



# ACEs LA

Guide to Screening Practices

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# Part 1: Prep

## Introduction

### UNDERSTANDING YOUR ROLE

Congratulations on becoming an ACES/SBDOH screener for pediatrics! Regardless of your role/position at your facility, you have chosen to support children, youth, adults, and their families in the discussion of social, behavioral, emotional, and physical well-being.

This guide was written specifically to help you learn how to do so in a way that is supportive, non-judgmental, and effective. By empowering patients to acknowledge their stress and overcome their adversities, you can make a positive and lasting difference in their lives.

### THIS GUIDE HAS BEEN DESIGNED TO HELP YOU DO THE FOLLOWING:

1. Develop the skills you need to provide effective, trauma-informed practices to successfully screen for patient experiences, while also performing other important screenings and questionnaires
2. Use easy-to-understand ways to explain toxic stress and its impact on overall health to begin the patient's treatment and healing process
3. Discuss findings with the appropriate members of your healthcare team to continue the patient's treatment and healing process
4. Relay health information to patients and their families through different avenues

## Foundation For Screening

### TRAUMA-INFORMED CARE

Trauma has lasting adverse effects on everyone and the same event can impact individuals in different ways. As a healthcare worker, it is important for you to have integrative knowledge about trauma and practice trauma-informed care (TIC).

### DEFINING TRAUMA-INFORMED CARE

*"TIC is defined as an organization structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma."*

### AN OVERVIEW OF TRAUMA-INFORMED CARE: THE 4 R'S

- **Realizes** the widespread impact of trauma and understands potential paths of recovery;
- **Recognizes** the signs and symptoms of trauma in patients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively **resist re-traumatization**

For a more expansive introduction/review of trauma-informed care, please watch ACEs-LA's Complete Trauma-Informed Care training (found in "Trainings").

## RESILIENCY-INFORMED VALUES

### WHAT IS RESILIENCE AND WHY IS IT IMPORTANT?

Resilience is one's ability to recover from a difficult experience. It is important because highlighting resilience allows people to reflect and protect themselves from their trauma.

### STRATEGIES TO PROMOTE A CULTURE OF RESILIENCE

Beyond engaging patients/caregivers in the resilience section of the screener, below are ways the clinic staff can practice resilience-informed healthcare values:

- Highlight individual and team strengths in the clinic
- Talk to patients/families in a way that promotes relationship building and healing.
- Get to know your patients and their community
- Be honest, LISTEN, express humility, be humble, and CONNECT.

### IDENTIFYING CLINIC CHAMPION(S)

There are many working parts of day-to-day clinic operations, so it is important that each clinic identify a person/core team to become well versed in ACEs screening and response practices. Identifying a clinic champion(s) allows for smoother implementation and maintenance of ACEs screening and increases the efficacy of screening practices.

### CLINIC CHAMPION ROLE

The clinic champion can be anyone in the clinic who has an established rapport with patients, as well as someone who has the time and ability to do the following:

- Connect efficiently with all members of healthcare team
- Communicate with patients in a safe, informed manner
- Implement and conduct ACEs Screening
- Develop an implementation plan that incorporates staff feedback
- Become a point-person for ACEs related questions
- Adopts a continuous learning approach from experience in ACEs screening

## KNOWING YOUR COMMUNITY

### ONGOING RELATIONSHIP BUILDING

The conversation about ACEs does not end after the initial screening visit. There is great power in genuinely connecting with patients/families. Strategies for building relationships with your patients include:

- Considering the patient and their family as a whole
- Take into consideration their time, emotions, reservations, etc., and be sure to validate them
- If a patient and/or caregiver begins a conversation about school, their children, life, etc., ENGAGE in conversation. Take the time to ask them about these things as it creates a sense of trust and comfort between healthcare workers and patients.
- Assess the patient population's needs and resources
- Solicit input from patients, families, and relevant community groups

## ASSET MAPPING

### PURPOSE OF ASSET MAPPING

Asset Mapping is a tool that helps reveal the resources offered in the community. Building an asset map promotes the interconnection between the community and organizations surrounding them. This will help create awareness of local resources and causes.

