ADVERSE CHILDHOOD EXPERIENCE (ACE) FACTORS IN ASSESSMENT & TREATMENT

Jim Messina, Ph.D., CMHC, NCC, DCMHS-T
Licensed Psychologist
USE THE ACE FACTORS IN YOUR INITIAL CLINICAL ASSESSMENT

You can use the following survey to help identify the presence of ACE Factors in your client's life. Or you can ask questions to identify if the client experienced any of the following ACE Factors:

ACE (Adverse Childhood Experiences)
Abuse
1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse

Neglect
4. Emotional Neglect
5. Physical Neglect

Household Dysfunction
6. Mother was treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
Directions: Here are some questions about events that happened during your childhood. This information will allow you to better understand problems that may occur early in life, and may help others in the future. All questions refer to the time before you were 18 years of age.

Response Options

<table>
<thead>
<tr>
<th>Questions 1-4</th>
<th>Question 5</th>
<th>Questions 6-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Yes</td>
<td>1=Yes</td>
<td>1=Never</td>
</tr>
<tr>
<td>2=No</td>
<td>2=No</td>
<td>2=Once</td>
</tr>
<tr>
<td>7=DK/NS</td>
<td>8=Parents not married</td>
<td>3=More than once</td>
</tr>
<tr>
<td>9=Refused</td>
<td>9=Refused</td>
<td>7=DK/NS</td>
</tr>
</tbody>
</table>

Now, looking back before you were 18 years of age:
1. Did you live with anyone who was depressed, mentally ill, or suicidal?
2. Did you live with anyone who was a problem drinker or alcoholic?
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
5. Were your parents separated or divorced?
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
10. How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?
11. How often did anyone at least 5 years older than you or an adult, force you to have sex?
So Why ACE Factors?

- According to the CDC, Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue.

- Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). Adverse Childhood Experiences have been linked to
  - risky health behaviors
  - chronic health conditions
  - low life potential
  - and early death

- As the number of ACEs increases, so does the risk for these outcomes.
The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection.

Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

The CDC continues ongoing surveillance of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.

CDC studies found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.
Impact of ACE FACTORS

The following Chart demonstrates how the ACE factors initially impact:

- Early neurodevelopment
- Social
- Emotional
- Cognitive Development

which impacts the development of Negative and Positive Core Beliefs for Individuals, which leads to Health-risky Behaviors and eventually:

- Disease
- Disability
- and/or Social Problems
- and in many cases early death
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
HOW COMMON ARE ACES?

- Zero ACES: 36%
- One ACES: 26%
- Two ACES: 16%
- Three ACES: 9.5%
- Four or more ACES: 12.5%

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

TYPES OF ACES

The ACE study looked at three categories of adverse experience: childhood abuse, which included emotional, physical, and sexual abuse; neglect, including both physical and emotional neglect; and household challenges, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an ACE score between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

ABUSE

- Emotional: 11%
- Physical: 28%
- Sexual: 21%

HOUSEHOLD CHALLENGES

- Mother treated violently: 13%
- Substance abuse: 27%
- Mental illness: 19%
- Separation/divorce: 23%
- Incarcerated household member: 5%

NEGLECT

- Emotional: 15%
- Physical: 10%
IMPACT OF ACE FACTORS ON PERSON

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the course of life.

ACE Factors affect behaviors of those who have one or more ACE factors in the following:

1. Lack of physical activity
2. Smoking
3. Alcoholism
4. Drug use
5. Missed work.
ACE FACTORS IMPACT ON PHYSICAL AND MENTAL HEALTH

ACE factors affect the physical and mental health of those who have one or more ACE factors in the following:

1. Severe Obesity
2. Diabetes
3. Depression
4. Suicide Attempts
5. Sexually Transmitted Diseases (STDs)
6. Heart Disease
7. Cancer
8. Stroke
9. COPD
10. Broken Bones
ACE Factor
Toll on Society

LIFE EXPECTANCY
People with six or more ACEs died nearly 20 years earlier on average than those without ACEs.

