



Building a Resilient Tennessee

ACEs Resources for Clinics



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Although we have made all best effort of ensure the accuracy of the Content, new information and the science of Adverse Childhood Experiences and its effects are constantly changing and printed Content or websites cannot substitute for your physician's advice.

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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It is with our deepest and sincerest sympathy and respect that we dedicate this tool kit to the memory of the women, and their loved ones, who died within one year of their pregnancy.



Dear Practitioner,

Thank you for your time and consideration in talking with us about Adverse Childhood Experiences (ACEs). Our team is here to provide information and answer your questions. When you decide to incorporate ACEs screening to your practice, this team and the TNACES toolkit are here to support your success. The TNACES toolkit contains everything our team has been able to think of to help you effectively integrate ACEs screening into your busy practice.

Warm Regards,
Your MDC TNACES Team

*What
you'll find here:*

Sample scripts written in a trauma informed manner to help you and staff feel more comfortable when talking to patients about ACEs.

Electronic and/or hard-copy resource pages you can share with patients. These resource pages contain information and tips to support the patient, reduce their stress response, improve their diet and sleep, understand the value of supportive relationships and mindfulness, guides to seek mental health services, and much more.

Shared decision-making and self-care worksheets to aid in the development of action plans in concert with your patients.

Professionally printed posters for placement in your practice to foster curiosity and start conversations with your patients.

Flowchart and workflow suggestions to help your entire office be prepared and comfortable when you bring ACEs screening to your practice.

Want to know more?

Email/text

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SMoore@metrodrug.org · (901) 230-3919

TWilkey@metrodrug.org · (423) 664-2223

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.



ACEs, AAHCs, and TIC in the OB-GYN Setting



What Are Adverse Childhood Experiences?

ABUSE

Physical, emotional, or sexual



Emotional



Physical



Sexual

NEGLECT

Physical or emotional



Physical



Emotional

HOUSEHOLD CHALLENGES

Growing up in a household with incarceration, mental illness, absence due to separation or divorce, or intimate partner violence.



Mental Illness



Intimate Partner Violence



Parental Separation or Divorce



Incarceration



Substance Misuse

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.





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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 is 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, teen paternity, and STIs

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

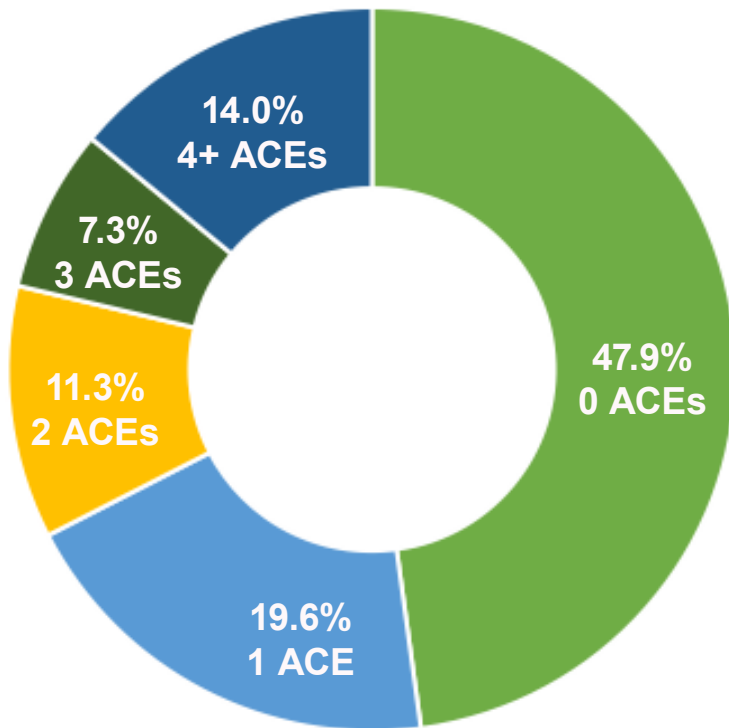
(4) ACEs Aware Roadmap

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



Prevalence of ACEs in Tennessee and ACE-Associated Health Outcomes

Prevalence of ACEs in Tennessee

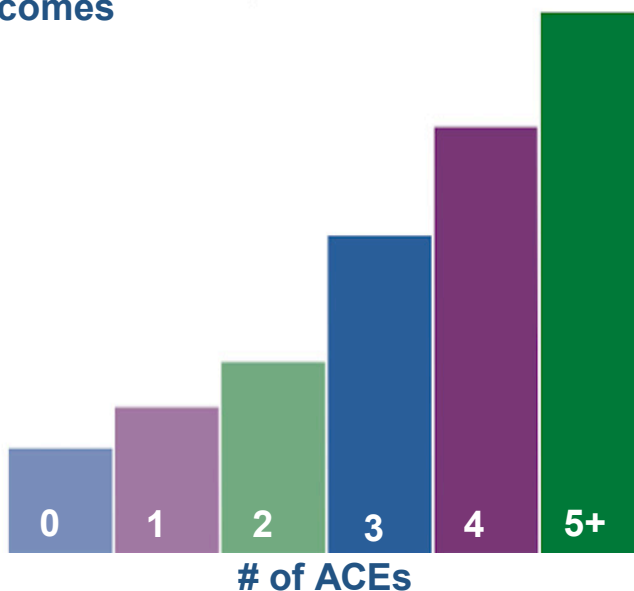


The majority of Tennessee adults have experienced adversity prior to their 18th birthday.

Data from [TN.gov](https://www.tn.gov)

ACEs have been found to have a graded dose-dependent relationship with negative outcomes

Risk for Negative Health and Well-Being Outcomes



Our ACE score is not our destiny. However our risk of negative outcomes is higher as our ACE score increases.

ACE awareness supports patient empowerment.

Data from [HES](https://www.hes.org)

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.



In Tennessee,



**more than 3 out of every 10
women have an ACE score
of 2 or greater.**

Data from [TN.gov](https://www.tn.gov)

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 and Reproductive and Sexual Conditions

Condition	Odds Ratios for high ACEs relative to no ACEs*
Unintended pregnancy	2.6 (≥ 5 ACEs)
Teen pregnancy	4.2
Teen paternity	2.6 (≥ 5 ACEs)
Pregnancy loss	1.7 (≥ 5 ACEs)
Early sexual initiation (< 15 -17 years)	3.7
Sexually transmitted infections (lifetime)	5.9
Violence victimization (intimate partner violence/sexual assault)	7.5
Distinct patterns of care utilization (e.g., Under-use of cervical cancer screening/ increased ER and doctor's office visits)	----

* Note: Odds Ratios for ≥ 4 ACEs (relative to no ACEs) unless otherwise specified

Data from ACEsAware.org

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

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





ACEs and Obstetrical Conditions

Condition	Odds Ratios for high ACEs relative to no ACEs*
Mental Health in Pregnancy	
Prenatal depressive symptoms	1.35 (≥ 1 ACE)
PTSD	1.36 (≥ 3 ACEs)
Probable postpartum depression risk	4.5 (≥ 5 ACEs)
Substance Use in Pregnancy	
Smoking	2.6
Alcohol	3.7
Illicit substance(s)	6.1
Low Birth Weight	1.4
Preterm Birth	1.5
Hypertensive Disorders of Pregnancy	2.03
Select Drivers of Adverse Outcomes	
Obesity	2.1
Diabetes	1.4

* Note: Odds Ratios for ≥ 4 ACEs (relative to no ACEs) unless otherwise specified

Data from ACEsAware.org

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.





ACEs and Gynecology

Procedure	Odds Ratios
Hysterectomy	2.01 (≥ 3 ACEs)*
Bilateral oophorectomy	2.61 (≥ 3 ACEs)*
Condition	↓
Severe menopausal symptoms	4.51**
Chronic pelvic pain	3.14**
Endometriosis (sexual abuse)	1.49 (Relative risk)*
Endometriosis (physical abuse)	1.2 (Relative risk)*

* Note: Odds Ratios for ≥ 4 ACEs (relative to no ACEs) unless otherwise specified

** Note: Odds Ratios (or) of risk of ≥ 4 ACEs when condition is present, compared to controls where condition is not present.

