your child's past adverse childhood experiences, the stress hormones in their body are telling them to get prepared for future threats – to eat high fat, high sugar foods and store up that energy in case they need it in the future. I would like to work with you and your child on ways to ways to calm down those stress hormones.”

Transition to Motivational Interviewing Techniques

Then transition to [motivational interviewing techniques](#) such as asking open ended questions:

“How does this sound to you?”

“Have you noticed stress being a part of your child's weight gain?”

“How does your child manage stress?”

“What ideas do you have for how your child could lose weight?”

Use affirming statements in response to the patient/caregiver's answers:

“That's a good idea for how you can help your child avoid situations where they may be tempted to eat high fat or high sugar foods.”

“It is wonderful that you are getting a good night sleep because that is a great way to calm those stress hormones.”

Then transition to reflective listening and summarizing:

“Okay, let me make sure I understand. [Summarize what the patient said.] Do I have that right?”

Parent/Caregiver-Specific

[It can be important to focus on toxic stress mitigation strategies for the patient and also the caregiver, because the caregiver's experiences can affect their ability to be a buffer for their child's toxic stress response.]

“Research has shown that a healthy caregiver is one of the most important factors in keeping children healthy. I know that being a parent is hard and can be stressful. If you feel like you are experiencing a lot of stress, learning to reduce or manage your stress is one of the best things you can do for yourself/your child. Would you like to discuss this more?”

“When things have been tough in the past for you/your child, what do you think has helped? What do you think would help you/your child most right now?”

“There are a few activities (or treatments) that can help you/[child's name] manage stress and prevent future health problems. We can take a look at some of these together and discuss what you think would be best for [child's name].”

Adolescent-Specific

“If you feel like you are experiencing a lot of stress, then learning strategies to reduce, manage, or even use how you respond to stress is one of the best things you can do for your health. Managing stress involves both finding ways to ensure your safety as well as learning strategies to actually support and strengthen the way your own brain and body regulate stress, such as sleeping and eating well, getting out into nature, exercising, and more. We are here to help with all of these.”

“For example, leaning into an adult or friend for support is also really helpful. Who in your life do you count on for support? Can we discuss this more?”

“Strong and safe relationships with adults are important to your health and help you to be strong. Is there an adult, like a mom, dad, aunt, uncle, grandparent, or mentor in your life who is there for you, no matter what? Who do you rely on?”

“Where do you feel the most safe? Are there additional places that make you feel safe?”

“When things get hard for you, where do you draw your strength? How does this help you? How do your family or friends support you? When you are stressed or worried, what is most helpful?”

“It can be helpful to have some tools to build up our body's ability to cope with stress. There are ways to manage stress or help the body recover from it including making sure you have good relationships with certain family members, friends, teachers, coaches, or others; eating healthy foods like fruits and vegetables; going to bed at a regular time and getting enough sleep; moving your body and exercising; taking deep breaths and doing mindfulness exercises like meditation; and getting outside in nature. And



sometimes we all need someone like a therapist who we can talk to about things that are going on with us.”

Transition to Treatment & Follow-Up Plan

“Based on what you told me about your/[*child's name*]/family's strengths, let's talk about some activities (or treatments) that can help you/[*child's name*] regulate the stress response and prevent future health conditions. Regulating your stress involves both finding ways to ensure you and your child are safe and feel safe as well as learning strategies to support and strengthen your body's stress response. We are here to help with both. ACEs Aware has put together a self-care tool [*show tool*], and here's another good informational handout [*give to patient/caregiver*]; we can take a look at some of these activities together and discuss what you think would be best for your/[*child's name*]'s routine. You may be doing some of these strategies (or treatments) already.”

“Which of these strategies would you be interested in trying to help manage stress? Let's make a plan for how you can try these strategies during your day.”

“I would also like to refer you/[*child's name*] to some resources or services that could be helpful.”

“I work with some specialists right here in this office, and many of my patients with similar experiences have found it really helpful to talk with someone. Would you like to meet [*clinician's name*] to talk about this further?”

“During your next visit in ___ weeks/months, we can check in and see how [*treatment(s) selected*] went and if this intervention is improving you/your child's [*refer to ACE-Associated Health Condition(s)*] and if we would like to make any changes. In the meantime, please feel free to reach out to me if you have any concerns or questions.”

“I [*or someone from my team*] will contact you in ___ weeks/months to check in on whether [*treatment(s) selected*] are helping you/[*child's name*].”

Unknown Risk of Toxic Stress

Workflow Tips

If the patient/caregiver does not complete the ACE screening tool, it may be due to issues related to understanding, trust, privacy, fear, or other concerns. An important principle of trauma-informed care involves allowing the patient to feel comfortable in choosing whether or not to complete the screen. Let the patient/caregiver know that they can do it in the future if they wish and that it's an important part of their overall wellness. Also reassure them that you are always available to answer questions on ACEs at a later time, if they're interested.

