



Mapping Our Path to Success

ACEs Resources for Pediatrics



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ACE Screening is not for use as a diagnostic tool. There exists substantial individual response variability to experienced stress. Other stressors not included in the ACEs questionnaire (a few examples include: experiencing discrimination, neighborhood violence, food and/or housing insecurity); while their effects may be significant these stressors are not included, due to insufficient data for standardization at this time.

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DATE 1/2024



Toolkit Glossary

This TNACES Toolbox contains a range of information to support implementation of ACEs screening into your practice.

ACEs is a screening tool, not a diagnostic tool. Additionally, ACEs data is population level data and should be used only to inform prediction of individual risk.

ACEs Screening Tool is a ten yes/no question Adverse Childhood Experiences (ACEs) screening instrument that can be used for detection of common childhood traumas. There are 4 versions based on age and the respondent.

- **Child ACE tool** for ages 0-11 completed by caregiver,
- **Teen ACE tool** for ages 12-19 completed by caregiver
- **Teen ACE self-report tool** for ages 12-19 completed by patient
- **Adult ACE self-report tool** for ages 18+ completed by patient

The 4 versions are divided into two categories, De-Identified and Identified

- **De-Identified Screen:** The respondent counts the number of questions having the answer “yes” and indicates only the score, and *does not* identify which ACE(s) they or their child experienced.
- **Identified Screen:** The respondent counts the number of questions having the answer “yes” and indicates *which* ACE(s) they or their child experienced

Toxic Stress: Not all stress is bad and we all feel stress from time to time. Stress gets us ready to tackle a difficult task or take an exam. But too much of the wrong kinds of stress can be unhealthy. Children under the age of 18 years old are especially vulnerable to this kind of stress. Over time, childhood stress/adversity can become toxic and affect their bodies, brains, and harm long term health.

Self-Care: Self-care is not selfish. Self-care is the ability to care for oneself through deliberate awareness, self-control, and self-reliance for the purpose of achieving, maintaining and/or promoting optimal health and well-being.



Pediatric ACEs and Toxic Stress Assessment Algorithm Page 1

	Low Risk	Intermediate Risk	High Risk	High Risk	Unknown Risk
ACE screen score	Score of 0	Score of 1-3	Score of 1-3	Score of 4+	Score unknown (incomplete)
Assess for associated health conditions	Without associated health conditions	Without associated health conditions	With associated health conditions	With <u>or</u> without associated health conditions	↓
Determine response and follow-up	Provide education anticipatory guidance on ACEs, toxic stress, and buffering factors .	Provide education, anticipatory guidance on ACEs, toxic stress, and buffering factors. Assess for protective factors and jointly formulate treatment plan. Link to support services and treatment as available and appropriate.	Provide education about toxic stress, and likely role in patient's health conditions(s), and resilience. Assess for protective factors and jointly formulate treatment plan. Link to support services and treatment as available and appropriate.	Provide education about toxic stress, and likely role in patient's health conditions(s), and resilience. Assess for protective factors and jointly formulate treatment plan. Link to support services and treatment as available and appropriate.	Provide education on ACEs, toxic stress and buffering factors. Re-offer at next visit.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.acesaware.org).

This project was funded from the Tennessee Department of Children's Services.





Pediatric ACEs and Toxic Stress Assessment Algorithm Page 2

When the **ACE score is Unknown Risk**, it may indicate discomfort or lack of understanding. If partial response indicates patient is at low, intermediate, or high risk, follow the guidelines for the category.

When the **ACE score is 0 without ACE-Associated Health Conditions**, the patient is at **“low risk”** for toxic stress physiology. The provider may offer education on the impact of ACEs, buffering/protective factors, and interventions that can mitigate health risks. See Pgs 47-48 Action 3b.

When the **ACE score is 1-3 without ACE-Associated Health Conditions**, the patient is at **“intermediate risk.”** See Pgs 49-51, Action 3c.

When the **ACE score is 1-3 and has at least one ACE-Associated Health Conditions**, the patient is at **“high risk.”**
Or,
when the **ACE score is 4 or higher, with or without ACEs Associated Health Conditions**, the patient is at **“high risk”** for toxic stress physiology. In both cases, the provider may 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, nutrition, mindfulness, mental health, and healthy relationships. The provider may also assess for protective factors, jointly formulate a treatment plan, and link to supportive services and interventions as available and appropriate. See Pgs 52-54, Action 3d.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.acesaware.org).

This project was funded from the Tennessee Department of Children’s Services.





ACEs Screening Clinical Workflow

1. **Registration or clinical staff** - reviews patient's record to determine if ACEs screen indicated for visit. ACEs screening tool is provided to patient in private setting.

2. **Patient** - completes ACEs screen.

2a. **Provider** - when screen is incomplete, provider may then educate patient about ACEs, buffering practices, and interventions can affect health and offers the patient opportunity to discuss and/or complete ACEs screen.

2b. **Provider** - When screen is complete, provider moves to step 3.



3. **Provider/Medical Assistant** - transcribes ACEs score into EMR

4. **Provider** - reviews screen with patient and follows the appropriate risk assessment algorithm: incomplete or at low, intermediate, or high risk for toxic stress.

5. **Provider** - documents ACEs score, billing code 96160, treatment plan, and follow-up in visit notes.

6. **Provider** - reviews ACEs score, treatment plan, and follow-up: prior to next visit, at next visit, or updates as needed.

Pediatric Clinic ACEs Risk Assessment Action, Assigned Staff, & Location

Action	Role/Team Member/Assigned Staff	Location
Identify patients who should be given the ACEs screening tool	Receptionist/Staff name:	Front Desk
Introduce the ACEs screening tool to patients Pg 6, Action 1	MA or RN/Staff name:	Patient room, other Private location, lobby
Receive ACEs screening tool back from patient and confirm completion or provide education if not complete Pgs 7-8, Action 2a-2b	MA, RN, or Clinician/Staff name:	Private location
Review ACEs screening tool, conduct clinical assessment, apply ACEs and Toxic Stress Risk Assessment Flow Pgs 9-17, Action 3a-3d	Clinician/Staff name:	Exam room
Work with patient for Shared Decision-Making Worksheet and jointly form a treatment plan Pg 33-34	Clinician/Staff name:	Exam room
Transcribe ACEs score into EMR, including other data collection activities. The Billing 96160 for Health Risk Assessment.	Administration/Staff name:	Exam room, Staff room
Reviews chart and follows up during the next visit	Clinician/Staff name:	Exam room, Staff room

Introducing the ACEs Screening and Tool (Action 1)

The introduction of the ACEs screening to a caregiver/patient maybe the first time they learn about ACEs and what it can mean to them. Therefore, it is important to show them the form and thoughtfully explain why you are asking them to complete it.

Communication Tips

- Explain the what, why, and how of screening.
- Normalize the screening by explaining it is routine care for all patients.
- Reassure them the screening is used to provide better care.
- Support their autonomy to choose to complete the screening.
- Avoid deterministic or negative language about ACEs, challenges, trauma, or toxic stress.

Talking Point Examples for Assigned Staff

“We have a form(s) that we ask all our patients/caregivers to complete to help our team learn more about you/(child’s name) so we can provide better care.”

“This form (pointing to ACEs screening tool) asks some personal questions.”