Data from ACEsAware.org

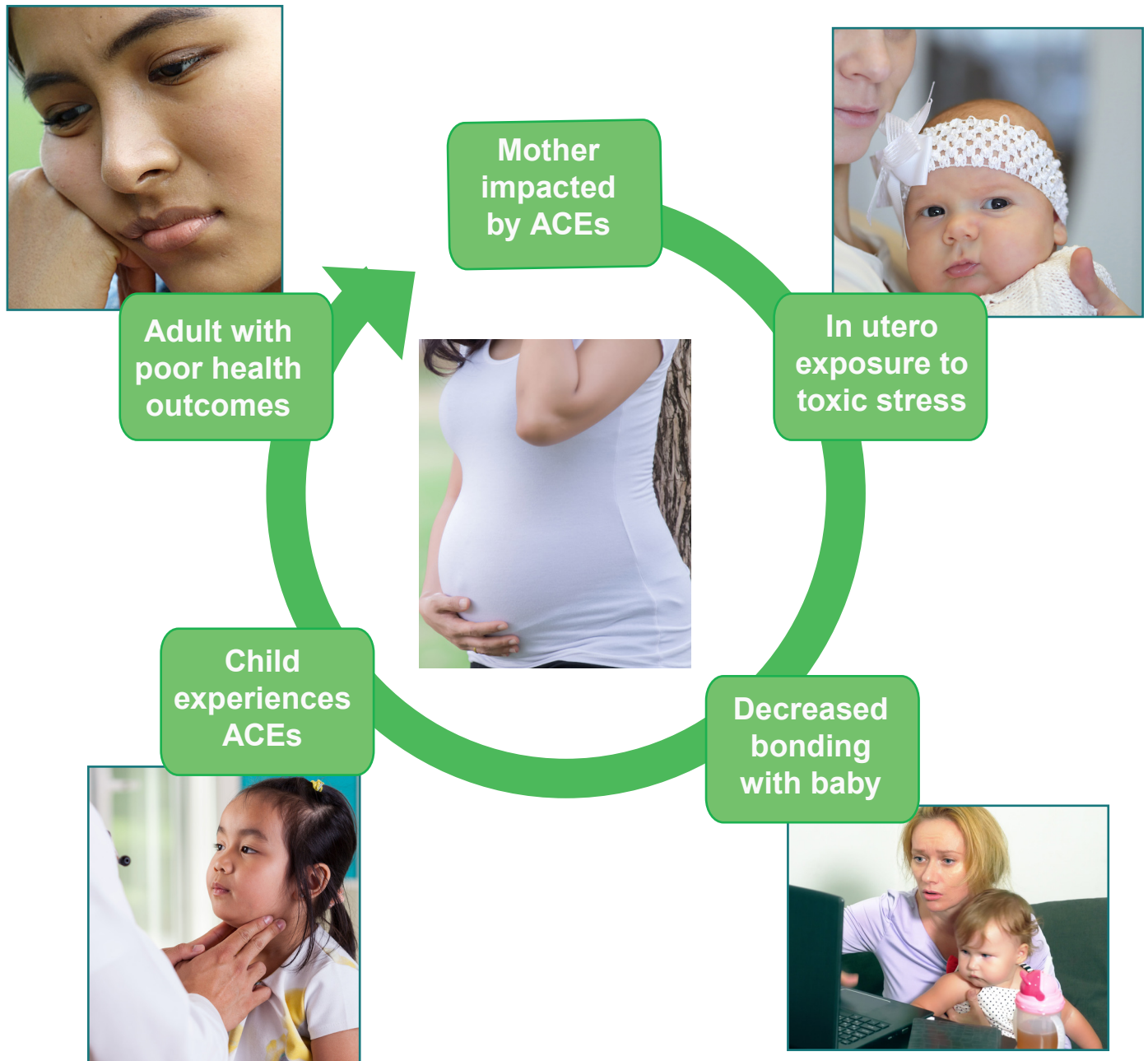
Thanks to ACEs Aware, and for more information visit [ACEsAware.org](https://www.ace aware.org).

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The Prenatal Setting: A Critical Opportunity to Interrupt the Intergenerational Cycle



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





Assessing and Building Protective Factors

There are many possible protective factors, and the extent to which they have influence will vary on the individual. A few examples are:

- Healthy coping strategies
- Community engagement
- Strong social supports
- Positive attitudes, values or beliefs
- Problem solving skills
- Participation in cultural activities

When assessing for protective factors, ask your patients open-ended questions such as, “*When you are stressed, who helps you feel better?*” or “*What helps you deal with stress?*”

Our physiological stress response can be mitigated with proven behaviors. In this toolkit you will find resource pages you can use to provide actionable information for your patient as well as being an aid to help foster curiosity and conversations. Adding or building upon these stress mitigators, can help your patients protect against toxic stress and build resilience.



When the patient has answered your open-ended question, reflect back, “*I hear you saying _____ helps you deal with stress, can we talk a little more about that?*”

A Shared-Decision Making and Self-Care Worksheet, located on page 72-73, can be utilized to help the patient and practitioner to identify and build on protective factors. Shared decision-making of the treatment plan aids in conferring agency to your patient.

The Brief Resilience Scale (BRS), located on page 74, can be utilized to help the patient and practitioner identify and build on existing protective factors and aids in pivoting from adversity toward strength building.

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 are Preventable



To prevent ACEs, we need to understand and address what puts us at risk, and what protects and supports us.

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

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



What Puts Us at Risk? Trauma

Adverse Childhood Experiences

Maternal Depression
Physical & Emotional Neglect
Divorce
Emotional & Sexual Abuse
Domestic Violence
Mental Illness
Substance Misuse
Homelessness
Incarceration

Adverse Community Environments

Poverty
Violence
Community Disruption
Poor Housing Quality & Affordability
Discrimination
Lack of Opportunity, Economic Mobility & Social Capital

Trauma refers to experiences that cause intense physical and psychological stress reactions. **Trauma** results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.

SAMHSA

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.



Selected Impacts of Trauma

Up to 1 in 5 of those who are pregnant and in the postpartum period will suffer from a maternal health disorder like postpartum depression.

2020mom.org

Less than 15 % of women with a maternal health disorder receive treatment.

2020mom.org

Rates of Depression are more than doubled in the Black community, due to cumulative effects of stress.

2020mom.org

Non-Hispanic Black women in Tennessee are 2.5 x as likely to die from pregnancy related causes than Non-Hispanic White women.

[TN.gov](https://tn.gov) 2022

In 2020, discrimination contributed to 1 in 3 of pregnancy-related deaths in Tennessee.

[TN.gov](https://tn.gov) 2022

The burden of **Trauma** includes unaddressed ACEs. These traumas can result in poorer prenatal care, lower birth weight, impaired parent-baby bonding, low maternal patience, and much more. Any of which can put the next generation at risk and continue the cycle of trauma.

The Prenatal setting offers a critical opportunity to interrupt the intergenerational cycle of ACEs.

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

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

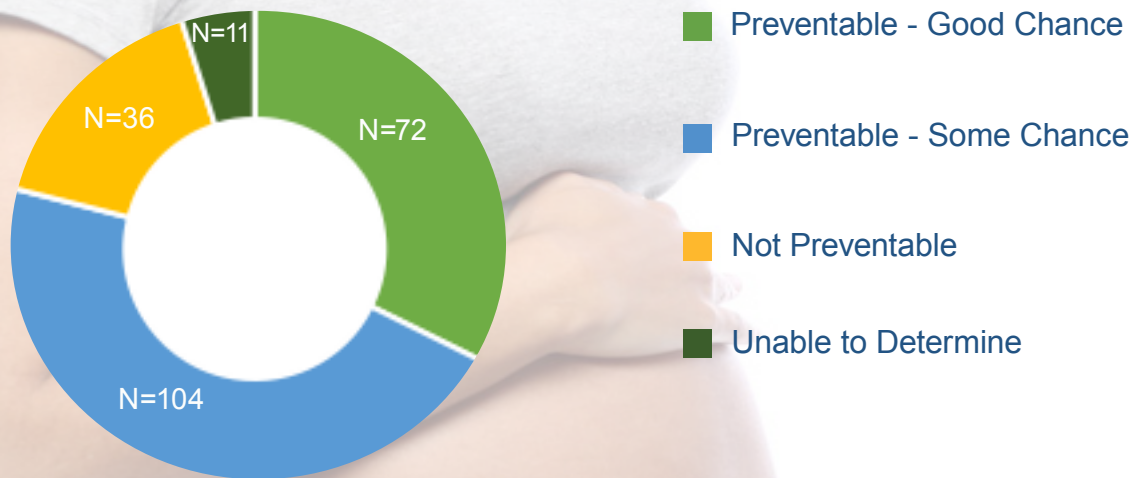


Selected Impacts in Tennessee

Tennessee had 222 pregnancy-associated deaths between 2017-2019, and 79% were determined to be preventable.

[TN.gov 2021](https://www.tn.gov/2021/05/22-pregnancy-associated-deaths/)

**Preventability of Pregnancy-Associated Deaths,
Tennessee, 2017-2019**



Tennessee had 321 pregnancy-associated deaths between 2017-2020, and 58% occurred at 43-365 days postpartum.

