

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

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LOMA LINDA UNIVERSITY  
HEALTH CARE

# My Call to Action

Research Article

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

### The Adverse Childhood Experiences (ACE) Study

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



of health risk behavior and disease in adulthood to the breadth of good emotional, physical, or social support. This relationship has not previously been described.

Without adverse childhood experiences, standardized medical evaluation at birth, exposure to adverse childhood experiences, history of violence against mother; or living with a parent who was mentally ill or suicidal, or ever abusive. Childhood experiences was the leading cause of death, disability, status, and disease. Logistic regression models on the association between childhood experiences (range: 0-7) and risk factors

respondents reported at least one category of childhood exposures. We found a 2- to 12-fold increase in health risks for alcoholism, smoking, poor partners, and sexually transmitted disease; and



# Quality Improvement (QI) PROJECT

*translating research into real-world practice*

- **Goals**
  - Increase number of family risk factors identified through well-child care
  - Increase number of high risk families referred to community resources
- **Balancing Measures**
  - Minimize the impact on well-child care visit duration
  - Maintain or improve patient and provider satisfaction
- **Team**
  - Faculty
  - Residents
  - Front desk staff
  - Nursing staff
  - Behavioral health staff
  - Community resource center staff
  - Parents/patients

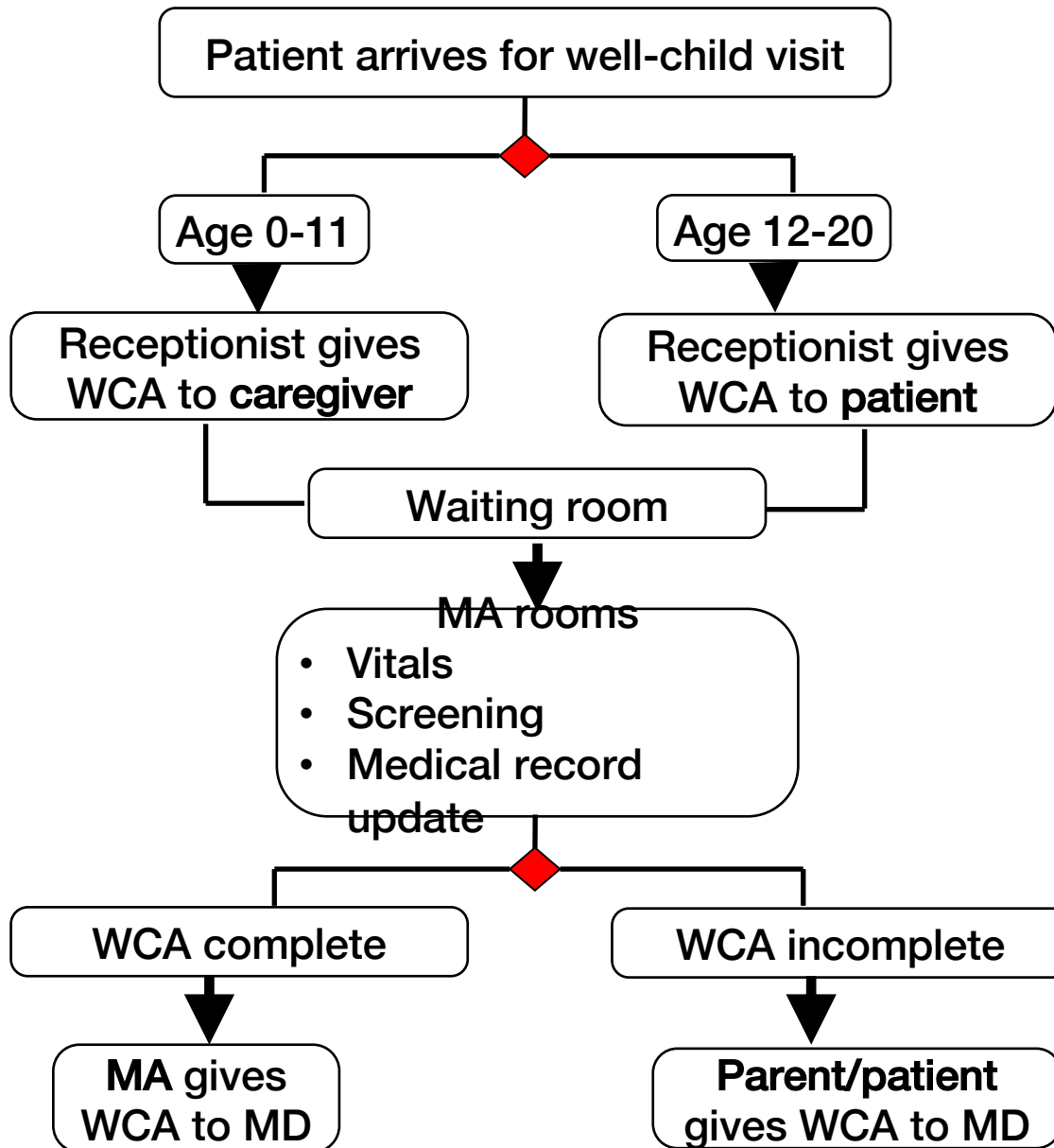


# Whole Child Assessment (WCA)

- Comprehensive tool integrates screening for adversity with other well-child questions
- Approved alternative IHEBA for California providers
- 12-15 questions about adversity incorporated into questionnaires with total 32-50 questions
- Caregiver report age 0-11, Self-report age 12-20
- For more information see:

<https://lluch.org/health-professionals/whole-child-assessment-wca>