0
ECONOMIC TOLL
The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at $124 billion.

80 YEARS
60 YEARS

$83.5 BILLION
PRODUCTIVITY LOSS

$25 BILLION
HEALTH CARE

$4.6 BILLION
SPECIAL EDUCATION

$4.4 BILLION
CHILD WELFARE

$3.9 BILLION
CRIMINAL JUSTICE
How to Diagnose a Client with ACE Factors

The DSM-5 Covers the ACE Factors in its use of the ICD-10-CM Codes for Other Conditions That May Be a Focus of Clinical Attention

A typical DSM-5 Diagnosis includes three components

- Principal Diagnosis
- Provisional Diagnosis
- Other Conditions That May be a Focus of Clinical Attention

The Other Conditions That May be a Focus of Clinical Attention need to be included in the diagnosis since it is there conditions which can undermine the treatment plan being offered to the client for Principal Diagnosis given. Sometimes there is a need to alter the treatment plan to first address these Other Conditions.
Codes for Other Conditions That May Be a Focus of Clinical Attention based on ACE Factors

ABUSE
1. Emotional Abuse
For Adults:
Z62.811 Personal history (past history) of psychological abuse in childhood
Z69.010 Encounter for mental health services for victim of child psychological abuse by parent
Z69.020 Encounter for mental health services for victim of nonparental child psychological abuse
Z91.49 Other Personal History of Psychological Trauma

For Children
T74-32XA Child Psychological Abuse Confirmed Initial Contact
T74-32XD Child Psychological Abuse Confirmed Subsequent Contact
T76-32XA Child Psychological Abuse Suspected Initial Contact
T76-32XD Child Psychological Abuse Suspected Subsequent Contact
Z69.010 Encounter for mental health services for victim of child psychological abuse by parent
Z69.020 Encounter for mental health services for victim of nonparental child psychological abuse
Z91.49 Other Personal History of Psychological Trauma
2. Physical Abuse
For Adults:
V15.41 (Z69.810 Personal history (past history) of physical abuse in childhood
V61.21 (Z69.010 Encounter for mental health services for victim of child abuse by parent
V61.21 (Z69.020 Encounter for mental health services for victim of nonparental child abuse

For Children:
T74-12XA Child Physical Abuse Confirmed Initial Contact
T74-12XD Child Physical Abuse Confirmed Subsequent Contact
T76-12XA Child Physical Abuse Suspected Initial Contact
T76-12XD Child Physical Abuse Suspected Subsequent Contact
Z69.010 Encounter for mental health services for victim of child abuse by parent
Z69.020 Encounter for mental health services for victim of nonparental child abuse
3. Sexual Abuse

For Adults:
Z69.810 Personal history (past history) of sexual abuse in childhood
Z69.010 Encounter for mental health services for victim of child sexual abuse by parent
Z69.020 Encounter for mental health services for victim of nonparental child sexual abuse

For Children:
T74-22XA Child Sexual Abuse Confirmed Initial Contact
T74-22XD Child Sexual Abuse Confirmed Subsequent Contact
T76-22XA Child Sexual Abuse Suspected Initial Contact
T76-22XD Child Sexual Abuse Suspected Subsequent Contact
Z69.010 Encounter for mental health services for victim of child sexual abuse by parent
Z69.020 Encounter for mental health services for victim of nonparental child sexual abuse
Z69.810 Personal history (past history) of sexual abuse in childhood
Neglect

4. Emotional Neglect

For Adults:
V61.20 (Z62.820 Parent-child relational problem
V61.8 (Z62.891 Sibling relational problem
V61.8 (Z62.29 Upbringing away from parents
V61.29 (Z62.898 as Child affected by parental relationship distress
V61.10 (Z63.0 Relationship distress with spouse or intimate partner
V61.03 (Z63.5 Disruption of family by separation or divorce
V61.8 (Z63.8 High expressed emotion level within family
V62.82 (Z62.896 Uncomplicated bereavement

For Children:
Z62.820 Parent-child relational problem
Z62.891 Sibling relational problem
Z62.29 Upbringing away from parents
Z62.898 Child affected by parental relationship distress
Z63.5 Disruption of family by separation or divorce
Z63.8 High expressed emotion level within family
Z62.896 Uncomplicated bereavement

64.0 Problems related to Unwanted Pregnancy
5. Physical Neglect
For Adults
Z69.812 Personal history (past history) of neglect in childhood
Z69.010 Encounter for mental health services for victim of child neglect by parent
Z69.020 Encounter for mental health services for victim of nonparental child neglect
For Children:
T74-02XA Child Neglect Confirmed Initial Contact
T74-02XD Child Neglect Confirmed Subsequent Contact
T76-02XA Child Neglect Suspected Initial Contact
T76-02XD Child Neglect Suspected Subsequent Contact
Z69.010 Encounter for mental health services for victim of child neglect by parent
Z69.020 Encounter for mental health services for victim of nonparental child neglect
Z69.812 Personal history (past history) of neglect in childhood
Z64.0 Problems related to Unwanted Pregnancy
Household Dysfunction