[TN.gov 2022](https://www.tn.gov/2022/05/22-pregnancy-associated-deaths/)

Select details about the death of the **321** women:

Obesity contributed to **12%** of all pregnancy-associated deaths.

Mental health conditions contributed to **25%** of all pregnancy-associated deaths and of those **79** moms with mental health conditions **63** were suffering from a Substance Use Disorder.

Substance use disorders contributed to **36%** of all pregnancy-associated deaths.

Each of these conditions can be linked to a mom's ACE Score.

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 Protects and Strengthens Us?



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

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





Trauma Informed Care (TIC) is a Strength-Based, Resiliency-Building Approach to Care

As our understanding of trauma and its effects continue to broaden and deepen, it helps us realize asking, listening, & supporting our patients are powerful forms of doing for our patients.

Six Guiding Principles to a Trauma Informed Care (TIC) Approach

1. Safety	2. Trust & Transparency	3. Peer Support	4. Collaboration & Mutuality	5. Empowerment, Voice, & Choice	6. Cultural, Historical, & Gender Issues
Ask the patient if there is there anything you can do to make this easier for them.	Tell the patient what you are doing, why you are doing it, and ask what questions the patient has.	Ask the patient if there is someone they would like to have in the office or exam room with them.	Ask the patient about any past experiences they would like you to know.	Ask the patient to tell you what would help them feel more comfortable.	Ask the patient what name they preferred to be called and what pronouns they would like.

A TIC fundamental is always asking the patient for permission prior to making physical contact.

Trauma Informed Care does not mean trauma counseling. TIC includes a subtle language-shift that fosters feelings of safety and trust.



Scan here
for a quick
look at a TIC
video

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.





Trauma Informed Care (TIC) a Few Examples

TIC is a strength-based approach to care. This approach also applies to your clinic and staff. Take a look around and see all the good work the team is already doing and celebrate that.

Ideas to enhance the well-being of staff and patients through TIC:

- Keep in mind ACEs and trauma are experienced by the majority of us. Treating trauma as a universal experience will help staff and patients feel less stigmatized.
- Consider the patient's experience, beyond medical technique.
- Encourage questions.
- Think about language. As an example, shifting from “Do you have any questions?” to “What questions do you have?” conveys to your patient that you anticipate and are open to questions.
- Add signage that addresses routine issues. As an example, put up signs indicating who is expected in the offices. This will help folks understand expectations and not feel singled out.
- Celebrate different perspectives and cultures through holiday decorations.
- Create a routine for yourself that will aid in becoming focused and mindful when in the room with a patient, make eye contact and introduce yourself and role.
- Consider the waiting room environment. Does it appear welcoming?
- Explain what you are doing, and why you are doing.
- Ask if the patient would like anyone else in the room with them.
- Ask before touching. As an example, say “I’m going to touch your knee now, is that okay?”
- Offer the patient options whenever possible.
- Support patient autonomy by making it okay for patients to decline and change their plan of care at any time.

Want to learn more? The [CDC website](https://www.cdc.gov/trauma/) can assist you and your team to take a deeper dive into the details of TIC.

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.





A Few Easy Resilience Building Practices to Incorporate in the Exam Room and Beyond



Mindful Baby Connections:

Suggest to your patient “Let’s take a minute, close your eyes, place your hands on your belly, and take some deep belly breaths.”

Suggest your patient go outside for walks and place her hands on her belly and tell the baby all about the clouds, and flowers, and trees she sees.

Suggest she write a letter to her baby and tell them what she is doing to grow a healthy baby.



Daily Affirmations:

Suggest your patient write herself a note card and post it on her bathroom mirror that reads, “Pregnancy is hard work, and I am doing it.”

Or, “Pregnancy is causing a lot of changes to my body, and I am doing it.”

Or, “Labor is hard work, and I am doing it.”



Note cards:

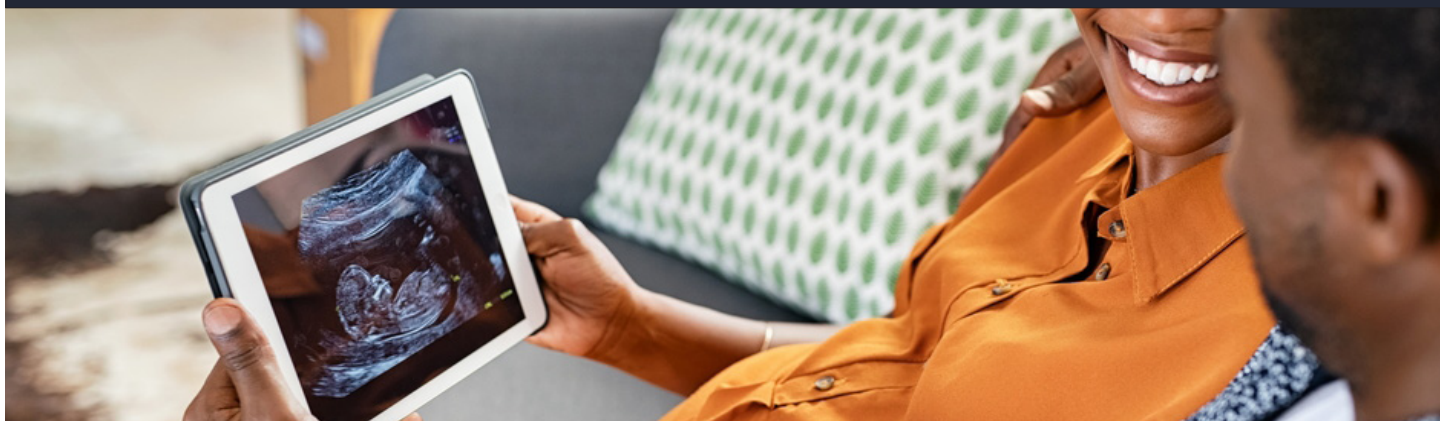
Consider the provider writing a little note card welcoming home to the baby and thanking the mom for the privilege to be present at her baby’s birth day. Include an affirmative statement, such as “You were so brave though your labor what a lucky baby to have you as their mom.”

A one-year birthday card to the baby reminding mom the best gift she can give the baby is to come in for her wellness checkup.

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 and Adult ACE-Associated Health Conditions (AAHC)

Adult 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 OB-GYN office. They include:

- Cardiovascular disease (CAD, MI, ischemic heart disease) Tachycardia
- Stroke
- Chronic obstructive pulmonary disease (emphysema, bronchitis)
- Asthma
- Diabetes
- Obesity
- Hepatitis or jaundice
- Cancer, any
- Arthritis (self-reported)
- Memory impairment (all causes, including dementias)
- Kidney disease
- Headaches
- Chronic pain
- Fibromyalgia
- Unexplained somatic symptoms, including somatic pain, headaches
- Skeletal fracture
- Physical disability requiring assistive equipment
- Depression
- Suicide ideation, suicide attempts
- Sleep disturbance
- Anxiety, Panic and anxiety
- Illicit drug and/or cannabis use
- Post-traumatic stress disorder
- Alcohol, cigarettes, or e-cigarettes use
- Teen pregnancy
- Sexually transmitted infections, lifetime
- Violence victimization (intimate partner violence, sexual assault)
- Violence perpetration

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

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





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

Of special note: There are pros and cons to using the Identified or De-Identified versions. In reproductive health care, using the Identified version may help the team gain insights into patients who may be at risk of trauma re-activation in the course of their care.

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.

Clinical Guides and Resources



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.

* ACEs tool is recommended to be completed once per adult, per lifetime.

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.





Process Action, Staff, and Location

Action	Role/Team Member/Assigned Staff	Location
Identify patients who should be given the ACEs screening tool	Receptionist/Staff name:	Front Desk
<u>Introduce</u> the ACEs screening tool to patients <u>All Ages</u> Pg 26, Action 1	MA or RN/Staff name:	Patient room, other Private location, lobby
<u>Receive</u> ACEs screening tool back from patient and confirm completion or provide education if not complete <u>All Ages</u> Pgs 27-28, Action 2a-2b	MA, RN, or Clinician/Staff name:	Private location
<u>Review</u> ACEs screening tool, conduct clinical assessment, apply ACEs and toxic stress Risk Assessment Algorithm <u>Adult</u> Pgs 32-38, Action 3a-3d <u>Adolescent</u> Pgs 46-54, Action 3a-3d	Clinician/Staff name:	Exam room
Work with patient using Self-Care Shared Decision-Making Worksheet and jointly form a treatment plan <u>All Ages</u> Pgs 72-73	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
Review chart and follows up during the next visit	Clinician/Staff name:	Exam room, Staff room

Introducing the ACEs Screening and Tool, All Ages (Action 1)

The introduction of the ACEs screening to a patient may be 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 to complete to help our team learn more about you so we can provide better care.”

