



ACE Score: 4

# Adverse Childhood Experiences

*A Toolkit*

*for Practitioners*

# ACEs – A Toolkit for Practitioners

## Dear Practitioner,

Traumatic childhood events include abuse and neglect, and household dysfunction experiences, such as witnessing crime, parental conflict, mental illness, and substance abuse. These events have negative long-term associations with learning, health risk behavior, and health status well into adulthood<sup>1</sup>.

Known as adverse childhood experiences (ACEs), these types of events are common, with nearly two-thirds of adults reporting at least one ACE<sup>1</sup>. ACEs create dangerous levels of toxic stress that can damage a child's developing brain, and increase risk for smoking, alcoholism, depression, heart disease, chronic pain, and dozens of other illnesses and unhealthy behaviors throughout life.<sup>1,2</sup>

In the Kootenays, one example of how ACEs affects health was revealed in the 10th Annual Report Card on Homelessness for Nelson. The report found 56% of respondents (n=101) experienced homelessness before 19 years of age, and of those surveyed, 28 people reported being hospitalized in 2017, spending an overall total of 548 days in hospital.

Screening for ACEs acknowledges that past experiences shape current behaviour and can help people develop coping skills and resilience. It can support practitioners in determining effective interventions and/or treatment.<sup>3</sup>

For parents-to-be or parents of young children, screening for ACEs can determine intervention strategies that help parents manage their own symptoms and reduce intergenerational trauma. In pediatric settings, practitioners can use ACEs screening to identify children experiencing, or at risk for, toxic stress. Early detection programs are designed to correct the course of development and build resilience.<sup>4</sup>

This toolkit provides an outline of how to incorporate ACEs into your practice. The ACE Questionnaire should not be thought of as a diagnostic tool, as some people with high ACE scores are nevertheless resilient, while some people with low ACE scores struggle with complex health challenges in adulthood. Rather, the screening opens the door for understanding and improving patient-practitioner relationships.

Sincerely,

Dr. Cindy Loukras, Dr. Lee MacKay

<sup>1</sup> Original ACE study – [bit.ly/ACEsStudy1](http://bit.ly/ACEsStudy1), <sup>2</sup> Effects on chronic pain – [bit.ly/ACEsCPain](http://bit.ly/ACEsCPain), <sup>3</sup> Alberta ACEs resource kit – [bit.ly/AlbertaACEs](http://bit.ly/AlbertaACEs), <sup>4</sup> ACEs handout – [bit.ly/ACEshdout](http://bit.ly/ACEshdout)

# ACEs – A Toolkit for Practitioners

## THE TRUTH ABOUT ACEs

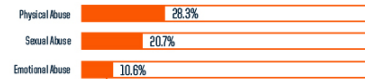
### WHAT ARE THEY?

ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

### HOW PREVALENT ARE ACEs?

The ACE study\* revealed the following estimates:

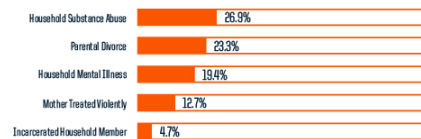
#### ABUSE



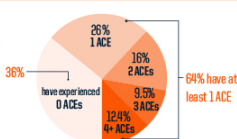
#### NEGLECT



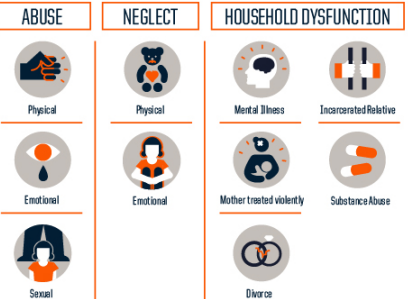
#### HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:

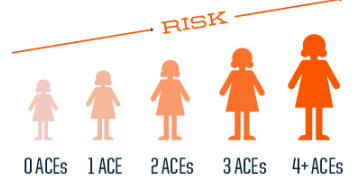


The three types of ACEs include

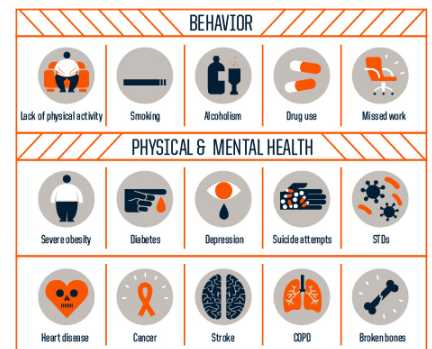


### WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:



## Who to screen

Screening is at the discretion of the practitioner, but these may be potential types of patients to start with:

- Complex adults
- Patients with mental health & substance use disorders
- Parents of young children & expecting parents

## When to screen

The earlier the better! Earlier in the physician's relationship with their patient as well as earlier in the clinic/hospital visit to allow time for a brief conversation and next steps.

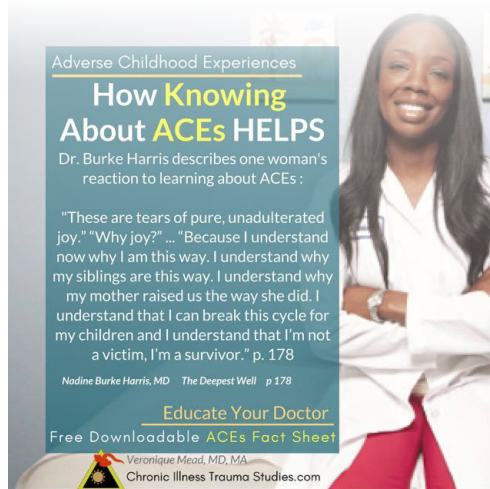
## How to screen<sup>5</sup>

### 1. Patient answers ACEs questions:

**Explain the rationale for the questionnaire and limits of confidentiality:** Practitioners can explain that certain stressors are known to increase the patient's risk for illness across their lives. These questions are being asked of all patients to identify and help reduce stressors early while promoting resilience. Explain that their answers are confidential, except in those cases where a child is at risk of serious harm from abuse or neglect.

**Complete the questionnaire:** This can be done by the patient filing out the ACE 10-item questionnaire in their practitioner's office.

For children, both children and their parents should be asked about the child's ACEs separately. For clarity and accuracy, children under the age of 12 can answer the questions verbally, asked by their doctor. Differences in how parents and children answer the questions can be addressed in the meeting, as parents may not be aware of their child's perceptions, or one or the other may under-report the stressors present in the family.



2. **Discuss the results:** Reviewing and explaining the significance of the ACE score is an essential part of the process. Engaging nonjudgmentally with the patient, as well as acknowledging the strength and resiliency of a patient who has a high ACE score, is important to maintaining your treatment alliance. Taking a stance that emphasizes collaboration, support and patient resiliency is central to trauma-informed care.

For children, practitioners should explain to parents that early intervention can reduce these ACE stressors. Describing the intervention as an investment in the child's lifelong physical and mental health may help reduce perceived stigma around the results of the screen, and increase engagement.

Link the ACE score to any health concerns the child may currently have, emphasizing that addressing ACEs will help regulate the child's health by lowering stress hormones, and could therefore improve health and learning. If Child Protective Services must be notified, discuss this with the parent as an effort to assist the family and ensure the long-term health of the child.

### ***Suggested script to support an ACEs discussion with your patient***

*"I see that your ACEs score is \_\_\_\_\_. It sounds like you went through rough times as a child. I'm really sorry that happened. That should never have happened to you. How do you think this has impacted your health?" (Suggestions for parents - "how do you think this has impacted your parenting?")*

*Then LISTEN.*

*"People with high ACEs scores often have to work harder in many aspects of their lives. What were the things that helped you through the difficult times and how have you managed to do so well?"*

*"Have you shared this with anyone else? (e.g. spouse/partner) If ever needed, would it be OK if I shared this with your specialist?"*

*"If you think it'd be helpful, I can provide you with some resources that might further support you" (see resource page at end of toolkit)*



## ACEs – A Toolkit for Practitioners

3. **Moving forward by acknowledging, reflecting, and empowering:** In some cases, practitioners can use ACEs data to make appropriate referrals.