# Whole Child Assessment (WCA) Workflow



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

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

Continue on next slide



**Provider reviews WCA during well-child history**

Concern  
re: C-ACEs?

No

Yes

- Offer info on ACEs & Resiliency
- Document Z-codes

No, resolved

Current concern  
or symptoms?

Yes

Tier 1  
Counsel

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

Tier 2  
Refer

- If basic needs/safety -----> community resources
- If substance abuse -----> substance treatment
- If mental health symptoms -----> mental health treatment
- If parenting concern -----> parenting resources

Tier 3  
Intervene

- If immediate safety threat --> CPS referral, CCRT, law enforcement

# Tier 3: Intervene

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



# Tier 2: Refer

CONCERN	RESOURCE
1. Basic needs & safety	Food pantries, shelters...
2. Substance abuse (parent or child )	Substance abuse treatment
3. Mental health symptoms (parent or child)	Mental health treatment
4. Parenting	Parenting education & support

Scan QR code or visit link to access resources in other areas:

West



[bit.ly/acesbwest](https://bit.ly/acesbwest)

Central



[bit.ly/acesbcentral](https://bit.ly/acesbcentral)

East



[bit.ly/acesbeast](https://bit.ly/acesbeast)

High Desert



Mountain



[bit.ly/acesbmountain](https://bit.ly/acesbmountain)

Morongo B.



[bit.ly/acesbmorongo](https://bit.ly/acesbmorongo)

Certain Disabilities	
Family Service Association	951-342-3057
Meals on Wheels	909-625-9483
Summer Meals Location	800-952-5609

Clothing	
<b>St. Joseph's Clothes</b> 641 Roberds Ave., San Bernardino, Ca 92411	909-889-2558
<b>Fraze Community Center</b> 1140 W. Mill St., San Bernardino 92410	909-889-4424
<b>Vida Life Ministries</b> 11608 Cedar Ave., Bloomington, Ca 92316	323-823-4762

Housing and Utilities	
Housing Authority of San Bernardino County 715 E. Brier Dr., San Bernardino, CA 92408	909-890-0644
Inland Fair Housing and Mediation Board	909-888-3763



Information on Adverse Experiences (ACE's) and what you can do, visit [aceshealth.org](https://www.aceshealth.org)



