

ACEs lead to health consequences in adults

Adverse Childhood Experiences (ACEs) are emotional and physical disturbances that happen in a youth's lifetime that can potentially lead to harmful long-lasting effects. ACEs can result in mental, physical, social, and emotional consequences.1

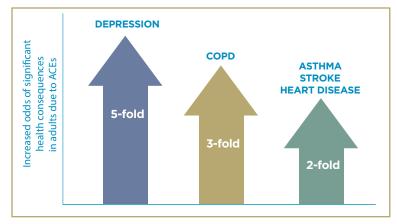
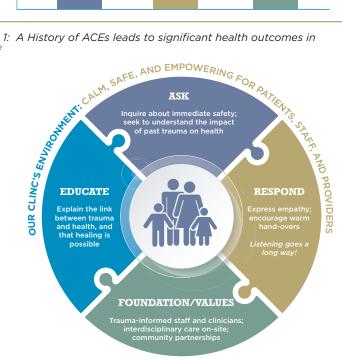


Figure 1: A History of ACEs leads to significant health outcomes in adults²



ACEs are common

In 2018, 64.5% of St. Mary's County residents, who participated in the BRFSS, stated that they had experienced at least 1 Childhood Adversity. Out of that 64.5% over 29% of those residents stated that they experienced at least 3 or more. The ACEs Study (Dr. Anda/CDC) showed a correlation between high ACEs scores and risk-taking behaviors (drinking, smoking, SUD, sexual partners) and negative health outcomes (cancer, COPD, diabetes, asthma) later in life.

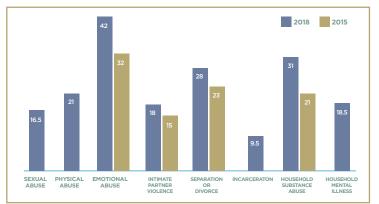


Figure 2: Comparison of 2015 and 2018 BRFSS ACEs findings

Build support for patients with ACEs

Building a trauma-informed practice encompasses more than the one on one patient-clinician relationship.

Figure 3: Five elements can aid a clinic or practice in providing trauma-informed care.3

Figure adapted from Machtinger EL, Davis KB, Kimberg LS, et al. From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care. Womens Health Issues. 2019;29(2):97-102





For more information, please visit smchd.org/aces, cdc.gov/violenceprevention/aces, or apa.org/topics/resilience

Begin the conversation about ACEs with patients.

You don't have to be a therapist to be therapeutic. Listen, reflect, and acknowledge the patient's needs.

Trauma-informed care starts with the patient in front of you. By offering support and creating personal interactions, providers can teach ways to build resilience and positive coping mechanisms.⁴

1. Ask about impact of ACEs on life and health

- a. Keep questions broad and related to overall health today to encouraged sharing.
 - i. Example question: Heave you had any life experiences that you feel have impacted your health and well-being? How has that experience(s) affected you?
- b. Ask the questions face-to-face (either virtually or in person), avoiding reliance on questionnaires to extract responses.
- c. Remember that sharing the details of an ACE can be traumatic.

2. Listen

a.

- Listening can be one of the most important services clinicians can give their patients
 - i. Allow the patient to share whatever they feel comfortable disclosing
 - ii. Express gratitude and understanding that the process of sharing an ACE is difficult.
 - iii. Focus on what the patient is saying they need, rather than how to fix a specific problem
 - iv. Keep the questions to a minimum while a patient is sharing their story.

3. Understand the patient's strengths

- a. Keep to understand the patient's strength and resources
 - i. What are you proud of?
 - ii. What are your strengths
 - iii. Can you tell me about your support system?
 - iv. Do you have any cultural, religious, and spiritual practices are important to you?
- b. Use reflection or teach-back methods

4. Support & follow-up

a.

- Focus on the supports for which the patient expressed the greatest need
 - i. What are ways or things we can do to make you feel safe?
- ii. Would you like me to help you find support from others who have been through what you have been through?
- b. Provide links to services and resources whenever possible.
- c. Establish a plan to reconnect to follow-up on referrals or services.
- d. Share relevant information with members of the healthcare team when possible.

Trauma-specific interventions	General interventions
Individual or group therapies	 Support groups or behavioral counseling for risk behaviors (substance use)
Somatic interventions (Mindfulness, yoga, acupuncture)	 Mindfulness-based stress reduction, yoga, or art-based therapies
 Medications for symptoms (insomnia, anxiety, depression 	 Practices that build connection, comfort, and meaning (faith/ spiritually, exercise, caring for people or pets, nature, work)

5. Document

- a. Provide a summary of relevant information to the care team
 - i. Ask them, "How would you like me to document what you have shared with me?"

References:

 Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD U.S. Department of Health and Human Services;2014. 2. Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015-2017. MMWR Morb Mortal Wkly Rep. 2019;68(44):999-1005. 3. Machtinger EL, Davis KB, Kimberg LS, et al. From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care. Womens Health Issues. 2019;29(2):97-102.
 Levy-Carrick NC, Lewis-O'Connor A, Rittenberg E, Manosalvas K, Stoklosa HM, Silbersweig DA. Promoting Health Equity Through Trauma-Informed Care: Critical Role for Physicians in Policy and Program Development. Fam Community Health. 2019;42(2):104-108.