

## To respond to ACEs: H.E.A.R. your patient.

H.E.A.R. stands for Honor. Educate. Advocate. Resource.

- **Honor:** Holding a safe space for patients to share life events that impact their well-being is a way of honoring who they are, where they've come from, what they've experienced, and how it impacts them. Acknowledging all aspects of a person is validating and normalizing.
  - Ways to honor a patient's experience:
    - Validate the presence of ACEs ["I see that you have experienced a lot of negative things in your life." "You've been through a lot." "I appreciate your openness to sharing difficulties you've faced."] AND the presence of resilience and any positive experiences you know of ["You're making it to school and holding a job." "You have friends you trust." "Basketball is important to you."]
    - Normalize: Explain the commonality of ACEs in the US population and the link between ACEs exposure and health, therefore addressing ACEs is an important part of addressing an individual's health.
    - Acknowledge the individual: "Thanks for sharing. Understanding your experiences helps me understand your health and make a plan that fits for you." "Thanks for sharing about \_\_\_ with me, I think I understand you better now."
      - Check out this 3 minute video of [Dr. Brene Brown on Empathy](#)
  
- **Educate:** Provide information about the negative impact ACEs can have on health; make sure to cover physical and behavioral health risks. Then, provide education on protective factors and ways to decrease chances of negative health outcomes and build on patient specific needs and interests.
  - Anticipatory guidance
    - It is difficult for the adolescent brain to connect what's happening now to future outcomes. This is an opportunity to plant seeds for how they can set themselves up for a healthier future.
    - Connect present actions to future outcomes "Your desire to run track in college makes it really important to get enough sleep now. Sleep is an important part of strength training."
    - Make connections to healthy habits that build resilience. The Center for Youth Wellness recommends that providers work with patients to integrate [seven domains of wellness into their care](#). These include: Nutrition, Nature, Exercise, Mental Health, Sleep, Healthy Relationships, and Mindfulness. Educate patient on all areas of health and how they interact and have tips ready.
  
  - Healthy decision-making
    - Encourage patients (and their families) to develop positive health habits.
    - Provide education on why and how these habits can meet and improve current health needs as well as future health.

- Appeal to a patient’s interests and strengths when creating a plan and use your Motivational Interviewing skills to roll with any resistance.
    - Consider creating a cheat sheet of interventions for each of the seven domains of wellness listed above that you can reference. Include interventions that are easy for you to include in your workflow and well-received by patients.
      - ACEs Aware provides a [Provider Toolkit](#) filled with resources, especially in the sections on Treat: Clinical Practice and Heal: Resources and Support.
      - More examples are shared in the ACEs Aware webinar “[Regulating the Stress Response for Kids: Practical Tips for Primary Care Providers](#)”
  - Identify positive experiences, protective factors, and opportunities to increase both and connect these back to care plan
    - Refer to the resilience questions on the ACEs screen, reflect what you’ve heard from your patient (positive people and activities, hopes/aspirations, strengths that you’ve observed, and they’ve shared, patient self-awareness about stress)
  - Scoring Algorithm, three-tiered response
    - ACEs scoring algorithm assigns a level of possible risk of negative impacts of toxic stress based on ACEs score: (0 = no concern, 1-3 = moderate concern, 4 and up = high concern)
    - Type of SBHC response then corresponds to the scoring algorithm plus patient assessment. Refer to Section A.2. Applying a Tiered Response of this toolkit and see Appendix C for graphic.
- **Advocate:** Advocacy occurs on multiple levels. Advocate for changes that are within your patient’s control (use Motivational Interviewing), advocate for resources to support your patient (this may include advocating to other adults in the patient’s life) and empower your patient to advocate for themselves.
  - Create a referral list for community resources
    - Have lists for internal use as well as to give to patients
    - Include community resources such as food and housing access, parenting classes, community groups with youth mentoring opportunities, etc.
  - Encourage student engagement in school and community activities
    - The more collaborative the SBHC and the school are, the more opportunities SBHC staff will have to advocate for students and help them to connect
    - The more engaged youth are in their community, the more opportunities arise to build resilience within the community
  - Create opportunities for student engagement in the clinic through youth wellness councils, student advisory board, school wellness campaigns, etc.
  - Help patients identify ways to self-advocate and connect to resources in the clinic and/or school who can help patients learn skills for communicating their needs
- **Resource:** Just as advocacy occurs in multiple ways, so does resourcing. Connect your patient to resources as appropriate (health navigator, behavioral health provider, after-school programs,

local food bank). Also help your patient to identify personal resources to tap into to build resilience (positive adult relationships, personal successes/strengths/character traits, community engagement opportunities, future goals).

- Review [Healthy Outcomes from Positive Experiences \(HOPE\)](#) articles and data for more information
- When considering resources, take into account the level of concern for risk if ACEs were identified, the presences of additional symptomology (physical health concerns as well as behavioral) that can indicate exposure to prolonged toxic stress, and develop an appropriate resource response
  - What referrals are appropriate for each level of risk?
  - What resources might build on identified resilience factors?
  - Remember to non-clinical resources as referral options when appropriate. Not everyone needs referrals for counseling or follow-up physical care. (extracurricular activities, food banks, community youth centers, etc)