“We have started asking all patients/caregivers 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 _____(clinical team member)?”

“Once you have completed this 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 concerns or questions you may have.”

Note- If using Identifying Screening Tool “Please read the questions carefully. This form lists a number of childhood challenges 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 _____(clinical team member) who will talk to you more about how adversities and challenges may be impacting your/your child’s health.”

Note- If using De-Identifying Screening Tool “Please read the questions carefully. This form lists a number of childhood challenges that have been found to affect health. Count the number of adversities that you/_____(child’s name) have/has experienced, and enter total score where indicated. The score to these questions will be shared with _____(clinical team member) who will talk to you more about how adversities and challenges 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) are/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) safe.”

Receiving ACEs Screening Tool from Patient (Action 2a and 2b)

Once the patient/caregiver fills out the form, receive it, thank them, and review to make sure it is filled out completely and correctly. If the patient/caregiver expresses they would like discuss the form with a clinical team member before completing it, let them know it is fine and do not pressure them to complete the screening tool. Inform appropriate team member of any concerns or questions the patient/caregiver shared.

Form Incomplete (i.e., not completed or partially completed): (Action 2a)

Communication tips

- Clarify why the screen is incomplete.
- Walk through the form instructions with them again if they did not understand the screen tool.
- Normalize and reassure if they are uncomfortable, but do not pressure.

Talking Point Examples for Assigned Staff for Incomplete Form

“I see you did not complete the form. May I ask why? Do you need more time or have any questions?”

“We have begun asking all our patients/caregivers to answer these questions. It helps us provide the best care and support to you/_____(your child’s name).”

“It’s OK if you don’t complete the form today. Please know that if you change your mind, you can complete it at another visit.”

Form Completed: (Action 2b)

Communication Tips

- Acknowledge and 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).
- It’s important to employ strategies to avoid patients feeling labeled or stigmatized.
 - Be clear that “you are not your ACEs score.” The score gives use information about the likelihood of toxic stress and ACE-Associated Health Conditions (AAHC) but it does not guarantee any outcome.
 - Emphasize the importance of protective factors and what patients can do to reduce negative outcomes.
- Focus on the science that toxic stress is amenable to treatment.
- Empower patients/caregivers with the knowledge that they are the most powerful tool for helping their children deal with challenges, stress, and toxic stress.
- Support the patient/caregiver.
- Help parents/caregivers understand the intergenerational nature of ACEs and the opportunity to break the ACE cycle. Help them avoid self-judgment; remind them their own ACE is not their fault but if unaddressed may be affecting their own biology that can then affect the health and development of their children.

- When learning of ACEs, patients/parents may begin to worry about how their own ACEs or parenting practices have affected their child's health. Using trauma-informed care as well as a strengths-based approach can help create a safe, non-judgmental space where you can highlight the fact ACEs are not a destiny. Toxic stress is treatable, and self-care is not selfish.
- Remind them the clinical team member will be discussing ACEs, concerns, questions, and what can be done with their concerns and questions.

Talking Point Example for Assigned Staff for Complete Form

“Thank you for filling out the form. Your clinical team member will review your form and discuss it with you.”

Reviewing an ACEs Screening Tool with Unknown Risk of Toxic Stress (form not completed or incomplete) (Action 3a)

When the patient/caregiver does not complete the ACEs screening tool it may be due to issues of understanding, trust, fear, privacy, or any other concern. An important principle of trauma-informed care involves conferring agency and helping the patient/caregiver to feel comfortable in choosing whether or not to complete the screen. Let the patient/caregiver know they can complete it in the future.

Providing education on ACEs, toxic stress, and stress mitigation, normalizing ACEs and ACEs screenings, and that the clinic has begun screening for all pediatric patients. This information 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 screening by highlighting that it is a routine part of care for all patients.
- Reassure the patient the screening is used to provide better care for them..
- Let the patient/caregiver choose to complete the screening.
- Avoid any negative or deterministic language about ACEs, adversity, trauma, or toxic stress.

Talking Point Examples for Clinicians

Note-When previous steps were completed by a different staff member, thank the patient/caregiver and restate that ACEs are common and the clinic has begun ACEs screening asking all patients/caregivers about these experiences because we are learning ACEs may affect health and development.

“I see you did not fill out (or complete) the screening form that asks about Adverse Childhood Experiences, or ACEs. We are asking all our patients/families/caregivers to answer these questions to help us provide the best possible care and support for your child. What concerns or questions do you have with the form or questions?”

“It is your choice if you want to share this information.” At your next visit you will have the option to fill out this form. Please know that in this practice, you will be asked to fill out this form, just as we ask you to fill out other questionnaires.”

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

Reviewing an ACEs Screening Tool with a Low Risk of Toxic Stress (0 ACEs) (Action 3b)

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

Because ACEs are common and their impact on health remains under-recognized, routine screening offers opportunity for prevention by educating all patients/caregivers about ACEs, toxic stress, ACE-related health consequences, and stress mitigating protections.

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 ACEs 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, Toxic Stress, and stress mitigators.

Talking Point Examples for Clinicians

Note- When previous steps were completed by a different staff member, thank the patient/caregiver and restate that ACEs are common and the clinic has begun ACEs screening asking all patients/caregivers about these experiences because we are learning that ACEs may affect health and development.

"Completing this form gives us information that helps us better care for you/_____ (child's name)."

"We now understand that exposure to stressful or traumatic experiences like the ones on this form may alter the stress hormones in a child's body. Stress hormones, like adrenaline, may be released to cause effects such as increasing heart rate, blood pressure, and blood sugar (glucose) levels. Some stress is good, it can get us ready to take a test or play a sport. But these are short term stresses and then everything returns to normal."

"When stressful events happen a lot, or last for a long time, the stress hormones can become abnormal, this is called toxic stress. Our stress response is complicated so different people can have different effects from stress."

"Science is informing us that really stressful events, especially if they happen over and over, can put us at risk for problems like heart disease, diabetes, ADHD, asthma, anxiety, depression, substance misuse, and more."

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

Talking Point Examples for Clinicians: Parent/Caregiver Specific

"ACEs may occur at different points in childhood, and are really common, so if your child does experience any of these, don't hesitate to check in with us because science tells us early intervention can help reduce negative physical and mental outcomes. This means doing things like: connecting with family and friends, getting regular exercise,

getting quality sleep with regular bedtimes, eating healthy foods, and spending time outside in nature.”

“Let’s talk about some activities that can help manage stress. We have a worksheet (show the ACEs Shared Decision Making Worksheet), and there are some handouts (show stress mitigating resource pages). We can look at these together and discuss what you think is best for your family and (child’s name). Which of these would you be interested in trying? Then at your next visit we can check in and see how it is going.”

Talking Point Examples for Clinicians: Adolescent Specific

“From what I see on the form, you have not experienced any of the things listed here. Is that correct? ACEs can occur at different points in childhood, and are really common, so if you do experience any of these, don’t hesitate to let us know, because science tells us that early intervention can help prevent negative physical and mental health outcomes. Some of the things that help us overcome challenges are stress busters that include: healthy relationships, eating healthy, getting regular quality sleep, exercise, getting out into nature, and more.

“How do you cope with stressful situations?”

