

Addressing Childhood Adversity

REALIZE. RECOGNIZE. RESPOND.

PURPOSE AND APPROACH

Adverse childhood experiences (ACEs) 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 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 increase resiliency. These treatments are available in our community and your healthcare team can help caregivers of affected children recover, heal and thrive after a traumatic experience.

The MaineHealth ACEs Program aims to prevent, identify and treat adverse childhood experiences and is here to support your practice. Assistance is available for the following:

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

IMPLEMENTATION: TIPS AND RECOMMENDATIONS

REALIZE

- Utilize the MaineHealth ACEs Program's educational opportunities and resources for all care team members.

RECOGNIZE

- Hand out MaineHealth pediatric screeners (Trauma, ACE Number, SWYC, abbreviated PTSD-RI and Food Insecurity) during check-in at designated well child visits. Use the abbreviated PTSD-RI symptom screener to help identify symptoms and guide treatment options.
- Ensure results are entered in Epic and that the provider is updated on all positive results.
- Use a trauma-informed interview methodology (ask permission, be empathic and non-judgmental) when addressing positive screens.
- Assess safety, severity of the event/issue, risk and resiliency factors when meeting with families.

RESPOND

- Build resiliency by encouraging families to identify their support systems and their child's strengths, listen to their child and give he/she choices, use routine, problem solve, express feelings, and create a sense of safety.
- Schedule a follow-up visit to monitor the child and family's progress and refer to case management, when necessary.
- Refer to behavioral health clinicians, who are trained in evidence-based trauma treatments, including Child Parent Psychotherapy (CPP), Child and Family Traumatic Stress intervention (CFTSI) or Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- **Provide the MH ACEs Team feedback and ideas to improve the program. The MH ACEs Team is interested in supporting pilots to trial new innovations.**

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; behavioral health clinicians trained in trauma competencies |
| Standard Screening Workflows | Standardized use of recommended screening tools and associated workflows |
| Use of De-Identified Handout | Screen with a laminated, de-identified, dry erase handout for families to self-report |
| Trauma-informed Approach | Providers skilled in coaching, educating and engaging families in building resiliency; emphasizing choice, safety, collaboration and empowerment when interacting with team and patients; demonstrating cultural awareness |
| Maximize Treatment Team | Warm hand-off to behavioral health clinicians trained in evidence-based trauma treatment and trauma competencies; most practices have on-site, integrated clinicians; clinicians will determine additional team members 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 | Routine monitoring of data reports showing rates of screening to identify areas in need of quality improvement strategies |
| Create a Culture that Champions Resiliency | All staff (front, clinical support, provider, integrated behavioral health, case managers and others) play a part in supporting patients and each other; environment lends itself to 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 mainehealth.org/aces or email an ACEs team member at childhealth@mainehealth.org.