### WHO IS THE ASSET MAP INTENDED FOR?

Before starting to asset map, it is important to evaluate the Why? and the Who? of asset mapping. Why are you doing the asset map, is it for need? Are you curious to see what is out in the community? Are you hoping to gain a better understanding of the community? For whom are you doing it? Is it for internal or external use? Is it for the community you are serving? Is it for those in your organization?

Please refer to our Asset Mapping guideline for a full version of tips, templates, and planning strategies to get started on your journey!

## COMMITMENT TO HEALTH EQUITY

### INEQUITIES AND ACEs

Inequities in healthcare are created when barriers prevent individuals and communities from accessing services and reaching their full potential. Screening for ACEs is an opportunity for you and the clinic to magnify your commitment to health equity by making sure ALL patients are being screened and receiving the appropriate treatment measures.

### STRATEGIES TO PROMOTE HEALTH EQUITY

- Practice critical self-reflection on power and privilege within your current role
- Practice cultural humility
- Understand the importance of the social determinants of health section in relation to ACEs screening
- Connect with leadership to address inequities and promote workplace equity

### SCREENING MARGINALIZED POPULATIONS

Screening for ACEs is done to improve the health and well-being of all patients, but it is important to acknowledge that some youth experience trauma at a higher rate than their peers. While ALL patients being screened should be treated in a professional, trauma-informed manner, some groups have historically been failed by healthcare professionals leading to poor engagement and in some cases re-traumatization.

## Importance of Environment

### TRAININGS

Along with a thorough review of these guidelines, below are the trainings we ask providers and staff who will be involved in ACEs screening to complete:

1. **ACEs Aware certification:**
  - a. Go to <https://training.acesaware.org/>  
Each provider or staff sets up an account using your DHS email address.
  - b. Click on the "Catalog" tab at the top.
  - c. Select and perform the training titled "Becoming ACEs Aware in California"
  - d. Please submit your certificates to your ACEs-LA coordinator, along with your National Provider Identifier. This is required to receive payment for ACEs screening.
2. **Complete Trauma-Informed Care training**
3. **Center for Youth Wellness (CYW):** A two-part implementation course for ACEs screening in pediatric settings: <https://cyw-lms.myshopify.com/>

### CREATING AN IDEAL ENVIRONMENT

An ideal screening environment is one that is calm, safe, and accessible. Staff should be welcoming and knowledgeable about ACEs in every interaction whether it is in-person or via telehealth.

#### STRATEGIES FOR PROVIDING A SAFE AND ACCESSIBLE TELEHEALTH SCREENING ENVIRONMENT:

- Ensuring patient confidentiality and family safety
- Developing appropriate responses
- Communicating privacy policies when screening adolescents and adults
- Gauging patient understanding to the best of your ability
- Adapting to unexpected interruptions by remaining calm

#### STRATEGIES FOR PROVIDING A SAFE AND ACCESSIBLE FACE-TO-FACE SCREENING ENVIRONMENT:

- Reading body language
- Creating safety and containment
- Strengthening vagal tone through attunement, resonance, and reciprocity
- Practicing breath work
- Progressive muscle relaxation
- Adapting to unexpected interruptions by remaining calm

## Part 2: Screen

### Introducing the Screen

Screening commences when patients receive the questions either by self-reporting on paper or verbally with a screener.