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

“We have started asking all patients about these experiences because they are very common, and we now understand they may affect your health and well-being.”

“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 have 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 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 have 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 health.”

“These answers are confidential between you and this clinical team unless you share information that you and/or a member of your household are being hurt. In that case, we will want to talk more with you about how to best help keep you safe.”

Receiving ACEs Screening Tool, All Ages (Action 2a and 2b)

Once the patient fills out the form, receive it, thank them, and review to make sure it is filled out completely and correctly. If the patient expresses that they would like to 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 the appropriate team member of any concerns or questions the patient 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 screening 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 questions?”

“We have begun asking all our patients to answer these questions. It helps us provide better care and support to you.”

“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 us 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 with the knowledge that they are the most powerful tool for helping themselves and their children/family deal with challenges, stress, and toxic stress.
- Communicate the clinic supports the patient.
- Help patient 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.”



Adult ACEs and Toxic Stress Risk Assessment Algorithm

	Low Risk	Intermediate Risk	High Risk	Unknown Risk
ACE screen score	Score of 0-3	Score of 1-3	Score of 4+	Score unknown (incomplete)
Assess for 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 about ACEs, toxic stress, and resilience. Assess for protective factors. This might include stress mitigators and/or self-care.	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/resilience. Re-offer at next visit.

Regardless of ACEs risk, consider providing all patients with a TNACES Starting a Conversation pamphlet.

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

When the **ACE score is 0-3 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 and other adversities on health, (including reviewing patient's self-assessment of ACEs impact on health) buffering/protective factors, and interventions that can mitigate health risks. See Pgs 33-34, Action 3b.

When the **ACE score is 1-3 with ACE-Associated Health Conditions**, the patient is at **"intermediate risk."** See Pgs 35-37, Action 3c.

When the **ACE score is 4 or higher, even 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 38-40, 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.



Adult Adverse Childhood Experience Screen Age + 18 for Patient 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 prior to your 18th birthday did you see or were present when the following experiences happened?

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. Did you ever live with a parent/caregiver who went to jail/prison?	<input type="checkbox"/>
2. Did you ever feel unsupported, unloved, and/or unprotected?	<input type="checkbox"/>
3. Did you ever live with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)	<input type="checkbox"/>
4. Did a parent/caregiver ever insult, humiliate, or put you down?	<input type="checkbox"/>
5. Did your biological parent or any caregiver ever have a problem with too much alcohol, prescription medications, or street drugs?	<input type="checkbox"/>
6. Did you ever lack 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. Did you ever see or hear a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, did you ever see or hear a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?	<input type="checkbox"/>
8. Did any adult in the household often or very often hit, push, grab, slap, or throw something at you? OR, did any adult in the household ever hit you so hard that you had marks or were injured? OR, did any adult in the household ever threaten you or act in a way that made you afraid that you might be hurt?	<input type="checkbox"/>
9. Did you ever experience sexual abuse? (Examples are: had 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. Were there ever 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"/>
Your ACE score is the total number of checked responses	

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

Your name _____ Date _____

Adult Adverse Childhood Experience Screen Age + 18 for Patient 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 prior to your 18th birthday did you see or were present when the following experiences happened?

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. Did you ever live with a parent/caregiver who went to jail/prison?
2. Did you ever feel unsupported, unloved, and/or unprotected?
3. Did you ever live with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)
4. Did a parent/caregiver ever insult, humiliate, or put you down?
5. Did your biological parent or any caregiver ever have a problem with too much alcohol, prescription medications, or street drugs?
6. Did you ever lack 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. Did you ever see or hear a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, did you ever see or hear a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?
8. Did any adult in the household often or very often hit, push, grab, slap, or throw something at you? OR, did any adult in the household ever hit you so hard that you had marks or were injured? OR, did any adult in the household ever threaten you or act in a way that made you afraid that you might be hurt?
9. Did you ever experience sexual abuse? (Examples are: had 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. Were there ever 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 _____

Reviewing an ACEs Screening Tool with unknown risk of Toxic Stress (form not completed or incomplete), Adult (Action 3a)

When the patient 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 to feel comfortable in choosing whether or not to complete the screening. Let the patient know they can complete it in the future.

Providing education on ACEs, toxic stress, stress mitigation and/or communicate the clinic has begun screening all patients will normalize ACEs and ACEs screenings. This information may help the patient feel more comfortable completing the screen at a subsequent appointment.

If partial response indicates patient is at low, intermediate or high risk, follow the guidelines for the category (3b-d).

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 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 and restate ACEs are common and the clinic has begun ACEs screening by asking all patients about these experiences because we are learning ACEs may affect health and well-being.

“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 to answer these questions to help us provide the better care and support for you. 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 (0-3 ACEs) without ACE-Associated Health Conditions (AAHC), Adult (Action 3b)

Remember that low risk does not mean absence of risk. This is because there is substantial individual variability, patients 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 about ACEs, toxic stress, ACE-Associated Health Conditions, 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 understands the tool and has filled it out correctly.
- Discuss 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 and restate ACEs are common and the clinic has begun ACEs screening asking all patients about these experiences because we are learning ACEs may affect health and well-being.

“Thank you for filling out the form.”

“Thank you for giving us your trust, and being vulnerable.”

“Completing this form gives us information that helps us better care for you.”

“We now understand that exposure to stressful or traumatic experiences when we are children, like the ones on this form, may alter our stress hormones. Stress hormones, like adrenaline, may be released to cause effects such as increasing heart rate, blood pressure, and blood sugar levels. Some stress is good, it can get us ready to take an exam or preparing for a difficult task. 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 and occur during our childhood 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 health right now?”

“Let’s talk about some activities that can help manage stress. We have a worksheet (show the ACEs Shared Decision Making and Self-Care 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 you/your family. Which of these would you be interested in trying? 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) with ACE-Associated Health Conditions (AAHC), Adult (Action 3c)

Having ACEs with AAHCs indicates the patient to be at intermediate risk and the patient 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 understands the tool and filled it out correctly.
- Discuss clinical assessment findings.
- Validate existing patient/family strengths and protective factors.
- Educate patients about 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 because the patient's experience can affect their baby's development, and then later their bonding and parenting.
- 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 and restate that ACEs are common and the clinic has begun ACEs screening by asking all patients about these experiences because we are learning that ACEs may affect health and well-being.

It can be important to focus on existing strengths and also to stress mitigation strategies for the patient, focusing and building on strengths can help provider and patient pivot toward their strengths.

“Thank you for filling out the form.”

“Thank you for giving us your trust, and being vulnerable.”

“I see from this form you 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 to health and well-being, through a process called toxic stress.”

“We have strategies that have been shown to help calm the 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 support your health and well-being.”

“Addressing these experiences now can help prevent both physical and mental health issues later. Do you notice any of these experiences affecting you? What questions do you have about your health?”

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

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

“I think we often forget to tell our moms that pregnancy is hard work and it can feel overwhelming. What can our office do to help you feel safe and supported?”

“Science is showing us that a healthy parent is one of the most important factors in keeping babies/children healthy. I think we often forget to tell parents what a good job they are doing and how hard and stressful parenting can be. 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 baby. What are your thoughts on what I have said?”

“When things have been tough in the past for you, what do you think helped? What do you think would help you 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 Shared -Decision and Self-Care 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 you and your family. Which of these would you be interested in trying? At your next visit we can check in and see how it is going.”

“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.”

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

“Strong and safe relationships are important to your health and help you to be strong and resilient. Who is there for you no matter what, like your mom, dad, aunt, sister, brother, uncle, grandparent, or friend?”

“Do you feel safe now? Please know that our team is here to help if you ever feel scared or unsafe at home, 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 mitigating resource pages) 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. Which of these would you be interested in trying? 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, 4 or more ACEs with or without ACE-Associated Health Conditions (AAHC), Adult (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 understands the tool and has filled it out correctly.
- Discuss 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 and self-care 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 and restate ACEs are common and the clinic has begun ACEs screening asking all patients about these experiences because we are learning that ACEs may affect your health and well-being.

“Thank you for filling out the form.”

“ Thank you for giving us your trust, and being vulnerable.”

“I see from this form that you have experienced some of the things listed here. We now understand exposure to stressful or traumatic experiences like the ones listed here can increase the risk to health and well-being, through a process called toxic stress.” (Some examples are:)

- “Some stress is good, like getting ready for an exam or getting ready for a difficult task. This happens because stress hormones may be released, they help us focus and may cause our heart rate, blood pressure and blood sugar 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 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 causing it to stay on high alert too much of the time. When our brain is 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 elevated blood sugar and increase the risk for diabetes. It can also lead to increase risk of 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 informing us that really stressful events, especially if they happen over and over and occur during our childhood 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 ACEs may be contributing to your _____(name the AAHC).”