“We have some stress buster handouts (show stress mitigating resource pages). We can look at these together and discuss what you think is best for you. Which of these would you be interested in trying? Then in at your next visit we can check in and see how it is going.”

Reviewing an ACEs Screening Tool with an Intermediate Risk of Toxic Stress (1-3 ACEs) without ACE-Associated Health Conditions (AAHC) (Action 3c)

Having ACEs without AAHCs indicates the patient to be at intermediate risk and the patient/caregiver may benefit from specific education, interventions, and supportive services that focus on preventing stress or treating sub-clinical stress.

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 ACEs 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/caregivers on how prolonged activation of the stress response system can contribute to health conditions and there are evidence-based stress mitigators that can help protect against the stress response.
- It can be important to focus on stress mitigation strategies for the patient and also for the caregiver, because the caregiver's experience can affect their ability to be a buffer for their child's stress response.
- Jointly formulate any treatment plan.
- As appropriate, ask permission to link to support services and interventions.
- Discuss shared-decision making treatment plan and follow-up plan.

Talking Point Examples for Clinicians

Note-When previous steps were completed by a different staff member, thank the patient/caregiver and restate that ACEs are common and the clinic has begun ACEs screening by asking all patients/caregivers about these experiences because we are learning that ACEs may affect health and development.

"I see from this form you/(child's name) have experienced some of the things listed here. We now understand that exposure to stressful or traumatic experiences like the ones listed here can increase the risk for health and developmental problems, through a process called toxic stress. The good news is your child do not have any of these symptoms. This tells me you are doing something right. That's great! Let's talk about what you are doing right and let's keep doing that. In the meantime, let's be on the lookout for any of these symptoms. Science tells us early detection is associated with improved outcomes."

"The good news is that we have strategies that have been shown to help children and adults calm their stress response. These stress busters include things like: having healthy relationships, eating healthy, getting regular/quality sleep, regular exercise, and getting out into nature. I'd like to explore some of these with you to identify which we can use to prevent health problems and support you/your child's overall well-being."

"Addressing these experiences now can help prevent later health and mental problems. Do you notice any of these experiences affecting you/your child? Do you have any concerns about your/your child's health?"

Talking Point Examples for Clinicians: Parent/Caregiver Specific

“Parents and caregivers have an important role in helping children deal with stress. We know that a safe, stable, and nurturing environment help children thrive.”

“I think we often forget to 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 by the positive and supportive things 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 you are stressed, worried, or things are hard where do you draw your strength? How does this help you in parenting? How do your family or friends support you?”

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

“We have some handouts (show them to the patient/caregiver) that have information on stress busters. For children, the things you are already doing at home, like taking time to bond with your child, are essential. And there are other things that can prevent or help the body recover from stress, including making sure your child has good relationships with family, friends, teachers, coaches, and others; eating healthy food like fruits and vegetables, having a regular bedtime and getting enough sleep, getting exercise, taking deep belly 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 what is going on with us.”

We have a worksheet (show the ACEs Shared Decision Making Worksheet), can we look at it together and discuss what you think is best for your family and (child’s name). Which of these would you be interested in trying? Then, at your next visit we can check in and see how it is going.”

Talking Point Examples for Clinicians: Adolescent Specific

“If you feel like you are experiencing a lot of stress, learning strategies to reduce, manage, or even how you respond to stress is one of the best things you can do for your health. Managing stress involves making sure you are safe and feel safe, and learning how to support and strengthen the way your own body and brain regulates stress, regularly getting quality sleep, healthy eating, exercising, and getting out into nature. We are here to help you with all of these.”

“For example, healthy supportive relationships really help reduce stress. Who are you already able to lean on for support?”

“Strong and safe relationships with adults are important to your health and help you to be strong. What adult, like a mom, dad, aunt, uncle, grandparent, teacher, coach, or mentor is there for you no matter what?”

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

“Where do you feel most safe? What other places make you feel safe?”

“When you are stressed, worried, or things are hard, where do you draw your strength? How does this help you? How do your family or friends support you? “

“We have some handouts (show them to the patient/caregiver) that have information on stress busters. It can be helpful to have some proven tools to build-up our body’s ability to cope with stress. Things that can prevent or help the body recover from stress, include: eating healthy food like fruits and vegetables, having a regular bedtime and getting enough sleep, getting exercise, taking deep breaths and doing mindfulness exercises like meditation, and getting out into nature. And sometimes we all need someone like a therapist who we can talk to about what is going on with us.”

“We have some handouts (show stress mitigating resource pages). We can look at these together and discuss what you think is best for you. Which of these would you be interested in trying? Then in at your next visit we can check in and see how it is going.”

Reviewing an ACEs Screening Tool with a High Risk of Toxic Stress (1-3 ACEs) with ACE-Associated Health Conditions (AAHC) OR 4 or more ACEs with or without ACE-Associated Health Conditions (AAHC) (Action 3d)

When you see a patient is at high risk of toxic stress, know that you do not need to unpack all of their experiences and ACE-Associated Health Conditions in one day. The most important thing is to start the conversation, follow-up and develop treatment plans over multiple visits.

A patient determined to be at high risk indicates the patient may benefit from specific education, interventions, and supportive services focusing on preventing and treating toxic stress.

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 ACEs score to verify the patient/caregiver understands the tool and has filled it out correctly.
- Discuss the clinical assessment findings.
- 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 any treatment plan.
- As appropriate, ask permission to link to support services and interventions.
- Discuss shared-decision making treatment plan and follow-up plan.

Talking Point Examples for Clinicians

Note - When previous steps were completed by a different staff member, thank the patient/caregiver and restate ACEs are common and the clinic has begun ACEs screening asking all patients/caregivers about these experiences because we are learning that ACEs may affect your/your child's health and development.

"I see from this form that you/_____(child's name) have experienced some of the things listed here. We now understand that exposure to stressful or traumatic experiences like the ones listed here, can increase the risk for health and developmental problems triggered by toxic stress." (Some examples are:)

- "Some stress is good, like getting ready for an exam or getting ready for a game. This happens because stress hormones may be released that help us focus and may cause our heart rate, blood pressure and blood sugar (glucose) levels to go up. But, this is short term stress and as soon as the event is over, our bodies go back to normal. This kind of stress helps us be ready for challenges."
- "But if the stressful events happen a lot, or last a long time, the stress hormones can stay elevated and become abnormal and our heart rate, blood pressure, blood sugar (glucose) levels in our bodies can stay elevated too long, this is called toxic stress. Our stress response is complicated so different people can have different effects from stress."

- “For some people, toxic stress can lead to system overload and can stay on high alert too much of the time. When our brain stays on high alert we might see danger everywhere and become anxious, jumpy, hyperactive, or impulsive. When our endocrine system stays on high alert it might lead to blood sugar (glucose) levels being elevated a lot and the risk for diabetes. It can also lead to increased infections, weight gain, and hypertension.”
- “For other people the stress system can tire out or try and shut itself down leading to low stress hormones and low energy. This can look like depression or emotional numbing. Low stress hormones can lead to abdominal pain, weight loss, low blood pressure, and even fainting.”
- “Science is now informing us that really stressful events, especially if they happen over and over, can put us at risk for problems like heart disease, diabetes, ADHD, asthma, anxiety, depression, substance misuse, and more.”