Providing education on ACEs, toxic stress, and stress mitigation strategies and normalizing ACE screening may help the patient/caregiver feel more comfortable completing the screen at a subsequent appointment.

Communication Tips

- ✓ Try to understand why the screening was not completed
- ✓ Provide education
- ✓ Normalize the screen by highlighting that it is a routine part of care for all patients
- ✓ Reassure them that the screen is used to inform better care for the patient
- ✓ Let the patient/caregiver choose to complete the screen
- ✓ Avoid any negative or deterministic language about ACEs, adversity, trauma, or toxic stress

Sample Script (for clinicians)

"I noticed you did not fill out the screening form that asks about Adverse Childhood Experiences, or ACEs. We ask all our patients/families to answer these questions in order to provide the best possible care and support for your child. Would you like to talk about any concerns or questions you may have with this form?"

“At your next visit, you will have the option again to fill out this form. It is your choice if you would like to share this information with the clinical team member. Please know that at our practice, you will be asked to fill out this form, just as we have you complete other questionnaires.”

“If you are interested, I can give you some information about ACEs, toxic stress, and some activities you can do to manage stress for better health.”

2b. Receiving Incomplete ACE Screening Tool Back from the Patient/Caregiver

Workflow Tips

Once the patient/caregiver fills out the form, the next step is to receive it and review it to ensure it has been filled out completely and correctly. Which clinical team member receives the form back from the patient/caregiver and reviews it for completeness will vary depending on your workflow.

If the patient/caregiver expresses that they would like to discuss the form with a clinical team member before they complete it, make sure to let the patient/caregiver know that is fine and not pressure them to complete the screen. Let the appropriate clinical team member know that the patient/caregiver would like to discuss the screen.

Communication Tips

If the form is complete:

- ✓ Thank the patient for filling out the form
- ✓ Inform the patient of any next step (e.g., if form not received by clinician directly, that a clinical team member will be in shortly)

If the form is incomplete (i.e., not completed or partially completed):

- ✓ Clarify why the screen is incomplete
- ✓ Walk through the form instructions with them again if they did not understand the screen
- ✓ Normalize and reassure if they are uncomfortable

Sample Script (for staff members/clinicians who receives the ACE screening tool back from the patient/caregiver)

For Completed Form

"Thank you for filling out the PEARLS Adverse Childhood Experience form. Your *[clinical team member]* will review your form and discuss it with you."

For Incomplete Form

"I see you didn't complete the PEARLS Adverse Childhood Experience form. May I ask why you did not complete it? Do you need more time or have any questions? Your *[clinical team member]* can also address your questions."

"We ask all of our patients/families to answer these questions. It helps us provide the best possible care and support for you/*[child's name]*."

"It is okay if you don't complete the form today. Please know that if you change your mind, you can complete it at another visit."

3. Following up on the Treatment Plan

Workflow Tips

Before the follow-up visit with your patient/caregiver, review your notes about the ACE score, clinical assessment (including any ACE-Associated Health Conditions), the education that you shared, and the jointly created treatment plan. Review the notes of team members such as the community health worker, social worker, or mental health clinician, if applicable.

To support behavior change and patient self-management, you can apply a framework like the 5 As Behavior Change Model:^{vi}

- **Assess:** Have the patient/caregiver self-assess how they are doing with the behavior change and/or self-management of their treatment plan
- **Advise:** Provide personally relevant, specific recommendations for behavior change
- **Agree:** Use shared decision-making strategies that include collaborative goal-setting
- **Assist:** Use effective stress mitigation strategies; help patients/caregivers create specific strategies to address issues of concern
- **Arrange:** Follow-up on action plans, follow-up on referrals, establish two-way communication, and partner with community groups to improve services and linkages

Communication Tips

- ✓ Engage the patient/caregiver to self-assess their progress and/or adherence to the treatment plan
- ✓ Encourage patient/caregiver participation in determining solutions and/or problem-solving
- ✓ Understand what challenges and successes the patient/caregiver may be having in adhering to the treatment plan; work together to build on successes

Sample Script (for clinicians)

“Last time we talked, we discussed the form you filled out about certain events you/[child's name] may have experienced. I was wondering if you have any more thoughts about our conversation?”



“If you recall, during your last visit we worked together on a treatment plan. How has that been going? Have you tried out any of the stress management strategies we talked about? Can you tell me about any success you have had? What do you wish was going better?”

“I am wondering what you thought about the *[referred resource]*? Was it helpful? Are there any other resources or treatment options that you think that we should discuss?”

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Endnotes

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