Evidence-based interventions to address ACEs include parenting therapy, individual psychotherapies, and treatment of parental mental health and substance use concerns, among others.

4. **Revisit the ACEs Conversation:** Periodically revisiting the conversation maintains a supportive relationship and acknowledges how their score continues to impact health outcomes. The score remains static in adults so there is no need to retest.

**ACEs Questionnaires can be found at the end of this booklet.**

**Also available online at [bit.ly/KB-Member-Resources](http://bit.ly/KB-Member-Resources)**



## ACEs – A Toolkit for Practitioners

### Coding ACEs communicates a key determinant of health

#### Why code ACEs into your EMR?

- ACEs are an important health risk factor. They can be coded into your EMR in the same way that we record other risks, like smoking and alcohol consumption
- Coding ACEs allows it to be drawn automatically into referral letters, thus sharing this important information with colleagues to help understand how ACEs and/or poverty may affect your mutual patient
- Coding ACEs properly in the EMR allows effective recording and searching of patient data in active panel management

#### How to code ACEs into your EMR?

- The ACE score should be entered into the EMR. If the score is significant, it can be coded as ICD9 V154.
- Poverty: Saying yes to "are you having difficulties making ends meet at the end of the month?" can be coded ICD 9 V60.9 (Use the Poverty Intervention Tool: [bit.ly/povertyintervention](http://bit.ly/povertyintervention))

*"This changes the narrative from what's wrong with this child to what happened to this child? It is also helpful to know what the parent experienced while growing up, so that I can think about how to support parenting skills through what might be challenging times or experiences."*

*– Dr. Cindy Loukras*

*A KB Surgeon has stressed the importance of working with GPs to assess social determinants in order to reduce risks that may contribute to post surgical infection rates.*

## Resources for Patients to Photocopy and Share

### West Kootenays (Regional scope/locations)

Circle of Indigenous Nations Society (COINs): [coinations.net/our-programs](http://coinations.net/our-programs), 250-231-4968, [coinations@gmail.com](mailto:coinations@gmail.com)

- Mental health, addictions, family services, supported child development

Freedom Quest: [freedomquestyouthservices.ca](http://freedomquestyouthservices.ca), 250-608-0997, [tina.tew@freedomquestyouthservices.ca](mailto:tina.tew@freedomquestyouthservices.ca)

- Services for youth and families for drug/alcohol prevention, counselling and family support

Aboriginal Patient Navigator: [bit.ly/IH-APN](http://bit.ly/IH-APN), 778-257-0341

- Practical support to aboriginal persons utilizing Interior Health services

Counselling Services - Selkirk College: [bit.ly/Selkirk-Counselling](http://bit.ly/Selkirk-Counselling), 1-888-953-1133

- Personal and career counselling, education planning, crisis support and advising

West Kootenay Eating Disorders Clinic: 1-250-505-7252

- Outpatient clinic serving adults and children, assessment, education and support services

ARC: [arcprograms.com](http://arcprograms.com), 1-250-365-5800

- Provides support, intervention, treatment and rehabilitation services to youth and families

Advocacy Centre: [advocacycentre.org](http://advocacycentre.org), 1-877-352-5777

- Provides welfare and poverty advocacy, specialized victim services, family law/child protection, landlord/tenant advocacy, Safe Haven, and Victim Rights education

Mental Health/Substance Use Services: [bit.ly/IH-MH-Services](http://bit.ly/IH-MH-Services)

Ministry of Children & Family Development (MCFD): [bit.ly/MCFD-supports](http://bit.ly/MCFD-supports)

Apple Tree Maternity: [appletreematernity.com](http://appletreematernity.com), 250-354-3884

- Apple Tree is a team which joins family physicians and midwives to provide pregnancy, birth and newborn care to women and their families in the West Kootenays