“I am concerned and think that your/_____(child’s name) ACEs may be contributing to your/_____(child’s name) (name the AAHC).”

“The good news is we can do something about this. Some things we’ve learned help children with this stress response include things like good nutrition, regular bedtimes, spending time out in nature, regular exercise, mental health support, mindfulness, and healthy adult relationships. I’d like look at these with you to decide which could help us treat _____(name the AAHC)”

Transition to Motivational Interviewing Techniques

- Ask open ended questions:
 - “How does that sound to you?”
 - “How does your child manage stress?”
 - “Have you noticed stress being part of your/your child’s _____(name the AAHC)”
- Use affirming statements in response to the patient/caregiver’s answers:
 - “It’s wonderful you are getting a good night sleep, because that is a great way to calm stress hormones.”
- The transition to reflecting and summarizing:
 - “Okay, let me make sure I understand. (Summarize what the patient/caregiver said.) Do I have that right?”

Talking Point Examples for Clinicians: Parent/Caregiver Specific

It can be important to focus on existing strengths and stress mitigation strategies for the patient and the caregiver, because the caregiver’s experience can affect their ability to be a buffer for their child’s stress response.

“I think we often forget to tell parents what a good job they are doing and how hard it can be sometimes. And you can make your kid strong and resilient by the positive and supportive things you do at home. You being here and helping your child feel safe is the key to calming how their bodies react to stress.”

“Science is showing us that a healthy caregiver is one of the most important factors in keeping children healthy. If you feel like you are experiencing a lot of stress, learning to reduce or manage your stress is so important for you and your child. What are your thoughts on what I have said?”

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

“Let’s talk about some activities that can help manage stress and help prevent future ACE associated health conditions. We have a worksheet (show the ACEs Shared Decision Making Worksheet), and there are some handouts (show stress mitigating resource pages). We can look at these together and discuss what you think is best for your family and (child’s name). Which of these would you be interested in trying? Then at your next visit we can check in and see how it is going.”

Talking Point Examples for Clinicians: Adolescent Specific

“If you feel like you are experiencing a lot of stress, learning strategies to reduce, manage, or even how you respond to stress are some of the best things you can do for your health. Managing stress involves making sure you are safe and feel safe, and learning how to support and strengthen the way your own body and brain regulate stress: regularly getting quality sleep, healthy eating, exercising, and getting out into nature. We are here to help you with all of these.”

“For example, healthy supportive relationships really help reduce stress. Who are you already able to lean on for support?”

“Strong and safe relationships with adults are important to your health and help you to be strong. What adult, like a mom, dad, aunt, uncle, grandparent, or mentor is there for you no matter what?”

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

“Where do you feel most safe? What other places make you feel safe?”

“When you are stressed, worried, or things are hard, where do you draw your strength? How does this help you? How do your family or friends support you? “

“We have some handouts (show stress mitigating resource pages) that have information on stress busters. We can look at these together and discuss what you think is best for you. It can be helpful to have some proven tools to build up our body’s ability to cope with stress. Things that can prevent or help the body recover from stress, including: eating healthy food like fruits and vegetables; having a regular bedtime and getting enough sleep; getting exercise; taking deep belly breaths and doing mindfulness exercises like meditation, and getting outside in nature. Sometimes we all need someone like a therapist who we can talk to about what is going on with us. Which of these would you be interested in trying? Then at your next visit we can check in and see how it is going.”



Available Resources

The TNACES Toolbox contains wide range of information to support successful implementation of ACEs screening into your practice. It includes resource pages that are available in both electronic and professionally printed, hard copy forms. Both formats are freely available and the hard copy can be delivered to your practice upon request.

Requesting a hard copy resource page (or pages) is as easy as one, two, three:

1. Utilize cut and paste of the titles in the list below to the email or text message body
2. In addition to the page title(s) and quantity requested, your practice address, contact name and number
3. Email/text (or call to request) to HNelson@metrodrug.org / (423)863-7424 or SMoore@metrodrug.org / (901)230-3919

TNACES Resources Available as Hard Copy:

- Why Are We Asking You To Screen For ACEs?
- What Do ACEs Mean To Us?
- Getting A Good Night's Sleep
- Building Supportive Relationships
- Improving Nutrition
- Practicing Mindfulness
- Getting Exercise
- Experiencing Nature
- Improving Mental Health
- Parents Coping With ACEs
- Healthcare Professionals Reducing ACEs
- Our Future And ACEs
- What We Are Learning About ACEs, AAHCs, and Our Children
- TNACES 11 X 14 printed poster
- TNACES complete toolbox notebook

Additional Resources:

A 90 second, public-facing video introducing Adverse Childhood Experiences (ACEs) utilizing Trauma Informed Care (TIC) language asking the viewer to start their intentional journey to wellness with their pediatrician or primary care provider. This video is editable to include your practice's logo and contact information. To watch visit [this website](#) or scan this code.



In 2014 TEDMED hosted pediatrician Nadine Burke Harris, in which she talks of ACEs and its place in the development of her professional ecosystem. Her talk is titled "How childhood trauma affects health across a lifetime". To date, this video has had more than ten million views. To watch Dr. Burke Harris's video visit [this website](#) or scan this code.



Thanks to ACEs Aware, and for more information visit ACEsAware.org.

This project was funded from the Tennessee Department of Children's Services.





Why Are We Asking You To Screen For **ACEs**?

ACEs stands for Adverse Childhood Experiences. ACEs are stressful things that occur prior to our 18th birthday. ACEs are common, nearly half of children have at least one ACE, and nearly two-thirds of adults have at least one ACE.

We are learning that ACEs can lead to illness, both physical and mental. The good news is there are proven ways to decrease the effects of ACEs, and it is never too late to start! This clinic has begun asking all our patients of select ages to complete an ACEs Screening. Learning your ACE score will help your healthcare team better serve your individual healthcare needs.

Thank you for taking the time to talk with us about ACEs.

Stress Busters to Decrease the Effects of ACEs:

Our medical teams are still learning about ACEs. However, there is agreement among professionals that all of us who are facing challenges do better if we have at least one stress buster in our lives. Learning how to reduce the effects of ACEs can improve both your /your child's physical and mental health. Talk to your healthcare team if you have any questions or concerns. It is never too late. Proven reducers of ACEs stress are:

- Getting regular quality sleep
- Eating healthy food
- Getting regular physical activity
- Practicing mindfulness like yoga, meditation, and deep breathing
- Spending time in nature
- Gaining access to behavioral healthcare services
- Building and having supportive relationships



Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.acesaware.org).

This project was funded from the Tennessee Department of Children's Services.





What do ACEs Mean to Us?

ACEs stands for Adverse Childhood Experiences. ACEs are common, about two-thirds of us have at least one ACE. These experiences include things like neglect, abuse, caregiver mental illness, divorce, and household violence.

The more ACEs a child experiences, the more likely he or she could suffer from things like substance misuse, diabetes, depression, and heart disease. Learning your ACE score will help your healthcare team better serve your individual healthcare needs.

Preventing ACEs is ideal. For those who have already experienced ACEs, there is a range of ways to help, including: seeking mental health services, meditation, quality sleep, improved nutrition, supportive relationships, exercise, spending time in nature, and many others. Your ACE score is not your destiny; your story is more than a number.

