Screening and Referral of Adverse Childhood Experiences in a Behavioral Health Clinic.

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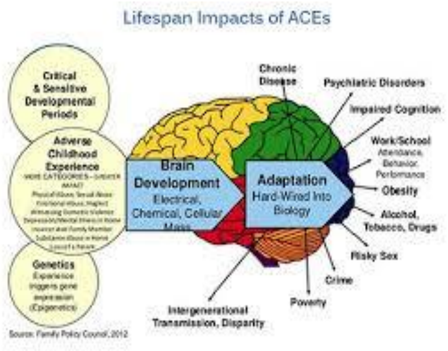
Introduction

- **Adverse Childhood Experiences (ACE), a root cause of adult illnesses, diseases & premature death.** (Felitti et al.,1998).
- **Project: screening for identification and referral of adult patients with ACEs.**



Background and Significance

- **Compared with those without ACEs, those with four or more ACEs have higher risks for diseases:** (Smith, 2015**).**

Compared to individuals without ACE, those with four or more have

- **2x risk for diabetes, heart disease, cancer, stroke; poor health, employment issues, poor academic performance;**
- **4x risk for lung disease;**
- **7x risk for alcoholism;**
- **10x risk for drug abuse; and**
- **12x risk for suicide attempts** (Smith, 2015).

Problem Statement/Needs assessment

- **Despite significance, screening for ACE is rare.**

Clinical question

"For adult patients with experience of ACE does screening with Adverse Childhood Experiences Questionnaire (ACE-Q) improve their identification and referral for care?"

Aims and Objectives

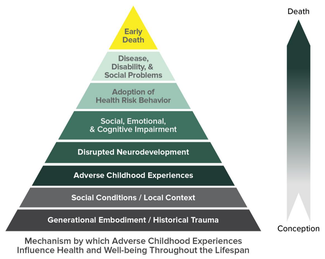
To improve provider identification and referral of adult patients with ACEs in a behavioral health clinic.

Objectives:

1. **To introduce the use of ACE-Q to screen patients for ACEs during psych evaluation.**
2. **To provide education to providers on the ACE-Q, ACE screening, scoring and associated risks to scores.**
3. **To screen all new adult patients**
4. **To compare new patients evaluated before ACE-Q with umber of ACEs found and referred, to patients screened with ACE-Q and the number of ACEs found and referred.**

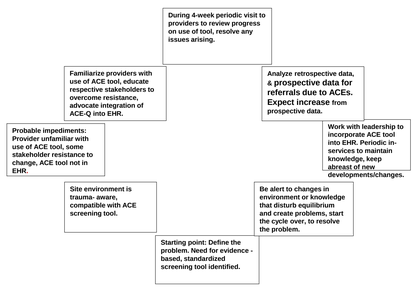
Review of Literature

- **Felitti et al (1998) found link between childhood adversity and disease and illness in adulthood. More ACEs, higher risk for disease/illness, and sometimes death. Relationship: p<,001**
- **ACE-Q tool, a ten-item questionnaire, had a test, retest reliability of r = .71, p < .001.**



Theoretical Framework

Study was guided by the Knowledge To Action (KTA) theoretical framework.



Methods

Study is evidence-based practice initiative

Study Design

Used pre – post chart review.
Chart audit for all new patients 3 weeks pre -ACE-Q, and 3 weeks post-ACE-Q

Population

Providers

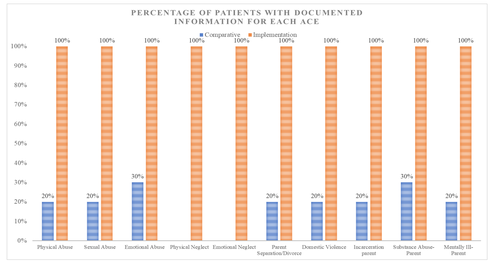
Study Intervention

The ACE-Q
Provider education

Results

Using chi-squire test found:

- **Documented information on all 10 ACEs increased**



- **Identification rates increased pre to post ACE-Q,**

ACE	Pre-ACE-Q n=10		Post ACE-Q n=14		X^2	p-value
	n	%	n	%		
Physical Abuse	2	20.0	5	35.7	.697	.404
Sexual Abuse	2	20.0	4	28.6	.229	.633
Emotional Abuse	3	30.0	9	64.3	2.743	.098
Physical Neglect	0	0.0	4	28.6	3.429	.064
Emotional Neglect	0	0.0	7	50.0	7.059	.008
Parent Separation/Divorce	2	20.0	10	71.4	6.171	.013
Domestic Violence	2	20.0	2	14.3	.137	.711
Incarceration-Parent	1	10.0	2	14.3	.098	.754
Substance Abuse-Parent	3	30.0	4	28.6	.006	.939
Mental Illness-Parent	2	20.0	8	57.1	3.311	.069

- **Referral rates increased pre to post ACE-Q**
- **Scoring & referral of ACE-Q 4 and above was 50%**

Using Kruskal Wallis & Mann-Whitney U tests found:

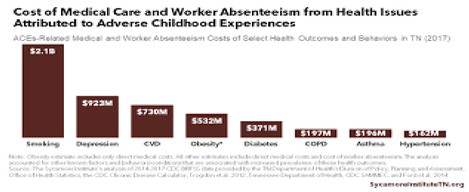
- **Association b/w patient history: ER visits, psych hospitalization, Chronic dx, suicide attempts & ACE score, none.**

Discussion

- **About 3 in 10 (30%) psychiatric illnesses are due to ACE** (WHO, 2014). **If at least one of these is identified and referred for care, implementation of ACE-Q achieved purpose.**
- **Save one, there was increase in number of ACEs identified and referred**
- **Because patients were not screened for history of ER visits etc. with validated tool, full information could not be obtained from patient narrative alone. Relationship with ACE score difficult to establish**

Economic Cost/Benefit

- **It is a strategy of prevention to screen patients for ACE** (SAMHSA, 2014).
- **Prevent ACE, decrease number of persons with ACE related diseases. Example, adults with depression in U.S. would decrease by 21 million by 2017 estimates** (CDC, 2019).



Conclusion

- **Study supports ACE-Q as ACE identification/referral tool.**
- **There was increase in number of ACEs identified and referred.**
- **Result not statistically significant due to small sample size.**

References

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