Screening for Child-ACEs at a Resident Clinic: Lessons Learned

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My Call to Action

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

The key finding of health risk behavior and disease in adulthood to the breadth of health emotional, physical, or sexual abuse has not previously been described. The association of adverse childhood experiences with health outcomes has not been systematically assessed. The ACE study was a standardized medical evaluation at the Kaiser Permanente Medical Care Program's California Region. The ACE study assessed the effects of childhood experiences, including relatively stressful events, such as parents' separation or divorce, and parental socialization of children into alcohol. Logistic regression was used to examine the association between ACE scores (range: 0-7) and risk factors for alcoholism, drug abuse, and suicide. Accurate medical records were used to identify cases of respondents reported at least one of the categories of childhood exposures. We found a significant association between childhood abuse and each of the diseases that were studied (P < .001). Persons with one or more categories of childhood exposure, compared to those with no exposure, experienced 2- to 12-fold increased health risks for alcohol-related disease, drug abuse, and suicide attempt; a 2- to 4-fold increase in smoking, poor physical health status, and poor mental health status; and a 12-fold increase in attempted suicide. The ACE study shows that childhood experiences have a profound impact on health and disease outcomes in adulthood.
Quality Improvement (QI) PROJECT
translating research into real-world practice

• Goals
  o Increase number of family risk factors identified through well-child care
  o Increase number of high risk families referred to community resources

• Balancing Measures
  o Minimize the impact on well-child care visit duration
  o Maintain or improve patient and provider satisfaction

• Team
  o Faculty
  o Residents
  o Front desk staff
  o Nursing staff
  o Behavioral health staff
  o Community resource center staff
  o Parents/patients

Whole Child Assessment (WCA)

- Comprehensive tool integrates screening for adversity with other well-child questions
- Approved alternative IHEBA for California providers
- 12-15 questions about adversity incorporated into questionnaires with total 32-50 questions
- Caregiver report age 0-11, Self-report age 12-20
- For more information see:
  https://lluch.org/health-professionals/whole-child-assessment-wca
Whole Child Assessment (WCA) Workflow

Patient arrives for well-child visit

- Age 0-11
  - Receptionist gives WCA to caregiver
  - Waiting room
  - MA rooms
    - Vitals
    - Screening
    - Medical record update
  - MA gives WCA to MD
  - WCA complete

- Age 12-20
  - Receptionist gives WCA to patient
  - Waiting room
  - MA rooms
    - Vitals
    - Screening
    - Medical record update
  - Parent/patient gives WCA to MD
  - WCA incomplete

Please fill this out. It is highly important that these forms are completely filled out and handed to the Medical Assistant before the doctor enters the room. This will avoid any delays today. If your child is over age 11, it is important they fill out the forms themselves.

The front desk gave you a form. Are you finished completing it? (If no) It is highly important that this forms be completely filled out before the doctor enters the room. This will avoid any delays today.

Continue on next slide
Provider reviews WCA during well-child history

- No
- Concern re: C-ACEs?
  - Yes
    - Offer info on ACEs & Resiliency
    - Document Z-codes
  - No, resolved

Current concern or symptoms?
- Yes

Tier 1 Counsel
- Motivational interviewing to counsel families
- Counsel on stress management, parent-child relationships, healthy lifestyle, and child’s social-emotional development

Tier 2 Refer
- If basic needs/safety → community resources
- If substance abuse → substance treatment
- If mental health symptoms → mental health treatment
- If parenting concern → parenting resources

Tier 3 Intervene
- If immediate safety threat → CPS referral, CCRT, law enforcement
Tier 3: Intervene

• Immediate safety threat (concern for child abuse, neglect, domestic violence, suicidality) ->
  - CPS report
    San Bernardino County (800) 827-8724
    Fax report (909) 891-3545
  - Law enforcement: 911
  - Community Crisis Response Team
    East Valley (909) 421-9233
    Pager (909) 420-0560
    7 Days a Week 7:00 a.m. – 10:00 p.m.
## Tier 2: Refer

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>RESOURCE</th>
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<tbody>
<tr>
<td>1. Basic needs &amp; safety</td>
<td>Food pantries, shelters…</td>
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<tr>
<td>2. Substance abuse (parent or child )</td>
<td>Substance abuse treatment</td>
</tr>
<tr>
<td>3. Mental health symptoms (parent or child)</td>
<td>Mental health treatment</td>
</tr>
<tr>
<td>4. Parenting</td>
<td>Parenting education &amp; support</td>
</tr>
</tbody>
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### QR Codes

**ACEs Task Force of San Bernardino County**

*Healthy, resilient and whole individuals and families thriving in San Bernardino County*

For more information on Adverse Childhood Experiences (ACE's) and what you can do, visit [tresshealth.org](http://tresshealth.org)

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**Family Service Association**

- **Meals on Wheels**
  - 951-342-3557
  - 909-625-9483

- **Summer Meals Location**
  - 860-952-5659

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<tr>
<td>641 Robards Ave, San Bernardino, Ca 92411</td>
<td></td>
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<tr>
<td>Frosee Community Center</td>
<td>909-889-4424</td>
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<tr>
<td>1160 W. Mill St, San Bernardino 92410</td>
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<tr>
<td>Villa Life Ministries</td>
<td>323-823-4762</td>
</tr>
<tr>
<td>1505 Cedar Ave, Bloomington, Ca 92316</td>
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**Housing and Utilities**

- **Housing Authority of San Bernardino County**
  - 715 E. Einer Dr, San Bernardino, CA 92406

- **Inland For Housing and Mediation Board**
  - 909-888-3763
  - 909-890-0644
Tier 1: Counsel

Establish warm, supportive, empathetic relationship with both child and caregiver

Build Resilience --- Adversity is not destiny
Lessons Learned

1. Choice of screening tool must be acceptable and feasible to both families and staff in order to allow adoption and utilization
Lessons Learned

2. Adversity experienced by pediatric patients can be identified at well-child visits AND is associated with multiple co-morbidity including changes in biomarkers
Lessons Learned

3. Pediatricians have the opportunity to prevent ACEs, not just identify ACEs

Risk of ACEs
- Non-biological caregiver
- Child behavior
- Parent stress
- Caregiver depression
- Caregiver anxiety
- Caregiver alcohol use

Counsel
- Parent-child relationship
- Stress management

Improve outcomes
- Prevent abuse
- Build resilience
Trauma-Informed Organization

• Definition: “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (SAMHSA 2015)

• Screening for ACEs is one trauma-informed practice that ideally occurs in context of an organization that is committed to building resilience
Perspective Shift for Health Care

TRADITIONAL

- What is wrong with patient?
  - People are inherently diseased or not diseased

TRAUMA-INFORMED

- What happened to patient?
  - People (and diseases) are influenced by social environment

RESILIENCE-BUILDING

- What is right with patient?
  - People can create positive, healing relationships

Biomedical model

Biopsychosocial model
Problems with a Biomedical Model Approach to ACE Screening

• Case 1: 15 year old overweight female with depression since age 10 and cutting
  – What’s her ACE score?

• Case 2: 15 year old healthy weight male with no health problems and doing well in school
  – What’s his ACE score?
Pediatricians Saving Lives
Next Steps

• QI Project
  – Evaluating referral rates
  – Reviewing adolescent questionnaire

• Research Studies
  – Evaluating scoring to distinguish ACE exposure and ACE risk questions
  – Conducting pilot research on interventions for families with ACEs