Stress Busters:

Our medical teams are still learning about ACEs. However, there is agreement among professionals that all of us who are facing challenges do better if we have at least one stress buster in our lives. Learning how to reduce the stress from ACEs can improve both your/your child's physical and mental health. Talk to your healthcare team if you have any questions or concerns. It is never too late. Proven reducers of ACEs stress are:

- Getting regular quality sleep
- Eating healthy food
- Getting regular physical activity
- Practicing mindfulness like yoga, meditation, and deep breathing
- Spending time in nature
- Gaining access to behavioral healthcare services
- Building and having supportive relationships



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This project was funded from the Tennessee Department of Children's Services.





Getting A Good Night's Sleep

Getting a good night's sleep plays an important role in children's mental health, physical health, and overall well-being. Quality sleep is just as important to children's development as nutrition and physical activity.

Studies have shown children who get a good night's sleep are sick less frequently, focus and behave better in school, and manage stress more easily.

Ideas to help get a good nights sleep:

Keeping routines regular

Children benefit from predictable routines. Doing the same activities with your child at naptime and bedtime can help relax your child into sleep more easily. Reading, singing a quiet song, or talking quietly with your child are good ideas and can help your child toward getting a good night's sleep.

Keeping bedtimes and wakeup times regular

Our bodies are healthier and our brains work better when our sleep schedules are regular and predictable. It also helps bedtime go more smoothly when kids know what to expect.



Keeping the sleeping space restful and calm

We sleep better where the light is dim, noise levels are low, and temperature is cool (high 60s to low 70s). Avoid television, phone, laptops in the sleep space. Studies show the light from these devices keep us from feeling sleepy.

Staying active during the day

Making physical activity like a walk to the park, visiting a playground, or playing a favorite sport will help children have an easier time going to sleep.

Seeking support from a healthcare provider

Talk to your pediatrician if your child experiences frequent nighttime awakenings, nightmares, or sleepwalking.

Thanks to ACEs Aware, and for more information visit ACEsAware.org.

This project was funded from the Tennessee Department of Children's Services.





Building Supportive Relationships

All families face difficulties. Some challenges are too intense or too frequent for a child to cope. When this happens, a child may experience toxic stress that can negatively affect them throughout their life.

But negative effects do not have to happen and there are things you can do to help. Loving, supportive relationships help you and help your child reduce the affect of toxic stress. So, seek out the supportive relationships you need, and know our office staff is here for you.

Ideas to help find and build supportive relationships:

Making supportive relationships a priority

Parents and children both need reliable supportive relationships to share thoughts and feelings. Look around your community to find and build strong relationships by connecting with family, friends, faith communities, mentors, and local organizations such as parenting groups. Making healthy supportive relationships a priority can help you to do the following:

- Treat everyone in your household with respect.
- Keep all adults in your household from using abusive or violent behavior directed at or around your child.
- Avoid physical discipline with your child.
- Set age-appropriate limits, clearly state expectations, and be consistent with appropriate discipline that focuses on teaching instead of punishment.
- Recognize desired behavior.
- Use daily routines to help your child feel safe and confident.
- Let your kids know when there will be changes to their routine and what it will mean for them.
- Teach your child to use words to describe how they are feeling, such as: happy, sad, angry, or scared. Labeling and understanding our feelings is an important step in managing them in a healthy way.
- Pay attention to your child, and enjoy time with them through play, drives home, mealtimes, stories, and bath-time.
- Look into your child's eyes, this lets them know you see them.
- Make sure to hug your child.
- Model for your child. When kids see us recognize and manage our own stress in healthy ways, like taking 3-5 deep belly breaths, they learn to do the same.



Thanks to ACEs Aware, and for more information visit ACEsAware.org.

This project was funded from the Tennessee Department of Children's Services.





Improving Nutrition

Predictable, healthy routines can help your child feel safe and trusting of the world around them. Mealtimes are a great way to practice routine, and it allows you to influence what your kids eat.

Being stressed increases our craving for foods high in sugar and fat. Over time, this can lead to obesity, mood, and sleep problems. The good news is knowing about and doing simple things can reduce these risks.

Ideas to help your nutrition:

Eating together as a family

Set aside times for meals and eat together as often as possible, even bring babies to the table. This is a great time to build healthy eating habits and strong family bonds. Tell your kids about your day and ask them about theirs. Try to avoid screens at the table and try to be mindful of each other during this time.

Drinking water with every meal and snack

Limit juices, sodas, and sugary drinks. Instead, help your child develop the healthy habit of drinking water.

There is an app for that

There are apps and websites full of helpful information. For help on making better food choices, go to [MyFitnessPal](https://www.myfitnesspal.com) or [AuntBertha](https://www.auntbertha.com), and a website to locate local Farmers Markets is [LocalHarvest](https://www.localharvest.org).



Starting every day with a healthy breakfast

Eating a healthy breakfast complete with fruit, grains, and protein will help your child start each day with good energy. Studies show children and adults who eat breakfast daily are less likely to be overweight.

Knowing how to add healthy foods

- Make your child's sandwiches with wholewheat bread.
- Serve fresh, frozen or canned colorful fruit and veggies.
- Increase lean protein such as eggs, fish, and chicken that are not fried.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.ACEsAware.org).

This project was funded from the Tennessee Department of Children's Services.





Practicing Mindfulness

Practicing mindfulness is being aware of the immediate or present feelings, thoughts, and sensations inside you, and can help turn the stress response down.

Studies have shown that practicing mindfulness can reduce all kinds of stress in you and your child, including the stress of parenting.

Ideas to bring mindfulness into your life:

Paying close attention to details when you are with your child

While playing, walking, sharing meals, or driving home pay attention to the details. Practicing being mindful can happen anytime, anywhere.

Bringing mindfulness into your life is easier when you practice everyday

Practicing mindfulness everyday will help build the habit faster while also helping calm down your stress response. Give yourself a break from what happened yesterday or could happen tomorrow by putting your attention on what is happening now.

There is an app for that

Helpful resources can be found at [SmilingMind](#) and [AuntBertha](#).



Learning and teaching deep belly breathing

Deep belly breathing is a good path to a relaxed state that you can teach your child and try yourself.

- Have your child sit or lie down.
- Have your child place one hand on their belly, and one hand on their chest.
- Have your child breathe in through their nose while feeling their belly rise.
- Have your child breathe out through their mouth while feeling their belly lower.
- Repeat this three to five times and try to keep it fun.
- Model this with your child by setting a good example. For instance you might say, "I'm so stressed by this traffic, but I can't change it. Please help me calm my mind and body by taking a few belly breaths with me." You and your child can talk later about how it felt, and how it helped you feel better.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](#).

This project was funded from the Tennessee Department of Children's Services.





Getting Exercise

Getting daily exercise helps improve children's behavior and concentration, boosts their immune system, eases feelings of anxiety and depression, and reduces stress hormones in their bodies.

Being physically active with your children is even better, it is healthy for your brain and body, and it can be a lot of fun for both of you!

Ideas to help your child get enough exercise:

Turning off the screens

Children benefit from limited screen time, including: phones, televisions, laptops and other electronic devices to one hour or less per day. For children under 18 months old, screen time other than video chatting with family or friends should be discouraged. Children 18-24 months old should not watch screens alone.