6. Mother was treated violently
Z62.898 Child affected by parental relationship distress
Z63.8 High expressed emotion level within family
Z65.9 Unspecified Problems Related to Unspecified Psychosocial Circumstances
Z75.4 Unavailability or Inaccessibility of Other Helping Agencies
Z75.3 Unavailability or Inaccessibility of Health Care Facilities
Z60.9 Unspecified Problem Related to Social Environment
Z59.1 Inadequate Housing
Z59.4 Lack of Adequate Food or Safe Drinking Water
Z59.5 Extreme Poverty
Z59.6 Low Income
Z59.7 Insufficient Social Insurance or Welfare Support
Z59.9 Unspecified Housing or Economic Problems
7. Household substance abuse
Z63.8 High expressed emotion level within family
Z65.9 Unspecified Problems Related to Unspecified Psychosocial Circumstances
Z91.89 Other Personal Risk Factors
Z60.9 Unspecified Problem Related to Social Environment
Z60.9 Unspecified Problem Related to Social Environment
Z59.1 Inadequate Housing
Z59.4 Lack of Adequate Food or Safe Drinking Water
Z59.5 Extreme Poverty
Z59.6 Low Income
Z59.7 Insufficient Social Insurance or Welfare Support
Z75.3 Unavailability or Inaccessibility of Health Care Facilities
Z75.4 Unavailability or Inaccessibility of Other Helping Agencies
Z59.9 Unspecified Housing or Economic Problems
8. Household mental illness
Z63.8 High expressed emotion level within family
Z65.9 Unspecified Problems Related to Unspecified Psychosocial Circumstances
Z91.89 Other Personal Risk Factors
Z75.4 Unavailability or Inaccessibility of Other Helping Agencies
Z75.3 Unavailability or Inaccessibility of Health Care Facilities
Z60.9 Unspecified Problem Related to Social Environment
Z59.1 Inadequate Housing
Z59.4 Lack of Adequate Food or Safe Drinking Water
Z59.5 Extreme Poverty
Z59.6 Low Income
Z59.7 Insufficient Social Insurance or Welfare Support
Z59.9 Unspecified Housing or Economic Problems
9. Parental separation or divorce
Z62.29 Upbringing away from parents
Z91.89 Other Personal Risk Factors
Z63.8 High expressed emotion level within family
Z75.4 Unavailability or Inaccessibility of Other Helping Agencies
Z75.3 Unavailability or Inaccessibility of Health Care Facilities
Z65.9 Unspecified Problems Related to Unspecified Psychosocial Circumstances
Z60.9 Unspecified Problem Related to Social Environment
Z59.1 Inadequate Housing
Z59.4 Lack of Adequate Food or Safe Drinking Water
Z59.5 Extreme Poverty
Z59.6 Low Income
Z59.7 Insufficient Social Insurance or Welfare Support
Z59.9 Unspecified Housing or Economic Problems
10. **Incarcerated household member**
Z62.29 Upbringing away from parents
Z91.89 Other Personal Risk Factors
Z63.8 High expressed emotion level within family
Z75.4 Unavailability or Inaccessibility of Other Helping Agencies
Z75.3 Unavailability or Inaccessibility of Health Care Facilities
Z65.1 Imprisonment or Other Incarceration
Z65.2 Problems Related to Release from Prison
Z65.3 Problems Related to Other Legal Circumstance
V62.9 Z65.9 Unspecified Problems Related to Unspecified Psychosocial Circumstances
Z60.9 Unspecified Problem Related to Social Environment
Z59.1 Inadequate Housing
Z59.4 Lack of Adequate Food or Safe Drinking Water
Z59.5 Extreme Poverty
Z59.6 Low Income
Z59.7 Insufficient Social Insurance or Welfare Support
Z59.9 Unspecified Housing or Economic Problems
Let’s Look at the ACE Factor Data Closely

Most Significant Abuse Factors:
Physical Abuse: 28%
Sexual Abuse 21%

Most Significant Household Challenges
Substance Abuse 27%
Separation/Divorce 23%
Mental Illness 19%

So what does this tell us about Clients with Substance Use Disorders?