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

Transition to Motivational Interviewing Techniques

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

Additional Talking Point Examples for Clinicians

It can be important to focus on existing strengths and also to stress mitigation strategies for the patient, focusing and building on strengths can help provider and patient pivot toward their strengths.

“I think we often forget to tell our moms that pregnancy is hard work and it can feel overwhelming. What can our office do to help you feel safe and supported?”

“Science is showing us that a healthy parent is one of the most important factors in keeping babies/children healthy. I think we often forget to tell parents what a good job they are doing and how hard and stressful parenting can be. 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 baby. What are your thoughts on what I have said?”

“When things have been tough in the past for you, what do you think helped? What do you think would help you 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 Shared -Decision and Self-Care 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 you and your family. Which of these would you be interested in trying? At your next visit we can check in and see how it is going.”

“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.”

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

“Strong and safe relationships are important to your health and help you to be strong and resilient. Who is there for you no matter what, like your mom, dad, aunt, sister, brother, uncle, grandparent, or friend?”

“Do you feel safe now? Please know that our team is here to help if you ever feel scared or unsafe at home, 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 mitigating resource pages) 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. Which of these would you be interested in trying? At your next visit we can check in and see how it is going.”

Adolescent Unique Guides and Resources



Adolescent 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.





Adolescent ACEs and Toxic Stress Assessment Algorithm Page 2

Regardless of ACEs risk, consider providing all patients with a TNACES Starting a Conversation pamphlet.

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.



Teen Adverse Childhood Experience Age 12-19

Patient 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. Has 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.	

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 Patient 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. Has 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: _____

Reviewing an ACEs Screening Tool with unknown risk of Toxic Stress (form not completed or incomplete), Adolescent (Action 3a)

When the patient 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 to feel comfortable in choosing whether or not to complete the screening. Let the patient know they can complete it in the future.

Providing education on ACEs, toxic stress, stress mitigation and/or communicate the clinic has begun screening all patients will normalize ACEs and ACEs screenings. This information may help the patient feel more comfortable completing the screen at a subsequent appointment.

If partial response indicates patient is at intermediate or low risk, follow the guidelines for the category (3b-d).

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 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 and restate ACEs are common and the clinic has begun ACEs screening by asking all patients about these experiences because we are learning ACEs may affect health and well-being.

“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 to answer these questions to help us provide the best possible care and support for you. 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), Adolescent (Action 3b)

Remember that low risk does not mean absence of risk. This is because there is substantial individual variability, patients 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 about ACEs, toxic stress, ACE-Associated Health Conditions, 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 understands the tool and has filled it out correctly.
- Discuss 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 and restate ACEs are common and the clinic has begun ACEs screening asking all patients about these experiences because we are learning ACEs may affect health and well-being.

“Thank you for filling out the form.”

“Completing this form gives us information that helps us better care for you.”

“We now understand that exposure to stressful or traumatic experiences when we are children, like the ones on this form, may alter our stress hormones. Stress hormones, like adrenaline, may be released to cause effects such as increasing heart rate, blood pressure, and blood sugar levels. Some stress is good, it can get us ready to take an exam or preparing for a difficult task. 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 and occur during our childhood 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 health right now?”

“Let's talk about some activities that can help manage stress. We have a worksheet (show the ACEs Shared Decision Making and Self-Care 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 you/your family. Which of these would you be interested

in trying? At your next visit we can check in and see how it is going.”

“From what I see on the form, you have not experienced any of the things listed here. Is that correct? ACEs may occur at different points in childhood, and are really common, so if you have experienced, or do experience any of these, don’t hesitate to check in with us because science tells us there are stress mitigators that can help reduce negative physical and mental health 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, and more.”

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

Having ACEs without AAHCs indicates the patient to be at intermediate risk and the patient 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 understands the tool and filled it out correctly.
- Discuss clinical assessment findings.
- Validate existing patient/family strengths and protective factors.
- Educate patients about 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 because the patient's experience can affect their baby's development, and then later their bonding and parenting.
- 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 and restate that ACEs are common and the clinic has begun ACEs screening by asking all patients about these experiences because we are learning that ACEs may affect health and well-being.

It can be important to focus on existing strengths and also to stress mitigation strategies for the patient, focusing and building on strengths can help provider and patient pivot toward their strengths.

"Thank you for filling out the form."

"Thank you for giving us your trust, and being vulnerable."

"I see from this form you 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, though a process called toxic stress. The good news is you do not have any of those 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."

"We have strategies that have been shown to help calm the 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 support your health and well-being."

"Addressing these experiences now can help prevent both physical and mental health issues later. Do you notice any of these experiences affecting you? What questions do you have about your health?"

"I think we often forget to tell our moms that pregnancy is hard work and it can feel overwhelming. What can our office do to help you feel safe and supported?"

"Science is showing us that a healthy parent is one of the most important factors in keeping babies/children healthy. I think we often forget to tell parents what a good job they are doing and how hard and stressful parenting can be. 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 baby. What are your thoughts on what I have said?"

"When things have been tough in the past for you, what do you think helped? What do you think would help you 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 Shared-Decision and Self-Care 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 you and your family. Which of these would you be interested in trying? At your next visit we can check in and see how it is going."

"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."

"Healthy supportive relationships really help reduce stress. Who are you already able to lean on for support?"

"Strong and safe relationships are important to your health and help you to be strong and resilient. Who is there for you no matter what, like your mom, dad, aunt, sister, brother, uncle, grandparent, or friend?"

"Do you feel safe now? Please know that our team is here to help if you ever feel scared or unsafe at home, 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 mitigating resource pages) 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. Which of these would you be interested in trying? At your next visit we can check in and see how it is going.”

“ACEs may occur at different points in childhood, and are really common, so if you have experienced, or do experience any of these, don’t hesitate to check in with us because science tells us that early intervention can help reduce negative physical and mental health 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, and more.”

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), Adolescent (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 understands the tool and has filled it out correctly.
- Discuss 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 and self-care 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 and restate ACEs are common and the clinic has begun ACEs screening asking all patients about these experiences because we are learning that ACEs may affect your health and well-being.

"Thank you for filling out the form."

"Thank you for giving us your trust, and being vulnerable."

"I see from this form that you have experienced some of the things listed here. We now understand exposure to stressful or traumatic experiences like the ones listed here can increase the risk to health and well-being, through a process called toxic stress." (Some examples are:)

- "Some stress is good, like getting ready for an exam or getting ready for a difficult task. This happens because stress hormones may be released, they help us focus and may cause our heart rate, blood pressure and blood sugar 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 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 causing it to stay on high alert too much of the time."

- When our brain is 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 elevated blood sugar and increase the risk for diabetes. It can also lead to increase risk of 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 informing us that really stressful events, especially if they happen over and over and occur during our childhood 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 ACEs may be contributing to your _____(name the AAHC).”

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

Transition to Motivational Interviewing Techniques

- Ask open ended questions:
 - “How does that sound to you?”
 - “How do you manage stress?”
 - “Have you noticed stress being part of your _____(name the AAHC)
- Use affirming statements in response to the patient’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 said.) Do I have that right?”

Additional Talking Point Examples for Clinician

It can be important to focus on existing strengths and also to stress mitigation strategies for the patient, focusing and building on strengths can help provider and patient pivot toward their strengths.

“I think we often forget to tell our moms that pregnancy is hard work and it can feel overwhelming. What can our office do to help you feel safe and supported?”

“Science is showing us that a healthy parent is one of the most important factors in keeping babies/children healthy. I think we often forget to tell parents what a good job they are doing and how hard and stressful parenting can be. 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 baby. What are your thoughts on what I have said?”

“When things have been tough in the past for you, what do you think helped? What do you think would help you 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 Shared -Decision and Self-Care 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 you and your family. Which of these would you be interested in trying? At your next visit we can check in and see how it is going.”

“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.”

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

“Strong and safe relationships are important to your health and help you to be strong and resilient. Who is there for you no matter what, like your mom, dad, aunt, sister, brother, uncle, grandparent, or friend?”

“Do you feel safe now? Please know that our team is here to help if you ever feel scared or unsafe at home, 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 mitigating resource pages) 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. Which of these would you be interested in trying? At your next visit we can check in and see how it is going.”

“ACEs may occur at different points in childhood, and are really common, so if you have experienced, or do experience any of these, don’t hesitate to check in with us because science tells us that early intervention can help reduce negative physical and mental health 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, and more.”

Patient Information Pages



Why Are We Talking About ACEs?

ACEs stands for Adverse Childhood Experiences, and are events 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 to complete an ACEs Screening. Learning your ACE score will help your healthcare team better serve your individual healthcare needs and can help break the cycle of ACEs that can run in families.