Building play into your schedule

Making physical activity a priority will help make it happen regularly. Put play on your calendar, and plan active family outings. Playing together is great for bonding!



There is an app for that

There are apps and websites full of helpful information. An app that can help you find playgrounds is [PlaygroundBuddy](#) and websites with helpful information are [KidsHealth](#) and [AuntBertha](#).

Providing active toys

Think about balls, hula-hoops, tricycles, bicycles, and ride-on toys. Several popular websites and social platforms even provide opportunities to buy used bikes.

Knowing how much playtime each day is enough:

- Kids and teens should exercise or engage in physical activity for 60 minutes or more.
- Toddlers should have 60 minutes or more of active playtime. Their play should spread out across the day.
- Preschoolers should have 120 minutes or more of active playtime. Their play should spread out across the day.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](#).

This project was funded from the Tennessee Department of Children's Services.





Experiencing Nature

Experiencing nature helps reduce stress which helps our bodies and brains. What we see, hear, and experience affects our mood and how our nervous, hormone, and immune systems work.

The stress of an unpleasant environment can make us feel anxious, sad, or helpless. A pleasing environment can reverse that. Exposure to nature can act as a buffer for life stresses and increase our ability to cope.

Ideas to help your child experience nature:

Getting outside and into nature

Exposure to nature helps us feel better and also helps our physical health by reducing blood pressure, heart rate, muscle tension, and stress hormones.

Helping us focus

Enjoying nature or green-spaces can also help improve our attention. Research shows children with ADHD have better attention spans after time in nature.

There is an app for that

There are apps and websites full of helpful information. An app that can help you find playgrounds is [PlaygroundBuddy](#) and a website to find a park near you is [ParkFinder](#).



Turning off the screen

Children benefit from limited screen time, including phones, televisions, laptops, and other electronic devices to one hour or less per day. For children under 18 months old, screen time other than video chatting with family or friends should be discouraged.

Being creative to add nature to your life

Nature can be found all around us, encourage your child to play an outdoor sport, reading next to a window, or taking a walk around the block.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.ACEsAware.org).

This project was funded from the Tennessee Department of Children's Services.





Improving Mental Health

Tending to our mental health is just as important as tending to our physical health. Seek help as soon as you notice a problem. You can talk to your primary health care provider or pediatrician to help find mental health services.

Our medical community is learning how many chronic medical conditions result from unaddressed toxic stress occurring during childhood. Let's work together and bring an end to untreated toxic stress in our children.

Ideas to help your child's mental health:

Sharing worries and concerns with your health care providers

Being willing to share worries and concerns about your or your child's struggles is a great first step toward healing and wellness.

Seeking help

If your child has experienced struggles or adverse childhood experiences (ACEs), or someone has expressed concern about your child's behavior you might consider seeking professional help. Another reason to consider seeking help is if your child's medical health seems to be affected. The medical community is learning more everyday about the role stress and toxic stress has on many medical conditions. Some concerns for your child include:

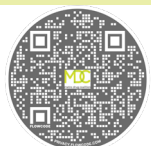
- Gets colds, or ear infections, or stomach aches often
- Has sleep troubles, such as difficulty going to sleep or staying asleep
- Screams and cries a lot
- Has symptoms of asthma that get worse when stressed
- Has frequent tantrums or is defiant
- Is anxious or is easily upset



There are steps you can take that can result in your child having a healthier body and brain. Counseling and other mental health services can be helpful for children who have faced difficulties. This kind of care may also help you if you experienced trauma as a child or adult. A helpful resource in finding services is [AuntBertha](#).

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](#).

This project was funded from the Tennessee Department of Children's Services.





Parents Coping With ACEs

Even as an adult, if you were exposed to Adverse Childhood Experiences (ACEs), you may still feel their effects. You may be wondering what this means for your own physical and mental health. How your ACEs might be affecting you depends on many things including: how many ACEs were you exposed to as a child, was there an adult who gave you love and care as a child, and do you have a good support system in place now. The good news is it is never too late. Learning about stress, how it affects you, and what you can do is a great first step!

Questions you may have about ACEs:

Is all stress is harmful?

Not all stress is harmful. Some stress is helpful, it gets your body and brain ready to take a test or run to safety. When used from time to time, stress is beneficial. But certain types of intense stress or toxic stress can cause your system to go into overdrive and may cause harmful changes to your body and brain.

How can my childhood Toxic Stress affect me now?

If you have unaddressed toxic stress, it can contribute to problems with your physical and mental health. It may also make coping with current stress more challenging.



What does this have to do with my child?

Parenting is demanding and sometimes stressful. If you have unaddressed toxic stress, you may find you easily go into stress overload and overreact to your child's crying, tantrums, or even spilled milk. By addressing your own experiences, you may feel better and gain skills to break the ACE cycle in your family.

What to do now?

First, recognize it is never too late to start, and that ACEs are really common. Talk to your or your child's healthcare provider about your concerns. Begin practicing and modeling for your child the healthy habits that can reduce the stress on your body and brain. That means: getting exercise, experiencing nature, improving mental health, practicing mindfulness, getting quality sleep, finding and building supportive relationships, and improving nutrition.

Remember, you and your family are not alone. Your healthcare team cares about you and wants to help.

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.aceaware.org).

This project was funded from the Tennessee Department of Children's Services.





Healthcare Professionals Reducing **ACEs**

Adverse Childhood Experiences (ACEs) comes from the 1998 landmark study by the CDC and Kaiser Permanente.

(1)(2) ACEs are potentially traumatic events that occur in childhood, revolving around three domains: abuse, neglect, and household challenges. Cumulative experienced adversity with a dose response relationship, ACEs are a root cause of some of our most challenging, and expensive health problems: including asthma, substance misuse, diabetes, heart disease, dementia, and many others. (3) It is now known that one important way ACEs increase risk of negative health outcomes is through prolonged activation of the biological stress response and associated changes to brain, immune, hormonal, and genetic systems. This especially true when ACEs are experienced during critical and sensitive periods of development, (4) But, the good news is ACEs are not irrevocably destined to cause medical problems and are amenable to treatment!

Let's begin screening, preventing, treating, and healing.

Screening

A consensus of scientific data demonstrates that early detection and early intervention is associated with improved outcomes related to Toxic Stress. Visit this [link](#) for a list of the ACEs questions.

Preventing

ACEs and Toxic Stress can also affect the health of subsequent generations, with effects transmitted from parent to child and even to grandchild. By educating parents and future parents we can deliver downstream prevention.



Treating

Stress mitigators can buffer the stress response to ACEs. Evidence-based buffers include: quality sleep, mental healthcare, balanced nutrition, supportive relationships, experiencing nature, physical activity, and practicing mindfulness.

Healing

Children's ACE-associated health conditions include:

- Babies: growth delay, failure to thrive, sleep disruption, get colds or ear infections often, and developmental delays
- School-age: increased risk of learning and behavioral difficulties, viral infections, pneumonia, and asthma
- Adolescents: somatic complaints, increased high risk behaviors, substance use, mental health disorders, teen pregnancy and paternity, and STIs

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.ace aware.org).

This project was funded from the Tennessee Department of Children's Services.