A solid introduction is vital to increase a patient's agreeability to complete the screen. Please refer to the introduction below OR provide an introduction that includes the following components:

- Connecting the screen to the visit
- Being clear about the context/nature of the questions
- Giving confidentiality disclosure
- Emphasizing that the patient/caregiver is not required to answer any questions if they are not ready

#### SAMPLE SCRIPT FOR SCREEN INTRODUCTION

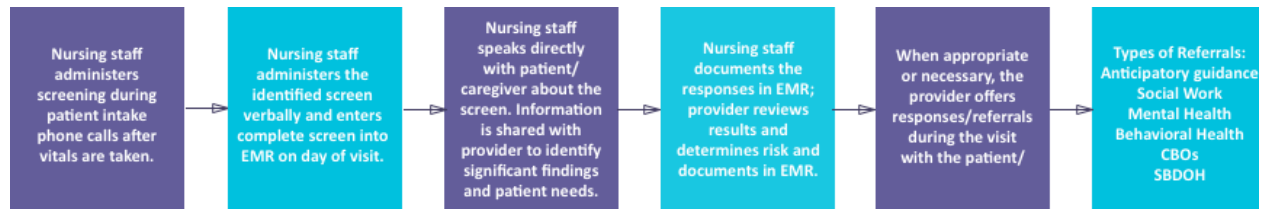
*“As we get you ready to see your provider, we would like to have you complete these screening questions in order to make your time with your provider as efficient as possible. You do not need to answer all the questions if you do not want to. This will not affect any part of your visit with your provider. The following questions are about potentially stressful experiences that can impact yours and your family's health and well-being. Your answers can help your provider support you to prevent long-term health issues related to these stressful experiences. Your answers to all of the screening questions are kept confidential, unless you or your family is at risk for harm. You have the right to decline to answer or skip any question at any time.”*

## Establishing Clear and Efficient Screening Protocols

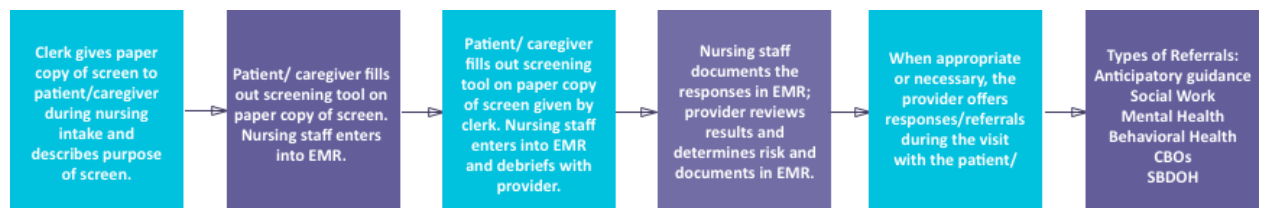
Developing screening protocols is a detailed process that is unique to each clinic's culture and environment. It is important to do the following:

- Identify the target population
- Select which version of the screen is being used
  - Identified or de-identified?
- Decide whether or not screening is done face-to-face or via telehealth
- Define roles and responsibilities for receptionist, clinic assistant, provider, and any other staff involved
- Create a clear workflow for ACEs screening
- Understand and follow policies in place for documentation in EHR