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 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 family's physical and mental health. Talk to your healthcare team about your 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 maintaining supportive relationships



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.





How Can ACEs Screening Help?

ACEs stands for Adverse Childhood Experiences. ACEs are common, about two-thirds of adults have at least one ACE. ACEs include things like neglect, abuse, caregiver mental illness, divorce, and household violence. When childhood stressful experiences are too intense or too frequent and lack a supportive loving adult, it can lead to toxic stress. Untreated toxic stress can harm our bodies and brains causing physical and mental health issues.

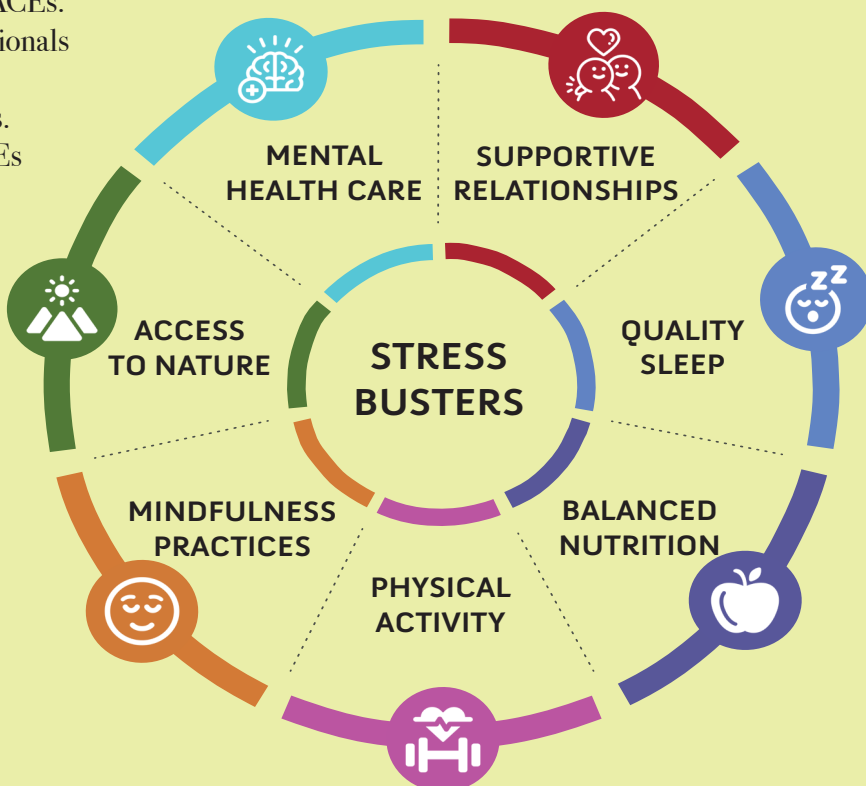
This clinic has added an ACE screening to the list of other screens we ask all our patients to complete. Learning your ACE score will help this healthcare team provide you and your baby with better care. However, if you choose not to complete it at this time, we support your choice. When you so decide, you may complete it at a later date.

Preventing ACEs is ideal. For those who have already experienced ACEs, there are ways to decrease their effects. Let us know what questions you may have. We are here to help. ACEs can be treated. Your ACE score is not your destiny; your and your family's 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 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 family'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 maintaining supportive relationships



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.





Getting A Good Night's Sleep

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

Studies have shown when we get a good night's sleep, we are sick less frequently, experience improved focus, are more productive, and manage stress more easily.

Ideas to help get a good night's sleep:

Keeping routines regular

We all benefit from predictable routines. Doing the same activities at bedtime can help you relax into sleep more easily. Reading or talking quietly with a trusted person are good ideas and can help you 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 schedule is regular and predictable. A regular bedtime routine and schedule also helps us fall asleep more easily.



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.

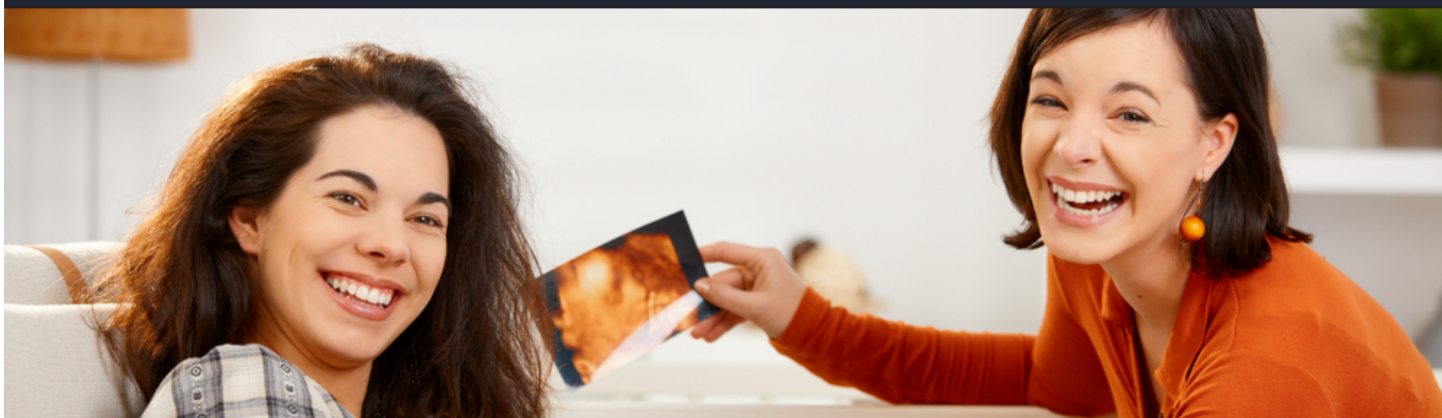
Staying active during the day

Making physical activity like a walk to the park, visiting friends, or practicing yoga helps us have an easier time going to sleep and also helps us have better quality sleep.

Seeking support from a healthcare provider

Talk to your OB-GYN or primary health care provider if you are experiencing sleep difficulties.





Building Supportive Relationships

All families face difficulties. Some challenges and stress are too intense or frequent for us to cope. This is especially true when these events occurred in our childhood *and* have remained unaddressed.

Loving, supportive relationships can help reduce the physical and mental health effects of stress. Seek out the supportive relationships you need, and know our office staff is here for you.

Ideas about supportive relationships:

^a Making supportive relationships a priority

We all 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. Signs of a healthy relationship are:

- has regular quality time to talk and share
- can connect and show empathy
- is encouraging
- pays attention to details
- helps when help is asked for
- listens and can withhold judgment
- will cheer for each other
- can express intentions and is honest and thoughtful
- fosters emotional safety



We now know experiencing multiple ACEs when we are children contributes to our risk of partner abuse and violence. Our office is here to help you and your family feel safer. Let us know if you need help.

Tennessee Domestic Violence Helpline: 1-800-365-6767 has counselors available 24/7 to offer referrals and supportive listening , and help with safety planning.

The National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262 is available 24/7/365, is confidential, text and/or call, and available in 60+ languages.

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

Before making dietary changes talk with your primary health care provider and/or your OB-GYN. Becoming pregnant or just thinking about becoming pregnant is a great time to make the commitment to eat healthier.

Being stressed increases our craving for foods high in sugar and fat. Over time, this can lead to obesity, mood, and sleep problems. Taking a few simple steps to improve your nutrition can decrease the risks.

Ideas to help your nutrition:

Eating together as a family

Set aside times for meals and eat together as often as possible. This is a great time to build healthy eating habits and strong family bonds. Tell your family 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, develop the healthy habit of drinking water.



There is an app for that

There are apps and websites full of helpful information. For help in 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 you start each day with good energy. Studies show adults and children who eat breakfast daily are less likely to be overweight.

Knowing how to add healthy foods

- Make your sandwiches with whole wheat bread.
- Serve fresh, frozen or canned colorful fruit and veggies.
- Increase lean proteins by baking, grilling, or broiling.

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 our stress response down.

Studies have shown that practicing mindfulness can reduce all kinds of stress, including the stress of pregnancy and parenting.

Ideas to bring mindfulness into your life:

Paying close attention to details

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

Practicing mindfulness gets easier 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 learn and practice anywhere.

- Sit or lie down.
- Place one hand on your belly, and one hand on your chest.
- Breathe in through your nose while feeling your belly rise.
- Breathe out through your mouth while feeling your belly lower.
- Repeat this three to five times and try to keep it fun.
- Practice and model this with your family. 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 family 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

Before making exercise changes talk with your primary healthcare provider and/or your OB-GYN. Becoming pregnant, or just thinking about becoming pregnant is a great time to make a commitment to become more active. Getting daily exercise helps improve mood and concentration, boosts our immune system, eases feelings of anxiety and depression, and reduces stress hormones in our bodies.