(1) Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, et al. The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*. 1998; 14:245- 258.

(2) Felitti VJ. Origins of Addiction, Evidence from the Adverse Childhood Experiences Study

(3) Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple Adverse Childhood Experiences on health: A systematic review and meta-analysis. *The Lancet Public Health* 2017; 2(8): e356–e66.

(4) ACEs Aware Roadmap

Thanks to ACEsAware, and for more information visit [ACEsAware.org](https://www.ace Aware.org)



Our Future and ACEs

How many times have we reassured parents and ourselves that children are resilient; they have the gift of being able to “bounce back?” Recent work in child development and neuroscience increasingly is now telling us a different story.

We are learning stress and trauma, especially when prolonged, and occurring at sensitive points in development can interrupt healthy child development, placing them at risk for lifelong mental and physical health issues.

What We are Learning About ACEs

Consequences of ACEs

Research has identified how high-stress levels and trauma can change a child’s brain chemistry, brain architecture, and gene expression. Stress is experienced by nearly all of us, but chronic stress can be especially harmful to children. When stress becomes toxic stress it can interfere with healthy neural, immune, and hormonal systems, and can alter DNA expression. Over time, especially without appropriate adult support, multiple ACEs can have effects that last throughout a lifetime.

[TED Talk How Childhood Trauma Affects Health Across a Lifetime](#), Dr. Nadine Burke Harris, CA Surgeon General
[Vincent Felitti MD: Reflections on Adverse Childhood Experiences \(ACE\) Study](#)

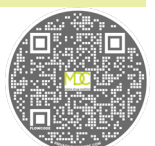
Fast Facts

- If we could prevent ACEs we’d see: a 15% reduction in adults who are unemployed, a 16% reduction in the number of adults with kidney disease, a 33% reduction of adults who smoke, a 24-27% reduction of adults with respiratory problems such as asthma and COPD, a 44% reduction of adults with depression. [\(CDC.gov\)](#)
- ACEs-related illness accounts for an estimated \$748 billion in financial costs in North American every year. [\(CDC.gov\)](#)
- On average, the life expectancy of a person with an ACE score of six or greater is 19 years shorter than someone with a zero ACE score. [ACEsAware.org](#)

When addressing ACEs, primary prevention is preferred. When ACEs have occurred, especially if caught early they are amenable to treatment. Pediatricians are uniquely situated to provide early ACE education and screening that can positively impact the health of their patients, throughout their lifetime. [\(CDC.org\)](#)

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](#).

This project was funded from the Tennessee Department of Children’s Services.





What We are Learning About ACEs, AAHCs, and Our Children

Pediatric ACE-Associated Health Conditions, AAHCs ([ACEsAware Resource](#))

Research is informing us that unaddressed stress and Toxic Stress can result in many health conditions commonly seen in the pediatrician's office. They include:

- Asthma
- Allergies
- Dermatitis and eczema
- Increased incidence of chronic disease and impaired management
- Any unexplained somatic symptoms (e.g., nausea and vomiting, dizziness, constipation, headaches)
- Headaches
- Enuresis or encopresis
- Overweight or obesity
- Failure to thrive, poor growth, or psychosocial short stature
- Poor dental health
- Increased infections (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, or intestinal)
- Later menarches (≤ 14 yo)
- Sleep disturbances
- Developmental delay
- Learning and/or behavior problems
- Repeating a grade
- Not completing homework
- High school absenteeism
- Aggression or physical fighting
- Depression
- ADHD
- Any of the following: ADHD, depression, anxiety, or conduct/behavior disorder
- Suicidal ideation
- Suicide attempts
- Self-harm
- First use of alcohol and/or first use of illicit drugs at <14 years
- Early sexual debut ($<15-17$ years)
- Teenage Pregnancy/Paternity

Thanks to ACEs Aware, and for more information visit [ACEsAware.org](#).

This project was funded from the Tennessee Department of Children's Services.



ACEs Shared Decision-Making Worksheet for Pediatrics

ACEs stands for Adverse Childhood Experiences. ACEs are common, about two-thirds of us have at least one ACE. These experiences include things like neglect, abuse, caregiver mental illness, divorce, and household violence. Over time these events can affect your child's health and wellbeing. Safe, stable, and nurturing relationships and environments, where children feel safe emotionally and physically, can help protect children's bodies and brains. There is a range of ways you, your child, and family can be healthier, including: seeking mental health services, practicing mindfulness, quality sleep, good nutrition, supportive relationships, regular exercise, spending time in nature. The most important ingredient for healthy kids is a healthy caregiver. Your or your child's ACE score is not a destiny, and it's never too late to start your journey to better health.

Here are some goals your family can set together to support your child's health. Check the goals that you are picking for yourself and your family.

- ☐ Sleep - We have set a goal of:
 - ☐ Helping my child go to bed at the same time every night
 - ☐ Turning off all screens 30 minutes before bedtime
 - ☐ Creating a calm place for sleep
 - ☐ Making a routine of reading a book or singing a quiet song before bedtime
 - ☐ Create your own goal: _____
- ☐ Supportive Relationships - We have set a goal of:
 - ☐ Treating everyone in my household with respect
 - ☐ Looking my child in the eyes when we are talking
 - ☐ Giving my child hugs throughout the day.
 - ☐ Connecting regularly with family, friends, my faith community, or mentors
 - ☐ Asking for help if a relationship or environment feels physically or emotionally unsafe
 - ☐ The National Domestic Violence hot-line is 800-799-SAFE (7233)
 - ☐ The National Sexual Assault hot-line is 800-656-HOPE (4673)
 - ☐ The National Information to health and human services is 411
 - ☐ Create your own goal: _____
- ☐ Nutrition - We have set a goal of:
 - ☐ Eating a healthy breakfast every day (with protein, whole grains, and/or fruit)
 - ☐ Drinking water with each meal and snack
 - ☐ Eliminating juice and sodas
 - ☐ Eating at least 5 vegetables and/or fruits every day
 - ☐ Create your own goal: _____
- ☐ Mindfulness - We have set a goal of:
 - ☐ Teaching my child deep belly breathing
 - ☐ Using deep belly breathing with my child when stressed
 - ☐ Downloading a mindfulness app and using it every day with my child
 - ☐ Paying attention to my child when I am with my child
 - ☐ Create your own goal: _____

- ☐ Exercise - We have set a goal of:
 - ☐ Limiting screen time for my young child to one hour or less per day
 - ☐ Walking at least twenty minutes every day
 - ☐ Finding an exercise that my family enjoys
 - ☐ Learning how much playtime is right for my child, making it fun, and making it a daily goal
 - ☐ Create your own goal: _____

- ☐ Nature - We have set a goal of:
 - ☐ Limiting screen time for my young child to one hour or less per day
 - ☐ Walking at least twenty minutes every day
 - ☐ Learning where the nearby parks are and visiting them frequently
 - ☐ Hanging pretty nature pictures in our home
 - ☐ Create your own goal: _____

- ☐ Mental Health - We have set a goal of:
 - ☐ Talking to my family about mental health concerns
 - ☐ Learning more about health conditions that are associated with ACEs.
 - ☐ Identifying a local mental health professional
 - ☐ If I am feeling like I or my child is in crisis, I will get help
 - ☐ National Suicide Prevention Lifeline is 800-273-TALK (8255) or text-to-988 (available 7/1/22)
 - ☐ National Information to health and human services is 411
 - ☐ Tennessee Crisis Hot-line is 844-549-4266
 - ☐ Create your own goal: _____

The National Alliance on Mental Health (NAMI)
800-950-NAMI (6264) or NAMI Crisis Text Line 741-741

Child Adverse Childhood Experiences Ages 0-11 Form for Parent/Caregiver to Complete

Many families experience stressful events. Over time these events can affect your child's health and well-being. We would like to ask you questions about your child so we can provide better care to you and your child.

