Pediatric Screening Toolkit

Mission: To prevent, identify and treat Adverse Childhood Experiences
ACEs Pediatric Screening Toolkit

Introduction

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 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 resources are available in the MaineHealth system and in our communities. Healthcare teams can help caregivers and affected children recover, heal and thrive after traumatic experiences.

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 MaineHealth ACEs program emphasizes the trauma-informed principles of safety, collaboration, choice, empowerment and cultural humility in order to implement the Realize, Recognize and Respond model of care. Healthcare teams can:

- **Realize** 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.

Screening

The MaineHealth ACEs pediatric screening model is designed to identify recent trauma, cumulative adversity, and current financial stressors, food insecurities, and current post-traumatic symptomology. 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 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 Screening**: measures cumulative adversity from birth to age 21.
- **Food Insecurity Screening**: indicates current financial stressors for a family.
- **PTSD Symptom Screening**: measures current post-traumatic symptomology.
- **Survey of Wellbeing of Young Childhood** modified with ACEs Score (SWYC): screens for developmental milestones, behavior, and the family environment.
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, and community supports
- Implementation of recommended tools and workflows
- Optimization of Epic systems
- Utilization of metrics and patient registries to enhance workflows and patient care

For more information, please visit [www.mainehealth.org/aces](http://www.mainehealth.org/aces)
or email the team at [childhealth@mainehealth.org](mailto:childhealth@mainehealth.org)

### Sustainability: Strategies to Consider for Your Practice

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Trained Teams</td>
<td>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</td>
</tr>
<tr>
<td>Standard Screening Workflows</td>
<td>Use of recommended screening tools and associated workflows in standardized fashion</td>
</tr>
<tr>
<td>Use of De-Identified Handout</td>
<td>Screen with a laminated, de-identified, dry erase handout for families to self-report</td>
</tr>
<tr>
<td>Trauma-informed Approach</td>
<td>Enhance providers’ skills in coaching, educating and engaging families in building resiliency; emphasize choice, safety, collaboration and empowerment when interacting with team and patients; demonstrate cultural awareness</td>
</tr>
<tr>
<td>Maximize Treatment Team</td>
<td>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</td>
</tr>
<tr>
<td>Optimize EMR Usage</td>
<td>Consistent use of the Epic ACEs screening tab, tools, and reports</td>
</tr>
<tr>
<td>Use of Patient Registries</td>
<td>Routine use of developmental and behavioral patient registries to identify and track patients and families needing additional support and close follow-up</td>
</tr>
<tr>
<td>Use of Monthly Data Reports</td>
<td>Consistent monitoring of data reports showing rates of screening to identify areas in need of quality improvement support</td>
</tr>
<tr>
<td>Create a Culture that Champions Resiliency</td>
<td>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</td>
</tr>
<tr>
<td>Connection to Community Resources</td>
<td>Establish partnerships with community support organizations; improve communication and referral pathways to help support families in need</td>
</tr>
<tr>
<td>Engage Families in Resilience Building</td>
<td>Provide education and resources to patients and families; It only takes one caring adult to make a difference in a child’s life</td>
</tr>
</tbody>
</table>
ACEs Pediatric Screening Toolkit

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   b. Food Insecurity
      i. Quick Start Guide & Scoring
   c. Survey of Well-being of Young Children (SWYC)
      i. Quick Start Guide & Scoring
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### Screening Schedule for Well Child Visits

<table>
<thead>
<tr>
<th>Age</th>
<th>Trauma/Food</th>
<th>SWYC-ACE#</th>
<th>MCHAT</th>
<th>Trauma/Food/ACEs</th>
<th>Trauma-CRAFFT-PHQ2-ACEs</th>
<th>Food Insecurity</th>
<th>5210</th>
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<tbody>
<tr>
<td>3-5 Days</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>2-4 Weeks</td>
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<tr>
<td>2 Months</td>
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<tr>
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<tr>
<td>6 Months</td>
<td>X</td>
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</tr>
<tr>
<td>9 Months</td>
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<td></td>
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<tr>
<td>12 Months</td>
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<td></td>
<td></td>
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<tr>
<td>15 Months</td>
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<td>18 Months</td>
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<td>24 Months</td>
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<td>30 Months</td>
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<td>3-5 Years</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6-11 Years</td>
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<tr>
<td>12-21 Years *</td>
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<td></td>
<td></td>
<td>X **</td>
<td>X</td>
<td>X *</td>
</tr>
</tbody>
</table>