Unless the children had protective factors in their lives, there was a high probability that they would suffer both Substance Use and Mental Health Disorders due to genetic propensity and environmental influence. Many children raised in these household do not experience the negative consequences possible and this is because they were resilient due to the protective factors in their lives which we will explore more next.
Intervention for Children & Adults with ACE Factors

- There is an Evidence Based Treatment for Children with ACE Factors or related Trauma it is known as Trauma Focused Cognitive Behavioral Therapy (TFCBT)

- You can get trained in TFCBT free by registering online at: http://tfcbt.musc.edu/ . On this site you are able to take this free online course at your own pace.

- Adults who have experience ACE Factors and still have residual Stress reactions (or PTSD) can be treated with an Evidence Based Treatment known as Cognitive Processing Treatment (CPT)

- You can get trained in CPT free by registering online at: https://cpt.musc.edu/

- Both of these training programs teaches all of the components of TFCBT or CPT using concise explanations, video demonstrations, and clinical scripts. Common clinical challenges and cultural considerations are discussed for each component
Resilience/Stress Questionnaire

Directions: Put in the number for the answer which is most accurate on the line before the item:
1 = Definitely True 2 = Probably True 3 = Not Sure 4 = Probably Not True 5 = Definitely Not True

1. I believe that my mother loved me when I was little.
2. I believe that my Father loved me when I was little.
3. When I was little, other people helped my mother and father take care of me and they seemed to love me.
4. I’ve heard that when I was an infant someone in my family enjoyed playing with me and I enjoyed it too.
5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
6. When I was a child, neighbors or my friends' parents seemed to like me.
7. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.
8. Someone in my family cared about how I was doing in school.
9. My family, neighbors and friends talked about making our lives better.
10. We had rules in our house and were expected to keep them.
11. When I felt really bad, I could almost always find someone I trusted to talk to
12. As a youth, people noticed that I was capable and could get things done
13. As a youth, I was independent and a go-getter.
14. As a youth, I believed that life is what you make it.

Once you have answered the 14 items then answer the following:
How many of the fourteen items, known as protective factors did I have as a child and youth?
How many still help me?
Comments on Resilience and Protective Factors:
Albert Bandura’s Self-System Explains How Folks Survive ACE Factors in their lives

- Set of cognitive processes by which a person perceives, evaluates, and regulates personal behavior so that it is appropriate to the environment and effective in achieving the individual’s goals.
- Observational learning + inner person + demands of situation = combine to determine behaviors
- Allows for the cognitive process to mediate between environment and behavior
- Bandura believed that people cognitively represent the behavior of others and then sometimes adopt this behavior themselves
- His model shows a reciprocal influence of behavior, personal and cognitive factors, and environment
Bandura’s Model of Reciprocal Influence

- B = Behavior
- P(C) = Personal & Cognitive Factors (such as intelligence, skills & self-control)
- E = Environment (Protective Factors)
- The arrows reflect how relations between these factors are reciprocal rather than unidirectional.
**CONTROL GROUP:**

**INDEPENDENT VARIABLE:**

**DEPENDENT VARIABLE:**

**POPULATION:**
Nursery School Children

**Experimental group**

**Aggressive model**

**Nonaggressive model**

**Number of hits**
Observational Learning

- How new behaviors are acquired in absence of reinforcement
- Observational learning - vicarious learning - gained second hand by watching the experience of another
- **Modeling**: person forms self in image of another

Outcome Expectancy

- Expected consequence of the behavior is most significant influence on whether an observer will reproduce an observed behavior
- Individuals are more likely to imitate behavior that they believe leads to positive outcomes.
- Outcome expectancy is based on both consequences of rewards and punishments and on anticipated consequences
Four Components of Observational Learning

- **Attention**: influenced by characteristics of the model & situation
- **Retention**: influenced by cognitive ability of observer and ability to encode the behavior - images or verbal representation
- **Motor reproduction**: turn mental representation into physical action - mentally rehearse the behavior
- **Motivation**: most influences actual performance of the behavior which has been observed - valued vs negative outcomes
Self-Regulation

- Individual’s internal processes of goals, planning, & self-reinforcement result in self-regulation of behavior
- **Self-punishment**: feelings of self-disgust, shame or withhold desired object
- Internal standards used to measure own success or failure-gained by both observation and past behavior acting
Self-Efficacy