### TELEHEALTH SCREENING WORKFLOW EXAMPLE



### FACE-TO-FACE SCREENING WORKFLOW EXAMPLE





# Part 3: Treat Response

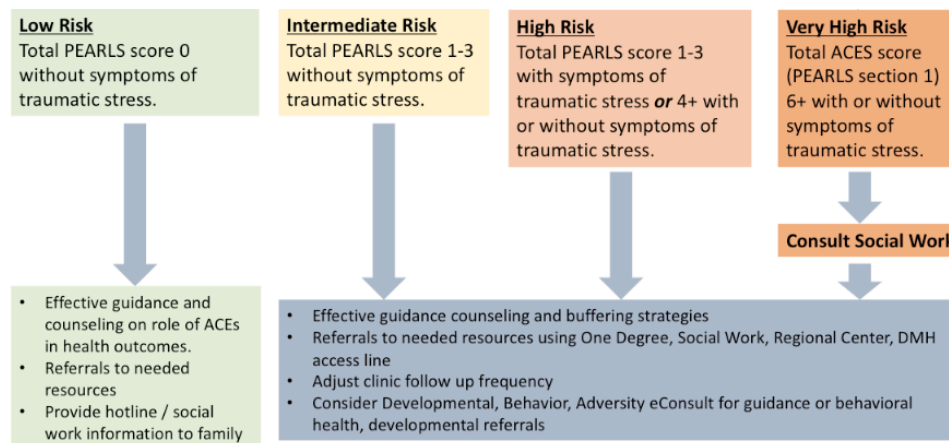
## RESPONSE ALGORITHM

### UNDERSTANDING SCORES

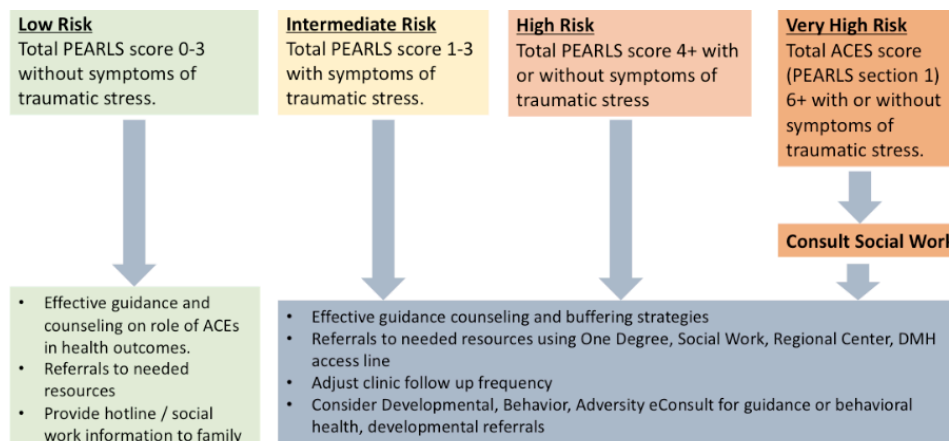
Use the total number provided by the patient/caregiver from either the identified/de-identified versions of the screen. The chart below is the algorithm that assesses the patient’s risk level based on their total PEARLS score (section 1):

### ADVERSITY RESPONSE ALGORITHM

#### AGES 0-11 YEARS



#### AGES 12 AND OLDER



## TIERS OF INTERVENTION

The most important and immediate resource is how screeners conduct the screen and the staff responds to the information offered by the patient. Follow the tiers of intervention below to assess which response piece is best for your patient and family:

- In-Clinic Interventions:
  - It is imperative to provide the families with a clear understanding between the relationship of ACEs, health, and distress.
  - Resilience Building
    - Guide patients to build resilience and reflect on fatigue
    - Refer to the strength identified on screen, e.g. *“You stated that you are positive and I know that is a great quality to have.”*
  - Express empathy and address immediate safety through connection and healing
    - Having a supportive relationship with someone can help minimize the body’s stress response
  - Provide culturally relevant resources and services to ALL patients and families regardless of whether they disclose adversity. NOTE: Handouts alone are NOT a sufficient response action for clinics, but should be used as a supplemental response.
- Referrals:
  - SHARK Clinic
  - Medical Financial Partnership (MFP)
  - One Degree
- Community Resources:
  - Knowing what resources are available in your community gives you, as the screener, confidence in your ability to respond to screens.
  - If you are not sure how to identify the best resources for your community, please refer to the section on Asset Mapping.

## COLLABORATING TO ACHIEVE SUCCESSFUL RESPONSES

Responding to ACEs involves collaboration and communication between various staff and departments. This interdisciplinary approach provides greater opportunities to achieve successful results in:

- Utilizing internal resources and external referral network to link patients and families to culturally appropriate services
- Planning post-screening follow-up visits or phone/video calls to assess whether referrals were successful and to make adjustments accordingly
- Monitoring healthcare team, patient, and family experiences with screening and response in order to access quality improvement measures

## Patient Education

### CONNECTING ACEs TO HEALTH

After the patient has been screened and a risk level has been identified, designated staff must engage in a supportive and informative conversation about what the score means and how the patient’s adversities can be best addressed.