* For ages 12-21 hand Trauma-CRAFFT-PHQ-ACEs and 5210 questionnaires 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.
Determine next steps based on severity of the trauma, PTSD-RI score, the number of other ACEs, safety concerns and access to resources. One or more of the following interventions may be appropriate:

- Teach self-care, serve and return child development 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 Child Developmental Services (CDS)
- Referral to case management or community resources
- Referral to DHHS if there is a concern about abuse/neglect/safety of the child
- Use AVS dot phrase — .ACEsTraumaUnder9 / .ACEsTraumaOver9 / .acescoreparentinfo .acesbraingrowthandresiliency / .acestraumasymptompresparentinfo
Survey of Well-being Young Children (SWYC)

Workflow

Front Staff (PSR)
- Schedule additional minutes for interpreter needs / enter live interpreter needed in EPIC
- Handout SWYC to families at 9, 15, 30 month well-child visit
- Ask the caretaker if they will need assistance to complete the form

Clinical Check-in (MA/RN/LPN)
- Assist family with completion when needed
- Review, score and deliver SWYC form to the provider (Do NOT complete developmental milestones in Epic)

Provider (Resident / Attending / NP)
- Review SWYC with family
- Complete SWYC section under the Developmental Screening Tab
- SWYC completed drops charge and tracks completion
- Enter SWYC results and recommendations (supports registry)
- Sign, date and send to scanning

Scanning Staff
- Title documents “Developmental Screening SWYC”

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 self care, serve and return development 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 Child Developmental Services (CDS)
- Referral to case management or community resources
- Referral to DHHS if there is a concern about abuse/neglect/safety of the child
TRAUMA, ACES NUMBER & ABBREVIATED UCLAN PTSD-RI

Quick Start Guide & Scoring

The MaineHealth ACES pediatric screening model is designed to identify recent trauma, cumulative adversity, current financial stressors—food insecurities, and current post-traumatic symptomology. 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 ACE 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 symptomology 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. 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.

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

   **Trauma Questions**:
   - 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.”

   **ACEs Questionnaire**:
   There is no specific cut-off for an ACEs score, but research clearly shows that as the ACEs number increases 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 one. 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.

<table>
<thead>
<tr>
<th>ACE SCORE</th>
<th>RECOMMENDED SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE score = 0</td>
<td>Provide anticipatory guidance and follow-up at well child visits.</td>
</tr>
<tr>
<td>ACE score = 1-2 and the patient does NOT present with additional symptomology</td>
<td>Provide anticipatory guidance and close follow-up. Consider referral (with warm handoff if available) with the integrated behavioral health clinician.</td>
</tr>
<tr>
<td>ACE score = 1-2 and the patient DOES present with additional symptomology (listed below)</td>
<td>Provide anticipatory guidance, close follow-up and offer referral (with warm handoff if available) to the integrated behavioral health clinician.</td>
</tr>
<tr>
<td>ACE score equals ≥3</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 .ACESCOREPARENTINFO, .ACESTRAUMASYMPTOMSPARENTINFO, .ACESBRAINGROWTHANDRESILIENCY

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

- Ensure child is not in imminent danger and make a safety plan when necessary, including referral to DHHS.
- 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.

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

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.

Hunger affects health in many ways.