Being physically active with your family is even better, and it can be a lot of fun for all of you!

Ideas to help you get enough exercise:

Turning off the screens

We all benefit from limited screen time. This includes: phones, televisions, laptops and other electronic devices. Outside of work try to limit screen time to less than two hours per day.

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. A free app that can help you find time for fitness, even with a busy schedule, is [7 Minute Workout](#) and a website with helpful information is [Aunt Bertha](#).

Being active everyday

Think about walking. An easy way to increase your steps is, when running errands, park as far from the entrance as you are comfortable. This is a great opportunity to build daily “step” totals and just doing this really adds up.

Making exercise fun for you and your family:

- Go for walks with your kids around your neighborhood playing I Spy.
- Go for a walk around your local park with a friend or partner.
- Take your children to the playground, playing with them will be fun and deliver a lot of good exercise for you.

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 and calms 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 capacity to cope.

Ideas to help you gain the health benefits of nature:

Getting outside and into nature

Exposure to nature helps us feel better and also helps our physical and mental 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 those of us 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. Use your phone photo app and learn the name of trees and flowers on your walks, and a website to find a park near you is [ParkFinder](#).



Turning off the screen

Limit screen time, including phones, televisions, laptops, and other electronic devices to two hours or less, outside of work, per day.

Being creative to add nature to your life

Nature can be found all around us, go along with your partner or family when they play an outdoor sport, read next to a window, or take a walk around the block.

Thanks to ACEs Aware, and for more information visit [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 OB-GYN or primary health care provider to help find mental health services.

Our medical community is learning many chronic medical conditions result from toxic stress that occurs during childhood. Let's work together and break the cycle of passing down stress and ACEs.

Ideas to help your mental health:

Sharing worries and concerns with your healthcare providers

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

Seeking help

If you experienced struggles or Adverse Childhood Experiences (ACEs), as a child, and have physical or mental health issues, consider seeking professional help. The medical community is learning more everyday about the role stress can have on our lives. Parents with unaddressed ACEs can find they have difficulty bonding and parenting their own baby. By addressing one's own ACEs we can be healthier, less stressed and better prepared to break cycle of adversity that can follow families. Some reasons to talk with your provider and seeking help are:

- Wanting to know more about health conditions linked to toxic stress and ACEs
- Being curious about how your ACEs can affect your health
- Wanting to learn how ACEs are passed down, and how to break that cycle
- You are experiencing sadness, depression, anxiety, panic, or sleep difficulties
- You are experiencing abuse or violence

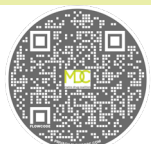


There are things to do that can result in you and your child having healthier bodies and brains. Counseling and other mental health services can be helpful for us all, and especially for those of us who have faced difficulties. A helpful resource in finding services is [AuntBertha](https://www.auntbertha.org).

The National Maternal Mental Health Hotline 1-833-TLC-MAMA (1-833-852-6262) is available 24/7/365 is confidential, text and/or call, and available in 60+ languages.

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.





Parents Coping With ACEs

If you were exposed to Adverse Childhood Experiences (ACEs), you may still feel their effects, even as an adult. 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 and how it affects you is a great step to wellness and breaking the cycle of passing ACEs down.

Questions you may have about ACEs:

Is all stress harmful?

Not all stress is harmful. Some stress is helpful, it gets your body and brain ready to take an exam or preparing for a difficult task. When experienced 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 family?

Pregnancy and 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.

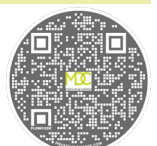
What to do now?

First, recognize it is never too late to start, and that ACEs are really common. Talk to your OB-GYN or primary healthcare provider about your concerns. Begin practicing 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.ace aware.org).

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



Clinician Information and Screens



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 new 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.

ACEs Information for the Professional

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](#)

[Vincent Felitti MD: Reflections on Adverse Childhood Experiences \(ACE\) Study](#)

Fast Facts

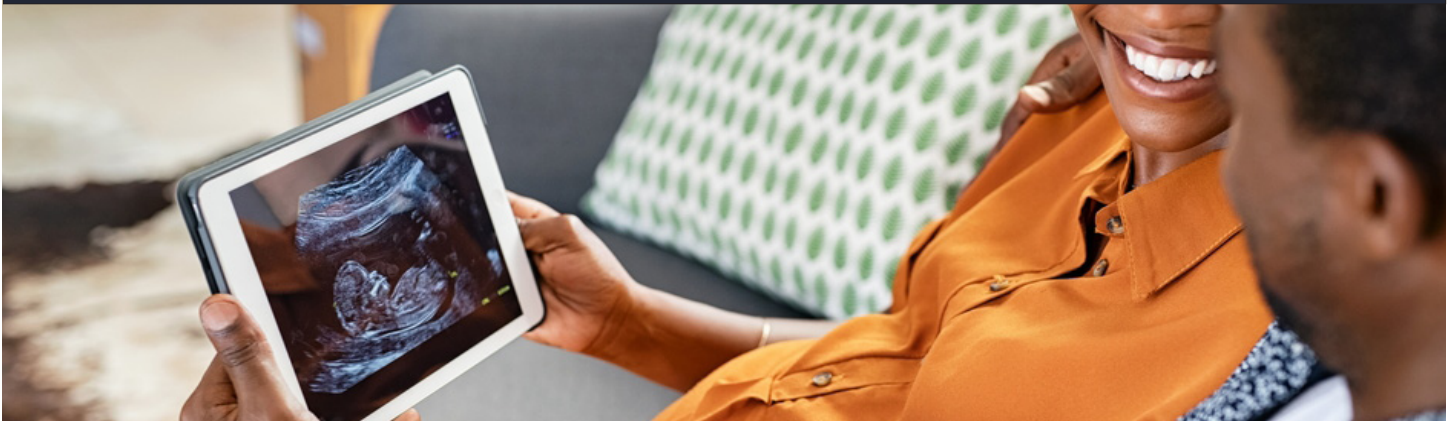
- If we could prevent ACEs we’d see: a 15% reduction in adults who are unemployed, a 16% reduction in the number of adults with kidney disease, a 33% reduction of adults who smoke, a 24-27% reduction of adults with respiratory problems such as asthma and COPD, a 44% reduction of adults with depression. [\(CDC.gov\)](#)
- ACEs-related illness accounts for an estimated \$748 billion in financial costs in North America 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. OB-GYN is uniquely situated to provide early ACE education and screening that can positively impact the health of their patients, their patients’ families, and interrupt intergenerational cycles of ACEs. [\(CDC.org\)](#)

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

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





ACEs and Adult ACE-Associated Health Conditions (AAHC)

Adult 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 OB-GYN office. They include:

- Cardiovascular disease (CAD, MI, ischemic heart disease) Tachycardia
- Stroke
- Chronic obstructive pulmonary disease (emphysema, bronchitis)
- Asthma
- Diabetes
- Obesity
- Hepatitis or jaundice
- Cancer, any
- Arthritis (self-reported)
- Memory impairment (all causes, including dementias)
- Kidney disease
- Headaches
- Chronic pain
- Fibromyalgia
- Unexplained somatic symptoms, including somatic pain, headaches
- Skeletal fracture
- Physical disability requiring assistive equipment
- Depression
- Suicide ideation, suicide attempts
- Sleep disturbance
- Anxiety, Panic and anxiety
- Illicit drug and/or cannabis use
- Post-traumatic stress disorder
- Alcohol, cigarettes, or e-cigarettes use
- Teen pregnancy
- Sexually transmitted infections, lifetime
- Violence victimization (intimate partner violence, sexual assault)
- Violence perpetration

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

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





ACEs and Pediatric ACE-Associated Health Conditions (AAHCs)

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.





We Ask Everyone

We ask everyone about their childhood experiences. Understanding this is part of giving good care.

Dear Patient,

Thank you for allowing us to care for you and your baby.

We have begun providing the Adverse Childhood Experiences Screening (ACEs) questionnaire to our prenatal patients.

Enclosed is a questionnaire we are asking patients to fill out about very stressful childhood events or trauma you may have experienced. These events are common and can increase the risk of health problems later in life. After you complete the questionnaire, your provider will give you a chance to talk about your answers and their connections to your health and well-being. Learning about the connection between stressful childhood events and your health can help us provide better care for you.

If you are confused about any of the questions, its okay ask for help. You don't have to do the questions if you don't want to. If you want to do them later, that's okay too. We're here to support you!

Your answers will be kept private in your medical record. Screening is an important part of your care. If you want more information, we can talk during your visit. Our team can direct you to resources that will help you to better health and resiliency.

Pregnancy is a time of many changes—in your body, your role in the world, and your relationships. On this journey, every pregnant person deserves support for mind, body and spirit—and we would like to help. We want to help you in every way we can. If you have questions or want to share something about your care, we're here for you!

