PEDIATRIC SCREENING TOOLKIT

A behavioral-developmental health screening and response model for well child visits from birth to age 21

Developed and distributed by the MaineHealth ACEs and Resiliency Program

MaineHealth
www.mainehealth.org/aces

Version 6.0 | April 2024

Pediatric Screening Toolkit

Introduction

Research and best practice guidelines support taking a two-generation approach to support families with children. A two-generation approach provides support to both the parents and the children to enhance the resiliency of the entire family unit. By addressing health disparities, social determinants of health, medical and behavioral health, we aim to design a care model that truly supports the needs of families served by MaineHealth (MH). Adverse childhood experiences (ACEs) and trauma such as exposure to violence, abuse or neglect, parental substance abuse, parent incarceration, mental illness or parental separation/divorce impact a child's developing brain and can affect long-term health. Symptoms related to ACEs are common and include developmental delays or regression, emotional outbursts, anxiety, depression, behavioral concerns, inattention, sleep issue or unexplained physical complaints. One in four children in Maine experience two or more ACEs, which is why we feel addressing ACEs, along with other social adversities in primary care, is critical to improve individual health outcomes, population health, and reduce costs of care.

Children are resilient and there are specific proven methods to increase resiliency and build healthier brains and bodies. Several evidence-based trauma treatments are proven to be highly successful in reducing the negative effects of trauma and increasing resiliency. These treatments and other resiliency-building interventions and resources are available in the MH system and in our communities. Healthcare teams can help caregivers and affected children recover, heal and thrive after adversity.

Program Framework

Trauma-informed care refers to a system of care in which the environment, both physical and human, is supportive, fosters patient comfort and trust, promotes the health and effectiveness of staff, and improves staff knowledge of trauma and its impact on how patients engage with the care system. The MH ACEs and Resiliency Program emphasizes the trauma-informed principles of safety, collaboration, choice, empowerment and cultural humility in order to implement the 5R's model of care. Healthcare teams can:

Realize[1] the potential short and long-term health consequences of childhood adversity, and how to support and foster resiliency for patients and their families.

Recognize and identify symptoms throughout the life span by utilizing recommended screening tools and by recognizing trauma symptomology in a trauma informed model.

Respond to ensure rapid and coordinated access to validated treatments for trauma by connecting patients with the integrated behavioral health clinician at their practice as well as other community resources.

Resist Retraumatization by consistently utilizing the trauma-informed principles of safety, trust, choice, collaboration, peer support and cultural humility during patient and staff interactions.

Resilience Building though supporting the ability of families, schools, healthcare providers and communities to provide children with the the skills, experiences and essential elements they need to adapt and thrive.

1. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Pages 9-10. July 2014.*

Screening

The MH pediatric screening and response model is designed to identify recent trauma, family stressors and behavioral health symptomatology in the context of cumulative adversity. The aim of this design is to provide a more complete clinical picture so we can better understand how to care for our patients and their families. The trauma-informed response model is designed to build resiliency for families and individual patients. The specific tools used in this model are as follows.

- **Trauma Screening:** screens for a wide range of traumatic experiences in the past year.
- **ACEs Number:** screens for cumulative adversity up to 21 years of age.
- **Food and Diaper Insecurity Screening:** screens for current financial stressors for a family.
- **PTSD Symptom Screening:** screens for post-traumatic symptomology.
- **Survey of Wellbeing of Young Childhood**: screens for developmental milestones, behavior, and the family environment.
- **Edinburgh Postnatal Depression Scale (EPDS):** screens for parental depressive symptoms 0-6 months after birth.
- **PHQ-A:** screens for adolescent depression and suicide.
- **GAD-7:** screens for adolescent generalized anxiety, social anxiety and panic disorder.
- **CRAFFT 2.1N:** screens for adolescent high risk substance use behavior in the past year.

The MaineHealth ACEs Program aims to support your practice in Realizing, Recognizing and Responding to childhood adversity. Assistance is available for the following:

- Education for providers, staff, and behavioral health clinicians
- Integration with your behavioral health clinicians, your care team, system-wide supports and
- community organizations
- Implementation of recommended tools and workflows
- Optimization of Epic systems
- Utilization of metrics and patient registries to enhance workflows and patient care

Sustainability: Strategies to Consider for Your Practice

Strategy	Description
Highly Trained Teams	Provide training and support for all staff on ACEs, health outcomes, trauma-informed care principles, identification and screening, treatment resources, workflows and patient registries and communication and resiliency skills; provide trauma competency training specific to integrated behavioral health clinicians
Standard Screening Workflows	Use of recommended screening tools and associated workflows in standardized fashion
Use of De-Identified Handout	Screen with a laminated, de-identified, dry erase handout for families to self-report
Trauma-informed Approach	Enhance providers' skills in coaching, educating and engaging families in building resiliency; emphasize safety, choice, collaboration, empowerment and cultural humility when interacting with the team and patients
Maximize Treatment Team	Provide warm hand-offs to integrated behavioral health clinicians trained in evidence-based trauma treatment and trauma competencies; leverage integrated behavioral health clinicians to help determine additional treatment resources to support patient needs
Optimize EMR Usage	Consistent use of the Epic ACEs screening tab, tools, and reports
Use of Patient Registries	Routine use of developmental and behavioral patient registries to identify and track patients and families needing additional support and close follow-up
Use of Monthly Data Reports	Consistent monitoring of data reports showing rates of screening to identify areas in need of quality improvement support
Create a Culture that Champions Resiliency	Engage all staff (front, clinical support, provider, integrated behavioral health, case managers and others) in supporting patients and each other; promote an environment of safety and wellness
Connection to Community Resources	Establish partnerships with community support organizations; improve communication and referral pathways to help support families in need
Engage Families in Resilience Building	Provide education and resources to patients and families; It only takes one caring adult to make a difference in a child's life

For more information, please visit www.mainehealth.org/aces
or email the team at childhealth@mainehealth.org

ACEs Pediatric Screening Toolkit

Table of Contents

This toolkit offers a standard set of strategies and tools designed for all members of the care team. It is intended to help your practice improve care through early identification of childhood adversity and includes quick start guides, screening workflows, communication techniques, and parent/family resources.

Screening Schedule for Well Child Visits

	Trauma/ Food/EPDS/ Diaper	Trauma/ Food/ Diaper	SWYC	MCHAT	Trauma- ACEs/Food	Trauma- ACEs/ CRAFFT/ PHQ/GAD	Food Insecurity	5210
3-5 Days	X							
2-4 Weeks	X							
2 Months	X							
4 Months	X							
6 Months	X							
9 Months			X					
12 Months		X						
15 Months			X					
18 Months		X		X				
24 Months		X		X				X
30 Months			X					
3-5 Years					X			X
6-11 Years					X			X
12-21 Years *						X *#	X**	X *

* For well child visits ages 12-21 hand Trauma/ACEs-CRAFFT-PHQ-GAD directly to the patient. Explain that the questions are designed to be completed confidentially (without parent input).

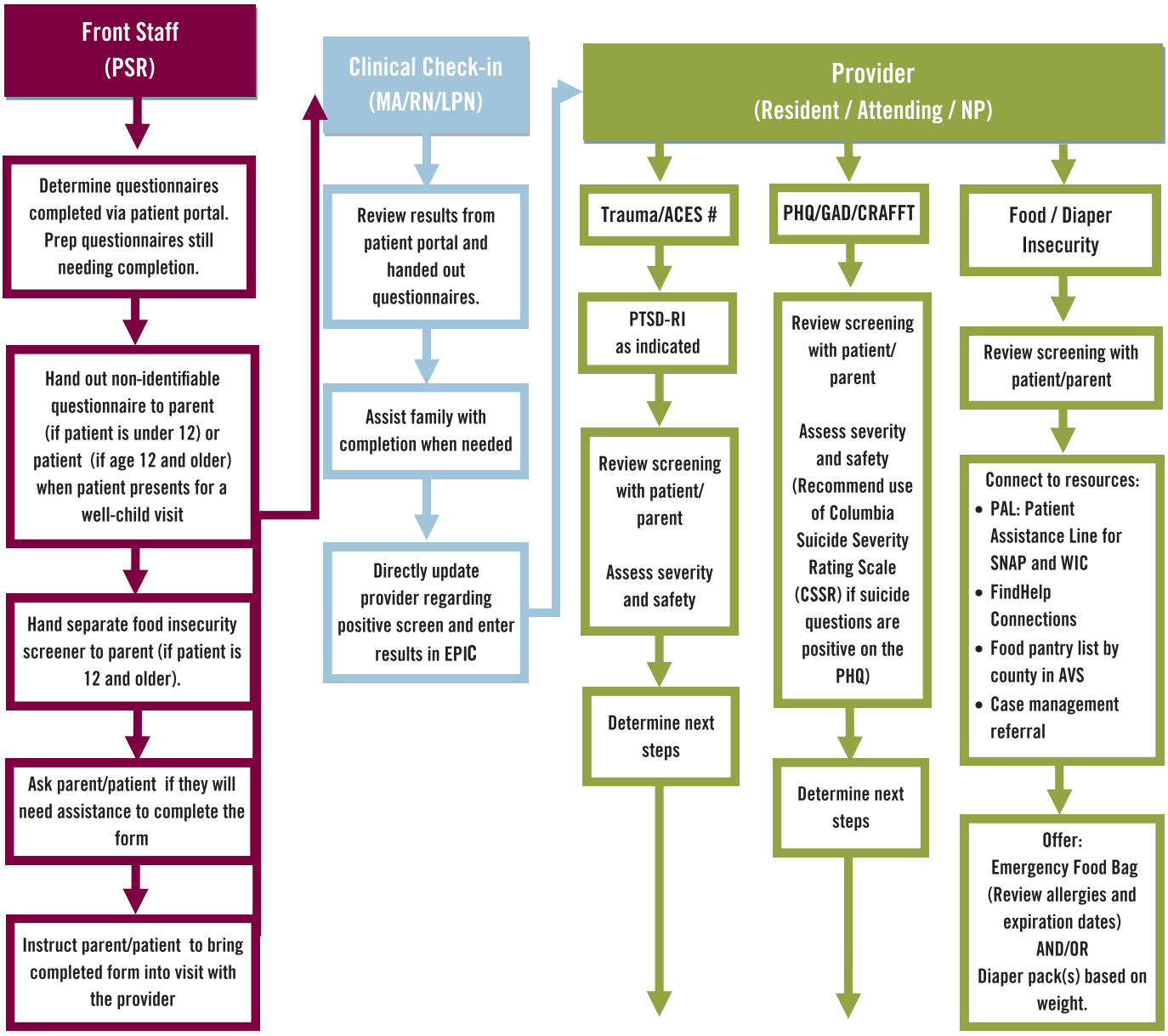
**For ages 12-21 hand Food Insecurity Screener to the parent/caregiver. If no parent/caregiver is present, give to patient.

For ages 11-17 use the PHQA, for ages 18-21 use the PHQ9.

MyChart questionnaires are available for parents of patients ages 0-11 years old. Patients and families will have the ability to fill out the questionnaires confidentially prior to meeting with their care team at well-child visits. Available screeners include: ACEs Questionnaire, Trauma, PTSD-Ri, Food Insecurity, SWYC and MCHAT and align with the above schedule. The EPDS is not available in the child's MyChart due to parental confidential reasons.

Parent/Patient Questions

Well-Child Visit Workflow



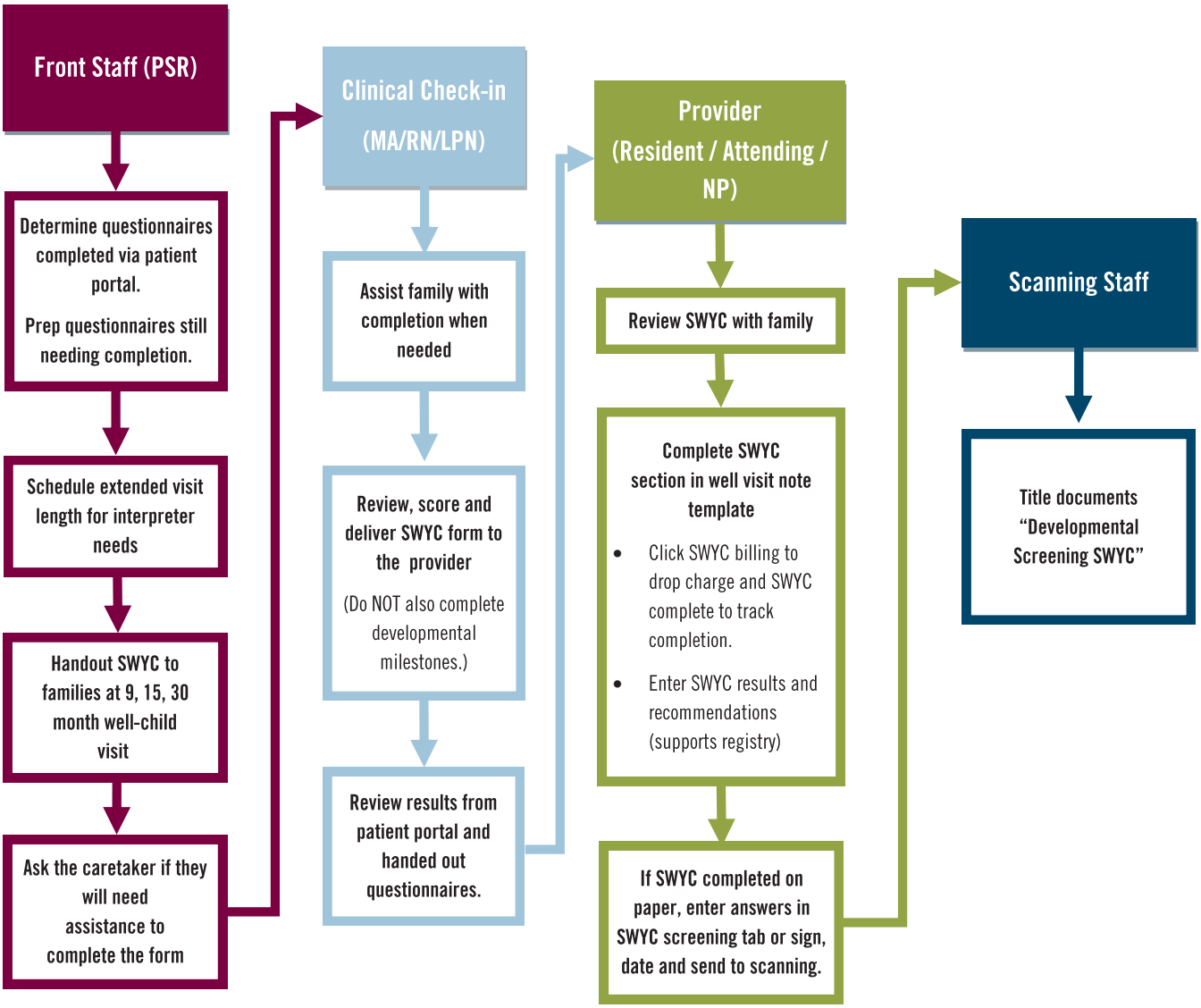
Determine next steps based on severity of symptoms, safety planning and patient-family resiliency. One or more of the following interventions may be appropriate, see individual quick start guides for additional information.

When indicated initiate a collaborative safety plan: The Smartphrase .ACESEMERGENCYSUPPORTNUMBERS (see appendix) includes crisis lines for behavioral health, suicide, intimate partner violence, parenting struggles and youth peer support.

- Teach self-care and resiliency building skills to parents
- Close monitoring and follow-up by Primary Care Provider with safety planning as appropriate
- Warm hand-off or referral to integrated behavioral health clinician
- Referral to Maine Behavioral Healthcare / Child Psychiatry / community-based behavioral health services
- Referral to case management or community resources
- Referral to DHHS if there is a concern about/neglect/safety of the child
- Additional parent/patient education SmartPhrases — .ACEsTraumaUnder9 / .ACEsTraumaOver9 / .acesscoreparentinfo .acesbraingrowthandresiliency / .acestraumasymptomsparentinfo

Survey of Well-being Young Children (SWYC)

Workflow

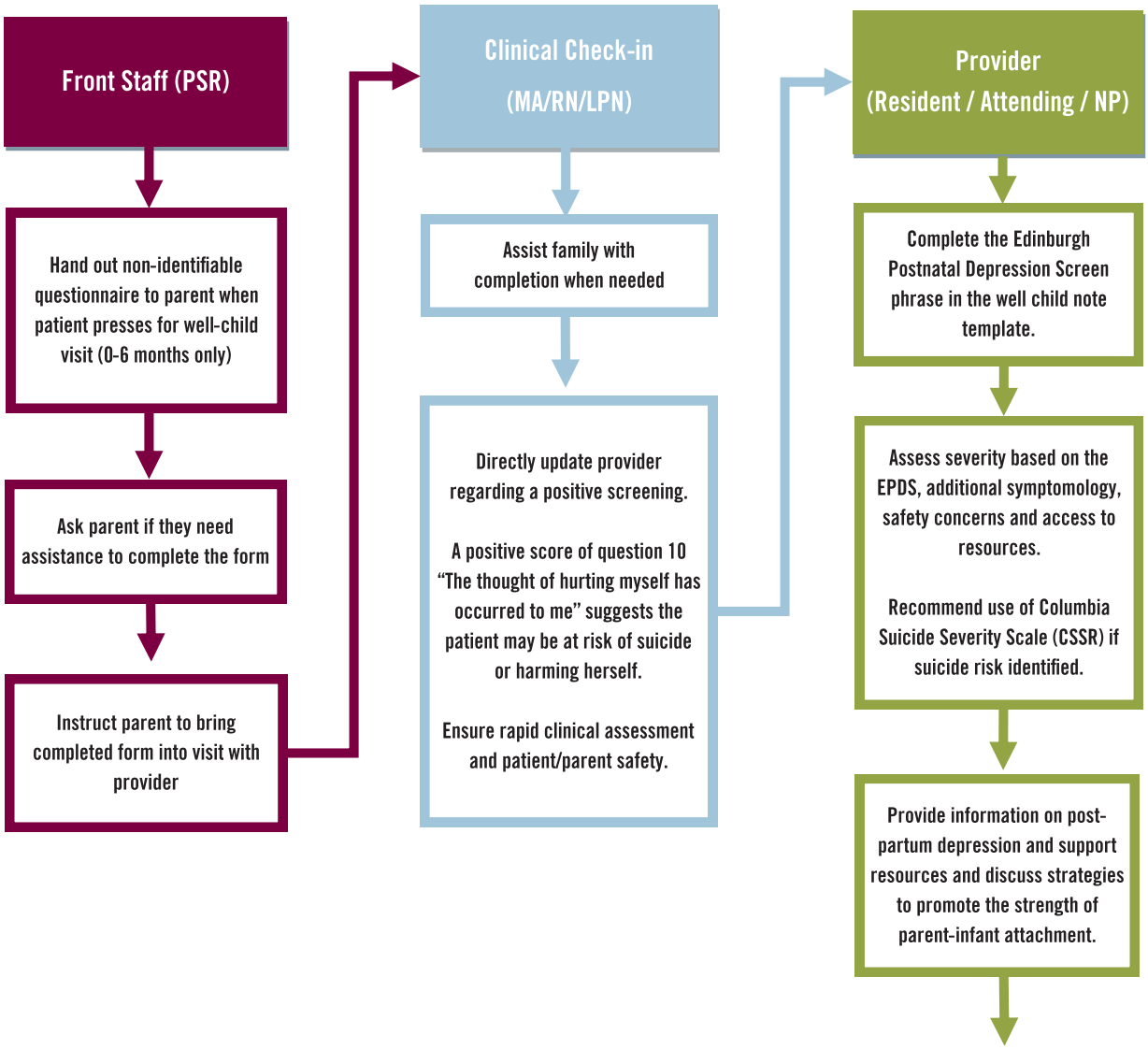


Determine next steps based on a SWYC with a needs review score, a high ACE score, safety concerns and access to resources. One or more of the following interventions may be appropriate:

- Teach self-care and child development resiliency-building skills to parent
- Teach serve and return developmental interaction skills to parents
- Close monitoring and follow up by Primary Care Provider with safety planning as appropriate
- Warm hand-off or referral to integrated behavioral health clinician
- Referral to Maine Behavioral Healthcare / Child Psychiatry / community based behavioral health services
- Referral to Child Developmental Services (CDS) and/or Development and Behavioral Pediatric Specialty Clinic.
- Referral to case management or community resources
- Referral to DHHS if there is a concern about abuse/neglect/safety of the child

Edinburgh Postnatal Depression Scale (EPDS)

Workflow



Determine next steps based on EPDS, additional symptomology, safety concerns and access to resources:

- Refer to *Building Resilience After Giving Birth* overview in the Resilience section of this toolkit
- Warm hand off to integrated behavioral health clinician as best practice
- Recommend and assist parent to contact their OBGYN, PCP and/or behavioral health provider
- Obtain ROI (release of information) and communicate results to parent's provider
- Make a safety plan when necessary to ensure parent or child is not in imminent danger
- Schedule follow-up with pediatric care provider
- Schedule a follow up appointment with the parents PCP, OB provider and/or the integrated behavior health clinician to monitor patient's progress

TRAUMA, ACES NUMBER, ABBREVIATED UCLA PTSD-RI

Quick Start Guide & Scoring

The MH pediatric screening and response model is designed to identify recent trauma, family stressors and behavioral health symptomatology in the context of cumulative adversity. In this section we highlight utilizing the trauma, ACEs number and PTSD-RI screeners.

What is a trauma screener?

The two question trauma screener aims to help patients and parents/caregivers safely express recent difficult or traumatic experiences. The questions are designed to identify a wide range of recent traumatic events that may not be otherwise identified on the ACEs number questionnaire.

Why is screening for trauma important?

The data is clear! Preventing, identifying, and treating traumatic and adverse experiences will improve the health of our patients and families. Earlier identification, response and treatment are the most effective ways to decrease long-term symptomatology and improve health outcomes. Reporting a traumatic experience is an important first step in beginning healing conversations between patients, families and their healthcare teams. Healthcare teams should then use a collaborative process to help connect families to behavioral health services and community supports.

What is an ACEs number screener?

An ACE score measures lifelong exposures of a child to 10 different categories of adversity. Five categories are directly related to the patient (physical abuse, verbal abuse, sexual abuse, physical neglect and emotional neglect). Five categories are related to the parents or other household members (separation or divorce, a problem with drinking or drugs, interpersonal violence, incarceration, and mental illness).

Why is screening for ACEs important?

ACEs are common across all socio-demographic populations. And as the ACE score increases, the risk of long-term health issues significantly increases along with it. A positive ACE score does not mean that a patient will develop these particular health issues; it only highlights the increased risks for them. Screening provides an opportunity for the healthcare team to engage with families on ACEs education and resiliency building skills for both parents and children. Just as screening for trauma helps facilitate conversations between patients, families and their healthcare teams in order to foster connections to behavioral health services and community supports.

What is the abbreviated PTSD-RI?

The UCLA Post Traumatic Stress Disorder Reaction Index (PTSD-RI) in its full version is a valid and reliable symptom screener for PTSD symptoms that can help practitioners identify clinically significant symptoms in children and adolescents. In its full version, it is a 31-item tool that includes subscales measuring symptom clusters associated with PTSD, as well as overall PTSD.[1] It has been abbreviated to meet the demands for rapid screening processes in order to make more informed treatment referrals in certain settings, such as healthcare.

Why is screening for symptoms important?

Clinically significant post-traumatic stress symptoms are often associated with trauma and ACEs exposure. Understanding the severity and frequency of post-traumatic stress reactions will help you determine your next steps and treatment plan for supporting children and families. Providing early intervention and referral to additional supports for children who are symptomatic for post-traumatic stress can mitigate negative consequences while increasing the likelihood for more positive outcomes for them after trauma and ACEs exposure.

1. **Steinberg, A. M., Brymer, M. J., Kim, S., Ghosh, C., Ostrowski, S. A., Gulley, K., Briggs, E. C., Pynoos, R. S. (2013). Psychometric properties of the UCLA PTSD Reaction Index: Part I. Journal of Traumatic Stress, 26: 1-9.*

What is the screening, response and follow-up process?

1. **Introduce the questions in a trauma-informed manner:**
   - Ask the patient/parent/caregiver to complete the questions on a de-identified, laminated form which has been found to be more effective than directly asking the questions during rooming.
   - Explain that the questionnaire is given to ALL families at well child visits, voluntary, and the answers will help us facilitate the best care for them and their child.
   - Explain that for the ACEs number questionnaire, they just need to circle the total number of ACEs. They do not need to mark the specific ACEs that occurred.
   - Offer assistance when needed and thank the patient/parent/caregiver for completing the questions.
     - 0 through 11 years of age: the parent/caregiver should complete the questions
     - 12 and older: the adolescent should complete the questions
   - Explain that, for adolescents, the questions are designed to be completed by the adolescent without a parent/caregiver or other adult's involvement and they can choose to answer them or not.

The laminated questionnaire instructs the patient/parent to please consider completing the PTSD-RI when there is a YES answer on either trauma question or when there is an ACE score one or higher or when clinically appropriate. For example, when a significant traumatic event is revealed during conservation about an ACE score, utilize the PTSD-RI.

Instructions for using the PTSD-RI:
- 0 through 9 years of age: the parent should complete the questions.
- 9 through 11 years of age: It is recommended that the child complete the questions directly and you provide clarifying information for any questions they may have. Please note: this is the only screener in this process that a child under the age of 12 is encouraged to complete themselves.
- 12 and older: the adolescent should complete the questions.
- Explain that, for adolescents, the questions are designed to be completed by the adolescent without a parent/caregiver or other adult's involvement and they can choose to answer them or not.
- For children who have difficulty with the concept of frequency, use the ratings sheet located in the Family Resources Section to help assist them in rating their reactions.

2. **Score the screeners**

<u>Trauma Questions</u>:
- Has anyone hurt or frightened you or your child recently or in the last year? **Yes No**
- Has anything bad, sad, or scary happened to you or your child recently or in the last year? **Yes No**

A **YES** answer on either question is considered a positive screening. It is recommended that your team use the PTSD-RI on the reverse side to determine symptomology and help guide the treatment plan. Clinical staff should support the patient/parent/caregiver in completing the PTSD-RI in a trauma-informed manner.

"Thank you for completing the questionnaire. I see that you marked yes for one of the questions. Please consider completing the additional questions on the back of the form so we can best help you with this experience."

<u>ACEs Questionnaire</u>:
There is no specific cut-off for an ACEs score, but research clearly shows that as the ACEs number increases

[1] *Byatt N., Biebel K., Friedman, L., Hosein S., Lundquist. MCP AP for Moms: Promoting maternal mental health during and after pregnancy www.mcpapformoms.org Revision 10.10.17*
K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002,194-199.

the risk of significant lifelong health issues increases. Post-traumatic symptomatology from adversity can rise and fall and be re-triggered for patients across many years. To help determine the patients current response to past adversity we recommend clinical staff ask the patient/parent/caregiver to consider completing the PTSD-RI when the ACEs score is greater than or equal to two. In addition, because of the increased risk of significant health issues as the ACE score rises we recommend all patients with an ACEs score of greater than or equal to three be offered behavioral health interventions.

Recommended scoring and support of patients with a positive ACEs score.

ACE SCORE	RECOMMENDED SUPPORT
ACE score = 0	Provide anticipatory guidance and follow-up at well child visits.
ACE score = 1-2 and the patient does NOT present with additional symptomology	Provide anticipatory guidance and close follow-up. Consider referral (with warm handoff if available) with the integrated behavioral health clinician.
ACE score = 1-2 and the patient DOES present with additional symptomology (listed below)	Provide anticipatory guidance, close follow-up and offer referral (with warm handoff if available) to the integrated behavioral health clinician.
ACE score equals ≥3	Screen for symptomology (listed below), provide anticipatory guidance, and close follow-up. Refer all children (with warm handoff if available) with ACE≥3 to integrated behavioral health clinician.

PTSD-RI

- 8 and younger ≥ 3 is positive and should be considered to have clinically significant PTSD symptoms. Please consider referring this child to behavioral health clinician.
- 9 and older ≥ 10 is positive and should be considered to have clinically significant PTSD symptoms. Please consider referring this child to a behavioral health clinician.

IMPORTANT NOTE: Clinical staff should directly notify the provider immediately of any positive screens or concerns. This will allow the provider to prepare for the visit and will prevent missed opportunities for care.

3. **Interpret the results of the screenings in the context of a comprehensive assessment including:** patient strengths, socioeconomic barriers, medical and behavior health symptomology, developmental history, past medical history and physical exam information.

   See the Trauma-Informed Sample Language section for sample trauma-informed language for discussing and responding to positive screening results. When communicating with patients/families it is important to collaborate, give choices, empower them and focus on their strengths

   For patients with a positive trauma screen, ACEs score or PTSD-RI there are symptoms or behavior clusters for which adversity could be the source:

   - Developmental delay or regression
   - Failure to thrive
   - Unexpected weight gain or loss
   - Attachment concerns: does not respond well to caregivers, separation anxiety, etc.
   - Withdrawn numbing behavior
   - Frequent crying or excessive fussiness
   - Frequent angry and/or aggressive behavior

- Hypervigilance, heightened fear responses
- Trouble sleeping or eating
- Poor control of chronic disease (asthma, diabetes, other)
- Unexplained somatic complaints
- Academic difficulties
- Anxiety, depression, ADHD
- Substance abuse or other high-risk behaviors in adolescents

4. **Educate patients and families.** The science of neurobiology and behavioral health shows that we can increase resiliency for families and children against ACEs/trauma and that caregivers are essential to helping children recover, heal, and thrive after a traumatic experience. Providing information on the following can help:

    - Impact of ACEs and traumatic experiences including common symptoms and behavior clusters.
    - Developmental education and positive approaches to parenting.
    - Steps to build resiliency through loving face-to-face interactions between parents/caregivers and children; talking, reading, singing and playing together many times a day.
    - Importance of routine and healthy habits to support healing and resiliency: sleep, nutrition, exercise, reading, meditation, and a sense of safety.
    - Efficacy of behavioral health treatments in treating trauma and adverse experiences.
    - Review educational materials in ACEs Toolkit section 5 with the patient/parent.
        - to provide the same information in the Epic after visit summary (AVS) use the .dot phrases .ACESSCOREPARENTINFO, .ACESTRAUMASYMPTOMSPARENTINFO, .ACESBRAINGROWTHANDRESILIENCY

5. **Determine next steps** based on the severity of the trauma, the number of ACEs, the PTSD-RI, additional symptomology, safety concerns and access to resources.

    - Refer child to behavioral health treatments which are proven to be highly successful in reducing the negative effects of trauma, and are available in your community. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment and many are trained in evidence-based trauma treatments themselves. They can help with: anxiety, ADHD, depression, substance abuse, trauma and ACEs, grief/loss, school difficulties, bullying and obesity, chronic disease, parenting and family/relationship concerns and domestic violence, triage and linkage to psychiatry, case management, and connections to other community resources.
    - Schedule follow up with the primary care provider to monitor child/family's progress and to provide additional resiliency education.
    - Refer to social work/health guide case management for assistance with housing, heating and financial assistance, medical care, transportation, childcare, insurance, referrals to Child Development Services (CDS) and local food pantries.
    - Refer to Nurse Care Management: for assistance with complex medical, social, behavioral or mental health illness, medication teaching, diet and activity, disease education and support.
    - Refer directly to community resources.

    All referrals should be closely tracked to ensure that the patient/family received the recommended support or treatment.

EDINBURGH POSTNATAL DEPRESSION SCALE

Quick Start Guide & Scoring

What is the Edinburgh Postnatal Depression Scale[1] (EPDS)?

The Edinburgh Postnatal Depression Scale (EPDS) is one of the tools most commonly used to screen for depression in this setting. It is a 10-item questionnaire that has been validated in many different populations.

Why is screening for Prenatal & Postnatal-specific depression important?

- Postpartum depression (PPD) is the most common complication of pregnancy and can result in deleterious outcomes for the mother and/or the child in regards to mental health, safety, and relational attachment. 11-18% of women report postpartum depressive symptoms
- PPD is one of the most common ACEs that are associated with poor adult health outcomes and high medical costs.
- According to the AAP 2018 guideline early response to PPD is urgent to prevent long-term deleterious effects on the infant. The AAP recommends using the EPDS at the 1, 2, 4 and 6 month well-child visits.

What are risk factors for PPD?

- Depression or Anxiety during pregnancy
- Experiencing stressful life events during pregnancy or the early postpartum period
- Traumatic birth experience
- Preterm birth/infant admission to neonatal intensive care
- Low levels of social support
- Previous history of depression
- Breastfeeding problems

Scoring the EPDS

- Questions 1, 2, and 4 are scored 0, 1, 2 or 3 with left side scored as 0 and the right side scored as 3.
- Questions 3 and 5-10 are reverse scored, with the left side scored as 3 and the right side scored as 0.
- A score of 10 or greater OR a "yes" answer on question 10 (presence of suicidal thoughts) is suggestive of depression.
- A score of 10-13 is considered mild, 14-18 – moderate, >19 severe. The maximum score is 30.

It should be emphasized that the EPDS is a screening tool, and elevated score on the EPDS does not necessarily confirm the diagnosis of depression; this requires a more thorough diagnostic evaluation.

IMPORTANT NOTE: Clinical staff should directly notify the provider immediately of any positive screens or concerns. This will allow the provider to prepare for the visit and will prevent missed opportunities for care.

The pediatric primary care provider's focus is on supporting the parent-infant dyad. Therefore, the results of the EPDS screening should be interpreted and responded to in a manner that takes into account the infant and the parent. Interpret results in the context of a comprehensive assessment including: parental strengths and supports, substance abuse history, additional behavior health history and socioeconomic barriers. In addition, further determination of parent-child attachment, infant health and infant safety is essential.

A positive score of question 10 "The thought of hurting myself has occurred to me" suggests the patient may be at risk of suicide or harming herself. Consult with behavioral health clinician. Complete the Columbia Suicide Severity Rating Screening tool found in the flowsheets section of Epic. Create a safety plan with the patient. If needed, call the statewide crisis number at 1-888-568-1112.

We highly recommend that you prepare now for responding to an individual who screens positive for suicide. You can do so by having a 'storage statement' ready to go. A storage statement is a statement that aims at building trust and collaboration in care while instilling hope for individuals considering suicide as an option. Storage statements should have the following components:

- **Thank** them for telling you
- Identify the **importance** of their life
- Instill **hope**- it saves more lives than anything else

Example storage statements:

- "Thank you for telling me you're thinking about suicide. Your life is very important to me. I have hope for you. It took a lot of strength to tell me that you're thinking about suicide."
- "Thank you for telling me that you are thinking about suicide. Your life matters to us in this practice. I have hope for you. I have seen you overcome difficult times in the past and believe you can do the same now."

Depending on level of severity, and if determined that the patient needs to be seen in the emergency department for an evaluation, do not let the patient drive self to the emergency department. Either have a support drive or call an ambulance. Notify the emergency department that the patient is on the way and a crisis evaluation is needed.

Responding to the EPDS

See the Trauma-Informed Sample Language section for sample trauma-informed language for discussing and responding to positive screening results including the EPDS. When communicating with patients/families it is important to create a safe environment, collaborate, give choices, empower them and focus on their strengths.

The provider should educate parents about post-partum depression in a method that reduces guilt and shame by emphasizing how common these feelings are. It is essential that the mother or father understands that they are not at fault or a "bad" parent. The provider can also provide support by reflecting back strengths and accomplishments of the parents. Provide information on the effectiveness of behavioral health treatments in addressing post-partum depression. Promote the infant-parent attachment and bonding by encouraging the following;

- Understanding and responding to the infants cues.
- Holding, reading, talking and singing with the infant.
- Healthy routines for sleep, nutrition, and exercise.
- Provide encouragement and support regarding breastfeeding or other feeding concerns.
- Stress relief activities such as breathing, taking walks, mindfulness.
- Support making social connections.

Determine next steps based on EPDS score, additional symptomology, protective and risk factors, safety concerns and access to resources. The key is close follow-up and collaboration to make sure that no infant-parent dyads requiring support are unable to access resources or treatment.

- Refer to Building Resilience after Giving Birth overview in the Resiliency section of this toolkit
  - Provide information on post-partum depression and support resources in your community.
  - Discuss strategies to promote the strength of parent-infant attachment.
- Refer parent-child to the integrated behavioral health clinician. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment, as they help combine care for your patient's physical and emotional health needs, and are trained in evidence-based treatments.
- Schedule close follow-up and tracking of the EPDS score with the pediatric care provider.
- Recommend and assist parent to contact their OBGYN provider, PCP or their behavioral health provider. Obtaining a release of information (ROI) to allow the pediatric provider to contact the parent's provider is best practice.
- For post-partum depression, make a safety plan when necessary to ensure parent or child is not in imminent danger.

- If there is concern for a risk of infant neglect or abuse develop a collaborative safety plan and provide a report to DHHS.
- If there is a concern for the safety of the parent due to suicidal risk develop a collaborative safety plan and connect the parent to emergent services.

Referrals. Refer patient to behavioral health treatments, which are proven to be highly successful in helping individuals heal and thrive after stressful events. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment, as they help combine care for your patient's physical and emotional health needs, and many are trained in evidence-based trauma treatments. They can help with:

- Triage and crisis management.
- Individual and family therapy to support many issues, including anxiety, depression, substance abuse, trauma and ACEs, domestic violence, and grief/or loss.
- Parenting support: difficulty with routines, tantrums, sleep, setting boundaries etc.
- Supporting management of chronic disease.
- Connections to psychiatry.
- Connections to case management.
- Connections to community resources. This includes referral resources for parental mental health issues. For example, postpartum depression identified on the EPDS.

Treatment is also available in outpatient mental health clinic settings through Maine Behavioral Healthcare.

Community and national resources for post-partum depression:

- Maine statewide crisis number is 1-888-568-1112. They will offer support, and safety plan if needed.
- 988 (formerly called the National Suicide Prevention Lifeline) offers free, confidential, 24/7 access to
- trained crisis counselors who can help people experiencing mental health-related distress. Patients can
- also chat with a crisis counselor online at Lifeline Crisis Chat: 988lifeline.org.
- The Intentional Warm Line offers telephone support during challenging times. By calling 1-866-771-9276, patients will receive support, connection and referrals to community resources.
- Postpartum Support International www.postpartum.net is an excellent online resource for moms, dads and providers They also have Instagram and Facebook pages that are filled with cheerleading/inspiring quotes and links to articles.

FOOD INSECURITY

Quick Start Guide & Scoring

What is a food insecurity screener?
The Hunger Vital Sign™ is a validated two question food insecurity screening tool. Food insecurity, as defined by the U.S. Department of Agriculture (USDA), is a household-level economic and social condition of limited or uncertain access to adequate food. It is the lack of access to enough food for a healthy, active life.

Developed in 2010 by Children's HealthWatch, the two questions were drawn from the USDA's 18-question Household Food Security Scale, which is the "gold standard" for food security measurement and used primarily for surveillance and research. The Hunger Vital Sign™ provides a more practical tool for use in clinical settings and in community outreach. The Hunger Vital Sign™ questions are:

1. "Within the past 12 months we worried whether our food would run out before we got money to buy more."
2. "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

Why is screening for food insecurity important?
A study by Children's HealthWatch found that children younger than three years who live in food-insecure households have:

- **90% greater adjusted odds of being in fair/poor health**
- **31% greater adjusted odds of being hospitalized since birth**
- **76% greater adjusted odds of being at increased developmental risk compared with food-secure families**[1]

Maine has the **ninth** highest rate of food insecurity and the **sixth highest** rate of hunger in the nation. **One in five children (21%) in Maine has food insecurity** and 15.8% of Maine households (200,000 people) are living in food insecurity.[2] Hunger affects health in many ways.[3]

Food insecurity among children can lead to:	**Food insecurity among adults can lead to:**
Low birth weight & birth defects	Obesity
Anemia due to iron deficiency	Diabetes
Colds & stomach aches	Heart Disease
Cognitive delays & poor educational outcomes	Hypertension
Mental health problems	Osteoporosis
Increased utilization of health care	Kidney Disease
Obesity	Asthma and COPD
	Depression and anxiety

Scoring

Responding to a positive score:

- If the response is "often true" or "sometimes true" to **either or both statements**, this is a **positive** screen.
- If a family screens positive for food insecurity, practices can connect patients to federal nutrition programs and food resources, and can make referrals to appropriate community services.

1. *Hagar, E., Quigg A., Black, M., et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. Pediatrics. 2010.*
2. *https://www.feedingamerica.org/hunger-in-america/maine*
3. *Hunger and Health: The Role of the Supplemental Assistance Program in Improving Health and Well-Being: Food Research and Action Center. 2017. www.frac.org*

Tips for screening and reducing stigma[1]

1. **Introduce the questions in a discreet and respectful manner:**
    - Ask the parent/caregiver to complete the Hunger Vital Sign™ questions on a de-identified form, which has been found to be more effective than having staff ask the questions.
    - Incorporate the Hunger Vital Sign™ questions with other screening questions (such as trauma and ACEs) when appropriate to help parents/caregivers understand that:
        - The questions are confidential, voluntary and given to ALL families at well-child visits.
        - The questions help facilitate the best care possible. Ensure parents/caregivers understand their answers will not be used against them *(some parents may not want to share their experiences for fear that Department of Health and Human Services (DHHS) will be contacted).*
    - Offer assistance when needed and thank the parent/caregiver for completing the questions.
    - Be mindful that parents/caregivers may be reluctant to talk about food insecurity in front of their children and may experience shame or embarrassment if their provider suggests applying for food assistance.

2. **Continue the dialogue:**
    - Know that your recommendation carries weight: Parents/caregivers who would otherwise hesitate to accept a referral to a food pantry or meal program are more likely to comply if the referral is presented to them as a health intervention by a trusted clinical source.
    - The American Academy of Pediatrics (AAP) recommends screening at all "scheduled health maintenance visits or sooner, if indicated."
    - Continuing dialogue with patients during subsequent visits may destigmatize the food insecurity issue, allowing those who initially decline referrals to reconsider and, perhaps, accept a recommendation.
    - It is important to note that a family may still be in need of, and qualify for, food assistance even if the response is "never true" to both statements. A parent may have been too embarrassed or afraid to respond in the affirmative, or a family may be struggling financially but it has not yet impacted their food security status. This screening tool does not identify individual family members who are food insecure, or detect differences in how family members are affected by food insecurity. [1,2]

Here are some next steps and resources to share with families:

- **Referral to case management/social worker or the MaineHealth Patient Assistance Line (PAL).** The Patient Assistance Line is available to help all patients within MaineHealth's network of care connect with community resources. PAL staff have been trained on how to best assist patients in applying for food assistance programs, including Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infant, and Children (WIC).

- **SNAP:** SNAP is available for some families, based on income and family resources. SNAP can help patients buy the food their family needs to grow and stay healthy. Money is added to an Electronic Benefit Transfer (EBT) card on a monthly basis; an average of $116 per person in Maine. It can be used at most grocery stores, and many convenience stores just like a credit or debit card. If a patient may qualify for SNAP, the best next step is a referral to the Patient Assistance Line where staff will review the requirements and assist the patient in filling out an application. MH Smart Phrase patient hand out .FOODSTAMPSINFORMATION: program eligibility, how to apply and contact numbers.

[1] *Adapted from Addressing Food Insecurity: A Toolkit for Pediatricians: American Academy of Pediatrics and Food Action Research Center. 2017.*
[2] *Food Insecurity and Health: A Toolkit for Physicians and Health Care Organizations. 2017.*

- **WIC:** WIC is a Federal Nutrition program that provides low-cost healthy foods, nutrition education, breastfeeding promotion, and support and referrals to other services to women, infants and children who are at nutritional risk. WIC serves women who: are pregnant (in any trimester), are breastfeeding, or who had a baby in the last six months. WIC also serves infants and children up to the age of five, including adopted and foster children. Utilize a referral to the Patient Assistance Line to assist patients in signing up for WIC. MH Smart Phrase Patient Hand out: .FOODWIC: program eligibility, how to apply and contact numbers.

- **Local food pantries:** An updated list of food pantries for each county in Maine and Carroll County, New Hampshire can be located in EPIC using the SmartPhrase: .FOODPANTRIES_COUNTY

- **Emergency food bags:** In partnership with MaineHealth, Good Shepherd Food Bank provides participating practices with a limited number of "emergency food bags". These food bags consist of 8-10lbs of non-perishable dry goods that can be offered to patients who screen positive for food insecurity during their visit. The food items fall within the USDA's MyPlate guidelines and are appropriate for patients with chronic illness. Each emergency food bag contains two to three days' worth of meals for two to three people and is best utilized as a supplement to SNAP enrollment or additional longer term food security resources.

- **Farmers' markets:** Many Maine farmers' markets accept SNAP and some even offer supplemental money to people using SNAP for payment (spend $1 and get an additional $1 to spend). Details can be found at: http://www.mainefarmersmarkets.org/shoppers/markets-that-accept-ebt-cards/

- **Summer breakfast & lunch:** Over the summer, many schools provide free breakfast and lunch programs (no questions asked) for children ages 18 years and younger. Providers can use this website to find sites near a patient's home: https://www.fns.usda.gov/summerfoodrocks

DIAPER INSECURITY

For practices currently screening or interested in screening

Quick Start Guide & Scoring

What is diaper insecurity?
Diaper need is a form of material hardship that negatively effects families with young children.

Why is screening for diaper insecurity important?
Diapers are a product fundamental to child health, yet SNAP benefits, WIC nor Medicaid devote resources to diapers. Low-income families often have to allocate limited resources that otherwise could be spent on nutritious food, housing, utilities, and transportation to diapers.

- Diaper Insecurity is common: A recent statewide study in Vermont demonstrated high rates of diaper insecurity (32.6%) for families that participated in SNAP and WIC. In addition, diaper insecurity was highly associated with the risk of concurrent food insecurity.[1]
- The cost of diapers for low income families is a significant source of stress. The average cost of diapers is approximately $1000 per child per year. Low-income families spend up to 13.9% of their household income on diapers. [2]
- Children in families facing diaper insecurity are at greater risk to develop diaper rashes and urinary tract infections.[3]
- Diaper need is a stronger predictor of stress for mothers than even indicators such as neighborhood crime and food insecurity. It is also an independent risk factor for postpartum depression.[4]
- Children who may be eligible for early intervention services may not be able to participate because many facilities require up to a 2-week supply of diapers.
- Strategies parents employ in the setting of diaper insecurity: diapering babies in t-shirts, bleaching used diapers to sterilize them, rinsing dirty diapers, leaving children in diapers longer, turning them inside out, using the wrong size diaper, early toilet training.[5]

The MaineHealth Diaper Insecurity question was developed and piloted at the Maine Medical Partners (MMP). The question was developed to align with The Hunger Vital Sign™ two question food insecurity screening tool. During the 2020-21 pilot-phase, the clinic reported **twice** the rate of diaper insecurity relative to food insecurity.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Scoring

If the response is "often true" or "sometimes true" to **either or both statements**, this is a **positive** screen.

1. *Emily Belarmino, Amy Malinowski, Karen Flynn, Preventative Medicine reports Volume 22, June 2021, 101332 Diaper need is associated with risk for food insecurity in a statewide sample of participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*
2. *Emily Badger, Juliet Eilperin. The cruelest thing about buying diapers. Washington Post March 14, 2016.*
3. *Adalat, S., Wall, D., & Goodyear, H. (2007). Diaper dermatitis-frequency and contributory factors in hospital attending children. Pediatric Dermatology, 24(5), 483-488*
4. *Smith, M. V., Kruse, A., Weir, A., & Goldblum, J. (2013). Diaper need and its impact on child health. Pediatrics, 132(2), 253–259. http://dx.doi.org/10.1542/peds.2013-0597.*
5. *Waxman, E., Santos, R., Daley, K., Fiese, B., Koester, B., & Knowles, E. (2013). In short supply: American families struggle to secure everyday essentials (Report by Feeding America*

Tips for diaper insecurity screening

1. **Team preparedness**
    - Provide necessary training to the team
    - Review workflow as a team
    - Review EPIC dot phrases and documentation
    - Order laminated screeners from ACEs and Resiliency program
    - Prepare screeners by age at the front desk
    - Set a go-live date

    Workflow:
    - PSR staff: if not completed in patient portal distribute laminated questionnaire at front desk
    - Clinical rooming staff: enter answers in screening tab and if positive update provider

2. **Introduce the questions in a discreet and respectful manner:**
    - Ask the parent/caregiver to complete the diaper insecurity question on a de-identified handed-out laminated form. The questionnaire is designed with trauma-informed language and has been found to elicit a higher rate of positive screenings than asking the questions verbally.
    - Discuss with families that the questions are confidential, voluntary and given to ALL families at well-child visits.
    - Offer assistance when needed and thank the parent/caregiver for completing the questions.
    - Be mindful that parents/caregivers may be reluctant to talk about diaper insecurity in front of their children and may experience shame or embarrassment.
    - Presenting the question as a health intervention can help build trust with the parent/caregiver.

3. **Continue the dialogue:**
    - Use the trauma-informed concepts of respectful listening and choice to develop a collaborative plan with the parents/caregiver.
    - It is important to note that a family with diaper insecurity may have other Social Determinents of Health (SDOH) needs such as housing, transportation and food insecurity. Documenting the SDOH needs in the electronic medical record (EMR) will improve care for the family.

3. **Supporting families:** Here are some next steps and diaper insecurity resources to share with families:

    - **Referral to the MaineHealth Patient Assistance Line (PAL).** The Patient Assistance Line is available to help all patients within MaineHealth's network of care connect with community resources via Epic, 1-833-MHHELP1 or patientassistline@mainehealth.org.

    - **Community resources:**
        - Utilize MaineHealth FindHelp to search diaper resources near the patient's zip code.

    - **Distribute emergency diapers:** Determine in-office storage space and havee diaper packs on-site to distribute to families as needed. Give families the choice if they would like to receive diaper packs.

    - **Diaper ordering and budgeting tips:** Work with your practice leadership to determine available funds to support diaper purchasing. Order diaper packages, for an estimated annual cost of between $150 to $360, to have onsite via the MaineHealth Supply Chain in Lawson.

- **Diapers:** The order number and cost per package are as follows:
  - New Born Huggies # 944293 cost 0.2458 dollars per package 24 per package
  - Size 1 diaper # 944292 cost 0.2050 dollars per package 20 per package
  - Size 3 diaper # 978417 cost 0.5775 dollars per package 25 per package
  - Size 4 diaper # 978165 cost 0.5075 dollars per package 22 per package
  - Size 6 diaper # 978417 cost 0.8250 dollars per package 16 per package

Diaper wipes: The order number and cost per package are as follows:
  - Pampers Wipes # 945771 cost 2.8200 dollars per case 12 per case
    36 per package

Please note: Place your order based on diaper size as the Lawson order numbers may be different based on your location.

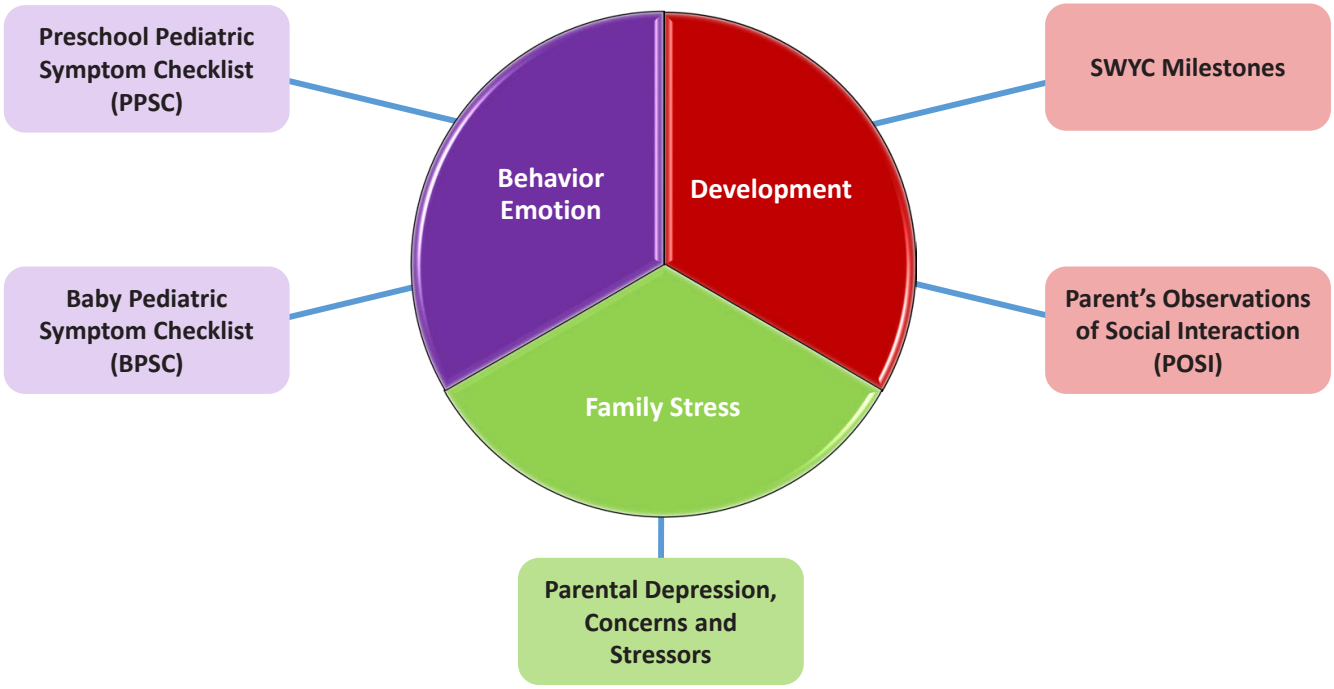
Recommended cost centers/accounts to utilize include the following:

Acct Number	Strata Expense	Financial Category
63100	Supplies- Med Noncharge	Medical Supplies
63110	Supplies- Misc Med	Medical Supplies
67469	Miscellaneous	Other

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

Quick Start Guide

Figure 1.1



What is the SWYC?

The SWYC is a questionnaire designed to give healthcare providers a better idea of how their young patients are doing. It includes sections on developmental milestones, behavioral/emotional development, and family risk-protective factors.

- The *SWYC Milestones* assess the child's cognitive, language, and motor development.
- The *BPSC* and *PPSC* assess behavioral and emotional symptoms for children
- The *POSI* assesses risk for autism spectrum disorder for children from 16-36 months
- The *Family Questions* assess stress present in the child's family environment, including parental depression, discord, substance abuse, food insecurity, and parent's concerns about the child's behavior, learning, or development. In addition, reading to your child frequency is assessed as a positive developmental factor.

For more information on the SWYC and to obtain translated versions please go the following link: https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Age-Specific-Forms.

Why is screening with the SWYC Important?

Development is based on the interactions of biology and the environment. It is equally important to screen for family risks and strengths as it is to screen for developmental delays. If a child has experienced four or more ACEs, the risk of developmental delay by age three increases to 70%. We know that early adversity negatively impacts a child's foundation for future learning and behaviors. We also know that resiliency and development can best be enhanced in early childhood when the brain is at its most adaptable by promoting safe, stable and nurturing relationships. If a child feels safe and nurtured they will be able to build the brain connections needed for life-long learning and health.

What is the screening process?

1. Introduce the questions in a trauma-informed manner:
    - Ask the parent/caregiver to complete the questions at 9, 15, and 30 month visits.
    - If the child missed the SWYC screening at the standard visit, use the appropriately aged SWYC at the next well-child visit.
    - Explain that the questionnaire is confidential and the answers will help to provide the best care for the child.
    - Offer assistance when needed and thank the parent/caregiver for completing the questions. (Schedule an interpreter if needed and extend the visit length by 15 minutes.)
    - Pick the correct SWYC form. **If patient is less than 2 years old and > 3 weeks premature** their age should be adjusted based on the number of weeks they were premature.
        - 9 month old born 8 weeks premature would be calculated at 7 months. This chart indicates to use the 6 month SWYC.

Figure 2.1

Term	Minimum Age	Maximum Age
2	1 months, 0 days	3 months, 31 days
4	4 months, 0 days	5 months, 31 days
6	6 months, 0 days	8 months, 31 days
9	9 months, 0 days	11 months, 31 days
12	12 months, 0 days	14 months, 31 days
15	15 months, 0 days	17 months, 31 days
18	18 months, 0 days	22 months, 31 days
24	23 months, 0 days	28 months, 31 days
30	29 months, 0 days	34 months, 31 days
36	35 months, 0 days	46 months, 31 days
48	47 months, 0 days	58 months, 31 days
60	59 months, 0 days	60 months, 31 days

2. Score using the SWYC Scoring Cheat Sheet

3. Use the SWYC to educate families on the:
    - Principles of child development and positive approaches to parenting.
    - Ways to build resiliency through loving face-to-face interactions between parents/caregivers and children through talking together, reading together many times a day, singing and playing together often.
    - Importance of routine and healthy habits: sleep, nutrition, exercise, reading, meditation, and a sense of safety.
    - The impact of parental mental health and family relationships on a child's wellbeing.
    - Impact of ACEs and traumatic experiences.
    - Efficacy of behavioral health treatments in treating trauma and adverse experiences when needed.

    Important things to remember when using the SWYC:
    - Use the dot phrase .ACESSCOREPARENTINFO .ACESTRAUMASYMPTOMSPARENTINFO to provide parental information in the Epic after visit summary (AVS).
    - When communicating with patients/parents/families, it is important to collaborate, give choices, empower the family and focus on their strengths.

Teach the 5 Steps for Brain-Building Serve and Return by the Harvard Center for the Developing Child, at all early well-child visits.

Science has demonstrated that back and forth interactions with a stable, safe, loving adult is critical to the building the developing brain and resiliency for the future. Think of serve and return during a tennis or ping pong game. The child serves by smiling, pointing, talking, or sharing a toy and then the parent/caregiver serves back by responding with shared interest, supporting the child with eye contact, facial and body actions, supportive play and words.

You can quickly model and teach these five steps at an early well-child visit when you are sharing the Raising Readers book with the family.

1. Notice the serve and share the child's interest: pay attention to the child's area of focus and share their excitement about the book. This will help you tune into their developmental stage and interest.
2. Return the serve through support and encouragement, smiling, nodding or saying something: "Wow, I see the picture of the bear too." Providing support rewards a child's interest and curiosity.
3. Give it a name: Play back and forth with the pictures in the book. "I see a penguin; can you find the dolphin?"
4. Take turns and wait; keep it going back and forth: "What animals do you see?" Then wait for the child to answer; waiting gives them a chance to organize their thoughts and build confidence.

5. Practice endings and beginnings: pay attention and notice when a child is ready to move on to a new activity. By sharing their attention you can help the serve and return interactions to keep going. "Are you ready to look at the next page and see what happens next?"

What are the next steps for treatment and support?

- Ensure child is not in imminent danger and make a safety plan when necessary, including referral to DHHS.
- Schedule follow up with the primary care provider to monitor child/family's progress and to continue to teach developmental and resiliency parenting skills.
- Refer child to behavioral health treatments which are proven to be highly successful in reducing the negative effects of adversity while promoting the positive effects of resiliency. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment, as they help combine care for your patient's physical and emotional health needs, and are trained in evidence-based treatments.
    - The behavioral health clinician can support parents who identify parenting difficulty with routines, infant irritability or managing change on the baby or pre-school pediatric symptom checklist.
    - The behavioral health clinician can also help with parental issues that may affect the child's development such as postpartum depression, substance abuse, trauma/ACEs, grief/loss, family/relationship concerns and domestic violence. The behavioral health clinician can provide triage and linkage to psychiatry, case management, and connections to other community resources when available.
- Schedule follow up with the primary care provider to monitor child/family's progress and to continue to teach developmental and resiliency parenting skills.
- Refer for additional evaluation and treatment of developmental issues: Child Developmental Services, Development and Behavioral Pediatric Specialty Clinic and/or other community resources.
- When available in your practice, refer to social work/health guide case management for assistance with housing, heating and financial assistance, medical care, transportation, childcare, insurance, referrals to Child Development Services (CDS) and local food pantries.
- Refer to Nurse Care Management: for assistance with complex medical, social, behavioral or mental health illness, medication teaching, diet and activity, disease education and support.
- Refer directly to community resources.

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

SWYC Scoring Cheat Sheet

Developmental Milestones

1. Each form includes 10 items. Score each item using these values: "Not Yet" corresponds to "0"; "Somewhat" to "1"; and "Very Much" to "2."Missing items count as zero.

2. Add up all 10 item scores to calculate the total score.

3. See the SWYC scoring chart to the right. Following along the age appropriate row, determine whether the child's total score falls into the "Needs Review" or "Appears to Meet Age Expectations" category.

   Scoring for the Milestones can also be done in Excel. Please see the "Form Selector and Milestones Calculator" on our website: http://www.theSWYC.org.

Baby Pediatric Symptom Checklist (BPSC)

1. The BPSC is divided into three subscales, each with 4 items. Determine the BPSC subscale scores by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each"Very Much" response, and then sum the results.

   a. In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.

   b. In the event that there is a missing response, that item counts as zero.

2. **Any summed score of 3 or more on any of the three subscales indicates that a child is "at risk" and needs further evaluation or investigation.**

Preschool Pediatric Symptom Checklist (PPSC)

1. Determine the PPSC total score by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each "Very Much" response, and then sum the results.

   a. In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.

   b. In the event that there is a missing response, that item counts as zero.

2. **A PPSC total score of 9 or greater indicates that a child is "at risk" and needs further evaluation or investigation.**

Milestones Scoring Chart

FORM	Age (m)	Needs Review	Appears to meet age expectations
2m	1-3	No Milestones cut scores available	
4m	4	≤**13**	≥14
	5	≤**15**	≥16
6m	6	≤**11**	≥12
	7	≤**14**	≥15
	8	≤**16**	≥17
9m	9	≤**11**	≥12
	10	≤**13**	≥14
	11	≤**14**	≥15
12m	12	≤**12**	≥13
	13	≤**14**	≥14
	14	≤**14**	≥15
15m	15	≤**10**	≥11
	16	≤**12**	≥13
	17	≤**13**	≥14
18m	18	≤**8**	≥9
	19	≤**10**	≥11
	20	≤**11**	≥12
	21	≤**13**	≥14
	22	≤**14**	≥15
24m	23	≤**10**	≥11
	24	≤**11**	≥12
	25	≤**12**	≥13
	26	≤**13**	≥14
	27	≤**14**	≥15
	28	≤**15**	≥16
30m	29	≤**9**	≥10
	30	≤**10**	≥11
	31	≤**11**	≥12
	32	≤**12**	≥13
	33-34	≤**13**	≥14
36m	35	≤**10**	≥11
	36	≤**11**	≥12
	37	≤**12**	≥13
	38-39	≤**13**	≥14
	40-41	≤**14**	≥15
	42-43	≤**15**	≥16
	44-46	≤**16**	≥17
48m	47	≤**12**	≥13
	48-50	≤**13**	≥14
	51-53	≤**14**	≥15
	54-57	≤**15**	≥16
	58	≤**16**	≥16
60m	59-65	No Milestones cut scores available	

Floating Hospital for Children at Tufts Medical Center

SURVEY OF WELL-BEING YOUNG CHILDREN (SWYC)

Parent's Observations of Social Interactions (POSI)

1. Score each of the seven questions. Each question is assigned either a "1" or a "0". If the parent selects one or more responses that fall in the last three columns, the question is scored as "1"; otherwise, it is scored as "0."

2. For items where parents have selected multiple responses for a single question (i.e., multiple responses in each row):

   a. Choose the more concerning answer (i.e., lower-functioning behavior) farthest to the right.

   b. If the parent has selected multiple answers in the last three columns for one item, assign only one point for the item. Since there are seven *POSI* questions total, there is a maximum of seven potential points.

   bc. Missing items count as zero.

3. **A result of three or more points in the last three columns indicates that a child is "at risk" and needs further evaluation or investigation.**

Family Questions Scoring v1.07

- Question 1, Tobacco use: A "yes" response should prompt further discussion.
- Questions 2, 3, and 4: At least one positive response should prompt further discussion.
- Question 5: Food Insecurity: A response of "often" or "sometimes" true should be further discussed.
- Questions 6 and 7 on 9-60 month forms: Patient Health Questionnaire-2 (PHQ-2): Answers are scored such that "Not at All" is given a "0", "Several Days" is given a "1", "More than Half the Days" is given a "2" and "Nearly Every Day" is given a "3". A total score of three or greater suggests further evaluation.
- Questions 8 and 9 on 9-60 month forms, 6 and 7 on 2-6 month forms, Woman Abuse Screening Tool (WAST): The score is considered positive if the most extreme choice is endorsed one either or both items.
- Question 10 on 9-60 month forms, 8 on 2-6 month forms, reading frequency: There is no formal scoring for this item. Parents should be encouraged to read to their child as much as possible.

Floating Hospital for Children at Tufts Medical Center

PATIENT HEALTH QUESTIONNAIRE FOR ADOLESCENTS (PHQ-A): DEPRESSION

Quick Start Guide & Scoring

Use of validated screening tools is an effective way to obtain information that assists in care planning for best, whole person care. Taking a universal, routine approach can assure that you are detecting early signs and symptoms in patients you care for. See below for specific information on depression screening for adolescents.

What is the PHQ screener?

The PHQ screeners are validated tools widely used in primary care settings. The PHQA is for ages 12-17 and the PHQ-9 is used for 18 and older. They are intended to be self-administered by patients during the rooming process This quick start guide will focus on the PHQA screener. The PHQA can detect and assist in diagnosing a depressive disorder, as well as indicate the severity of the disorder. It can also detect current suicidal ideation and past suicidal related behaviors. When used frequently and as a tool to enhance outcomes, the PHQ-A can assist you in developing care plans for your patients, adjusting or augmenting treatment accordingly. Following up with a clinical interview is essential to any screening.

Why is screening for depression important?

Signs and symptoms of depression can vary from person to person making it difficult to sometimes recognize early on. Screening for depression is one way to recognize and respond to symptoms, providing an opportunity to intervene early for better outcomes. Screening can also detect suicidal ideation and play a role in preventing premature deaths. The US Preventative Task Force (USPTF), American Academy of Family Physicians, and the American Academy of Pediatrics all recommend screening adolescents for depression. While we previously used the PHQ-2 for an initial screening, moving to the full PHQ-A will provide us with additional information such as how the person is functioning, whether they are contemplating suicide and if they have taken action towards ending their life. If a practice uses the PHQ2 to screen at non-well child visits we strongly recommend continuing to use a written self-administered method aligned with the validation studies. A PHQ2 score of 3 or higher needs to be followed by the full PHQA/9.

Adolescence is a time that presents with many ups and downs. Social and family pressures, bodily changes, academic pressures, and complicated life events add to the intensity. Sometimes those downs become more constant for some, suggesting symptoms of depression at play. The severity of depression ranges from mild symptoms to a more serious condition that derails individuals from enjoying the life they once knew. It may lead to an internalized sense of sadness, shifting the view of how one sees the world and of themselves in relation to the world around them. The symptoms can lead to isolation and cause interference with family relationships, friendships, academics, and physical activities. It can cause changes in the person's attitude and beliefs and can result in behaviors such as substance use, changes in sleep and appetite, and self-harm. Symptoms can also be quite severe, including thoughts of death. By implementing routine screenings at well-visits, we can detect symptoms that lead to these changes early on and intervene early on.

What is the screening, response and follow-up process?

1. During the rooming process, introduce the screeners in a trauma-informed manner.
    - "We ask all kids your age to complete a couple of screeners. It helps us support you better. Do you mind doing that for me?"
    - "There are some additional things we would like to know about you so that we can offer you the best care. I can give it to you to complete on your own and I can take it when you are done. Does that sound okay?"

2. Consider ways to maximize safety and trust with the patient.
    - Use the screener in a confidential manner with the adolescent. This may require that you request the parent/caregiver to leave the room.
    - Allow space for the patient to complete the screener privately.
    - Explain to the patient that the information is confidential and that if there are safety reasons to discuss with the parents/caregivers, that you will discuss first with the patient.

3. Thank the patient for completing the screeners and interpret the results of the screenings in the context of a comprehensive assessment including: patient strengths, socioeconomic barriers, medical and behavior health symptomology, developmental history, past medical history and physical exam information.

4. Educate patients and families. It's important to instill hope while sharing the results of the screeners. Many people experience difficulties related to depression and substance use. We know that if not treated, symptoms and behaviors likely won't change on their own and may worsen over time. Brief and targeted treatments can produce good outcomes, alleviating symptoms and supporting positive changes over time. Some more persistent and severe conditions may require longer treatment or specialized treatments such as in patient or partial hospitalization. Consider bringing in your integrated behavioral health clinician to support the conversations.

   We highly recommend that you prepare now for responding to an individual who screens positive for suicide. You can do so by having a 'storage statement' ready to go. A storage statement is a statement that aims at building trust and collaboration in care while instilling hope for individuals considering suicide as an option. Storage statements should have the following components:
   - **Thank** them for telling you
   - Identify the **importance** of their life
   - Instill **hope**- it saves more lives than anything else

   Example storage statements:
   - "Thank you for telling me you're thinking about suicide. Your life is very important to me. I have hope for you. It took a lot of strength to tell me that you're thinking about suicide."
   - "Thank you for telling me that you are thinking about suicide. Your life matters to us in this practice. I have hope for you. I have seen you overcome difficult times in the past and believe you can do the same now."

5. Determine next steps based on the severity of the depression, additional symptomology, safety concerns and access to resources. Options include:
   - Refer to behavioral health treatments that are available in your community. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment.
   - Refer directly to behavioral health community resources.
   - Initiate pharmacological treatment
   - Refer to Maine Pediatric Behavioral Health Partnership for a psychiatry consultation
   - Schedule close follow up with the primary care provider to monitor progress and to provide additional support.
   - If suicidal or highly at risk behaviors are present and you are unable to contract for safety, follow through with a crisis evaluation either through your community crisis services or ED.

     * All referrals should be closely tracked to ensure that the patient/family received the recommended support or treatment.

6. If the patient endorses **YES** on **question 9 or any of the suicide questions** on the PHQ-A, "*has there been a time when you have seriously thought about ending your life"; "have you ever in your whole life tried to kill yourself*," then follow these steps:

   a. Use storage statement to initiate your response to the individual who screens positive for suicide. (Thank them for telling you, identify the importance of their life and instill hope)
   b. Complete the Columbia Suicide Screening (CCSRS) found in the screenings tab to better understand the risk level.
   c. Utilize the Stanley Brown Safety Plan template to help guide a safety planning discussion. Ensure that the plan is done collaboratively, is patient driven, doable, will be followed, and that the parents/caregivers will support it.
   d. Use the SAFE-T pocket guide to aid in identifying triggers, protective factors, and to aid in safety planning

e. Add suicide related entry to patient problem list in Epic. Update the risk level as it changes throughout care visits.
    - Having a suicide related entry in the problem list will alert other providers involved in patient care to the fact that the patient is struggling with suicidal thoughts/behaviors. Knowing allows the provider to follow up with the patient. The more we all wrap around the patient and check in, the better chance of preventing premature death by suicide.

e. If there is an imminent safety concern, then connect the patient and parent to emergent services. If sending them to the ED for a crisis evaluation, call the ED in advance to inform them that the patient is on their way. It not recommended that the patient drive themselves to the ED, always enlist a parent/ caregiver/support to get them there.

Smartphrase **.ACESEMERGENCYSUPPORTNUMBERS** includes an informational handout with crisis lines for behavioral health, suicide, intimate partner violence, parenting struggles and youth peer support.

IMPORTANT NOTE: Clinical staff should directly notify the provider immediately of any positive screens or concerns. This will allow the provider to prepare for the visit and will prevent missed opportunities for care.

Patient example and trauma-informed scripting: Ginny scored a 15 on the PHQ-A.

- **Initial response:** *"Thank you for taking the time to answer these questions. I really appreciate it. Based on your responses, it seems that you are experiencing moderate symptoms of depression, which tells me we should give you some extra support."*

- **Further assessing:** *"How long have you been having these experiences for? Has something happened that may have caused you to feel this way?"*

- **Brief Intervention:** Depending on the response, you may offer some quick tips on the importance of routine, social connections, and/or sleep hygiene. Identifying one thing the person is committed to trying over the next week can be a great start. If there is a suggestion of suicidal thoughts/behaviors, then you want to safety plan with the adolescent and include the parent if warranted.

- **Recommendation:** Complete the Columbia Suicide Screening (CCSRS) found in the screenings tab in Epic to better understand the risk level. A warm hand off and a referral to the integrated clinician is encouraged. *"I have a colleague who can talk with you about these symptoms to help out. Would you be open to meeting her? I can bring her in quickly."*

Scoring and responding to the PHQ-A

Score	Range	Recommended Next Steps
0-4	None or minimal depressive symptoms	Provider reviews with patients Confirms negatives
5-9	Mild	Watchful waiting. Supportive education Repeat PHQ-A at a follow-up visit Consider referral to the Integrated Behavioral Health Clinician
10-14	Mild-Moderate	Provide patient education and brief supportive counseling, Referral to Behavioral Health Clinician Assess for safety --> and provide safety planning. Provide close follow-up and repeat PHQ-A

Score	Range	Recommended Next Steps
15-19	Moderate	Provide patient education and brief supportive counseling Consider pharmacological treatment Referral to Behavioral Health Clinician (warm hand-off) or other behavioral health services Assess for safety --> and provide safety planning. Provide close follow-up and repeat PHQ-A
20+	Severe	Provide patient education and brief supportive counseling Recommend pharmacological treatment Referral to Behavioral Health Clinician (warm hand-off) or other behavioral health services Assess for safety --> and provide safety planning. Provide close follow-up and repeat PHQ-A

Maine Crisis Line (MCL) 1-888-568-1112 (Voice) or 711 (Maine Relay) is the state's crisis telephone response service for individuals or families experiencing behavioral health crisis or having thoughts of suicide and/or self-harm. Trained crisis call specialists answer the line and provide free and confidential telephone support and stabilization 24 hours a day, 7 days a week.

988 Suicide & Crisis Lifeline 988 (formerly called the National Suicide Prevention Lifeline) offers free, confidential, 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. That could be:

- Thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress
- People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support.

Smartphrase .ACESEMERGENCYSUPPORTNUMBERS includes an informational handout with crisis lines for behavioral health, suicide, intimate partner violence, parenting struggles and youth peer support.

GENERALIZED ANXIETY DISORDER (GAD-7)

Quick Start Guide & Scoring

Use of validated screening tools is an effective way to obtain information that assists in care planning for best, whole person care. Taking a universal, routine approach can assure that you are detecting early signs and symptoms in patients you care for. See below for specific information on anxiety screening for adolescents.

What is the GAD-7 screener?

The GAD-7 is an anxiety screening tool widely used in primary care settings. It is intended to be self-administered by patients during the rooming process. Validation studies have been completed for the GAD-7 in regards to generalized anxiety disorder panic disorder, social anxiety disorder, and posttraumatic stress disorder. GAD-7 scores may be used to differentiate between mild and moderate GAD in adolescents.[1] The Gad-7 is effective as a tool to track symptomology in a longitudinal manner. The GAD-7 also includes an over-all functioning question to assist with severity determination. The clinical interview is an essential follow up to any screening.

Why is screening for anxiety important?

Anxiety disorders are the most behavioral health disorder in children, with a reported prevalence of 10% to 30% of the population at any given time. Untreated pediatric anxiety disorders can negatively affect social, educational, medical health, and behavioral health outcomes. Despite the impact of anxiety on children, only 1 in 5 children are diagnosed and treated. Anxiety treatments for adolescents have been well studied and demonstrates positive outcomes. Both CBT (Cognitive Behavioral Therapy) and medications have been shown to significantly improvement symptomology and over-all functioning. Combination therapy was superior to CBT or medication alone. Adolescent anxiety screening and response is recommended by both the US Preventative Services Task Force and the American Academy of Pediatrics. The GAD-7 is well-validated and when used together with a comprehensive evaluation can inform the diagnosis, guide treatment recommendations, and track improvement.[2]

What is the screening, response and follow-up process?

1. During the rooming process, introduce the screeners in a trauma-informed manner.
    - "We ask all kids your age to complete a couple of screeners. It helps us support you better. Do you mind doing that for me?"
    - "There are some additional things we would like to know about you so that we can offer you the best care. I can give it to you to complete on your own and I can take it when you are done. Does that sound okay?"

2. Consider ways to maximize safety and trust with the patient.
    - Use the screener in a confidential manner with the adolescent. This may require that you request the parent/caregiver to leave the room.
    - Allow space for the patient to complete the screener privately.
    - Explain to the patient that the information is confidential and that if there are safety reasons to discuss with the parents/caregivers, that you will discuss first with the patient.

3. Thank the patient for completing the screeners and interpret the results of the screenings in the context of a comprehensive assessment including: patient strengths, socioeconomic barriers, medical and behavior health symptomology, developmental history, past medical history and physical exam information.

4. Educate patients and families. It's important to instill hope while sharing the results of the screeners. Many people experience difficulties related to depression and substance use. We know that if not treated, symptoms and behaviors likely won't change on their own and may worsen over time. Brief and targeted treatments can produce good outcomes, alleviating symptoms and supporting positive changes over time. Some more persistent and severe

1. Mossman, SA, et al. Ann Clin Psychiatry 2017 Nov;29(4):227-234A. RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Intern Med. 2006;166:1092-1097.

2. N Engl J Med. 2008 December 25; 359(26): 2753–2766. doi:10.1056/NEJMoa0804633. Evidence Summary: Anxiety in Children and Adolescents: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

conditions may require longer treatment or specialized treatments such as in patient or partial hospitalization. Consider bringing in your integrated behavioral health clinician to support the conversations.

5. Determine next steps based on the severity of the anxiety, additional symptomology, safety concerns and access to resources. Options include:
    a. Refer to behavioral health treatments that are available in your community.
        i. A warm hand-off to the integrated behavioral health clinician is the best way to connect a patient to treatment.
        ii. Refer directly to behavioral health resources (MaineHealth and community)
        iii. Maine Pediatric Behavioral Health Partnership: Psychiatry consultation resource
    b. Initiate pharmacological treatment
    c. Schedule close follow up with the primary care provider to monitor progress and to provide additional support.
    d. If suicidal or highly risky behaviors are present, use a storage statement and follow suicide risk response in the PHQA Quick Start Guide-page 29. If you are unable to contract for safety, follow through with a crisis evaluation either through your community crisis services or Emergency Department.

    * All referrals should be closely tracked to ensure that the patient/family received the recommended support or treatment.

6. Make a safety plan when necessary to ensure patient is not in imminent danger. Among adolescents with anxiety, 9% were reported to have had suicidal ideation, and 6% made suicide attempts. If there is a concern for the safety of the patient due to suicidal risk develop a collaborative safety plan and connect the parent to emergent services. See depression screening quick start guide for more information on suicide risk and safety planning.

IMPORTANT NOTE: Clinical staff should directly notify the provider immediately of any positive screens or concerns. This will allow the provider to prepare for the visit and will prevent missed opportunities for care.

Scoring and Responding to the GAD-7

1. All responses (0, 1, 2, 3) are summed to calculate the total score on the GAD7. (Range 0-21)
   GAD-7 scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety.
   Additionally using a score of >8 on the GAD-7 provides a reasonable balance of sensitivity and specificity in determining when further evaluation is recommended.[1]

Score	Range	Recommended Next Steps
0-4	None or minimal depressive symptoms	Provider reviews with patients Confirms negatives
5-7	Mild	Watchful waiting and supportive education Consider scheduling visit for repeat GAD-7
8-9	Mild	Increased likelihood of an anxiety diagnosis Provide education and brief supportive counseling Monitor GAD-7 at regular intervals (monthly) Follow-up to determine if referral to a Behavioral Health Clinician warranted
10-14	Moderate	Symptoms are clinically significant and warrant further assessment and intervention Provide education and brief supportive counseling Consider pharmacological treatment Referral to Behavioral Health Clinician (warm hand-off) or other behavioral health services Assess for safety and provide safety planning Provide close follow-up and monitor GAD-7

1. *Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Inern Med. 2006;166:1092-1097*
2020 Sapra et al. Cureus 12(5): Using Generalized Anxiety Disorder-2 (GAD-2) and GAD-7 in a Primary Care. Settinge8224.
DOI 10.7759/cureus.8224

Score	Range	Recommended Next Steps
15-21	Severe	Symptoms of anxiety are significant and warrant active treatment Provide education and brief supportive counseling Recommend pharmacological treatment Refer to Behavioral Health Clinician (warm hand-off) or other behavioral health services Assess for safety and provide safety planning Provide close follow-up and monitor GAD-7

Interpreting the over-all functioning question:
"If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?"

- Highlights the need to use a comprehensive assessment including: patient-family strengths, socioeconomic barriers, medical and behavior health symptomology.
- Use to guide further evaluation of the specific symptomology noted on the GAD-7.
- Helpful in determining the level of urgency in regards to treatment, referral and follow-up.
- Useful for longitudinal tracking of treatment efficacy. Intervention studies demonstrate that both medication and CBT are effective in improving over-all wellbeing for individuals with anxiety.

Maine Crisis Line (MCL) 1-888-568-1112 (Voice) or 711 (Maine Relay) is the state's crisis telephone response service for individuals or families experiencing behavioral health crisis or having thoughts of suicide and/or self-harm. Trained crisis call specialists answer the line and provide free and confidential telephone support and stabilization 24 hours a day, 7 days a week.

988 Suicide & Crisis Lifeline 988 (formerly called the National Suicide Prevention Lifeline) offers free, confidential, 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. That could be:

- Thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress
- People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support.

Smartphrase .ACESEMERGENCYSUPPORTNUMBERS includes an informational handout with crisis lines for behavioral health, suicide, intimate partner violence, parenting struggles and youth peer support.

CRAFFT 2.1+N: SUBSTANCE USE

Quick Start Guide & Scoring

Use of validated screening tools is an effective way to obtain information that assists in care planning for best, whole person care. Taking a universal, routine approach can assure that you are detecting early signs and symptoms in patients you care for. By implementing routine screenings at well-visits, we can detect symptoms and risk early and then provide effective interventions.

What is the CRAFFT2.1+N screener?

What is the CRAFFT2.1+N screener? The CRAFFT screener is a validated tool designed to detect substance use, substance related risk, and substance use disorders in patients ages 12-18. The CRAFFT screener can be self-administered during well-visits and is a quick and effective way to detect substance use risk early on. The "+N" adds an additional question concerning Nicotine use (tobacco and vaping). The recommendations are from the CRAFFT2.1 Manual; the Center for Adolescent Substance Use Research, 2021. CRAFFT_2.1_Provider-Manual_2021.10.28.pdf

Why is screening for adolescent substance use important?

A number of adolescents will have used substances before they graduate from high school. According to the National Center for Drug Abuse Statistics, alcohol use is the most common, with other legal and illicit substances in the mix. Binge drinking is commonly reported with many adolescents ages 12-17. Functioning can be significantly impaired by use at this age, interfering with family relationships, development, and learning. Use of substances during adolescence can cause changes in the brain resulting in increased impulsivity and risk seeking behaviors, adding to the severity and dangerousness of using. Negative consequences can also include legal problems, addiction, and even death. Unless we ask about use and exposure, they won't tell. Screening is an effective way to identify substance use and to understand the severity. The CRAFFT is recommended for use by the American Academy of Pediatrics Substance Use Committee.

What is the screening, response and follow-up process?

1. During the rooming process, introduce the screeners in a trauma-informed manner. *"We ask all kids your age tocomplete a couple of screeners. It helps us support you better. Do you mind doing that for me?" "There are some additional things we would like to know about you so that we can offer you the best care. I can give it you to complete on your own and I can take it when you are done. Does that sound okay?"*

2. Consider ways to maximize safety and trust with the patient.
    - Use the screener in a confidential manner with the adolescent. This may require that you request the parent/caregiver to leave the room. Allow space for the patient to complete the screener privately.
    - Explain to the patient that the information is confidential and that if there are safety reasons to discuss with the parents/caregivers, that you will discuss first with the patient.

3. Thank the patient for completing the screeners and interpret the results of the screenings in the context of a comprehensive assessment including: patient strengths, socioeconomic barriers, medical and behavior health symptomology, developmental history, past medical history and physical exam information.

4. Educate patients and families. It's important to instill hope while sharing the results of the screeners. Many people experience difficulties related to depression and substance use. We know that if not treated, symptoms and behaviors likely won't change on their own and may worsen over time. Brief and targeted treatments can produce good outcomes, alleviating symptoms and supporting positive changes over time. Some more persistent and severe conditions may require longer treatment or specialized treatments such as in patient or partial hospitalization. Consider bringing in your integrated behavioral health clinician to support the conversations.

5. Make a safety plan when necessary to ensure patient is not in imminent danger

IMPORTANT NOTE: This will allow the provider to prepare for the visit and will prevent missed opportunities for care. Clinical staff should directly notify the provider immediately of any positive screens or concerns.

Scoring and responding to the CRAFFT 2.1N

The CRAFT2.1+N is a 3 part screening tool (A, B, C):

Part A: The CRAFFT2.1+N begins with 4 opening questions that identify the frequency of substance use and vaping-nicotine-tobacco product use.

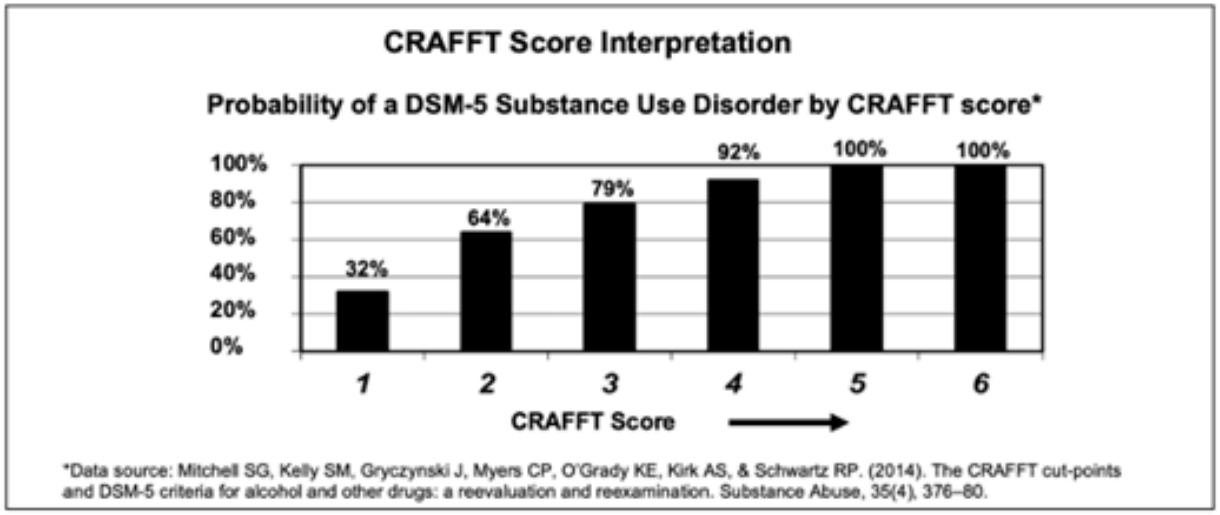
During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	☐ # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.	☐ # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	☐ # of days
4. Use a **vaping device* containing nicotine and/or flavors**, or use any **tobacco products**†? Put "0" if none. **Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*	☐ # of days

- If the patient answered "0" to the first 3 questions then ask only the CAR question in PART B
- If the patient answered "1 or more" on any of the first 3 questions then ask all 6 questions in Part B
- If the patient answered "1 or more" on question 4 then consider completing part C (Hooked on Nicotine Checklist)

PART B: Part B of the CRAFFT 2.1 (questions 5-10) remains the same as in the original CRAFFT screener, with the six items identified by the acronym CRAFFT, each letter standing for the first letter of the key word (Car, Relax, Alone, Forget, Family/Friends, Trouble) in each question.

Determining the level of risk: and clinical action: Each YES on questions 5-10 (CAR, RELAX, ALONE, FORGET, FAMILY/FRIENDS, TROUBLE) count as one point. A score of >2 was found to be the optimal cut point for identifying DSM-IV Substance Use Disorder (SUD) among adolescents ages12-17 (sensitivity 88%; specificity 94%)[1]



1. *Harris SK, Knight JR, Van Hook S, et al. Adolescent substance use screening in primary care: Validity of computer self- administered versus clinician-administered screening. Subst Abus. 2016;37(1):197-203. doi:10.1080/08897077.2015.1014615*

PART B Questions 5-10

	Circle one	
5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	**No**	**Yes**
6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	**No**	**Yes**
7. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	**No**	**Yes**
8. Do you ever FORGET things you did while using alcohol or drugs?	**No**	**Yes**
9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	**No**	**Yes**
10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	**No**	**Yes**

The following table describes the criteria defining the risk level categories which can guide the providers' conversation with the patient based on the CRAFFT 2.1 screening results.

- A "low risk" patient is defined as one that reports NO use in the past 12 months and answers "NO" to the CAR-question (CRAFFT score of 0).
- "Medium risk" could be met in two ways: NO use in the past 12 months and YES to the CAR question or ANY use in the past 12 months and CRAFFT score of 0 or 1
- Youth are considered "high risk" if they report any use in the past 12 months and have a CRAFFT total score of 2 or more

Risk Level	CRAFFT Score	Clinical Action
LOW	No use in past 12 months and CRAFFT score of 0	Provide information about risks of substance use and substance use-related riding/driving; offer praise and encouragement
MEDIUM	No use in past 12 months and "Yes" to CAR question only OR Use in past 12 months and CRAFFT score < 2	Provide brief intervention including information about risks of substance use and substance use-related riding/driving; brief advice; possible follow-up visit
HIGH	Use in past 12 months and CRAFFT score ≥ 2	Further assess. Provide brief intervention including information about risks of substance use and substance use-related riding/driving; schedule follow up visit; refer to behavioral health treatment.

Low Risk Intervention

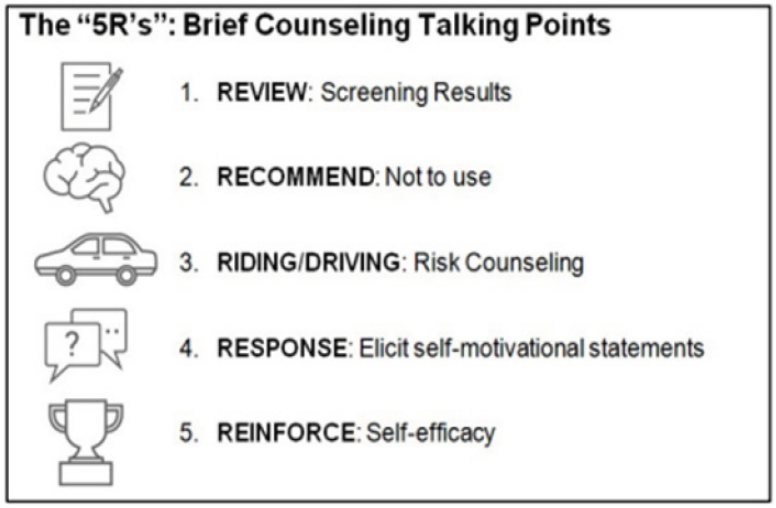
In brief, adolescents who report no use of alcohol or drugs in the past 12 months and respond "No" to the CAR question are considered low risk and should receive praise and encouragement. We recommend that providers give ALL of their adolescent patients and their parents, when present, a copy of either the Contract for Life (Adolescent/High School - Appendix C) or the Pledge for Life (College age - Appendix D), depending on whether or not the adolescent lives at home with his/her parent(s). The Contract for Life, developed by Students Against Drunk Driving. The CRAFFT 2.1 Manual (SADD), is designed to foster a conversation between teens and parents about substance use and driving/riding risks.
Our center suggests that parents and teens make a plan for safe rides home. The Pledge for Life is designed for young adults 18+ to identify 'committed others' to help one another get home safely and avoid potentially dangerous situations associated with substance use.

Medium Risk Intervention

Adolescents that report no days of alcohol or drug use in the past 12 months, but answer "Yes" to the CAR question should be engaged in discussion regarding the risks of riding with a driver who is under the influence of drugs and/or alcohol and of driving while they themselves are under the influence of the same. Adolescents who report any alcohol or drug use in the past 12 months and have a CRAFFT score of 0 or 1, should be engaged in a brief conversation regarding the adverse health effects of substance use, along with a clear recommendation to stop. These adolescents should also be engaged in discussion regarding substance use-related riding/driving risks and be given the Contract or Pledge for Life.

High Risk Intervention

If adolescents report alcohol or drug use in the past 12 months and answer "Yes" to at least two CRAFFT items, they are at high risk for having an alcohol or drug-related disorder (see graph above), thus requiring further assessment. A framework called the "5R's" offers a useful roadmap for guiding the provider through the key components of an effective brief intervention, as shown below.



Example script from CRAFFT2.1 Manual; the Center for Adolescent Substance Use Research, 2021. Link: [CRAFFT_2.1_Provider-Manual_2021.10.28.pdf]

High Risk

Scenario: Katie is a 17-year old girl who comes to the office to discuss emergency contraception. She reports that she as drunk at a party last night and had sex with a new male partner. She cannot remember if they used a condom. She is not currently on contraception; she used Plan B once in the past, about six months ago. She is otherwise healthy with no significant past medical history. She is a senior in high school and is planning to attend college. She lives at home with her parents, and denies symptoms of depression or anxiety. During her screening, she notes that she drinks alcohol and as tried marijuana but has never used other drugs. She answered yes to Relax, Forget, and Trouble questions giving her a CRAFFT score of 3. She admits that she has had several occasions where she has drunk in excess and been "wasted." She was suspended for 2 days because she brought a bottle of vodka to a school football game. Her parents were upset and grounded her. She told them she would stop drinking, but continued to drink with friends. She says that she drinks less than her friends and does not think that her drinking is a problem. **She is classified as high risk based on her responses (past 12 month use, CRAFFT=3).**

Example Provider Script

"Thank you for completing the questionnaire and answering the questions honestly. I have reviewed your results and wanted to spend a minute asking some additional questions. Would that be OK?"

Discuss confidentiality and its limits: "Anything you tell me will be kept confidential unless I think there is a risk to your safety, or someone else's safety. Should that happen, I will let you know, and you and I together will figure out what the next steps will be."

REVIEW: Screening results from questionnaire
"How much do you usually use?" "When did you last use?" "Tell me more about your drinking and marijuana use." "Can you tell me more about that?" "Can you estimate the number of drinking days per month, the number of drinks in a day?" "How much time during the day (estimate number of minutes) or week do you spend smoking marijuana?"

RECOMMEND: Not to use
"As your doctor, my recommendation is not to use any alcohol, marijuana or other drugs because they can….." getting into risky situations such as having unprotected sex and getting suspended from school. Harm your developing brain. Interfere with learning. Put you in situations that are embarrassing, dangerous, or worse.

RIDING/DRIVING: Risk Counseling
"Drug and alcohol related car crashes are a leading cause of death for young people." For your safety: Don't ever get in a car with someone else who has been using drugs or drinking, even if that person doesn't seem high or drunk. Please don't ever drive a car after drinking alcohol or using marijuana or other drugs, even if you don't feel high or drunk. Make arrangements ahead of time for safe transportation."

Contract for Life: "I give this to all my patients. Please take this home, have a family discussion about it, and make a plan for safe rides home."

Pledge for Life: "I give this to all my patients. Please take this home, have a discussion with your family and friends about being 'committed others' to ensure that you always get home safely."

Link to Contract and Pledge: CRAFFT_2.1_Provider-Manual_2021.10.28.pdf

RESPONSE: Elicit self-motivational statements
"What would be some of the benefits of not using alcohol or drugs?" "Do you have any close friends who don't use alcohol or drugs? Why do you think they are not using?"

REINFORCE: Self-efficacy
"You have so much promise. I'm concerned that your alcohol and drug use will get in the way of you achieving the things you care about." Personalize this with one of their interests: "You could become an amazing photographer!" or "You'd make a great teacher/scientist/psychologist."

- Ask for a return visit: "I'd like you to come back in 2 to 4 weeks. Do you think you could not use until then?"
- If patient says "no" ask: "How would you feel about cutting down?" "Can you limit the number of days you use marijuana/drink alcohol?" "Can you postpone the time of the day?" "Can you wait until after school?"
- If patient says they can't cut down say: "Would you give it some serious thought?"
- Invite parent back at the end of visit (if present in waiting room): "I talk to all of my teenage patients about the risks involved in alcohol and drug use. I have given Katie some handouts and I think it would be great for you to review this information as a family."

FOLLOW-UP VISIT: All high risk patients will be asked to come back. During this follow-up visit, clinicians can review with patients their experience during the prior weeks and praise any progress, no matter how small. The clinician may also consider a referral to treatment.

"So tell me about the last few weeks. How did it go with trying not to smoke marijuana/drink alcohol for a month?"

- Ask about challenges encountered and helpful change strategies (e.g., "What things helped you not to use?","What things made it hard not to use?", "What strategies do you think could most help you to avoid use?")
- Do a final wrap-up: "As you go forward, I really hope that you will make a strong effort to stay away from alcohol and other drugs. This is the best thing you can do for your health and for giving yourself the best chance for success in life. I hope you will take this advice from your doctor to heart."

Part C (Nicotine-Tobacco-Vape)

To support efficient screening of adolescents for tobacco/nicotine use the CRAFFT 2.1+N adds the following question:

"During the past 12 months, on how many days did you use a vaping device* containing nicotine and/or flavors, or use any tobacco products†?"
*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs.
†Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

1. If a patient reports any days of tobacco or nicotine use, it is important to inquire about his/her method of use.

2. If a patient reports any days of tobacco or nicotine use consider using the **Hooked on Nicotine Checklist (HONC).**[1] One or more "yes" items suggests a serious problem with nicotine that needs further assessment.

The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products***. Circle your answer for each question.

	Circle one	
1. Have you ever tried to quit using, but couldn't?	Yes	No
2. Do you vape or use tobacco now because it's really hard to quit?	Yes	No
3. Have you ever felt like you were addicted to vaping or tobacco?	Yes	No
4. Do you ever have strong cravings to vape or use tobacco?	Yes	No
5. Have you ever felt like you really needed to vape or use tobacco?	Yes	No
6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school?	Yes	No
7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)…		
a. did you find it hard to concentrate because you couldn't vape or use tobacco?	Yes	No
b. did you feel more irritable because you couldn't vape or use tobacco?	Yes	No
c. did you feel a strong need or urge to vape or use tobacco?	Yes	No
d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?	Yes	No

3. Using the 5 A's To Support Tobacco-Nicotine Behavior Change

   ASK: Ask about tobacco and other nicotine product use at every visit

   ADVISE: Advise all users to cease using tobacco and nicotine products clearly and directly

   ASSESS: Assess level of dependence, willingness and confidence to make a quit attempt

   ASSIST: Assist in quitting by providing resources, treatment, and ongoing support, customized to level of addiction and willingness to quit.

   ARRANGE: Arrange short- and long-term follow-up

1. *Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. J Adolesc Health, 35(3), 225–230; Wellman RJ, Savageau JA, Godiwala S, et al.A comparison of the Hooked on Nicotine Checklist and the Fagerstrom Test for Nicotine Dependence in adult smokers. Nicotine Tob Res. 2006;8(4):575-580. doi:L5825776813U0065 [pii]10.1080/14622200600789965*

4. Using the 5R's: Motivational Counseling for Adolescents Not Ready to Make a Quit Attempt

   RELEVANCE: Encourage the adolescent to talk about why quitting is personally important to him or her.

   RISKS: Ask the adolescent to identify potential negative consequences of continued tobacco use, particularly more immediate risks.

   REWARDS: Ask the adolescent to identify potential benefits of quitting most relevant to him or her.

   ROADBLOCKS: Ask the adolescent to identify barriers to quitting and problem solve strategies to address the barriers.

   REPETITION: Repeat each time the adolescent visits the clinical setting. Don't quit trying to quit!

5. Resources

   - The Maine Tobacco HelpLine is here to help. Just call 1-800-207-1230 or visit theQuitLink.com. The Maine Tobacco HelpLine is open every day, including weekends.
   - National TOBACCO QUITLINE: Call 1-800-QUIT-NOW for FREE support. (1-800-784-8669)
   - MyLifeMyQuit.com: Freely available texting-based vaping cessation program for youth from National Jewish.
   - Truth Initiative - This is Quitting: Teens and young adults can text DITCHJUUL to 88709 to participate in a free, semi-interactive text service.
   - Smoke Free Teen Signup: Teens 13-17 years old can text QUIT to 47848 for a 6-to-8 week text-based program designed to support quit efforts.
   - Become Smoke Free app for teens: Free smartphone app providing tips and motivation for quitting.
   - Become Smoke Free Quit Vaping Plan: Web-based tool that generates a personalized quit plan.

TRAUMA-INFORMED RESPONSES
Sample Language for Providing Support

Using a trauma-informed approach

Key components of a trauma-informed approach include:

- Asking permission to discuss questions or other difficult subjects.
- Explaining and providing psychoeducation, but not giving advice
- Listening and communicating in a non-judgmental manner.
- Acknowledging feelings, providing validation, and showing support.
- Encourage by asking follow up questions that begin with the word "what."
    - What happened?
    - What did you do then?
    - What will things be like today when you go home?
- Collaborating on a plan with the goal of empowering patients and patients to make positive change.

Explain and Support:

Trauma and ACEs Screener

- "Thank you for answering the [trauma or ACEs] screening questions. Do you mind if I explain why we ask these questions? Or- Can you tell me a little bit more about why you answered yes to these questions?"
- "I see that you marked three ACEs on the questionnaire. Sometimes experiencing these types of events affects how we feel, behave, think, and our health. Would you be willing to tell me which specific ACEs you experienced."
- "Highly stressful experiences are common and can really affect your child's health. An ACE score measures how many experiences your child may have had that are highly stressful or potentially traumatic.
- "Exposure to stressful experiences like these listed may increase the amount of stress hormones that a child's body makes and this can increase their risk for health and developmental problems. However, children are resilient and there are also many factors that can help you help your children build their resilience."[1] We want to provide a safe place where you or your child can talk about these difficult experiences. Each person reacts in different ways to these types of events and by talking about them we can help to best support you and your family."
- "Would you like to hear more about ways to build resilience in your child?"

PTSD-RI

- "Many children that I work with have symptoms after an event like the one you described. Do you mind answering some questions about (child's name) on the back of this questionnaire so we can figure out the best way to help your child feel less X - (X = stressed, scared, anxious, sad, bad, etc.)
- "It is okay if you do not want to discuss which specific ACEs occurred. I found this questionnaire is a good way to see how the past events are affecting you now. Would you be willing to fill this out? (Utilize the PTSD-RI)
- "The following questions refer to common problems, feelings or thoughts teenagers can have after bad, sad, or scary things happen. Can I ask you some questions to see if you have experienced any of these feelings, thoughts, or reactions? Please think about the bad thing that happened to you and the one that bothers you the most right now. For each question, circle or tell me the number that tells how often this has happened in the past month, even if the bad thing happened a long time ago. There is a rating sheet to help you decide which number fits best."

1. *Adapted from Center for Youth Wellness*

POSTPARTUM

- "It is common for mothers to experience depressive or anxious feeling during pregnancy and after birth. It is important that we screen for depression because it can impact you and your baby's health. We will be seeing you a lot over the next months and want to support you."
- "During the first few days after childbirth it is common for women to feel sad or anxious, or have trouble sleeping or eating. This can be a normal process, and it usually goes away by itself within two to three weeks. However, 1 in 7 women experience postpartum depression and/or anxiety, and this can have a negative impact on the mother, baby and family."
- "While these symptoms are common, there are ways to support you and your child to get you through this period of difficulty."

SWYC

- "I am so grateful that you answered these questions and shared this information with me. I want to partner with you to determine the best next steps for you and your child based on this information."
- "Don't worry if your child is not doing all of the things this questionnaire asks about. Most children can't do every skill described. The questions are just a way for your provider to get a sense of what things you should talk about in more detail."

FOOD INSECURITY

- "I ask all of my patients about access to food because what we eat is so connected to our health."
- "I have other patients that use SNAP and it is really helpful."

Collaborate

- "I am so grateful that you answered these questions and trusted us enough to share this information. I want to partner with you to determine the best way to help you be the healthiest and safest you possible. Do you mind if I ask about symptoms that may be related to this event?" (Ask about sleep, appetite, stress management, mood, changes in medical health presentation, and regressions in tasks, self-soothing capacity, social interactions, and attachment features like if they are clingier or more distancing.)
- "I want to partner with you to determine the best next steps for you and your child based on this information. Is it okay if we discuss the specific events that occurred? Would it be okay to ask a few more questions about the specific events and share some information about development, stress, and building resilience?"
- "It is really important to me that you feel like you can talk to me about these concerns. We can try to figure this out together"
- "What is going well? What are the challenges? What do you love about your child?"
- "An important way to support a child after a traumatic event is to help them feel safe, loved and appreciated. Do you have methods that have worked well for you and (child's name) to help them feel safe? How about to give them a sense of belonging?"

PTSD-RI

- "These are very normal reactions to a stressful event, and can help us know where to start helping. What have you found works best to help your child calm when he/she is getting angry or hitting. I am impressed with how you are helping (child's name) you should definitely keep providing him/her that support. Additional ideas you could try are increasing routine, giving more choice in activities, helping him/her express how they are feeling. Would you like to learn more about one of these ideas?"
- "I see that you marked down that your child is having more difficulty going to sleep at night and wakes up crying often. Would you be willing to tell me more about what is happening?"
- "Of the questions you marked as happening often which ones are causing you the most difficulty. Are your symptoms increasing or decreasing over the past 4 weeks?"

- Negative screen- "You said you weren't experiencing many of these symptoms. Even though you said these weren't a problem for you, I want you to know that these reactions/responses/feelings are common for many people who have experienced ---- (note trauma experienced). Are there any other things you've noticed since
- ------- (note trauma) has happened? If you do notice any of these feelings or reactions in the future or they begin happening more often, we want to know because there are things we can do to help you feel better."

SWYC

- "What you are describing is very stressful for any parent/caregiver to experience. Despite the difficulties, the care and love you provide your child impresses me and I would like to commend you." "It is really important to me that you feel like you can talk to me about these concerns. We can try to figure this out together."
- "What are some ways that give (child's name) choices when you parent them? "Are you interested in learning some more strategies to help you in parenting (child's name) or in addressing these behaviors?"

POSTPARTUM DEPRESSION

- "Thank you for completing the questionnaire. It sounds like you may be having a lot of strong feelings. Is it okay if I ask you a few more questions about how you are feeling and supports that you have in place."
- "There are many effective support options available for parents who are experiencing depressive symptoms. I want to partner with you to determine the best way to support you and your baby."
- "You and you baby deserve for you to feel well. Let's talk about ways we can support you."
- Negative screen: "From the screen, it seems like you are doing well. Having a baby can be challenging and every woman deserves support. Do you have any concerns that you would like to talk to us about?"
- Adapted from www.mcpapformoms.org/Docs/AdultProviderToolkit12.09.2019.pdf)

FOOD INSECURITY

- "That must be very difficult. I'm glad you shared your situation with me because the foods you eat—and don't eat—are really important for your health. Food can be as important to your health as exercise and even, in some cases, as important as the medications you take."

Plan for Safety:

TRAUMA AND ACEs

- "You probably have already thought about how to keep you and your child safe during these times, what can I/we do to help you and your child stay safe today and moving forward?"
- "I am really concerned about your child's safety. I would like to work with you to develop a safety plan for (child's name) and your family. Are there things you are doing to keep you and your child safe during these times of conflict/tension? Is this still occurring? How worried are you about being hurt again? Are you still in contact with this person?"
- "What you are describing sounds like domestic violence. In this community we have an organization that specializes in helping parents who have experienced domestic violence (or feel afraid of their partners). I could help call with you if that is helpful."
- "What you have described makes me worry about (child's name) safety. The event is one that I have to legally have to report as a mandated reported for possible abuse to the state Department of Health and Human Services. I would like to partner with you and call together? Would that work?"

POSTPARTUM DEPRESSION

- "Thank you for sharing that you are having frequent thoughts of harming yourself. From what you have told me, I am concerned about your safety. I'd like to ask a few more questions to get a better understanding of your experiences with feeling this way. Then we can make a plan to keep you and your baby safe."

DEPRESSION

- "Thank you for sharing that you are having frequent thoughts of hurting yourself. I am deeply concerned aboutyour safety and I want to work with you to keep you healthy. I would like to ask you a few more questions aboutthese thoughts. (Use the Columbia Suicide Rating Scale to support the clinical interview)"

- "What you have described makes me worry about your safety. To help keep you safe I have to legally have todiscuss what you are experiencing with your parents. I want to work together with you in how we discuss yourthoughts of suicide with them. Together with your parents we can then develop a strong safety plan for you."
    - Develop a collaborative safety plan
    - Assess for guns, knives, medication, drugs security in the household
    - Connect the family to crisis lines, behavioral health resources and/or the emergency room depending
    - on the level of risk
    - Initiate a close follow-up plan

Provide Psychoeducation:

- "Remember how I said that sometimes stressful events can affect our thoughts, feelings, and behaviors? Your answers to these questions are making me wonder if some of these thoughts and feelings are related to what you told me about (bullying, friend suicide, etc.). These feelings and thoughts are really normal and I see many kids who have similar experiences and feelings."
- "Events/circumstances/stressors like these are common and can have a cumulative impact on development. Given your child's age, it looks like there are some struggles that are common at this stage of development and some that might indicate that your child is experiencing stress symptoms. Here are some key things to consider that are known to promote a child's ability to recover from stressful events: safe and supportive environments, sleep,
  nutrition, exercise, play, choice, reading, and consistent use of routines."
- "Sometimes our bodies can show symptoms after a traumatic event. I have talked to patients who have had increased stomach pain, headaches, difficulty sleeping or a loss of energy after a scary event. Have you had any similar symptoms?"
- "I have added up the answers to your questions and it looks like you are experiencing feelings and reactions that may be connected to ---- (insert trauma event here). This is very normal. We know that it can be really important to get support around these feelings and reactions so that we bring down X (X = reactions endorsed).
- "You have indicated that there is some conflict in your relationship. I want to hear more about this." "Sometimes, children who are exposed to parent/caregiver conflict or tension in the home can begin to act out, even at a very young age. I'm not saying this is what is happening for your child, but it is one of the reasons I think it is so important for us to talk about these concerns and what is happening in your family."
- "Children at this age learn best from loving face to face interactions. Every time you play with, sing to, read to or hug your child you are helping grow your child's brain."
- "Predictable schedules and routine can help a child feel safe and learn easier. What are some routines that you use at home with (child's name)?"

POSTPARTUM DEPRESSION

- "I am impressed with the excellent care that you have been providing "babies name". The weight gain is excellent and I love the way you help calm "babies name" by gentle holding and talking. Did you know that every time you hold, sing and talk to your baby you are helping their body and brain to develop and grow?"

Follow-up and Refer:

- "I would like to schedule a time for you to come back so that we can monitor how these things are going. At that time we could work on additional ways to build resiliency for (child's name) and to check in to see if any symptoms have developed. Is that ok?"
- "I also have someone I work with who is an expert in helping kids who are experiencing this type of stress. I'd like to bring her/him in because I think perhaps the three of us could work on this together. Would you be willing to meet with him/her?"
- "I'd like to bring in our provider who is an expert in helping kids feel better after bad things have happened. There are some skills that he/she can teach you that will help your symptoms go down. Is that okay with you?"

POSTPARTUM DEPRESSION

- "I would like to schedule a time for you to come back so that we can monitor how you are doing. At that time we could work on additional ways to build resiliency for you and your family. We can also check in to see if any symptoms of depression have increased. Is that ok?"
- "I also have someone I work with who is an expert in helping people who are experiencing this type of stress. I'd like to bring her/him in because I think the three of us could work on this together. Would you be willing to meet with her/him?"
- "I'd would like to partner with you to help make sure you receive support and care for your feelings of sadness. Can I have your permission to talk to your OBGYN?"
    - If yes have parent sign a release of information form.

FOOD INSECURITY

- "Would it be okay if we spoke about your answers to our food availability questions? Can you tell me more about any food resources you've tried in the past? May I share some resources I know about with you? Many of these are free of charge."
- Would it be okay if our case manager called you help offer support for submitting your application to the SNAP program?"

RESILIENCE

Quick Start Guide

"Resilience is not only the capacity to thrive under stress, it is also the strength and ability of families, schools and communities to provide children with the things they need to adapt and thrive." - resilienceproject.org

Why is focusing on resilience during a well-child visit important?

Resiliency builds healthier brains and bodies because children's brains are biologically adaptive and can heal even after adversity. One way to explain this to families is through the "serve and return" concept. Children's brains encode experiences at a rapid rate, which leads to new connections in the brain. When these experiences are supportive, nurturing, and attentive, more brain connections are created and resilience is built.

What can I do to help identify patient resilience during a well-child visit?

Ask questions about resilience in conversations with patients and parents/caregivers:

- To parents/caregivers: Who in your life helps you when you are stressed or struggling?
- To children: Who are the trusted adults in your life that can help you if you need it?

How can I help parents/caregivers build resilience in their children?

You can promote the following activities:

- Changing the conversation from "how-to" discipline to "how-to" build skills.
- Nurturing trusting relationships and helping the child feel connected.
- Helping the child develop a sense of being appreciated, belonging and accomplishment.
- Giving children a role in solving problems to help them feel some control over their life.
- Brainstorming with children about what to do "in the moment".
- Practicing mindfulness, relaxation, and body calming strategies.
- Helping children to understand stress responses – normalizing and tolerating strong feelings, as well as helping them express feelings safely.
- Supporting children develop to coping skills and practice managing feelings.
- Instilling hope that, with practice, different responses are possible.

How are routines related to resilience building?

Predictable schedules and routines give children a sense of security. Children feel a sense of accomplishment when they remember parts of a routine or are included in a routine, such as putting their plate in the sink after a meal. Dependable routines help children learn to better control their impulses and tolerate frustration because they can predict and prepare themselves for what comes next.

What are some simple things parents/caregivers can do for their young children to build resilience?

- Ask parents/caregivers to review their daily schedule with their child to help them prepare for the day.
- Involve child in small decisions i.e., planning a meal.
- Consider displaying reminders in a place children can see them in the home.
- Include enough time in the schedule for their child to be able to accomplish the task i.e., getting dressed or finishing a meal.
- Back and forth interactions with a stable, safe, loving adult is critical to building the developing brain and resiliency. Think of serve and return during a tennis or ping pong game. The child serves by smiling, pointing, talking, or sharing a toy and then the parent/caregiver serves back by responding with shared interest, supporting the child with eye contact, facial and body actions, supportive play and words.
- Ask children to help problem solve when a challenge arises.

- Encourage them to spend time playing with their child or to give their child their your undivided attention while they play. These brief moments can help children feel seen, heard, and safe.
- Identify feelings in daily life. Help their child identify when they are having different ypes of feelings or when feelings become elevated. Here are some examples of how to do this:
    - "I see you're crying, I wonder if you are sad we aren't going outside right now."
    - "You are having really big feelings right now. Your feelings are so big, you threw your toy."

What is my role in preventing trauma and building resilience?

Medical providers play a crucial role in helping to prevent trauma and, adversity, and build resilience in children and families. Here are some important things you can do in your practice:

- Inquire about stressors in the child's life and identify protective factors.
- Assess for child and family safety.
- Provide developmental guidance about building resilience and protective factors.
- Refer to integrated behavioral health clinicians as a resource for strengthening resilience and parent-child attachment.
- Provide close follow-up and ongoing monitoring for children who have experienced trauma.

Building Resilience at Well-Child Visits

Information included in Epic well-child visit after visit summary

1 month	Parenting a newborn is exciting but can be difficult. Think of two people you trust to call on for support and answers to your questions. Your child's doctor can be one of these people. Babies cry and are sometimes hard to soothe. Sometimes you may feel like you cannot help calm your baby. This does not mean you are doing something wrong. Lack of sleep and post pregnancy changes can make these times seem even more difficult. Remember, if you need a moment to calm yourself when your baby is crying, it is okay to place them in a safe place (such as their crib on their back) for a few minutes. Take this time to take some slow deep breaths, picture a soothing place, or call a support person.
2 months	Infants require a lot of attention and around the clock care. However hard it may be, keep in mind that you are the most important person in your baby's life- by soothing them when they cry, holding, feeding and changing diapers often; you are helping them develop a sense of safety and confidence that will be important throughout their life. Feeling sad or overwhelmed is common for new parents. If you are feeling sad, lonely, or are struggling with caring for your baby, talk to your provider. There are many ways to help support you so you do not have to continue feeling this way.
4 months	Simple play like singing, laughing, smiling, and eye contact help your baby's brain develop! Playing with them is very important at this age- get on their level for tummy time or look at a mirror together. Everything you do to interact with them helps them grow and see you as the person who will keep them safe in the world. Children even at this age are very aware of their surroundings. Stress in the home can have an impact on a baby and his/her development. If there is yelling or hitting in your home, please talk to your provider or a trusted individual so that everyone can feel safe and respected.
6 months	Now that your baby is a little older, they may be uneasy around strangers or even family and friends who aren't you. This is perfectly normal so give them time to warm-up and let them see how you act with trusted family and friends while you hold them- they will learn a lot by watching you. Your baby is learning about the world through you. Show them love, safety and security. You can do this by taking care of yourself so that you can respond to their needs calmly. By meeting their needs and showing affection, you are reinforcing that their world is safe and predictable, even when you feel stressed.
9 months	Your baby may be starting to explore their voice so encourage them by talking back, singing and telling about your day together. What may seem like baby talk with them is actually very important bonding with you and practice that helps their brain develop. Your baby may not want to be away from you much at this age, so let them gently adjust to new settings and people. When leaving your baby with another person, be sure this person is trustworthy. Do they know how to properly care for babies? Are you confident they have never hurt another child? Do you know if other people will be there too? Are these people safe for your baby to be around? If there is a concern about these individuals, do not leave your baby with them. Trust your gut if you have any worries about the person or people who are caring for your baby.

Building Resilience at Well-Child Visits

Information included in Epic well-child visit after visit summary

12 months	Your child has grown and done a lot in the last year and so have you! Everyday your child is looking to you to teach them new things. As you play, sing, and talk to your child, you help their brain to grow. It is important to be open with your provider about your child's experiences and any of your worries about your child. Your provider can support you and find help if it is needed.
15 months	Your toddler is really exploring the world and it may feel as though you can never turn your back because they are into everything. This can feel frustrating for those caring for your child. Consider creating a plan for how each caregiver will be able to take a break if feeling frustrated. Your child is also very aware of strangers. Pay attention to times when your child shows signs of fear or doubt. If something feels unsafe to your child, take time to explain in simple terms what is happening and help them understand. Speaking calmly and offering affection can be even more important than the words you say. Your connection with them will help them feel safe.
18 months	At this age toddlers love to copy what they see adults do, so let them "help" you around the house, pretend to talk on the phone, cook, etc. Even from this early age, children see you as the role model and want to learn by doing with you. Pay attention to times when your child shows signs of fear or uncertainty. If something feels unsafe to your child, take time to explain in simple terms what is happening and help them understand. Speaking calmly and offering affection can be even more important than the words you say. Your connection with them will help them feel safe. If you or your child has been in an unsafe or scary situation, talk with your provider about what happened as there may be things you can do to help your child.
2 years	Routines can help toddlers see the world and you as predictable. Consider having a daily schedule to help your toddler know what to expect and deal with changes. If your child has experienced something sad, scary or frightening (fighting, violence, an accident, a loss or separation) they may show it through their behavior. This looks different for different children, but can include aggression, tantrums, or separation anxiety. Talk to your provider about what you're seeing change in your child and any concerns you have.
30 months	Preschoolers are a lot of work – they are fast and have lots of opinions which can be stressful for parents. While they will test your patience most days, you can keep them busy and teach them new skills through play and being active together. They will learn how to deal with frustration by watching you. Teach them to take deep breaths and try again when they get upset. Preschoolers are also very interested in their bodies and the bodies of others. Begin teaching your child the correct words for all body parts, including private ones. This will help them take ownership of their bodies and understand personal boundaries.

Building Resilience at Well-Child Visits

Information included in Epic well-child visit after visit summary

3 years	Pre-school age children are learning lots of social skills which will help them learn to communicate with others and make friends as they grow. You can help them by practicing at home. They can learn healthy ways to show emotions, deal with anger and frustration, how to be respectful and what to do when someone else isn't playing nice. Children will learn a lot from their parents about how to treat others- you are their first and most important role model! Children will learn to do what they see at home. If your 3 year old has had something scary happen they may show it by a change in their behavior. They could be withdrawn, anxious, begin acting out, or not do things that they used to do (like being toilet trained). Talk to your provider if you have concerns as they can help you find resources to help. Begin teaching your children to come to you if they feel unsafe. Even children this young can learn when situations feel dangerous. They should learn that they shouldn't keep secrets from you and you are a trustworthy adult.
4 years	Preschoolers are beginning to understand their bodies and are curious about the bodies of others. This is a good time to teach your child about who can touch their bodies and what type of touch is and is not ok. If your 4 year old has had something scary happen they may show it by a change in their behavior. Encourage your child to always talk to you about their fears or questions. Talk to your provider if you have concerns as they can help you find resources to help.
5-6 years	School age children are going through lots of new transitions. This can be exhausting for them and they may need lots of support from you at home. You can help your child adjust by talking about their day at school and the things they do while away from you. In early grades children are developing lots of new social skills. You can help them by talking with them about what makes a good friend, how to ask for what they need, and what they do to solve problems. This can help you identify early on if your child has concerns that could impact their experience at school and their behavior at home. Your child may know when they are in an unsafe situation. You can teach them a simple tool when they feel unsafe called "No, Go, Tell". If they feel unsafe with another person, they should yell "**NO**" to them, they should **GO**, (leave the situation) and then they should **TELL** a safe adult. It is important to listen, stay calm and believe your child if they share something with you that has happened to them.
7-8 years	Children need adults to help them understand appropriate behavior so taking time to talk about communication and how to solve problems is especially important. Consistent parenting combined with praising the actions of your child well will help them to feel good about themselves and create positive behaviors. Research and experience shows that severe punishment such as hitting, kicking, slapping or yelling does not work to reduce negative behaviors, and may make it worse. If your child has experienced something scary, sad or bad in their life, it is important to watch for changes in their behavior, grades or emotions. These events may be a big deal to your child even if they are unable to describe their feelings. Talk with your provider if you have concerns as there are things that can help your child cope with something scary or big changes that have occurred.

Building Resilience at Well-Child Visits

Information included in Epic well-child visit after visit summary

9-11 years	Children can be hurtful to one another at school. By talking about what happens at school on a regular basis with your child, you can identify if there are issues with other students and if your child is feeling safe and supported while at school. Since children are still learning how to behave and treat one another, it's especially important for parents to talk to their kids about what makes a good friend, how people should treat each other and the appropriate way to solve problems (without violence). If your child is struggling with any of these issues your provider can be a resource to help you address these concerns for your child.
12-14 years	This is an important stage in your adolescent's life where they are building a sense of self and becoming more independent. There are huge developmental shifts for them at this stage and this can impact their communication and behavior. They are making new friendships and may be at risk for trying dangerous things such as substance use. Ask for their opinion and inquire about what they see happening with their friends to learn more about what they are dealing with in their peer-group. Having open and honest conversations about substance use, friendships, relationships and social media will help your child see you as someone they can go to with their and worries. If your child has experienced bullying (in-person or in-social media) or has seen something scary at home or in your neighborhood, it can affect their sense of safety. This can lead to a change in their behavior or grades. Talk with your provider if your child has experienced anything like this, as there are resources to help them recover. There are proven ways to help children who have experienced high levels of stress, loss, violence or trauma. Please talk with your provider if your child could benefit from help at any age.
15-17 years	Take time to talk about relationships and what is healthy in friendship and dating relationships. Help your teen define healthy boundaries for themselves about how people should treat one another. Teach them what to do if they feel unsafe in a relationship. If you need help in teaching these types of lessons, talk to your provider. Your openness to talking with your teen will help them see you as a resource if something scary or concerning happens. If you notice a change in your teenagers behavior (grades, socially withdrawn, anxiety) it can be a sign they need additional support. Talk with your provider about what you are seeing as there are resources that can help.
18-21 years	Unfortunately, the reality is a lot of young people will experience dating abuse or violence. The more open you are to talking with people you trust about your relationships, the more it will help you define what is acceptable and what is not acceptable for yourself in relationships. If you have been exposed to violence or abuse in a relationship, at school, work, home or in the community, it can negatively impact your emotional and physical health, functioning in school/work and your self-esteem. Talk with your provider if you have concerns.

Parent Questions for Children Ages 0 through 8 months

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

Please complete both sides of this form.

MaineHealth

EMOTIONAL CHANGES WITH A NEW BABY

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things
   - ⓪ As much as I always could
   - ① Not quite so much now
   - ② Definitely not so much now
   - ③ Not at all

2. I have looked forward with enjoyment to things
   - ⓪ As much as I ever did
   - ① Rather less than I used to
   - ② Definitely less than I used to
   - ③ Hardly at all

3. I have blamed myself unnecessarily when things went wrong*
   - ③ Yes, most of the time
   - ② Yes, some of the time
   - ① Not very often
   - ⓪ No, never

4. I have been anxious or worried for no good reason
   - ⓪ No, not at all
   - ① Hardly ever
   - ② Yes, sometimes
   - ③ Yes, very often

5. I have felt scared or panicky for no good reason*
   - ③ Yes, quite a lot
   - ② Yes, sometimes
   - ① No, not much
   - ⓪ No, not at all

6. Things have been getting on top of me*
   - ③ Yes, most of the time I haven't been able to cope at all
   - ② Yes, sometimes I haven't been coping as well as usual
   - ① No, most of the time I have coped quite well
   - ⓪ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Not very often
   - ⓪ No, not at all

8. I have felt sad or miserable*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Not very often
   - ⓪ No, not at all

9. I have been so unhappy that I have been crying*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Only occasionally
   - ⓪ No, never

10. The thought of harming myself has occurred to me*
   - ③ Yes, quite often
   - ② Sometimes
   - ① Hardly ever
   - ⓪ Never

Please complete both sides of this form.

Please note, the * is there to notify you of a change in the scoring scale.

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786

MaineHealth

Parent Questions for Children Ages 9 months through 2 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you answered yes to either of the last two questions, please consider filling out the back of the form.

MaineHealth

Parent Report of Child Symptoms

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
3. My child feels grouchy, angry or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2

* UCLA-PTSD Reaction Index, Parent Screening Version (Ropert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)

Parent Questions for Children Ages 3 through 8 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

ADVERSE CHILDHOOD EXPERIENCES*

Please read the statements below, HOW MANY statements apply to your child? Circle the total number:

0 1 2 3 4 5 6 7 8 9 10

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

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you circled a number in the Adverse Childhood Experiences box, OR answered yes to either of the last two questions, please consider filling out the back of the form.

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018

MaineHealth

Parent Report of Child Symptoms

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
3. My child feels grouchy, angry or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2

* UCLA-PTSD Reaction Index, Parent Screening Version (Ropert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)

Parent Questions for Children Ages 9 through 11 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

ADVERSE CHILDHOOD EXPERIENCES*

Please read the statements below, HOW MANY statements apply to your child? Circle the total number:

0 1 2 3 4 5 6 7 8 9 10

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

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you circled a number in the Adverse Childhood Experiences box, OR answered yes to either of the last two questions, please consider filling out the back of the form.

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018

MaineHealth

Patient Report of Child Symptoms

1. I get upset, afraid, or sad when something makes me think about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
3. I feel grouchy, or I am easily angered.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
4. I try not to talk about, think about or have feelings about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
5. I have trouble going to sleep or wake up often during the night.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
6. I have trouble concentrating or paying attention.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
7. I try to stay away from people, places or things that make me remember what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
8. I have bad dreams, including dreams about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
9. I feel alone inside and not close to other people.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4

Key: none=0 times per week; Most = 4x per week

* Abbreviated UCLA-PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)

Revised October 1, 2019

Questions for Ages 12 and Older: To be completed by patient only.

Stressful experiences affect the health of many young people. Answering the following questions will help your provider to better understand you. You can choose to answer these questions or not.

ADVERSE CHILDHOOD EXPERIENCES**

Please read the statements below, HOW MANY statements apply to you? Circle the total number:

0 1 2 3 4 5 6 7 8 9 10

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

Has anyone **hurt or frightened** you recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you recently or in the last year? ☐ Yes ☐ No

If you circled 2 or more in the Adverse Childhood Experiences box, OR answered YES to either of the last two questions, please consider filling out the following questions.

1. I get upset, afraid, or sad when something makes me think about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
3. I feel grouchy, or I am easily angered.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
4. I try not to talk about, think about or have feelings about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
5. I have trouble going to sleep or wake up often during the night.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
6. I have trouble concentrating or paying attention.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
7. I try to stay away from people, places or things that make me remember what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
8. I have bad dreams, including dreams about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
9. I feel alone inside and not close to other people.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4

Key: none=0 times per week; Most = 4x per week

** UCLA-PTSD Reaction Index, Parent Screening Version (R. Pynoos, MD, A. Steinberg, PHD, and M. Scheeringa, MD, 2008)*
*** Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018*

MaineHealth

The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	☐ # of days
2.	Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.	☐ # of days
3.	Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	☐ # of days
4.	Use a **vaping device* containing nicotine and/or flavors**, or use any **tobacco products**†? Put "0" if none. **Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*	☐ # of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- **If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.**
- **If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.**
- **If you put "1" or more for Question 4 above, ADDITIONAL QUESTIONS WILL BE PROVIDED.**

		Circle one	
5.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	**No**	**Yes**
6.	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	**No**	**Yes**
7.	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	**No**	**Yes**
8.	Do you ever FORGET things you did while using alcohol or drugs?	**No**	**Yes**
9.	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	**No**	**Yes**
10.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	**No**	**Yes**

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

PHQ-9 MODIFIED FOR ADOLESCENTS (PHQ-A)

To be completed by patient

Answering the following questions will help your provider to better understand you. You can choose to answer these questions or not.

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes ☐ No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐ Yes ☐ No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes ☐ No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: **Severity score:** _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

Generalized Anxiety Disorder 7-item (GAD-7) scale

Answering the following questions will help your provider to better understand you. You can choose to answer these questions or not.

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column		+	+	+
Total Score *(add your column scores)* =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Source: Spitzer, RI, Kroeneke K. Williams JBW, Love B. A brief measure for assessing generalized anxiety disorder. Arch Inern Med. 2006; 166:1092-1097

MaineHealth

SWYC™: 9 months

9 months, 0 days to 11 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Holds up arms to be picked up	0	1	2
Gets into a sitting position by him or herself	0	1	2
Picks up food and eats it	0	1	2
Pulls up to standing	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake"	0	1	2
Calls you "mama" or "dada" or similar name	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	1	2
Copies sounds that you make	0	1	2
Walks across a room without help	0	1	2
Follows directions - like "Come here" or "Give me the ball"	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	**No tension** ○	**Some tension** ○	**A lot of tension** ○	**Not applicable** ○
9 Do you and your partner work out arguments with:	**No difficulty** ○	**Some difficulty** ○	**Great difficulty** ○	**Not applicable** ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

SWYC™: 12 months

12 months, 0 days to 14 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Picks up food and eats it	0	1	2
Pulls up to standing	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake"	0	1	2
Calls you "mama" or "dada" or similar name	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	1	2
Copies sounds that you make	0	1	2
Walks across a room without help	0	1	2
Follows directions - like "Come here" or "Give me the ball"	0	1	2
Runs	0	1	2
Walks up stairs with help	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	**No tension** ○	**Some tension** ○	**A lot of tension** ○	**Not applicable** ○
9 Do you and your partner work out arguments with:	**No difficulty** ○	**Some difficulty** ○	**Great difficulty** ○	**Not applicable** ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

SWYC™: 15 months

15 months, 0 days to 17 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Calls you "mama" or "dada" or similar name	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	1	2
Copies sounds that you make	0	1	2
Walks across a room without help	0	1	2
Follows directions - like "Come here" or "Give me the ball"	0	1	2
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	**No tension** ○	**Some tension** ○	**A lot of tension** ○	**Not applicable** ○
9 Do you and your partner work out arguments with:	**No difficulty** ○	**Some difficulty** ○	**Great difficulty** ○	**Not applicable** ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

SWYC™: 18 months

18 months, 0 days to 22 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child…	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to…	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	○	○	○	○	○

	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

How does your child usually show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)	☐	☐	☐	☐	☐

What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	☐	☐	☐	☐	☐

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	No tension ○	Some tension ○	A lot of tension ○	Not applicable ○
9 Do you and your partner work out arguments with:	No difficulty ○	Some difficulty ○	Great difficulty ○	Not applicable ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

SWYC™: 24 months

23 months, 0 days to 28 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2
Names at least one color	0	1	2
Tries to get you to watch by saying "Look at me"	0	1	2
Says his or her first name when asked	0	1	2
Draws lines	0	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child…	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to…	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	○	○	○	○	○

	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

How does your child usually show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)	☐	☐	☐	☐	☐

What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	☐	☐	☐	☐	☐

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	No tension ○	Some tension ○	A lot of tension ○	Not applicable ○
9 Do you and your partner work out arguments with:	No difficulty ○	Some difficulty ○	Great difficulty ○	Not applicable ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

SWYC™: 30 months

29 months, 0 days to 34 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Names at least one color	0	1	2
Tries to get you to watch by saying "Look at me"	0	1	2
Says his or her first name when asked	0	1	2
Draws lines	0	1	2
Talks so other people can understand him or her most of the time	0	1	2
Washes and dries hands without help (even if you turn on the water)	0	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?"	0	1	2
Explains the reasons for things, like needing a sweater when it's cold	0	1	2
Compares things - using words like "bigger" or "shorter"	0	1	2
Answers questions like "What do you do when you are cold?" or "…when you are sleepy?"	0	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child…	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to…	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	○	○	○	○	○

	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

How does your child usually show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
(please check all that apply)	☐	☐	☐	☐	☐

What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	☐	☐	☐	☐	☐

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	No tension ○	Some tension ○	A lot of tension ○	Not applicable ○
9 Do you and your partner work out arguments with:	No difficulty ○	Some difficulty ○	Great difficulty ○	Not applicable ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

SWYC™: 36 months

35 months, 0 days to 46 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Talks so other people can understand him or her most of the time	0	1	2
Washes and dries hands without help (even if you turn on the water)	0	1	2
Asks questions beginning with "why" or "how" - like "Why no cookie?"	0	1	2
Explains the reasons for things, like needing a sweater when it's cold	0	1	2
Compares things - using words like "bigger" or "shorter"	0	1	2
Answers questions like "What do you do when you are cold?" or "…when you are sleepy?"	0	1	2
Tells you a story from a book or tv	0	1	2
Draws simple shapes - like a circle or a square	0	1	2
Says words like "feet" for more than one foot and "men" for more than one man	0	1	2
Uses words like "yesterday" and "tomorrow" correctly	0	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child…	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to…	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Floating Hospital for Children at Tufts Medical Center

********** Please continue on the back **********

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	0	1	2	3
7 Feeling down, depressed, or hopeless?	0	1	2	3

8 In general, how would you describe your relationship with your spouse/partner?	**No tension** ○	**Some tension** ○	**A lot of tension** ○	**Not applicable** ○
9 Do you and your partner work out arguments with:	**No difficulty** ○	**Some difficulty** ○	**Great difficulty** ○	**Not applicable** ○

10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

Ages 0-11 addressing the parent: Trauma-ACE#-Food Insecurity

"We use this questionnaire to ask all parents about stressful events like trouble getting food, violence, or loss. These events are common and can affect your child's health and development. If you have questions about the questionnaire please ask a staff member or your provider as we are here to support you."

Additional information, if requested:

Parent: *"We ask about stressful events because the more we understand about you and (child's name) the better we can support both of you. For the adverse childhood experiences question, just write the total number statements that apply to your child. You do not need to mark which events occurred. If you want more information, here is a handout that explains adverse childhood experiences and how to help your child thrive."*

Ages 12 and older addressing the adolescent and the parent

Addressing the adolescent: Trauma-PHQ-CRAFFT-ACE#

"We use this questionnaire to ask our adolescent patients about events such as violence, times of feeling sad, and exposure to alcohol and drugs. While these things are common, they can also affect your health. Your answers will help us to provide you with the best care possible. Please complete this questionnaire alone. Let us know if you have any questions. We are here to support you."

Additional information, if requested, about ACEs:

Adolescent Patient: *"We ask about stressful events because the more we understand about you the better we can support you. For the adverse childhood experiences question, just write the total number of statements that apply to you. You do not need to mark which events occurred. If you want more information here is a handout that explains adverse childhood experiences."*

Addressing the parent: food insecurity screening

"We ask all of our families about access to food because what we eat is so closely connected to our health. Your answers to the questions will help us to provide the best care and support for your family."

Edinburgh Postnatal Depression Scale (EPDS)

"We use this questionnaire to ask moms about challenges during pregnancy and after childbirth. Being pregnant or having recently had a baby, you may be experiencing an range of emotions. When completing the questions check the answer that comes closest to how you have felt in the past 7 days, not just how you feel today . Your answers will help us to provide you with the best care possible. "

Additional information, if requested, about ACEs:

"During pregnancy and after childbirth it is common for women to feel sad or anxious, or have trouble sleeping or eating. While these feelings are common it is important that we ask as they can also affect you and your baby's heath. We will be seeing you a lot over the next months and want to support you. Your provider will review the your answers with you."

Food Insecurity Scripting for Staff and Providers

- *We ask all of our patients about access to food because what we eat is so connected to our health. Do you mind answering questions about your access to food?*

- *Would it be okay if we spoke about your answers to our food access questions? Can you tell me more about any food resources you've tried in the past?*

- *That must be very difficult. I'm glad you shared your situation with me because the foods you eat—and don't eat—are very important for your health. Food can be as important as exercise and even, in some cases, as important as the medicines you take.*

- *May I share some resources with you? Many of these are free. (Emergency food bags, food pantry guides, hospital-based food pantries, etc.)*

- *Would it be okay if I referred you to (Patient Assistance Line, Lend-a-Hand, Community Organization via FindHelp) ? They could help you apply for (WIC, SNAP, Meals on Wheels, etc..)*

Ages 12 and older addressing the adolescent and the parent

Addressing the adolescent: Trauma-PHQ-CRAFFT-ACE#

"We use this questionnaire to ask our adolescent patients about events such as violence, times of feeling sad, and exposure to alcohol and drugs. While these things are common, they can also affect your health. Your answers will help us to provide you with the best care possible. Please complete this questionnaire alone. Let us know if you have any questions. We are here to support you."

Additional information, if requested, about ACEs:

Adolescent Patient: *"We ask about stressful events because the more we understand about you the better we can support you. For the adverse childhood experiences question, just write the total number of statements that apply to you. You do not need to mark which events occurred. If you want more information here is a handout that explains adverse childhood experiences."*

Addressing the parent: food insecurity screening

"We ask all of our families about access to food because what we eat is so closely connected to our health. Your answers to the questions will help us to provide the best care and support for your family."

Building Resilience after Giving Birth

Pregnancy, childbirth and parenting can be a time of major physical and emotional changes. You may have already found ways to start managing all the changes. This ability to adapt to change and cope with stress is called resiliency. Resilience means the ways you support yourself and access the supports around you. It can include your strengths and your coping skills. Having resilience helps us get through stressful times. There are some simple things you can do to build resilience.

How can I support myself?

- Try relaxation methods to manage stress. Ideas include deep breathing, meditation, and mindfulness.
  - *Ten Percent Happier* is an app with guided meditations on topics such as anxiety and stress, sleep, and parenting. It also has videos and inspirational stories you can listen to on the go. App is free, some content requires purchase.
- Talk about your feelings with people you trust.
- Express your feelings by journaling or through art or music.
- Practice good self-care, including getting enough sleep, eating well, and exercising (even just 15 minutes a day). Sometimes it can be hard to find the time or support to practice self-care. Your medical provider can help you think through strategies that fit your needs and lifestyle.
- Take a moment to reflect if you are having unhelpful thoughts. See if you can change how you are thinking and try not to immediately react to negative feelings.
  - *Mind Shift* is an app that helps you to address (rather than avoid) anxious feelings and unhelpful thoughts. Think of this app as the cheerleader in your pocket, encouraging you to take charge of your life, ride out intense emotions, and face challenging situations. App is free.
- Practice NESTS, which stands for Nutrition, Exercise, Sleep/Rest, Time for yourself, Support.
- As you go through one of the biggest changes of your life at times it can be hard to remember to be patient and kind to yourself. Often times mothers put unnecessary pressure on themselves to "enjoy every minute" of this experience. This can lead to guilt when feeling overwhelmed or needing a break, or worry that you are not being a good enough Mom. In fact on the of the best ways to be a good Mom is to give yourself permission to engage in self care.

How can I get support?

- Make sure your basic needs are met, such as safety, food, and housing.
  - 211 Maine is a free statewide service that can connect you to local programs and services, such as food pantries. Call 211 or text your zipcode to 998-211.
  - MaineHealth Community Resources, powered by FindHelp, is an online directory that lists free or reduced cost services like medical care, food, housing and more. https://mainehealth.findhelp.com/
- Surround yourself with trusted friends, family or professional supports.
- Spiritual centers can offer support, if this is something you are comfortable with.
- Take advantage of available resources and community activities, like through your local library or your doctor's office.
  - Add Incredible Years app/info
  - *Text4Baby* shares tips about caring for your baby through interactive features. Once your baby is born you can learn about how she/he is growing each week and what you can do to support your child. It can also help you remember upcoming appointments. App is free.
- It's okay to ask for mental health support from your provider, through a therapist, or through other professionals.
  - There are Statewide domestic violence resource centers that serve victims and survivors in Maine. They provide safe and accessible services to all people affected by domestic violence regardless of race, ethnicity, disability, sexual orientation, gender, age, primary language spoken, or immigration status. You can reach them at 1-866-834-4357. If you are deaf or hard of hearing, you can reach them at #1-800-437-1220. Visit their website at https://www.mcedv.org/get-help.

- There are also local domestic violence agencies around the state. You can find them on the internet or by asking your behavioral health resource in the practices.
- If at anytime you need someone to talk with due to feeling unsafe, call the Maine statewide crisis number at 1-888-568-1112. They will talk with you, offer support, and safety plan if needed.
- If you are outside Maine, the National Suicide Prevention Lifeline number is 1-800-273-8255. You can also chat with a crisis counselor online at Lifeline Crisis Chat: www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx.
- The Intentional Warm Line offers telephone support during challenging times. By calling 1-866-771-9276, you will receive support, get connected with another person, and get assistance with a referral to community resources if needed.
- Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support via a medium people already use and trust: text. Text HOME to 741741 to reach a Crisis Counselor.

- Postpartum Support International (postpartum.net) is an online resource that has tons of information directed at moms, dads, supportive others, as well as online support groups. They also have Instagram and Facebook pages that are filled with cheerleading/inspiring quotes and links to articles. Under domestic violence supports, there are also the nationwide online or text options if someone is unable to speak safely. Visit thehotline.org or text LOVEIS to 22522.

We can support you and can help you build resiliency. You can call your or your child's MaineHealth primary care provider's office and ask to make an appointment to see the integrated behavioral health clinician.
.

Helping Children Heal — Trauma Treatments That Work

MaineHealth offers many treatments that are proven to help children and families heal and thrive after stressful events.

Depending on your needs, these services are available in different settings within MaineHealth medical and behavioral health practices and hospitals as well as in other locations around the state. Many MaineHealth primary care practices offer access to an integrated behavioral health clinician who helps combine care for your child and family's physical and emotional health needs, right in the provider's office. Integrated behavioral health clinicians are able to help families with the following:

- Child and family therapy (including support to address behavioral, emotional and medical concerns)
- Youth and family counseling (including children with ADHD, anxiety, depression or PTSD)
- Crisis management
- Referrals and support in getting connected to additional services (if needed)

Treatment is also available in outpatient mental health clinic settings. Learn more about our treatment options below.

Child Parent Psychotherapy (CPP)

CPP is a treatment focused on helping a child and caregiver reconnect and heal from past trauma and violence. CPP is for children ages 0–6 years old. Caregivers actively participate in this type of treatment, which is important to the healing process. This healing can lead to less anxiety and a more confident and trusting relationship for both the caregiver and child. Treatment usually lasts about nine months to one year, but the length depends on each family's needs.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a short-term treatment for children ages five to 18. It helps children and their caregivers overcome the painful effects of traumatic life events. These life events might include:

- Domestic violence
- School violence
- Community violence
- Sexual violence or abuse
- Unexpected death of a loved one, and/or
- Exposure to disasters, terrorist attacks or war trauma

This therapy aims to teach children and caregivers ways to relax and cope. It also offers them a supportive environment where they are encouraged to speak out about their traumatic experiences. The treatment is lasts for 12–16 visits.

Child and Family Traumatic Stress Intervention (CFTSI)

CFTSI is a short-term treatment for children and youth ages seven to 18 years old and their caregivers. It helps to increase family support for children exposed to a potentially traumatic event. CFTSI should be started within 45 days after a traumatic event. Usually this treatment lasts 4–8 visits. These visits include time with families as a whole, as well as individual meetings with the child and also individual meetings with the caregiver. There are many benefits to CFTSI, including:

- Helping the child communicate about the trauma
- Teaching family members how to cope with the child's reactions
- Preventing long-term stress reactions by the parent/caregiver and child or just the child

Where can I find a practice that uses these treatments?

Integrated behavioral health clinicians are available to help you and your family at the following primary care offices.

LincolnHealth:
- Boothbay Harbor Family Care Center: (207) 633-7820
- Damariscotta Primary Care: (207) 563-4250
- Waldoboro Family Medicine: (207) 832-6394
- Wiscasset Family Medicine: (207) 882-7911

Maine Medical Partners:
- Lakes Region Primary Care: (207) 892-3233
- Falmouth Family Medicine: (207) 781-1500
- Falmouth Pediatrics: (207) 781-1775
- Portland Family Medicine: (207) 874-2466
- Pediatric Clinic: (207) 662-2911
- Portland Pediatrics: (207) 662-1442
- Saco Pediatrics: (207) 282-3327
- Scarborough Family Medicine: (207) 883-7926
- South Portland Pediatrics: (207) 775-4151
- Westbrook Family Medicine: (207) 661-3400
- Westbrook Pediatrics: (207) 662-1360

Memorial Hospital:
- Mount Washington Valley Rural Health Primary Care: (603) 356-5472

Pen Bay:
- Pen Bay Family Medicine: (207) 301-5900
- Pen Bay Pediatrics: (207) 301-5600
- Waldoboro Family Medicine: (207) 832-2300

Southern Maine Health Care:
- Biddeford Pediatrics: (207) 282-7531
- Kennebunk Primary Care: (207) 467-8988
- Kennebunk Pediatrics: (207) 467-8930
- Saco Family Medicine: (207) 283-8800
- Saco Pediatrics: (207) 294-5959
- Sanford Family Practice: (207) 490-7998
- Sanford Pediatrics: (207) 490-7334

Waldo County General Hospital:
- Arthur Jewell Regional Health Center: (207) 722-3488
- Donald Walker Regional Health Center: (207) 589-4509
- Lincolnville Regional Health Center: (207) 236-4851
- Stockton Springs Regional Health Center: (207) 567-4000
- Waldo County Primary Care: (207) 930-6708

Western Maine Health:
- Western Maine Primary Care: (207) 744-6444
- Western Maine Pediatrics: (207) 743-8766

Trauma-focused treatments are also available through **Maine Behavioral Healthcare** 1 (844) 292-0111 and through the **Division of Adolescent Psychiatry** at Maine Medical Center (207) 662-2221.

The Barbara Bush Children's Hospital
At Maine Medical Center

Maine Behavioral Healthcare
MaineHealth

MaineHealth

ACEs SCORE: WHAT IT MEANS AND HOW YOU CAN HELP

Information included in Epic well-child visit after visit summary

This handout is given to parents/caregivers who would like more information about their child's Adverse Childhood Experiences (ACEs) score. ACEs are common and most Americans have at least one. This handout helps you learn about factors that can affect ACEs scores and ways to help lower the impact of stress in a child's life.

What are the effects of a high ACEs score?

A child with a high ACEs score is at an increased risk of health and behavior issues, developmental delays, and difficulty learning. A high ACEs score does not mean that the child will definitely have these problems, but it may mean they are more likely to have them.

Stress happens when children or teens experience something scary, troubling, or unsettling. ACEs or other highly stressful events cause some children get stuck in a "survivor brain", which can lead to negative changes in their health, behavior, mood, and ability to learn and grow. Children feel high stress when they are worried about their own safety or when their emotional and physical needs are not met.

What is an ACEs score?

Listed below are the 10 ACEs that research has shown affect a child's current and future health. Other sad, scary or bad events can also effect a child's health. For example, bullying, community violence, medical illness and loss of a close relative or friend.

The 10 ACEs are:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Parental separation or divorce
7. Violence in the home (domestic violence)
8. Household member who served time in jail or prison
9. Household member with depression or other mental illness
10. Household member who has a problem with drinking alcohol or using drugs

How can I help a child with a high ACEs score?

There are lots of things that adults can do to help build a child's resiliency and lower the impact of ACEs in their life. You play an important role in helping your child. Here are some things that you can do:

- **Comfort, encourage, and provide love.**
  Children need to feel loved and a send of belonging. Safe and caring relationships are some of the biggest factors that can improve your child's emotional and physical health.

- **Create a safe home setting.**
  Making your home setting secure and safe will allow children to learn and grow. Talk to your child's healthcare provider about ways to help keep your home safe.

- **Create routines and predictability.**
  Children thrive when they know what to expect. Pick a time to read a book with your child every day. Go to bed at the same time each night.

- **Spend quality time together.**
  Play, explore, hug, sing, read, and do projects together. This will help to increase your child's self-esteem and improve their coping skills.

- **Boost new opportunities.**
  Guide children through new opportunities. Offering praise and positive feedback as they learn new skills will help your child feel like they belong and are appreciated.

- **Work together to fix problems.**
  Guide and support children as they learn to manage their thoughts, feelings, and behaviors in a healthy way. Model and coach the behaviors and skills you want your child to learn by showing them how to share, be kind, and use words to share feelings.

- **Talk about your feelings.**
  It helps children to see how adults handle stress. Model talking about your own fears, feelings and needs so your child can see what it looks like to do this in a healthy way.

- **Take deep breaths.**
  Teaching children mindfulness strategies early on can help them to focus, manage stress, and regulate emotions. One of these strategies is deep breathing. Practice taking slow, deep breaths with your child.

- **Self-care.**
  Take care of yourself. We are all better parents and caregivers when we are rested, fed, and calm. Teach children how important self-care is.

Support for parents & caregivers

We know that it can be stressful to learn about your child's ACEs scores, and help them cope with challenges, and lower the stress in their lives. Please talk with us, or any member of your child's health care team, about any questions or concerns that you have. We can provide direct access to resources and professionals who can help families heal and thrive after stressful events.

- **Childhelp Hotline: 1-800-422-4453**
  All parents and caregivers need support sometimes. Childhelp is dedicated to preventing child abuse. The hotline is confidential and is available 24 hours a day, seven days a week. The hotline provides help in 170 languages. Their crisis counselors are trained to help when you are feeling frustrated or angry at your child.

- **Domestic Violence Hotline: 1-866-834-4357**
  Domestic violence and intimate partner violence happens to so many people and their families. The hotline is confidential and is available 24 hours a day, seven days a week. Their motto is "Love should not hurt."

CHILDHOOD TRAUMA - HOW PARENTS AND CAREGIVERS CAN HELP

Information included in Epic well-child visit after visit summary

Violence and other scary events can impact children and teens in a negative way. This may be called a *traumatic event*, or *trauma*. When trauma happens, it may lead to problems that change how your child feels or acts. Trauma may include:

- Seeing violence in your home, school or neighborhood
- Car accidents
- Medical procedures
- Bullying
- War/refugee trauma or violence
- Death of a loved one
- Hitting, kicking, slapping, pushing (physical abuse)
- Neglect
- Sexual assault/sexual abuse

Stress occurs when kids are exposed to something scary and have a hard time dealing with what happened. While some kids "bounce back", others may have a difficult time. Changes to look for may include:

Young Child/Baby	School-Age Children	Teenager/Adolescent
• Can't understand what happened • Thinks the event is their fault • Talks less or not at all after the event • Anxious, nervous or sad • Has a hard time playing with other kids their age • Doesn't respond as well with you or other caregivers • Trouble sleeping or eating • Angry, aggressive • Yelling, fussy • Can't do things they were able to do in the past (like potty training) • Feeling helpless • General fear • Difficulties talking about the event with words	• Thinks it is their fault • Can't pay attention • Doing poorly in school • Interested in violence • Poor memory • Is not getting along with children • Bad/sad view of the world • Worried about their safety • Fear/anxiety • Feeling bad about themselves • Feelings of shame • Nightmares • Aggressiveness or carelessness • Physical pain with no cause • Acting out • Can't do things they were able to do in the past (regression) • Overly protective	• Defensive • Short attention span • Doing poorly in school • Feelings of aggression • Thinks about revenge • Poor memory • Unhealthy dating relationships • Risky behavior (using alcohol or drugs, early sexual activity) • Not connected to family or friends • Less empathy for others • Feeling helpless • Feelings of shame • Sadness or anxiety • Thinking about hurting themselves or someone else • Self-harming behavior • Running away or skipping school

Talking to your children after trauma

Parents and other trusted adults may feel lost when trying to talk to children and teens about scary events. It is natural to feel this way. It may help to:

- Talk about safety. Children need to know that you know an event happened and how you are going to help them feel safe.
- Share age-appropriate information. Children need information to make sense of what happened. They don't need a lot of details, keep the message short, and in words your child can understand.

- Keep a routine. Children need extra love and care after trauma. Stick to regular meal times and bed times to help them heal and feel safe again.
- Let kids express their feelings when they are ready. Children can process their feelings through art, play or other creative activities. Asking simple questions while they are playing or drawing shows that you care and understand that a scary event happened. You could ask "what were you feeling?", or "do you think about what happened?" to check-in with them.
- Work together to fix problems. Guide and support children as they learn to manage their thoughts, feelings, and behaviors in a healthy way. Model and coach the behaviors and skills you want your child to learn by showing them how to share, be kind, and use words to let you know about their feelings.
- Make simple, caring statements of comfort. Children need to understand their emotions to feel supported, safe and cared for. "I love you" or "I am here to listen if you want to talk about what happened" can help a child try to make sense of a traumatic event. Do your best not to down-play their feelings by saying "don't think about it" or "I know just what you are feeling." Saying things like this can make it harder for your child to talk about the event.

When to seek help for your child

It may be time to seek help when:

Your child has

- Trouble going to school or is unable to pay attention at school and, grades slipping
- Arguments with friends, or no desire to be with friends
- Oversleeping or not able to sleep, nightmares
- Lost skills or abilities they once had and/or they aren't gaining new skills. For example, if your child was toilet trained and is now having accidents.
- Behaviors that are risky such as running away, physical fighting, or using drugs or alcohol. In young children, this might look like extreme tantrums or frequent aggression towards self or others.

Or when your child

- Seems sad, hopeless or withdraws from activities they used to love
- Seems unable to enjoy daily activities due to feelings of fear or anxiety or they have fears of things they were not afraid of before
- Begins talking about death or dying or is trying to hurt themselves

Support for parents & caregivers

Please talk with us, or any member of your child's health care team, about any questions or concerns that you have. We can provide direct access to supports who can help families heal and thrive after stressful events.

- **Childhelp Hotline: 1-800-422-4453**
  All parents and caregivers need support sometimes. Childhelp is dedicated to preventing child abuse. The hotline is confidential and is available 24 hours a day, seven days a week. The hotline provides help in 170 languages. Their crisis counselors are trained to help when you are feeling frustrated or angry at your child.

- **Domestic Violence Hotline: 1-866-834-4357**
  Domestic violence and intimate partner violence happens to so many people and their families. The hotline is confidential and is available 24 hours a day, seven days a week. Their motto is "Love should not hurt."

STRESS & EARLY BRAIN GROWTH
Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

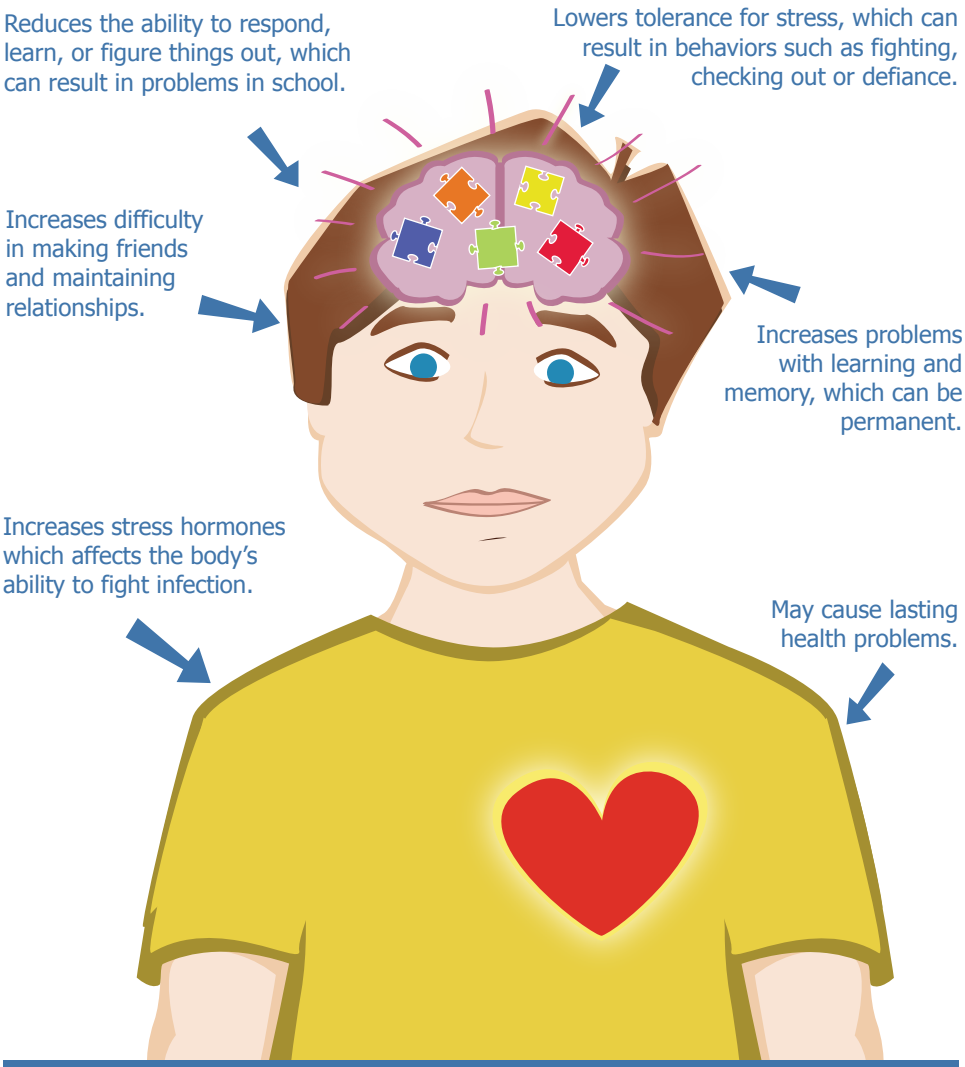
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

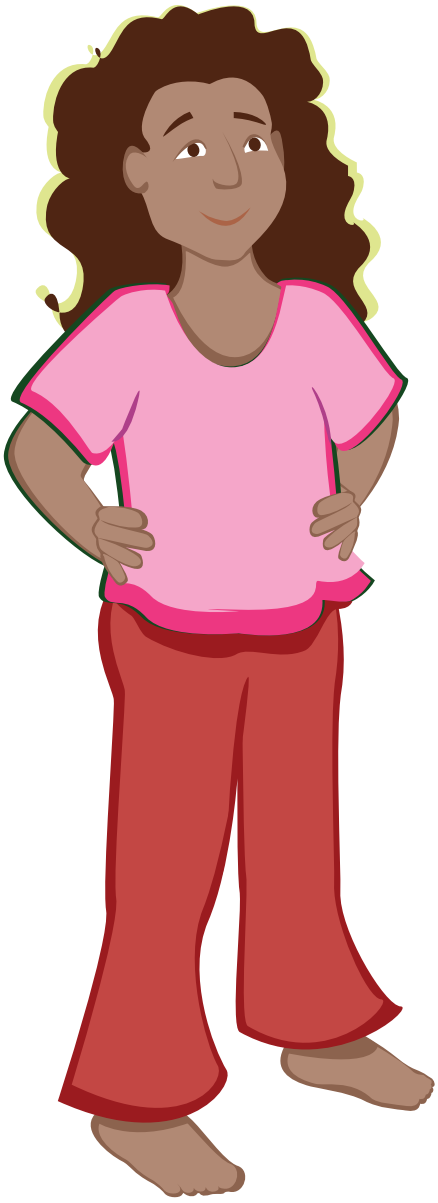
How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

The good news is resilience can bring back health and hope!



What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school, and in neighborhoods

What does resilience look like?

1. **Having resilient parents**
Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. **Building attachment and nurturing relationships**
Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. **Building social connections**
Having family, friends and/or neighbors who support, help and listen to children.

4. **Meeting basic needs**
Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. **Learning about parenting and how children grow**
Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. **Building social and emotional skills**
Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

Resources:

ACES 101
http://acestoohigh.com/aces-101/

Triple-P Parenting
www.triplep-parenting.net/glo-en/home/

Resilience Trumps ACEs
www.resiliencetrumpsACEs.com

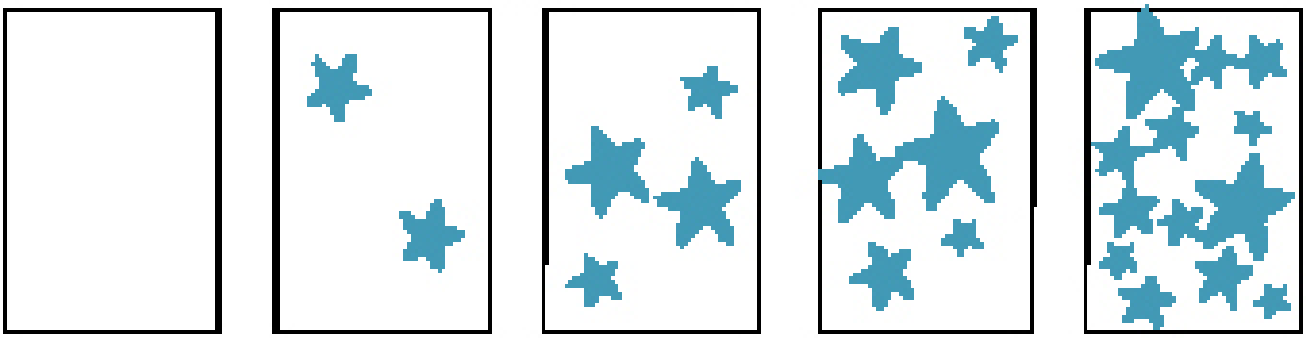
CDC-Kaiser Adverse Childhood Experiences Study
www.cdc.gov/violenceprevention/acestudy/

Zero to Three Guides for Parents
http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/

Thanks to the people in the Community & Family Services Division at the Spokane (WA) Regional Health District for developing this handout for parents in Washington State, and sharing it with others around the world.

PTSD-RI RATING SHEET

For children who have difficulty with the concept of frequency, use the rating sheet below to help them rate their reactions.



None | Little | Some | Much | Most

MaineHealth Resources

MaineHealth Patient Assistance Line

Funded by MaineHealth and offered to all local hospitals, the Patient Assistance Line provides guidance on the Social Determinants of Health (SDOH), which are conditions in the environment in which people live, work, and play, that have a major effect on health status and health outcomes. The goal of the Patient Assistance Line is to reduce any barriers that may cause a negative impact on a patients' health, such as food insecurity, housing issues, social service connections, and more.

Who can get help?
Any patient (or medical provider on behalf of a patient) within the MaineHealth network of care.

How does it work?
Patient Assistance Line staff will work with, via telephone or in-person, any patient who is seeking assistance with finding local resources to combat issues that are negatively affecting their health.

How much does the Patient Assistance Line cost?
There is no charge to anyone who contacts the Patient Assistance Line as the program is fully funded an offered as a service by MaineHealth.

Contact the MaineHealth Patient Assistance Line:
Phone: 1-833-MHHELP1 (1-833-644-3571)
Email: patientassistline@mainehealth.org

MaineHealth Community Resources

MaineHealth Community Resources is powered by FindHelp (formerly Aunt Bertha), a leading social determinants of health management platform to connect patients to community resources and programs. This platform is currently available in Epic to Ambulatory Users. Staff are able to access the platform under the More Activities drop-down list, and link patients to community resources and programs without leaving the patient's chart. One exciting feature of the platform is that any user can add a new program or resources, creating a more robust directory of services over time.

Patients can access it is as well, as an online directory that lists free or reduced cost services like medical care, food, housing and more.

To learn more, visit https://mainehealth.findhelp.com or go to the "Aunt Bertha" e-learns in the MaineHealth Learning Management System.

Health Library Resources

Healthwise and KidsHealth are virtual health libraries that MaineHealth pays for. They contain resources to share with patients that have been vetted by medical professionals, including informational handouts and videos.

Healthwise Pregnancy Center
https://www.healthwise.net/mainehealthorg/Content/StdDocument.aspx?DOCHWID=hw197814

KidsHealth Pregnancy & Newborn Center
https://kidshealth.org/BarbaraBushChildrens/en/parents/center/pregnancy-center.html?_ga=2.78059286.325490893.1573231448-1726021115.1570025659

Below is a list of relevant topics and articles you can search for within the pregnancy centers on each site:

Pregnancy:
- Taking Care of Your Mental Health During Pregnancy
- Depression During Pregnancy
- Alcohol or Drug Use During Pregnancy

Postpartum:
- Postpartum Depression
- 6 Survival Tips for New Parents

Behavioral Heath:
- Building Resilience
- Depression: Using Your Inner Strengths
- Barriers to Psychological Care
- Counseling for PTSD
- PTSD: Treatment Options
- PTSD Myths
- Counseling for Depression
- Anxiety: Treatment Options

Emergency, Safety and Support Numbers

Police and Fire Emergencies: Dial 911

The Maine Crisis Line: Behavioral Health Crisis: 1-888-568-1112

Northern New England Poison Center: 1-800-222-1222

Suicide & Crisis Lifeline: Dial 988

211 Connection Statewide Resources and Programs: Dial 211

Childhelp Hotline: 1-800-422-4453. 24 hours a day, seven days a week, confidential hotline dedicated to preventing child abuse Counselors are trained to help when you are feeling frustrated or angry at your child.

Domestic Violence Hotline: 1-866-834-4357 24 hour, seven-days- a week confidential hotline for domestic violence and intimate partner violence

National Crisis Text Line: Text or WhatsApp "home" to **741741** Or, send a message to the National Crisis Text Line on Facebook messenger. Free and confidential service for Mental and Behavioral Health Crisis.

Sexual Assault Helpline: 1-800-871-7741 Statewide sexual assault crisis and support line for confidential services free of charge. (call or text Monday-Friday, 8am-5pm, 24-hours)

The Intentional Peer Support Warm Line: 1-866-771-WARM (9276) Mental health peer-to-peer phone support program offering mutual conversations with a trained specialist who has life experience with mental health and/or substance use issues and recovery. Available toll-free from anywhere in Maine, 24 hours a day, seven days a week..

The Youth Peer Support Statewide Network: 207-396-7052 Group of people between 14 to 26 years old who have personally struggled with mental health and hope to build a supportive community. Program staff and participants support each other and build connections that help them better navigate the journey to a self-defined, meaningful life.

Appendix

Documents included within this Appendix include:

- Stanley Brown Safety Plan
- Suicide Assessment Five-Step Evaluation & Triage (SAFE-T)
- MH ACEs and Resiliency Program Smart Phrases

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. **Name:** _____ **Contact:** _____
2. **Name:** _____ **Contact:** _____
3. **Place:** _____ 4. **Place:** _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. **Name:** _____ **Contact:** _____
2. **Name:** _____ **Contact:** _____
3. **Name:** _____ **Contact:** _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. **Clinician/Agency Name:** _____ **Phone:** _____

Emergency Contact : _____

2. **Clinician/Agency Name:** _____ **Phone:** _____

Emergency Contact : _____

3. **Local Emergency Department:** _____

Emergency Department Address: _____

Emergency Department Phone : _____

4. **Suicide Prevention Lifeline Phone:** 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

Stanley-Brown
Safety Planning Intervention

RESOURCES

- Download this card and additional resources at **http://wwww.sprc.org**
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide **http://www.sprc.org/library/jcsafetygoals.pdf**
- **SAFE-T** drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors **http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx**
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

ACKNOWLEDGMENTS

- Originally conceived by Douglas Jacobs, MD, and developed as a collaboration between Screening for Mental Health, Inc. and the Suicide Prevention Resource Center.
- This material is based upon work supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1U79SM57392. Any opinions/findings/conclusions/recommendations expressed in this material are those of the author and do not necessarily reflect the views of SAMHSA.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

http://www.sprc.org

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

HHS Publication No. (SMA) 09-4432 • CMHS-NSP-0193

Printed 2009

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1

IDENTIFY RISK FACTORS

Note those that can be modified to reduce risk

2

IDENTIFY PROTECTIVE FACTORS

Note those that can be enhanced

3

CONDUCT SUICIDE INQUIRY

Suicidal thoughts, plans, behavior, and intent

4

DETERMINE RISK LEVEL/INTERVENTION

Determine risk. Choose appropriate intervention to address and reduce risk

5

DOCUMENT

Assessment of risk, rationale, intervention, and follow-up

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

1. RISK FACTORS

- ✓ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts, or self-injurious behavior
- ✓ **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity)
  Co-morbidity and *recent onset of illness increase risk*
- ✓ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
- ✓ **Family history:** of suicide, attempts, or Axis 1 psychiatric disorders requiring hospitalization
- ✓ **Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame, or despair (e.g, loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation
- ✓ **Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- ✓ **Access to firearms**

2. PROTECTIVE FACTORS *Protective factors, even if present, may not counteract significant acute risk*

- ✓ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance
- ✓ **External**: responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. SUICIDE INQUIRY *Specific questioning about thoughts, plans, behaviors, intent*

- ✓ **Ideation:** frequency, intensity, duration—in last 48 hours, past month, and worst ever
- ✓ **Plan:** timing, location, lethality, availability, preparatory acts
- ✓ **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun) vs. non-suicidal self injurious actions
- ✓ **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious.
  Explore ambivalence: reasons to die vs. reasons to live

* *For Youths:* ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition

* *Homicide Inquiry:* when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above

4. RISK LEVEL/INTERVENTION

- ✓ **Assessment of risk** level is based on clinical judgment, after completing steps 1–3
- ✓ **Reassess** as patient or environmental circumstances change

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

5. DOCUMENT

Risk level and rationale; treatment plan to address/reduce current risk (e.g., medication, setting, psychotherapy, E.C.T., contact with significant others, consultation); firearms instructions, if relevant; follow-up plan. For youths, treatment plan should include roles for parent/guardian.

MH ACEs and Resiliency Program Smart Phrases

.ACESEMERGENCYSUPPORTNUMBERS: informational handout with crisis lines for behavioral health, suicide, intimate partner violence, parenting struggles and youth peer support.

.ACESTRAUMASYMPTOMSPARENTINFO: parent information handout on how trauma may present for different age groups, how to talk to your child after traumatic events and when to seek help for their child.

.ACESSCOREPARENTINFORMATION: parent informational handout on what the 10 ACEs are and how to build a child's resilience to lower the impact of ACEs.

.ACESBRAINGROWTHANDRESILIENCY: parent informational handout on what are ACEs and how it can affect early brain growth and health. Additional information on resilience and its protective ability against the negative effects of ACES.

.ACESPOSTPARTUMRESILIENCY: informational handout for past-partum parents on building their own resiliency after the birth of their child.

MH Food Insecurity Smart Phrases

.FOODPANTRIES_COUNTY: list of food pantries by Maine county

.FOODSTAMPSINFORMATION: program eligibility, how to apply and contact numbers

.FOODWIC: program eligibility, how to apply and contact numbers