<table>
<thead>
<tr>
<th>Food insecurity among children can lead to:</th>
<th>Food insecurity among adults can lead to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight &amp; birth defects</td>
<td>Obesity</td>
</tr>
<tr>
<td>Anemia due to iron deficiency</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Colds &amp; stomach aches</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>Cognitive delays &amp; poor educational outcomes</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Increased utilization of health care</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>Obesity</td>
<td>Asthma and COPD</td>
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<tr>
<td>Depression and anxiety</td>
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</tbody>
</table>

**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.

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Tips for screening and reducing stigma

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.

• **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.

• **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
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 factors (ACEs). At certain ages, a section for Autism-specific screening is also included. In order to align the SWYC with the MaineHealth ACEs project, we have obtained permission from the developers at the Floating Hospital for Children at Tufts Medical Center to replace the standard SWYC family questions with the ACEs number questionnaire. This adapted SWYC-ACEs questionnaire is designed to allow a practice to obtain a yearly ACE score in zero to three year age group. MaineHealth age-specific SWYC-ACEs forms are available for ages nine to 36 months of age. 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:
   o Ask the parent/caregiver to complete the questions at 9, 15, and 30 month visits.
   o If the child missed the SWYC screening at the standard visit, use the appropriately aged SWYC at the next well-child visit.
   o Explain that the questionnaire is confidential and the answers will help to provide the best care for the child.
   o 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.)
   o 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.

2. Score using the SWYC Scoring Cheat Sheet

3. Use the SWYC to educate families on the:
   o Principles of child development and positive approaches to parenting.
   o 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.
   o Importance of routine and healthy habits: sleep, nutrition, exercise, reading, meditation, and a sense of safety.
   o Impact of ACEs and traumatic experiences.
   o Efficacy of behavioral health treatments in treating trauma and adverse experiences when needed.

Important things to remember when using the SWYC:
   o Use the dot phrase .ACESSCOREPARENTINFO .ACESTRAUMASYMPTOMSPARENTINFO to provide parental information in the Epic after visit summary (AVS).
   o 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?”

<table>
<thead>
<tr>
<th>Term</th>
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<th>Maximum Age</th>
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<tr>
<td>60</td>
<td>59 months, 0 days</td>
<td>60 months, 31 days</td>
</tr>
</tbody>
</table>

Figure 2.1
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.
- 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 continue to teach developmental and resiliency parenting skills.
- 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.
### 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](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.
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.
   c. Since there are seven POSI questions total, there is a maximum of seven potential points.
   d. 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.

**Adverse Childhood Experiences Questionnaire**

**ACEs Score:** Needs Review = ACE Score > 1  (see ACE Score Quick start guide)

- **0 ACEs** provide anticipatory guidance and follow-up at well child visits.

- **1-2 ACEs 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.

- **1-2 ACEs and the patient does present with additional symptomology**, provide anticipatory guidance, close follow-up and offer referral (with warm handoff if available) to the integrated behavioral health clinician.

- **≥3 ACEs**, screen for symptomology, provide anticipatory guidance, close follow-up. **Refer all children (with warm handoff if available)** with ACE≥3 to integrated behavioral health clinician.

To help determine the patient's current response to past adversity we recommend clinical staff to ask the parent to consider completing the PTSD-Ri for all patients with an ACE Score greater than or equal to 1. In addition, because of the increased risk as the ACE score rises we recommend all patients with an ACEs score greater than or equal to 3 be offered behavioral health interventions.
Using a trauma-informed approach

Key components of a trauma-informed approach include: asking permission to discuss questions or other difficult subjects, listening and communicating in a non-judgmental manner, and collaborating on a plan with the goal of empowering families 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.”
- “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.”

**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.”

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1. Adapted from Center for Youth Wellness
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?”

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:

- “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?”
- “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?”

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)?”

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?”

