

ACEs Questionnaire Screening Tool

Review the attached ACEs Screening questionnaire and complete the screening for Denise, Aria, or Ember, based on your assigned family member. (Your group can be found in the Roster area of your Moodle course.)

For this assignment ONLY, you will use the same ACEs Screening questionnaire as you would for an adult patient. However, note that in clinical practice, you would choose the appropriate screening tool based on the patient's age. See additional options here for further review and learning.

ACES Screening Tools for different age groups

- Group 1: Denise
- Group 2: Aria
- Group 3: Ember

Name: Martin

Date: 01/22/2023

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

**1. Did a parent or other adult in the household often:
Swear at you, insult you, put you down, or humiliate you?**

Or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If Yes, enter 1

**2. Did a parent or other adult in the household often:
Push, grab, slap, or throw something at you?**

Or

Ever hit you so hard that you had marks or were injured?

Yes No

If Yes, enter 1

**3. Did an adult or person at least 5 years older than you ever:
Touch or fondle you or have you touch their body in a sexual way?**

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If Yes, enter 1

4. Did you often feel that:

No one in your family loved you or thought you were important or special?

Or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes

No

If Yes, enter 1

5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes

No

If Yes, enter 1

6. Were your parents ever separated or divorced?

Yes

No

If Yes, enter 1

7. Were any of your parents or other adult caregivers:
Often pushed, grabbed, slapped, or had something thrown at them?
Or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
Or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If Yes, enter 1

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No

If Yes, enter 1

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If Yes, enter 1

10. Did a household member go to prison?

Yes No

If Yes, enter 1

ACE SCORE (Total "Yes" Answers):

PROVIDER INSTRUCTIONS (Revised April 11, 2019)

Beginning June 1, 2019, the ACE Questionnaire shall be given to all adults ages 18 and older* who are seeking behavioral health services from the ODMHSAS and the OHCA (SoonerCare/Medicaid); with minimal exception**. The ACE score shall be reported on all CDC/PA 23 (admissions) and CDC/PA 42 (6-month updates/extensions). The questionnaire only has to be given once per person, per provider- but the score must be reported/carried forward on all subsequent CDCs like some of the other CDC responses (ex: gender and race are typically reported/carried forward on each CDC and rarely change). Valid ACE Scores should be entered on the CDC in one of the following formats: 00 to 10 or 0 to 10 (00 to 10, double digits, is preferred). For currently admitted/open adult clients, the ACE Questionnaire shall be given at the next 6-month treatment update and reported on the CDC/PA 42 (6-month update/extension).

***Note:** This questionnaire should only be given to adults ages 18 and older; it should not be given to children or youth under the age of 18.

****Exceptions:** Due to the nature of some levels of care and program types, there are circumstances in which the ACE Questionnaire shall not be required. They are as follows:

- *Community Living (CL) Level of Care* (ex: Homeless, Housing, Residential Care)
- *Service Focus*- 11 (Homeless, Housing, Residential Care); 23 (Day School); 24 Medication Clinic Only; and 26 Mobile Crisis.

GIVING THE ACE QUESTIONNAIRE

The ACE Questionnaire is to be given at the time of clinical assessment (at initial clinical assessment for new clients, and for currently admitted/open clients- at clinical assessment update completed as a part of the service plan update process at 6-month treatment update). This is to ensure ready access to a therapist should one be needed to address any issue that might arise from revisiting childhood trauma.

It is a self-administered instrument and shall be completed by the individual seeking services without intervention from staff (ex: staff may not reframe the question or give explanation regarding the intent of the question). The only assistance that staff may provide is with regard to literacy or vision challenges, and in that instance the introduction statement and questions must be read aloud to the individual exactly as written on the questionnaire. To ensure a trauma informed process, it is important that the introduction statement on the questionnaire is either read by the client or read to the client.

Due to the sensitive nature of the questions, the individual completing the ACE Questionnaire should be given a confidential space in which to complete it. They may choose to have someone with them in the room for support (ex: Peer Support Specialist, family, friend).

Scoring

For each of the ten (10) questions on the questionnaire, the individual will give a Yes or No answer. When scoring, each "Yes" answer will be given one (1) point. These points will be tallied to determine the individuals ACE Score.

Question/Prompt:

1. Who was your assigned family member for this assessment?

Ember

2. Based on the social history of the case study, what is your assigned family member's ACEs score?

8/10

3. If any score at or above 4 is considered high risk, what does your assigned family member's score indicate to you?

It indicates a higher susceptibility for mental, social, and emotional health problems later on in life including suicidal ideations, violence, substance abuse, and turbulent marriages.

4. What future health risks are more of a concern for your assigned family member compared to someone with a low ACEs score?

The future health risks include depression, heart disease, autoimmune diseases, stroke, diabetes, chronic bronchitis, or emphysema.

5. What advice can you give Denise and her daughters to help decrease their chances of developing long term health complications?

I would advice them to leave the toxic situation and that they are not alone in their struggles. As such, I would encourage them to seek therapy since these experiences can impact the possible development of mental health issues. Therefore, seeking therapy will help reduce their chances of developing lifelong complications.

You have completed this activity. After you submit your results, instructions on how to download and save your file as a PDF document will appear.