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."

Please check "Yes" where it applies. ☒

1. Has your child ever lived with a parent/caregiver who went to jail/prison?	<input type="checkbox"/>
2. Do you think your child ever felt unsupported, unloved, and/or unprotected?	<input type="checkbox"/>
3. Has your child ever lived with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or have an anxiety disorder?)	<input type="checkbox"/>
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?	<input type="checkbox"/>
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, prescription medications, or street drugs?	<input type="checkbox"/>
6. Has your child ever lacked appropriate care by any caregiver? (Examples are: not cared for when sick or injured even when resources were available, or not being protected from unsafe situations.)	<input type="checkbox"/>
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?	<input type="checkbox"/>
8. Has any adult in the household often or very often hit, 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?	<input type="checkbox"/>
9. Has your child ever experienced sexual abuse? (Examples are: has 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.)	<input type="checkbox"/>
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? (Examples are: a parent/caregiver got a divorce or separated, or a romantic partner moved in or out.)	<input type="checkbox"/>
How many questions did you check yes to? This is your child's ACE score.	

Child's name: _____ Date: _____

Child Adverse Childhood Experiences Ages 0-11 for Parent/Caregiver to Complete, De-Identified

Many families experience stressful events. Over time, these events can affect your child's health and well-being. We would like to ask you questions about your child so we can provide better care to you and your child.

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."

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? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or have 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, prescription medications, or street drugs?
6. Has your child ever lacked appropriate care by any caregiver? (Examples are: not cared for when sick or injured even when resources were available, or not being protected from unsafe situations.)
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 hit, 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? (Examples are: has 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)? (Examples are: a parent/caregiver got a divorce or separated, or a romantic partner moved in or out.)

Add up the "yes" answers: _____ This is your child's ACE score.

Child's name: _____ Date: _____

Teen Adverse Childhood Experience Age 12-19 for Parent/Caregiver to Complete

Many families experience stressful events. Over time these events can affect your child's health and well-being. We would like to ask you questions about your child so we can provide better care to you and your child.

At any point in time since your child was born, have 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."

Please check "Yes" where it applies. ☒

1. Has your child ever lived with a parent/caregiver who went to jail/prison?	<input type="checkbox"/>
2. Do you think your child ever felt unsupported, unloved, and/or unprotected?	<input type="checkbox"/>
3. Has your child ever lived with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)	<input type="checkbox"/>
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?	<input type="checkbox"/>
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, prescription medications, or street drugs?	<input type="checkbox"/>
6. Has your child ever lacked appropriate care by any caregiver? (Examples are: not cared for when sick or injured even when resources were available, or not being protected from unsafe situations.)	<input type="checkbox"/>
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?	<input type="checkbox"/>
8. Has any adult in the household often or very often hit, 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?	<input type="checkbox"/>
9. Has your child ever experienced sexual abuse? (Examples are: has 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.)	<input type="checkbox"/>
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? (Examples are: a parent/caregiver got a divorce or separated, or a romantic partner moved in or out.)	<input type="checkbox"/>
How many questions did you check yes to? This is your child's ACE score.	<input type="text"/>

Do you believe that these experiences have affected your child's health ? ☐ Not much ☐ Some ☐ A lot

Child's name: _____ Date: _____

Teen Adverse Childhood Experience Age 12-19 for Parent/Caregiver to Complete, De-Identified

Many families experience stressful events. Over time these events can affect your child's health and well-being. We would like to ask you questions about your child so we can provide better care to you and your child.

At any point in time since your child was born, have 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."

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? (Examples are: 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, prescription medications, or street drugs?
6. Has your child ever lacked appropriate care by any caregiver? (Examples are: not cared for when sick or injured even when resources were available, or not being protected from unsafe situations.)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, have you 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 hit, 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? (Examples are: has 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)? (Examples are: a parent/caregiver got a divorce or separated, or a romantic partner moved in or out.)

Add up the "yes" answers: _____ This is your child's ACE score.

Do you believe that these experiences have affected your child's health ? ☐ Not much ☐ Some ☐ A lot

Child's name: _____ Date: _____

Teen Adverse Childhood Experience Age 12-19 for Teen to Complete

Many families experience stressful events. Over time these events can affect your health and well-being. We would like to ask you questions so we can provide better care to you.

At any point in time since you were born, have you 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."

Please check "Yes" where it applies. ☒

1. Have you ever lived with a parent/caregiver who went to jail/prison?	<input type="checkbox"/>
2. Have you ever felt unsupported, unloved, and/or unprotected?	<input type="checkbox"/>
3. Have you ever lived with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)	<input type="checkbox"/>
4. Has a parent/caregiver ever insulted, humiliated, or put you down?	<input type="checkbox"/>
5. Have your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, prescription medications, or street drugs?	<input type="checkbox"/>
6. Have you ever lacked appropriate care by any caregiver? (Examples are: not cared for when sick or injured even when resources were available, or not being protected from unsafe situations.)	<input type="checkbox"/>
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?	<input type="checkbox"/>
8. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?	<input type="checkbox"/>
9. Have you ever experienced sexual abuse? (Examples are: has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you.)	<input type="checkbox"/>
10. Have there ever been significant changes in the relationship status of the your caregiver(s)? (Examples are: a parent/caregiver got a divorce or separated, or a romantic partner moved in or out.)	<input type="checkbox"/>
How many questions did you check yes to? This is your ACE score.	<input type="text"/>

Do you believe that these experiences have affected your health ? ☐ Not much ☐ Some ☐ A lot

Your name: _____ Date: _____

Teen Adverse Childhood Experience Age 12-19 for Teen to Complete, De-Identified

Many families experience stressful events. Over time these events can affect your health and well-being. We would like to ask you questions so we can provide better care to you.

At any point in time since you were born, have you 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."

1. Have you ever lived with a parent/caregiver who went to jail/prison?
2. Have you ever felt unsupported, unloved, and/or unprotected?
3. Have you ever lived with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)
4. Has a parent/caregiver ever insulted, humiliated, or put you down?
5. Have your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, prescription medications, or street drugs?
6. Have you ever lacked appropriate care by any caregiver? (Examples are: not cared for when sick or injured even when resources were available, or not being protected from unsafe situations.)
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?
8. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?
9. Have you ever experienced sexual abuse? (Examples are: has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you.)
10. Have there ever been significant changes in the relationship status of the your caregiver(s)? (Examples are: a parent/caregiver got a divorce or separated, or a romantic partner moved in or out.)

Add up the "yes" answers: _____ This is your ACE score.

Do you believe that these experiences have affected your health ? ☐ Not much ☐ Some ☐ A lot

Your name: _____ Date: _____