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 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 types of feelings or when feelings become elevated. Here are some examples of how to do this:
  o “I see you’re crying, I wonder if you are sad we aren’t going outside right now.”
  o “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**

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| 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**

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<td>9-11 years</td>
<td>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.</td>
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<tr>
<td>12-14 years</td>
<td>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.</td>
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<tr>
<td>15-17 years</td>
<td>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.</td>
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<td>18-21 years</td>
<td>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.</td>
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Parent Questions for Children Ages 0 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

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.
### Parent Report of Child Symptoms

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

Revised October 1, 2019
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
### Parent Report of Child Symptoms

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

Revised October 1, 2019
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
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• 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 him/her
• 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
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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 can affect the health of many young people. Answering the following questions will help your provider to better understand you. The questions are designed to be completed by you alone and you can choose to answer them or not.

How often have you been bothered by each of the following symptoms during the past two weeks?

Feeling down, depressed or irritable or hopeless?  
- Not at all  
- Several days  
- More than half the days  
- Nearly every day

Little interest or pleasure in doing things?  
- Not at all  
- Several days  
- More than half the days  
- Nearly every day

During the PAST 12 MONTHS, on how many days did you (please list # of days in each box; put “0” if none):

Drink more than a few sips of beer, wine, or any drink containing alcohol?

Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)?

Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?

Have you ever ridden in a CAR driven by someone (including yourself) who was “high”

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
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- 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
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- 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?  

Has anything bad, sad, or scary happened to you recently or in the last year?

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

We ask all of our families about access to food because what we eat is so closely connected to our health. You can choose to answer these or not.

For each statement, please tell me whether the statement was “often true, sometimes true, or never true” for your household:

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 get more.

☐ Never True  ☐ Sometimes True  ☐ Often True
**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.

<table>
<thead>
<tr>
<th>Task</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
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</thead>
<tbody>
<tr>
<td>Picks up food and eats it</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Holds up arms to be picked up</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pulls up to standing</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Plays games like &quot;peek-a-boo&quot; or &quot;pat-a-cake&quot;</td>
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<td>2</td>
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<tr>
<td>Calls you &quot;mama&quot; or &quot;dada&quot; or similar name</td>
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<td>2</td>
</tr>
<tr>
<td>Looks around when you say things like &quot;Where's your bottle?&quot; or &quot;Where's your blanket?&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Copies sounds that you make</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Walks across a room without help</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Follows directions - like &quot;Come here&quot; or &quot;Give me the ball&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have a hard time being with new people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child cry a lot?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time in new places?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time calming down?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time with change?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child mind being held by other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have trouble staying asleep?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to comfort your child?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Please continue on the back**
**PARENT’S CONCERNS**

<table>
<thead>
<tr>
<th>Concern</th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns about your child’s learning or development?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do you have any concerns about your child’s behavior?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**FAMILY QUESTIONS**

Because family members can have a big impact on your child's development, please answer the following question:

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

**ADVERSE CHILDHOOD EXPERIENCES**

Stressful events like trouble getting food, violence, or loss are common and can affect your child’s health and development. 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

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2019
**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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls you &quot;mama&quot; or &quot;dada&quot; or similar name</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Looks around when you say things like &quot;Where's your bottle?&quot; or &quot;Where's your blanket?&quot;</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Copies sounds that you make</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Walks across a room without help</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Follows directions - like &quot;Come here&quot; or &quot;Give me the ball&quot;</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Runs</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Walks up stairs with help</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kicks a ball</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Names at least 5 familiar objects - like ball or milk</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Names at least 5 body parts - like nose, hand, or tummy</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have a hard time being with new people?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time in new places?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time with change?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child mind being held by other people?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child cry a lot?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time calming down?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is your child fussy or irritable?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to comfort your child?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to keep your child on a schedule or routine?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to put your child to sleep?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to get enough sleep because of your child?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have trouble staying asleep?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### PARENT'S CONCERNS

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns about your child's learning or development?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Do you have any concerns about your child's behavior?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer the following question:

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

### ADVERSE CHILDHOOD EXPERIENCES

Stressful events like trouble getting food, violence, or loss are common and can affect your child’s health and development. 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

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2019
**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.