# Tier 1: Counsel

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

Build Resilience --- Adversity is not destiny



# Lessons Learned

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



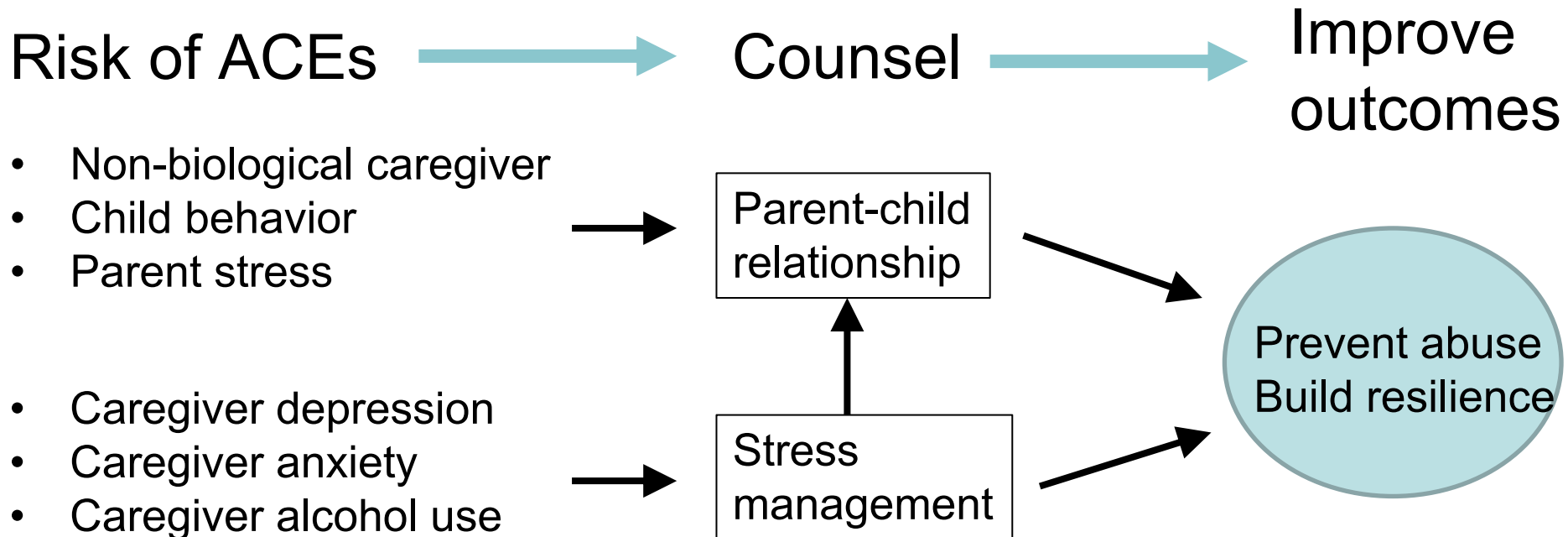
# Lessons Learned

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



# Lessons Learned

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



# Trauma-Informed Organization

- Definition: “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (SAMHSA 2015)
- Screening for ACEs is one trauma-informed practice that ideally occurs in context of an organization that is committed to building resilience

# Perspective Shift for Health Care

TRADITIONAL



*TRAUMA-  
INFORMED*



*RESILIENCE-  
BUILDING*

What is wrong  
with patient?

*What happened  
to patient?*

*What is right with  
patient?*

Biomedical model

Biopsychosocial model

*People are  
inherently  
diseased or  
not diseased*

*People (and  
diseases) are  
influenced by  
social  
environment*

*People can  
create positive,  
healing  
relationships*

# Problems with a Biomedical Model Approach to ACE Screening

- Case 1: 15 year old overweight female with depression since age 10 and cutting
  - *What's her ACE score?*
- Case 2: 15 year old healthy weight male with no health problems and doing well in school
  - *What's his ACE score?*



# Pediatricians Saving Lives



# Next Steps

- QI Project
  - Evaluating referral rates
  - Reviewing adolescent questionnaire
- Research Studies
  - Evaluating scoring to distinguish ACE exposure and ACE risk questions
  - Conducting pilot research on interventions for families with ACEs