



# Providing Anticipatory Guidance for ACEs Screening

Most parents are new to Adverse Childhood Experiences (ACEs) screening, so setting the stage with effective anticipatory guidance can help address questions and relieve possible worries. Anticipatory guidance can also help build parents' trust in the pediatrician and result in better information from the screening.

## Tips for introducing the ACEs screen to families

- Explain that the ACEs screening is standard protocol that provides the health care provider with information that will help her take better care of the patient. Tell the patients that you can make referrals if they are interested. Be empathic and nonjudgmental. Establish friendly professional boundaries early in the relationship so that the patient has appropriate expectations about the context and limits of your role and relationship.
- Avoid assumptions. It's important to not make assumptions about the meaning or impact of traumatic events for an individual. Any assumptions you make may be inconsistent with patients' and parents' feelings and experiences.
- Educate and motivate. Explain that treatment for trauma and possible toxic stress physiology can reduce emotional distress and improve overall functioning in many areas, both physical and emotional. Treatment can also support the use of positive parenting practices. Convey your shared goal of wanting to help their entire family not just survive, but thrive.
- Address barriers. Address information gaps or incorrect information, as well as barriers to seeking help. Parents may not know what ACEs are, or understand how ACEs can affect health. They also may not understand ways in which they can help themselves or their child cope with ACEs and heal from toxic stress.

Consider introducing ACEs screening to families either in conversation or with a handout that *touches on the following points*:

- Normalize and give the rationale—this screening is done routinely to help your provider better understand and address your child’s health risks.
- This screening is conducted on a voluntary basis, and they can decline to participate.
- All families have their challenges and strengths. ACEs are very common, and research shows that about two-thirds of adults have experienced at least one.
- The questions in this screening focus on your child’s early experiences.
  - For practices that choose to conduct a de-identified screening, you can say: “You don’t need to check off the ones that apply to you, only write the total number you’ve experienced.”
- After the screening, we will discuss how early experiences may impact your child’s health, behavior, and development in the present, and how it might affect your role as a parent.
- Your past experiences may make aspects of parenting a young child more difficult. We want to help connect you and your family to the resources you need and support you in the hard work of raising a family.

## Sharing results from the ACEs screening with families



Allow families sufficient time to complete the ACEs questionnaire. If possible, offer to assist with reading the questionnaire for the parent, as literacy challenges may not be apparent.

When discussing ACEs screening results, consider the guidance below in helping parents make sense of their responses in the context of the parent–child relationship:

- Reinforce the fact that approximately two-thirds of adults have experienced at least one ACE.
- Reiterate that ACEs can impact their child’s relative risk of physical, behavioral, and mental health issues, and they can also affect their child’s healthy development.
- With early identification and treatment, conditions and delays are more easily managed.
- Tailor information to the parent’s ACEs screening results, strengths, concerns, and goals. For example, if the parent shared that she experienced harsh physical discipline, exploring plans for limit-setting with her 12-month-old may be supportive and helpful. If the parent sees her role in her child’s development as very important, encourage and expand upon that strength.
- Acknowledge the fact that the parent has experienced a range of ACEs (if this is true) and may have had a difficult childhood.
- Ask a variety of questions and provide strategies, resources, or related services to support the parent and respond to any questions/concerns.
  - *Do you feel that your experiences as a child make any part of your own parenting more difficult? In what ways?*
  - *How have thoughts, memories, or feelings about these experiences affected your life?*

- *Have they interfered with your relationships? Your work? How about with recreation or your enjoyment of activities?*
- *What additional supports and services do you want or need, in light of your experiences?*
- Explain that when a child has been exposed to ACEs, he especially needs a safe, loving, consistent relationship with an adult to grow up strong and healthy. Point out ways in which you see the parent supporting the child (for example, note how the baby follows the mother with her gaze or is comforted by her father's touch, or how the parent instinctively responds to the child's needs).
- Explain that ACEs are not destiny. Many parents feel guilty if they know their child has experienced ACEs. Aim to mitigate this guilt by helping parents understand that connecting with, loving, and supporting their young child (and keeping him safe) is the best form of repair. Make the point that parents can choose a different path to parenting than they experienced as a child. Emphasize that they can give their child a strong foundation for the future by offering their child support and preventing exposure to further ACEs when possible.



If possible, schedule a follow-up visit or phone call to check in with the family. This follow up can be used as a reminder to access, referred services, provide ongoing support to parents under stress, or address questions from parents that emerge following the visit. Checking in with the family can also be a helpful strategy if you develop concerns about the emerging parent-child relationship and want to touch base to offer support or additional resources.

#### SOURCES

- American Psychological Association. (2008). Children and Trauma: Update for Mental Health Professionals. Retrieved from <http://www.apa.org/pi/families/resources/update.pdf>
- Center on the Developing Child at Harvard University. (2014). A decade of science informing policy: The story of the National Scientific Council on the Developing Child. Retrieved from <https://developingchild.harvard.edu/resources/decade-science-informing-policy-story-national-scientific-council-developing-child>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14(4), 245-258.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., . . . Wood, D. L. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*, 129(1), e232-e246. doi:10.1542/peds.2011-2663