- An expectancy or belief (expectation) about how competently one will be able to enact a behavior in a particular situation
- Positive: belief will be able to perform
- Determines: if we try, how long we persist, how results influence future behavior

Self-Efficacy Results from 4 types of Information

- Our experiences trying to perform the behavior (failure or success)
- Watching others perform same or similar behavior (vicarious)
- Verbal persuasion (encouragement)
- How we feel about the behavior (emotional reactions)
Resilience

- Ability to absorb failure and disappointment and still believe in oneself
- Take the hard knocks and survive to be justified by success in one’s life
- Stuff that overcomes adversity
- Bolstering one’s self-efficacy against all types of challenges to succeed in the end
### Recent Data from PAR on Clients: #ACE Factors, Diagnosis and Discharge Status

<table>
<thead>
<tr>
<th>ACE SCORE</th>
<th>DIAGNOSIS</th>
<th>DISCHARGE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Cannabis Use Disorder, Moderate; Other Substance Use Disorder, Severe</td>
<td>Active Client</td>
</tr>
<tr>
<td>4</td>
<td>Cocaine Use Disorder, Severe; Bipolar Affect, Depressed</td>
<td>Active Client</td>
</tr>
<tr>
<td>7</td>
<td>Cannabis Use Disorder, Severe</td>
<td>Active Client</td>
</tr>
<tr>
<td>4</td>
<td>Amphetamine Use Disorder, Severe; Dilaudid Use Disorder, Mild</td>
<td>Active Client</td>
</tr>
<tr>
<td>6</td>
<td>Codeine Use Disorder, Severe, On Maint Therapy; Major depressive Disorder</td>
<td>Successful</td>
</tr>
<tr>
<td>10</td>
<td>Cocaine Use Disorder, Severe</td>
<td>Successful</td>
</tr>
<tr>
<td>6</td>
<td>Cannabis Use Disorder, Alcohol Use Disorder</td>
<td>Successful</td>
</tr>
<tr>
<td>7</td>
<td>Cocaine Use Disorder, Severe; Cannabis Use Disorder, Severe, Bipolar DO</td>
<td>Successful</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol Use Disorder, Severe</td>
<td>Successful</td>
</tr>
<tr>
<td>3</td>
<td>Cocaine Use Disorder, Severe; Major Depressive Disorder, Recurrent, Moderate</td>
<td>Discharged due to lack of engagement</td>
</tr>
<tr>
<td>7</td>
<td>Cocaine Use Disorder, Moderate; Alcohol Use Disorder, Moderate; GAD; PTSD</td>
<td>Discharged due to lack of engagement</td>
</tr>
<tr>
<td>9</td>
<td>Opioid Use Disorder, Severe; Mood Disorder; Generalized Anxiety Disorder</td>
<td>Stopped engaging, DC due to excessive absences</td>
</tr>
<tr>
<td>1</td>
<td>Cannabis Use Disorder, Severe</td>
<td>Stopped engaging, DC due to excessive absences</td>
</tr>
<tr>
<td>6</td>
<td>Opioid Use Disorder, Severe</td>
<td>Discharged due to lack of engagement</td>
</tr>
<tr>
<td>7</td>
<td>Cocaine Use Disorder, Moderate; Cannabis Use Disorder, and Bipolar Disorder,</td>
<td>Discharged due to lack of engagement</td>
</tr>
<tr>
<td>6</td>
<td>Cannabis Use Disorder, Mild</td>
<td>Discharged due to lack of engagement</td>
</tr>
<tr>
<td>7</td>
<td>Cannabis Use Disorder, Moderate and Cocaine Use Disorder</td>
<td>Discharged due to lack of engagement</td>
</tr>
<tr>
<td>2</td>
<td>Opioid Use Disorder, Severe and PTSD</td>
<td>Unsuccessful</td>
</tr>
</tbody>
</table>
What can we learn from the Data?

1. Have a look at the number of ACE Factors each client had and if they were addressed in treatment

2. Have a look at the Diagnoses (How many had co-occurring disorders and how did this impact the progress and were ACE Factors included under “Other Conditions”?

3. If ACE Factors were present did staff look for Protective Factors?

4. Have a look at the Discharge Summary

5. Can you see anything which you can apply in your work in your agency by using the ACE factors?