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

**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.

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

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************ Please continue on the back ************
# PARENT’S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

<table>
<thead>
<tr>
<th>Does your child bring things to you to show them to you?</th>
<th>Many times a day</th>
<th>A few times a day</th>
<th>A few times a week</th>
<th>Less than once a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>How does your child usually show you something he or she wants?</th>
<th>Say a word for what he or she wants</th>
<th>Points to it with one finger</th>
<th>Reaches for it</th>
<th>Pulls me over or puts my hand on it</th>
<th>Grunts, cries or screams</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please check all that apply)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are your child’s favorite play activities?</th>
<th>Playing with dolls or stuffed animals</th>
<th>Reading books with you</th>
<th>Climbing, running and being active</th>
<th>Lining up toys or other things</th>
<th>Watching things go round and round like fans or wheels</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please check all that apply)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

For acknowledgments, validation and other information concerning the POSI, please see [www.theswyc.org/posi](http://www.theswyc.org/posi).

# PARENT’S CONCERNS

<table>
<thead>
<tr>
<th>Do you have any concerns about your child’s learning or development?</th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have any concerns about your child’s behavior?</th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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# FAMILY QUESTIONS

Because family members can have a big impact on your child’s development, please answer the following question:

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

# ADVERSE CHILDHOOD EXPERIENCES

Stressful events like trouble getting food, violence, or loss are common and can affect your child’s health and development. 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

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2019

MaineHealth
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.”
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 Family Medicine: (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.
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 affect 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 sense 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:

<table>
<thead>
<tr>
<th>Young Child/Baby</th>
<th>School-Age Children</th>
<th>Teenager/Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can’t understand what happened</td>
<td>Thinks it is their fault</td>
<td>Defensive</td>
</tr>
<tr>
<td>Thinks the event is their fault</td>
<td>Can’t pay attention</td>
<td>Short attention span</td>
</tr>
<tr>
<td>Talks less or not at all after the event</td>
<td>Doing poorly in school</td>
<td>Doing poorly in school</td>
</tr>
<tr>
<td>Anxious, nervous or sad</td>
<td>Interested in violence</td>
<td>Feelings of aggression</td>
</tr>
<tr>
<td>Has a hard time playing with other kids their age</td>
<td>Poor memory</td>
<td>Thinks about revenge</td>
</tr>
<tr>
<td>Doesn’t respond as well with you or other caregivers</td>
<td>Is not getting along with children</td>
<td>Poor memory</td>
</tr>
<tr>
<td>Trouble sleeping or eating</td>
<td>Bad/sad view of the world</td>
<td>Unhealthy dating relationships</td>
</tr>
<tr>
<td>Angry, aggressive</td>
<td>Worried about their safety</td>
<td>Risky behavior (using alcohol or drugs, early sexual activity)</td>
</tr>
<tr>
<td>Yelling, fussy</td>
<td>Fear/anxiety</td>
<td>Not connected to family or friends</td>
</tr>
<tr>
<td>Can’t do things they were able to do in the past (like potty training)</td>
<td>Feeling bad about themselves</td>
<td>Less empathy for others</td>
</tr>
<tr>
<td>Feeling helpless</td>
<td>Feelings of shame</td>
<td>Feeling helpless</td>
</tr>
<tr>
<td>General fear</td>
<td>Nightmares</td>
<td>Feelings of shame</td>
</tr>
<tr>
<td>Difficulties talking about the event with words</td>
<td>Aggressiveness or carelessness</td>
<td>Sadness or anxiety</td>
</tr>
</tbody>
</table>

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
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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

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.

Reduces the ability to respond, learn, or figure things out, which can result in problems in school.

Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.

Increases difficulty in making friends and maintaining relationships.

Increases problems with learning and memory, which can be permanent.

May cause lasting health problems.

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!”

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
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
· Creating environments where children feel safe emotionally and physically
· Helping children identify feelings and manage emotions
· Creating a safe physical and emotional environment 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/acesstudy/

Zero to Three Guides for Parents

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