## Resources for Patients to Photocopy and Share

### Online Resources/Crisis Phone Lines:

KB Fetch: [kb.fetchbc.ca](http://kb.fetchbc.ca)

- A website for the communities of the Kootenay Boundary with information on: health services, mental health/counselling, substance use/addictions, basic needs/supports, abuse/neglect, children, youth & families, seniors, education, employment development, legal advocacy and cultural, recreation and social supports

KB Searchlight: [bit.ly/KB-searchlight](http://bit.ly/KB-searchlight)

- Interactive map of Kootenay Boundary Child and Youth Mental Health Substance Use Services. Whether you are dealing with mild anxiety, depression, eating disorders, substance use, or suicidal thoughts, KB Searchlight can help link you to the right services in your community.

Anxiety Canada: [anxietycanada.com](http://anxietycanada.com)

- Includes the MindShift App, video library, online workshops, resource links and more for children, teens and adults.

Mental Health Information Line: 310-6789

- Toll-free, 24 hours a day, 7 days a week phone line with provincial access to confidential emotional support, information and resources specific to mental health

Interior Crisis Line Network - West Kootenays: 1-888-353-2273

- Toll free, 24 hours a day, 7 days a week phone line answered by trained staff and volunteers who are available to listen, provide information, referral and support in an anonymous and confidential manner. Offers suicide intervention, information about community services and non-judgemental support during challenging times

### Castlegar:

Castlegar and District Community Services Society (includes Women's Center): [cdcss.ca](http://cdcss.ca), 250-365-2104

- Counselling, Family Support, Victim Services, Women's Center, Affordable Housing, Youth Action Network

ARC Programs: [arcprograms.com/Services/Kootenays](http://arcprograms.com/Services/Kootenays), 250-365-5800

- Support services for high-risk youth, families and foster parents

## Resources for Patients to Photocopy and Share

### Castlegar Cont'd:

Mental Health/Substance Use Services: 250-304-1846

Ministry of Childhood and Family Development (MCFD): 250-365-4470

Kootenay Family Place: [kootenayfamilyplace.org](http://kootenayfamilyplace.org), 250-365-8448

- Includes child development and therapy services, child care programs, mothers mental health support groups, and the Neighborhood House for families

### Trail

Trail FAIR (incl. Women's Drop-in): [trailfair.ca](http://trailfair.ca), 250-364-2326

- Counselling, family support services, childhood development programs, Building Beautiful Babies and crisis support

Mental Health/Substance Use Services: 250-364-6262

Ministry of Childhood and Family Development (MCFD): 250-364-0540

Advocacy Centre: [advocacycentre.org](http://advocacycentre.org), 1-877-352-5777

- Advocacy and legal information, education and problem solving for low-income residents, including specialized assistance to victims of relationship violence, sexual assault and child abuse

### Nelson

Nelson Community Services: <https://www.servicesfyi.ca/>, 250-352-3504

- Provides counselling, outreach, parenting, youth, housing support and shelter

Mental Health/Substance Use Services: 250-505-7248

Ministry of Childhood and Family Development (MCFD): 250-354-6480

ANKORS: [ankorsvolunteer.com](http://ankorsvolunteer.com), 250-505-5506

- Includes support and advocacy services, harm reduction, prevention and education, Trans Connect and programs to support those living with HIV/AIDs, Hepatitis C and other blood borne pathogens

Nelson CARES Society: [nelsoncares.ca](http://nelsoncares.ca), 250-352-6011

- Advocacy, housing, employment, support services, and environmental stewardship

## Resources for Patients to Photocopy and Share

Kootenay Kids: [kootenaykids.ca](http://kootenaykids.ca), 250-352-6678

- Children's play groups, Pregnancy Outreach, parenting support, early childhood development, aboriginal early intervention, learning center

### Grand Forks

BFISS: [boundaryfamily.org](http://boundaryfamily.org), 1-877-442-5355

- Provides youth, children and family services including counselling, infant development, behavioural supports, after school programs and parenting supports