Sincerely,
Your Prenatal Team

Please complete the included questionnaire.

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.



How can we support your health and well-being?

Our hope is to partner with you in having a happy, healthy, and supported pregnancy. We'd love to chat with you about things that can make you feel better and less stressed. Let's talk about Stress Busters together!

Here are some things we can help you with.
Put an "X" next to the things you want to know more about or get help with. We can talk about them or find more information for you.

Mental health (like talking to someone or getting help)

☐ I would like some support with this.

Relationships with other adults (like your partner and friends)

☐ I would like some support with this.

Relaxing and calming down when you feel stressed (like doing activities that help your mind and body)

☐ I would like some support with this.

Taking care of yourself in general (like sleep, nutrition, being outside, physical activity)

☐ I would like some support with this.

Getting ready for when the baby comes (like learning about labor and making a plan for giving birth)

☐ I would like some support with this.



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 Shared Decision-Making and Self-Care Worksheet

ACEs stands for Adverse Childhood Experiences. ACEs, are events that happen prior to our 18th birthday, and are common, about two-thirds of adults have at least one ACE. These experiences include things like neglect, abuse, caregiver mental illness, divorce, and household violence. Over time ACEs can affect our health and well-being. There is a range of ways you can be healthier, including: seeking mental health services, practicing mindfulness, quality sleep, good nutrition, supportive relationships, regular exercise, spending time in nature. Your ACE score is not a destiny, and it never too late to start your journey to better health and break the cycle of passing ACEs down.

Here are some goals you can set to support your health. Let's work together to find what can work for you. (*Check the goals you are picking for yourself*)

- ☐ Sleep - I have set a goal of:
 - ☐ Being consistent about going to bed at the same time every night
 - ☐ Turning off all electronic devices 30 minutes before bedtime
 - ☐ Creating a cool, calm, and quiet place for sleep
 - ☐ Making a relaxing bedtime routine
 - ☐ Create your own goal: _____

- ☐ Supportive Relationships - I have set a goal of:
 - ☐ Using respectful communication even when upset or angry
 - ☐ Spending more high-quality time together with loved ones, such as:
 - ☐ Having regular meals together
 - ☐ Having regular "no electronics" time together to talk and connect
 - ☐ Making time to see friends and create a healthy support system for myself
 - ☐ Connecting regularly with family, friends, my faith community to build social connections
 - ☐ Asking for help if a relationship or environment feels physically or emotionally unsafe
 - ☐ The National Domestic Violence hot-line is 1-800-799-SAFE (7233)
 - ☐ The National Sexual Assault hot-line is 1-800-656-HOPE (4673)
 - ☐ The National Information is 411
 - ☐ Create your own goal: _____

- ☐ Nutrition - I have set a goal of:
 - ☐ Eating a healthy breakfast every day (with protein, whole grains, and/or fruit)
 - ☐ Drinking water instead of juice or soda
 - ☐ If am or may be pregnant eliminating alcohol consumption
 - ☐ If am not pregnant limiting my alcohol consumption
 - ☐ Eating at least 5 vegetables and/or fruits every day
 - ☐ Choosing whole wheat bread and brown rice instead of white bread or rice
 - ☐ Create your own goal: _____

- ☐ Mindfulness - I have set a goal of:
 - ☐ Learning and practicing deep belly breathing
 - ☐ Finding at least one thing to be thankful for each day
 - ☐ Downloading a mindfulness app and using it every day
 - ☐ Taking moments throughout the day to notice how I feeling, both physically and emotionally
 - ☐ Create your own goal: _____

- ☐ Exercise - I have set a goal of:
 - ☐ Limiting screen time to ____ hours or less per day outside of work
 - ☐ Walking at least thirty minutes every day
 - ☐ Finding an exercise that I enjoy and making it a daily goal
 - ☐ Create your own goal: _____

- ☐ Nature - I have set a goal of:
 - ☐ Limiting screen time to ____ hours or less per day outside of work
 - ☐ Walking at least thirty minutes every day
 - ☐ Learning where the nearby parks are and visiting them frequently
 - ☐ Hanging pretty nature pictures in my home
 - ☐ Create your own goal: _____

- ☐ Mental Health - I have set a goal of:
 - ☐ Learning more about mental health and/or substance use services
 - ☐ Learning more about health conditions that are associated with ACEs.
 - ☐ Identifying a local mental health professional or support group
 - ☐ Scheduling an appointment with a mental health professional
 - ☐ If I am feeling like I am in crisis, I will get help
 - ☐ National Suicide Prevention Lifeline is 1-800-273-TALK (8255) or text-to-988
 - ☐ Tennessee Crisis Hot-line is 1-844-549-4266
 - ☐ National Maternal Health Hotline 1-833-TLC-MAMA (1-833-852-6262) is available 24/7/365 is confidential, text and/or call, and is in 60+ languages
 - ☐ Create your own goal: _____

- ☐ Self-Care - I have set a goal of:
 - ☐ Limiting screen time to ____ hours or less per day outside of work
 - ☐ Making a plan for what to do when I am stressed, angry, or overwhelmed
 - ☐ Planning with my partner, family, or friends to get the support when I need it
 - ☐ Making regular appointments with my medical provider(s), including preventive care
 - ☐ Identifying my strengths and learning more about building resilience
 - ☐ Create your own goal: _____

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

The confidential and anonymous **Substance Abuse and Mental Health Services Administration** resource for locating treatment facilities for mental and substance use disorders in the United States and its territories is,

<https://findtreatment.samhsa.gov/locator> or,

you can scan this QR code search treatment facilities.



Resilience is the power inside you that helps you handle difficult situations, learn from them, and keep going with a positive attitude. It means bouncing back, staying strong, and seeking help when needed.

And the good news is we can learn to be stronger and more resilient.

Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 2	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 3	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 4	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 5	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 6	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My Score: _____ item average/6

For more information visit ogg.osu.edu

**A few ideas to help build and strengthen resilience,
and please remember, our office is here for you.**

How can we help? What questions do you have?

- Practicing mindfulness and stress management techniques, such as yoga or deep breathing.
- Being proactive. Don't ignore your problems. Instead, make a plan or seek help.
- Creating healthy routines of rest, exercise, and diet.
- Reaching out to trusting friends, family, community, or mentors.
- Taking a look in a mirror and telling yourself, this is hard and I am doing my best.

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

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



Adult Adverse Childhood Experience Screen Age + 18 for Patient 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 prior to your 18th birthday did you see or were present when the following experiences happened?

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. Did you ever live with a parent/caregiver who went to jail/prison?	<input type="checkbox"/>
2. Did you ever feel unsupported, unloved, and/or unprotected?	<input type="checkbox"/>
3. Did you ever live with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)	<input type="checkbox"/>
4. Did a parent/caregiver ever insult, humiliate, or put you down?	<input type="checkbox"/>
5. Did your biological parent or any caregiver ever have a problem with too much alcohol, prescription medications, or street drugs?	<input type="checkbox"/>
6. Did you ever lack 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. Did you ever see or hear a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, did you ever see or hear a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?	<input type="checkbox"/>
8. Did any adult in the household often or very often hit, push, grab, slap, or throw something at you? OR, did any adult in the household ever hit you so hard that you had marks or were injured? OR, did any adult in the household ever threaten you or act in a way that made you afraid that you might be hurt?	<input type="checkbox"/>
9. Did you ever experience sexual abuse? (Examples are: had 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. Were there ever 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"/>
Your ACE score is the total number of checked responses	

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

Your name _____ Date _____

Adult Adverse Childhood Experience Screen Age + 18 for Patient 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 prior to your 18th birthday did you see or were present when the following experiences happened?

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. Did you ever live with a parent/caregiver who went to jail/prison?
2. Did you ever feel unsupported, unloved, and/or unprotected?
3. Did you ever live with a parent/caregiver who had mental health issues? (Examples are: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder?)
4. Did a parent/caregiver ever insult, humiliate, or put you down?
5. Did your biological parent or any caregiver ever have a problem with too much alcohol, prescription medications, or street drugs?
6. Did you ever lack 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. Did you ever see or hear a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? OR, did you ever see or hear a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?
8. Did any adult in the household often or very often hit, push, grab, slap, or throw something at you? OR, did any adult in the household ever hit you so hard that you had marks or were injured? OR, did any adult in the household ever threaten you or act in a way that made you afraid that you might be hurt?
9. Did you ever experience sexual abuse? (Examples are: had 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. Were there ever 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 _____

Teen Adverse Childhood Experience Age 12-19 for Patient 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. Has 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 Patient 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. Has 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: _____

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 Screen 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, 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: _____

Teen Adverse Childhood Experience Screen 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, 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: _____