Please see the charts below with examples on communicating risk, based on your role:

**COMMUNICATING RISK: GENERAL SCREENERS**

Risk Level	Potential Response
Low Risk, no ACEs	<i>"From what your telling me things are going well, that's great to hear. We will provide you some material with health information for you and your family. A lot of our families find these materials to be useful."</i>
Low Risk with history of some ACEs	<i>"You mentioned that you have experienced some stresses. We want to assist you in any way that we can. We will provide you with some material with health information for you and your family. A lot of our families find these materials to be useful."</i>
Intermediate Risk	<i>"You mentioned you have experienced some stresses. We want to assist you in any way that we can. Would it be okay if we provide you with some material with health information for you and your family? A lot of our families find these materials to be useful."</i>
High Risk	<i>"When you answered this questionnaire you marked you have been through some difficult things. Many people in our community have been through a lot. Can you tell me what is causing you or your family stress, so that we can help you in the best way possible?"</i>

**COMMUNICATING RISK: PROVIDER AND DESIGNATED STAFF**

Risk Level	Potential Response
Low Risk, no ACEs	<i>"From what your telling me, things are going well, that's great to hear. We will provide you some material with health information for you and your family, if you have not yet received it. A lot of our families find these materials to be useful."</i>
Low Risk with history of some ACEs <i>And</i> Intermediate Risk <i>And</i>	For adolescents and adults: <i>"You mentioned you have experienced some stresses. Studies have shown that the more stressful events you experience as a child, the more likely you are to have long-term physical and mental health problems as an adult such as diabetes, high blood pressure, heart disease, depression, anxiety, etc. We have the opportunity to identify these risks so that we can help prevent or lower your health risks. The earlier we can address these stressors the faster the body can begin to work to adjust and heal."</i>
High Risk with <6 ACEs	<i>For providers: "You mentioned you have experienced some stresses. Studies have shown that the more stressful events you experience as a child, the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease, etc. As the number of the stressful events your child is exposed to increases, your child's risk for these health problems increases as well. We have the opportunity to identify these risks so that we can help prevent or lower the risk for health problems for your child. The earlier we can address these stressors the faster the body can begin to work to adjust and heal."</i>
High Risk with 6+ ACEs	For adolescents and adults: <i>"We understand that this questionnaire asks about experiences that may be difficult to discuss. The reason we ask you about these types of experiences is because research shows us that what we experience as kids and teenagers can affect us as adults. We want to know about your experiences in order to provide you with the best care possible that is specific to who you are and what you have been through. If you are not ready to talk now, that is okay, but I'd like to have someone from our medical team talk with you so that we can assist you in the best way possible."</i>  For providers: <i>"We understand that this questionnaire asks about experiences that may be difficult to discuss. The reason we ask you about these types of experiences is because research shows us that what we experience as kids and teenagers can affect us as adults. We want to know about your child's experiences in order to provide your child with the best treatment possible that is specific to who they are and what they have been through. If you are not ready to talk now, that is okay, but I'd like to have someone from our medical team talk with you so that we can assist you in the best way possible."</i>

## Part 4: Heal Network of Care

### WHAT DOES HEALING LOOK LIKE?

Healing, in simple words, is the process of changing an entire community to CARE for one another by establishing a foundational network of care. In relation to ACEs screening and response management process, healing includes:

- A fully functional, trauma-informed network of care in place
- Clinical and community interventions that interrupt the toxic stress response
- Strong community-provider relationships and infrastructure for assisting families in place
- Bi-directional IT platforms in place to address and analyze the prevalence of ACEs from a system level.

