

An Adverse Childhood Experiences (ACEs) Screening tool should be implemented for any adult (18 yrs.+) that does not previously have a screening on file. You may find it appropriate to complete this screening once you have developed a relationship with the individual that you are working with.

1.) Discuss the basics with your client

What: Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- growing up in a household with substance use problems

ACEs-based screening is a common approach, in which individuals are given an ACE score based on a brief survey of their own personal history

Why: The impact of ACEs can be prevented. They are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education and job opportunities. It is important to discuss ACEs in order to help reduce the sources of stress in people's lives. Supporting responsive relationships can strengthen the building blocks of resilience. Reducing stress, building responsive relationships, and strengthening life skills are the best way to prevent the long-term effects of ACEs.

Who: About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs. ACEs are common.

2.) Open Education Pathway: Watch this [video](#) to introduce ACEs

After watching the video together engage in discussion to explain how the tool will measure their own ACEs and that the screening will be used to discuss how we might work with other care team members to improve their care and help build their own resilience to combat the risks associated with ACEs. Make any important notes regarding conversation in the Education Pathway notes. Offer clients the option to fill out a paper document, complete on the computer on their own, or via conversation with the Community Health Worker.

3.) Discuss the meaning of resilience prior to completing the ACEs Screening Tool

Resilience is our ability to get through challenging circumstances, and not just get through them, but come out stronger and wiser on the other side. It is a foundational component of our mental health. Even though an individual may have experienced ACEs or other hardships, the fact that the individual is here, demonstrates that they are resilient.

4.) Open and complete the ACEs Screening Tool

Acknowledge that there are difficult questions on the screening and that the client can take a break or stop the screening at any time throughout.

5.) Notify Primary Care Provider of client score

As appropriate and at the approval of the client, notify additional Care Team Members of client score. Record communication in contacts and any follow action taken. This is clinical engagement and can be shared via Consult Notes or the downloaded Care Team report.

6.) Open Pathways and Tools:

Adult ACEs Screening Protocol

Prior to watching the second video remind the client of Resilience once again; Resilience is like a muscle, the more we train it, the stronger it gets. It grows through healthy and supportive relationships, taking care of ourselves and others, and asking for help when we need it.

- **Open a second Education Pathway:** Watch [Building Resilience](#) with the client. After the video ask the client to identify any coping skills that they already utilize. Recognize this as a positive skill. Engage in discussion about coping skills they may be interested in trying, can utilize some mentioned in the video as an example. Make any important notes regarding the conversation in the Pathway.
 - **IF the client is interested in trying a new coping skill, open a Health Changes Tool to make a goal around utilizing a coping skill.** Practicing Guided Imagery, is an example of a coping skill, the goal should be a SMART goal with identifiable timeline for the coping skill to be utilized. Continue to check in on the progress of this goal over time.
- **Recommendation:** After watching “Building Resilience” recommend the following episodes of Dinner Table Resilience. Choose one per client or as needed, these episodes can be watched with the CHW or on the individuals own time (if watched with the CHW and discussed, this could be captured as an additional Education Pathway).
Episodes: ([Resilience Role Models](#) handout can be used for episode 3 and 4)
 - **3:** [Resilient Role Models](#)
 - **4:** [Who Helped Build Your Resilience](#)
 - **13:** [Support Wheel](#) ([Who is in you Support Circle](#) handout)

If client has an ACEs score of 4 or more:

- Ask if the client would consider or be open to connecting to the community, if so, below are some options and extended support for community engagement and coping.
- **Open SS-Referral Community Connection** for one or all of the following based on client interest in resource identified. Referral must allow for more than one-time engagement but can be closed after first completed attended. If client is already well connected or established with one or more of the identified areas below note in ACEs screen and do not open pathways unless client is interested in expanding connection:
 - Social Group/Support Group/Community (RAVE, etc)
 - Gym Membership (Y)
 - Recreational group (park and rec or other ongoing groups etc)
 - Church Group
 - Other: Support or coping skill connection identified by client
- If client is successfully referred to a new Community Connection, open a **Healthy Changes Tool** to monitor utilization of connection in the community (complete tool and plan for EACH community connection completed). Make goal for utilization of resource, attendance, etc. Goal should be a SMART goal.
- If the client is NOT already seeing a Behavioral Health Provider, ask if they would consider or be open to see a BHP: Open a **Behavioral Health Pathway** with the client’s consent.
 - May need to first conduct a **Medical Referral** for a Mental Health Assessment to determine need