Mental Health/Substance Use Services: 250-442-0330

Ministry of Childhood and Family Development (MCFD): 250-442-4378

### Salmo

Salmo Community Services: <https://scrs.ca/>, 250-357-2277

- Provides family/parenting services, food security programs, women's support, child and adult counselling, and more

Mental Health/Substance Use Services: 250-357-2277

### Kaslo

North Kootenay Lake Community Services: [nklcss.org](http://nklcss.org), 250-353-7691, [office@nklcss.org](mailto:office@nklcss.org)

- Counselling, family and parenting supports, food security programs, senior and youth services

Mental Health and Substance Use Services: 250-353-2291

### Nakusp/New Denver/Slocan

Arrow and Slocan Lakes Community Services: [aslcs.com](http://aslcs.com), 250-265-3674

- Provides counselling, victim services, Safe Home, food bank and senior's Better at Home program

Nakusp (Arrow and Slocan Lakes) Mental Health and Substance Use Services: 250-265-5253

- Provides a range of services for adults with mental health and substance concerns

# CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

## To be completed by Parent/Caregiver

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance.** Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

**Please DO NOT mark or indicate which specific statements apply to your child.**

**1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.**

### Section 1. At any point since your child was born...

- ☐ Your child's parents or guardians were separated or divorced
- ☐ Your child lived with a household member who served time in jail or prison
- ☐ Your child lived with a household member who was depressed, mentally ill or attempted suicide
- ☐ Your child saw or heard household members hurt or threaten to hurt each other
- ☐ A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- ☐ Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- ☐ More than once, your child went without food, clothing, a place to live, or had no one to protect her/him

- ☐ Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- ☐ Your child lived with someone who had a problem with drinking or using drugs
- ☐ Your child often felt unsupported, unloved and/or unprotected

**2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.**

### Section 2. At any point since your child was born...

- ☐ Your child was in foster care
- ☐ Your child experienced harassment or bullying at school
- ☐ Your child lived with a parent or guardian who died
- ☐ Your child was separated from her/his primary caregiver through deportation or immigration
- ☐ Your child had a serious medical procedure or life threatening illness
- ☐ Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- ☐ Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

# CYW Adverse Childhood Experiences Questionnaire Teen (ACE-Q) Teen

To be completed by Parent/Caregiver

Today's Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

## Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked them to touch that person's private parts in a sexual way that was unwanted, against your child's will, or made your child feel uncomfortable
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him

- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

## Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/him primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was detained, arrested or incarcerated
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
- Your child experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)



# CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Teen Self-Report

## To be completed by Patient

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Many children experience stressful life events that can affect their health and development. The results from this questionnaire will assist your doctor in assessing your health and determining guidance.** Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided.

**Please DO NOT mark or indicate which specific statements apply to you.**

**1) Of the statements in section 1, HOW MANY apply to you? Write the total number in the box.**

### Section 1. At any point since you were born...

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you

- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

**2) Of the statements in section 2, HOW MANY apply to you? Write the total number in the box.**

### Section 2. At any point since you were born...

- You have been in foster care
- You have experienced harassment or bullying at school
- You have lived with a parent or guardian who died
- You have been separated from your primary caregiver through deportation or immigration
- You have had a serious medical procedure or life threatening illness
- You have often seen or heard violence in the neighborhood or in your school neighborhood
- You have been detained, arrested or incarcerated
- You have often been treated badly because of race, sexual orientation, place of birth, disability or religion
- You have experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)

# Adverse Childhood Experience (ACE) Questionnaire

## Finding your ACE Score

ra hbr 10 24 06

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever** ...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No \_\_\_\_\_  
If yes enter 1 \_\_\_\_\_

**Now add up your “Yes” answers: \_\_\_\_\_ This is your ACE Score**

Questions?  
Comments?  
Feedback?

Contact Kootenay Boundary  
Division of Family Practice:

[kbdoctors@divisionsbc.ca](mailto:kbdoctors@divisionsbc.ca)  
[kbdivision.org](http://kbdivision.org)