# References

1. Ages and Stages. (2015). How to introduce the questionnaires in ways that ease parents' concerns. Retrieved from <https://agesandstages.com/free-resources/articles/how-to-introduce-the-questionnaires/>
2. American Academy of Pediatrics. (2020). Provider to Patient Visits. Retrieved from <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Provider-to-Patient-Visits.aspx>
3. American Medical Association. (2020). *Telehealth Implementation Playbook*. <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>
4. American Telemedicine Association. (2017). Operating Procedures for Pediatric Telehealth. *Pediatrics*, 140(2). doi: 10.1542/peds.2017-1756 [https://www.aap.org/en-us/Documents/ATA\\_Pediatric\\_Telehealth.pdf](https://www.aap.org/en-us/Documents/ATA_Pediatric_Telehealth.pdf)
5. Burke, B. L., & Hall, R. W. (2015). Telemedicine: Pediatric Applications. *Pediatrics*, 136(1). doi: 10.1542/peds.2015-1517
6. Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19. (2020, April 15). Retrieved from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-ambulatory-services-via-telehealth-during-covid-19/>
7. Marcus, C. (2014). Strategies for improving the quality of verbal patient and family education: a review of the literature and creation of the EDUCATE model. *Health Psychology & Behavioral Medicine*, 2(1), 482–495. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4346059/pdf/rhpb-2-482.pdf>
8. Mcintosh, S., Cirillo, D., Wood, N., Dozier, A. M., Alarie, C., & Mcconnochie, K. M. (2014). Patient Evaluation of an Acute Care Pediatric Telemedicine Service in Urban Neighborhoods. *Telemedicine and e-Health*, 20(12), 1121–1126. doi: 10.1089/tmj.2014.0032
9. Oregon Primary Care Association. (n.d.). Frequently Asked Questions about the ACES questionnaire. Retrieved from <https://www.orpca.org/files/Guidelines%20and%20Scripts%20for%20Universal%20ACEs%20screening.pdf>
10. Requirements for the Staying Healthy Assessment/Individual Health Education Behavioral Assessment (2013). California DHCS. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL2013/PL13-001.pdf>
11. Singh, L., & Luckett, K. (n.d.). National Pediatric Practice Community on Adverse Childhood Experiences. <https://njaap.org/wp-content/uploads/2019/04/Communicating-about-ACEs-webinar.pdf>
12. University of Washington Aims Center. (2018). Using the PHQ-9: A Guide for Medical Assistants, Front and Back Office Staff. [https://aims.uw.edu/sites/default/files/Talking%20wirth%20Patients%20about%20the%20PHQ-9\\_MA%20%26%20Office%20Staff.pdf](https://aims.uw.edu/sites/default/files/Talking%20wirth%20Patients%20about%20the%20PHQ-9_MA%20%26%20Office%20Staff.pdf)
13. Wei-Chen Tung, Minggen Lu, Smith-Gagen, J., & Yan Yao. (2016). Latina Women and Cervical Cancer Screening: Decisional Balance and Self-Efficacy. *Clinical Journal of Oncology Nursing*, 20(3), E61–E66. <https://ezlib.lamission.edu:2277/10.1188/16.CJON.E71-E76>
14. Price, Cynthia and Hooven, Carole (2018 May) *Interoceptive Awareness Skills for Emotion Regulation: Theory and Approach of Mindful Awareness in Body-Oriented Therapy (MABT)*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5985305/>
15. Camea, Peca, Udemy course: *Calming the Dragon, Using the Body to Improve Care*, <https://www.udemy.com/course/trauma-treatment-for-children/learn/lecture/15629158>
16. Southern Poverty Law Center (2012 Nov) *Unlocking Your Community's Hidden Strengths: A Guidebook to Community Asset Mapping*, <https://www.splcenter.org/20121126/unlocking-your-community%E2%80%99s-hidden-strengths-guidebook-community-asset-mapping>
17. Americorps Vista Campus, *Asset Mapping: 10 Steps*, <https://www.vistacampus.gov/asset-mapping-10-steps>
18. UCLA Center for Health Policy Research, *Section 1: Asset Mapping*, [https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw\\_cba20.pdf](https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf)