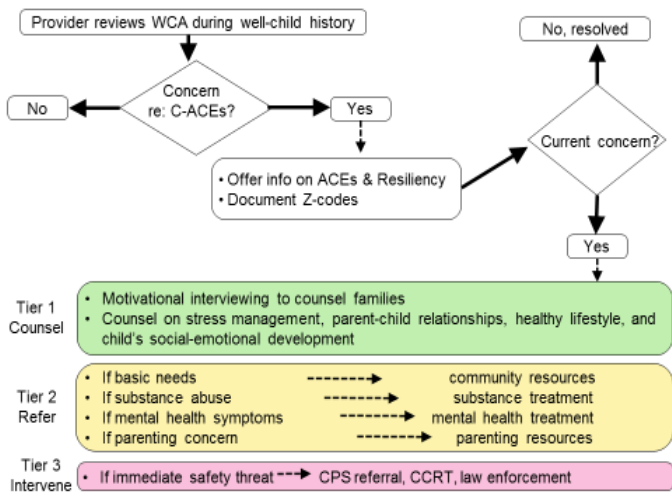


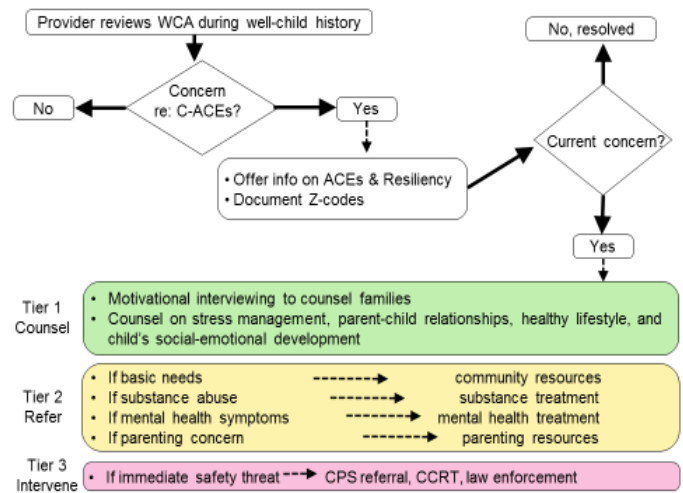
Screen for Child-Adverse Childhood Experiences (Child-ACEs)



1. REVIEW the Whole Child Assessment version 2

- Start with Interval History then work backwards from Safety through to Tuberculosis
- In general, the **left** response column is lowest risk and the **right** column is highest risk
- For “**Unsure**” or blank, ask for more information to try to re-score as a left or right column response
- Follow-up higher risk responses– show discretion in asking about sensitive topics in front of child
- *Note: Calculation of Child-ACE score optional*

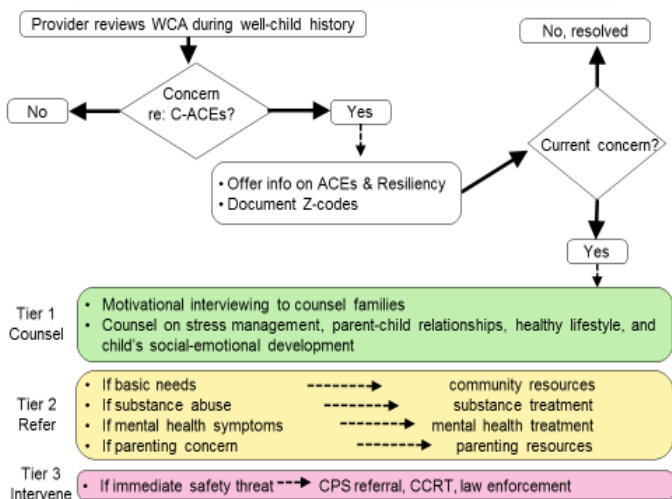
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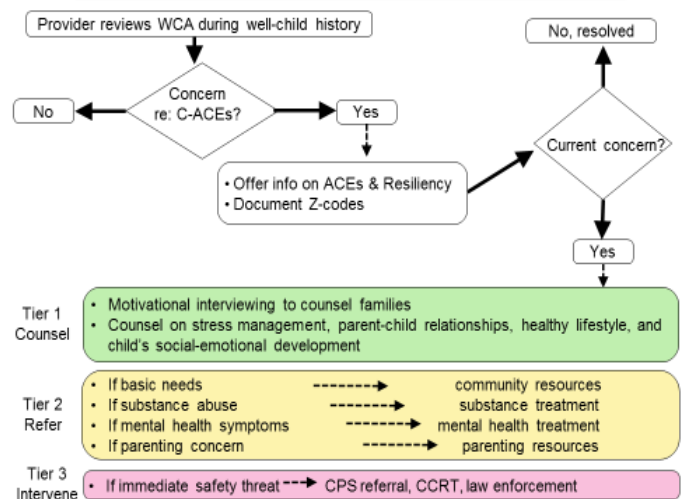
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2. USE Motivational Interviewing

- Ask **Open-ended** questions- *Can you tell me more about this? How has this affected your child?*
- **Affirm** strengths and **Reflect** understanding- *I am glad to hear that... It sounds like it is (content or feeling)...*
- **Assess** interest in advice and help- *May I make a recommendation? Would you like to know more...?*

3. DOCUMENT Z-codes for Child-ACEs in problem list

Z59.4 Food insecurity	Z81.8 FH mental disorder
Z63.0 Domestic violence	Z63.5 Separation/divorce
Z62.819 History of abuse	Z63.32 Imprisonment
Z63.72 FH etoh/drug abuse	Z63.9 1 [®] support problem

4. If **ACEs** then add “ACES” or “ACESSPA” to AVS for info on ACEs & Resilience plus community resources

5. **FOLLOW UP** within 3 months if concern about impact of ACEs and/or child symptomatic such as:

Speech delay	Constipation
ADHD	Stomachaches
Tantrums/aggression	Headaches
Depression/anxiety	Failure to thrive
Poorly controlled asthma	Obesity
Elevated BP	Tobacco/etoh/drug abuse
Nocturnal enuresis	STDs

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