

# SCREENING FOR PSYCHOSOCIAL RISKS & TRAUMA IN A SCHOOL-BASED HEALTH SETTING

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# DISCLOSURES & ACKNOWLEDGEMENTS

- No commercial disclosures
- Victoria Keeton was funded as a trainer for the ACEs Aware Virtual Professional Learning Collaborative for SBHC Providers
- Kristine Carter – Participated in ACEs Aware Virtual Learning Collaborative for SBHC Providers

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# LAND ACKNOWLEDGEMENT

We would like to acknowledge and pay respects to the Chochenyo and Ramaytush Ohlone people, who are the traditional custodians of the land that is home to our SBHCs and university in the SF bay area, and the Serrano and Cahuilla people, who originally settled and occupied this land in Redlands. We are proud to continue their tradition of coming together and growing as a community, and we thank them for their stewardship and support.

# WHAT WE WILL COVER

- Why screen for psychosocial risk and/or ACEs
- Trauma-Informed Approaches to Screening
- Using the RAAPS and PEARL screeners to open conversations with youth and families
- Issues related to confidentiality and screening special populations

# BRIEF REVIEW OF TERMS

## **Adverse Childhood Experiences (ACEs)**

child abuse, neglect, household dysfunction, typically 10 experiences from the original Kaiser/CDC study

## **Social Determinants of Health**

social and material needs essential for good health (such as stable housing and utilities, sufficient food, freedom from racism, homophobia, anti-immigrant discrimination)

## **Toxic stress**

dysregulated biological stress response and the concomitant long-term changes in physiology,” usually driven by prolonged, chronic stressors, without buffering by caring adults and other stress relievers

# BRIEF REVIEW OF TERMS

## **Child Traumatic Stress**

“occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced“

## **Positive Childhood Experiences**

include parent-child attachment, positive parenting (eg, parental warmth, responsiveness, and support), family health, and positive relationships with friends, in school, and in the community

## **Resilience**

class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development.

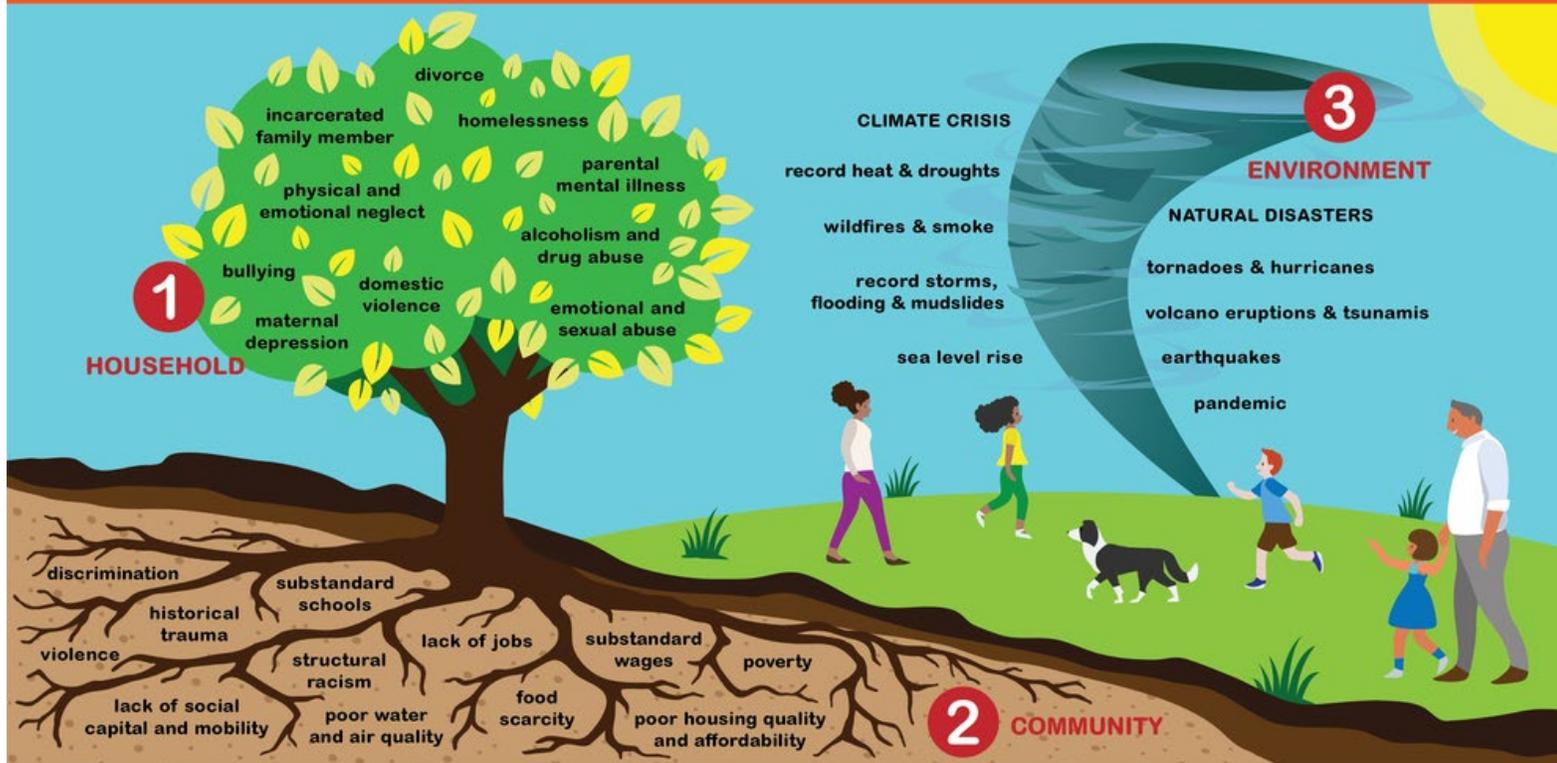
# ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Drawn from landmark study of insured adults by Kaiser/CDC
- 10 adversities most associated with chronic physical and mental health
- Most ACE clinical screener questions drawn from this population-level research



# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

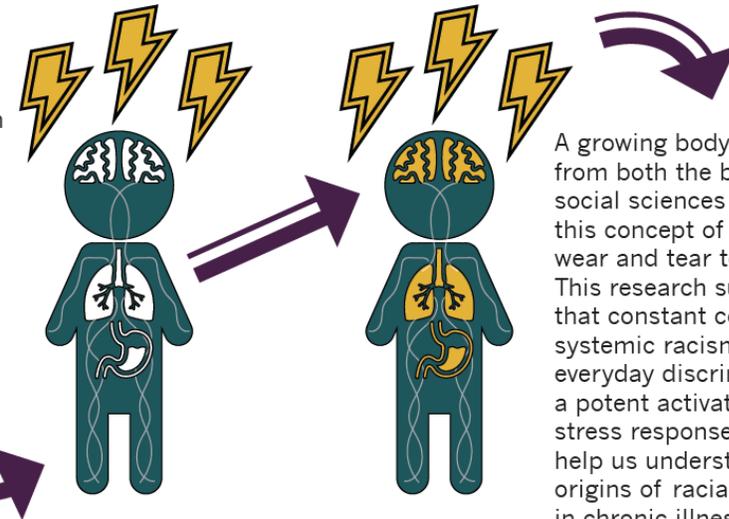


## EXPANDED ACEs

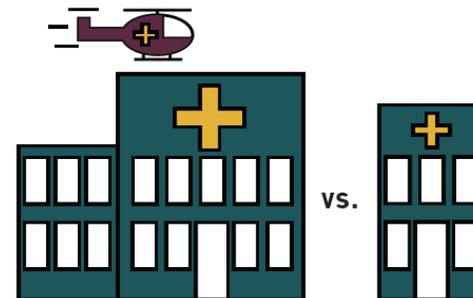
# RACISM AS A FORM OF TOXIC STRESS

- If we don't acknowledge racism as a source of toxic stress, we tend to blame minoritized families for the resulting impacts of this stress

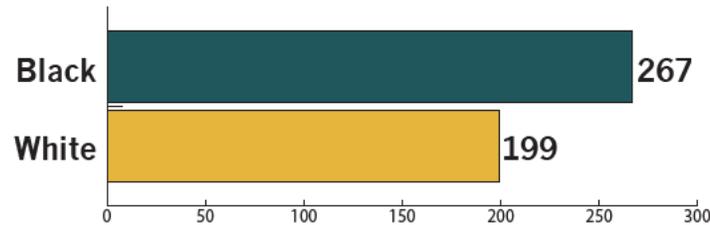
Years of scientific study have shown us that, when children's stress response systems remain activated at high levels for long periods, it can have a significant wear-and-tear effect on their developing brains and other biological systems. This can have lifelong effects on learning, behavior, and both physical and mental health.<sup>1</sup>



A growing body of evidence from both the biological and social sciences connects this concept of chronic wear and tear to racism.<sup>2</sup> This research suggests that constant coping with systemic racism and everyday discrimination is a potent activator of the stress response. This may help us understand the early origins of racial disparities in chronic illness across the lifespan.



The evidence is overwhelming: Black, indigenous, and other people of color in the U.S. have, on average, more chronic health problems and shorter lifespans than whites at all income levels.<sup>3</sup>



Deaths from heart disease, diabetes, and kidney disease (combined) per 100,000 — United States, 2015

Source: CDC, <https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e1.htm>

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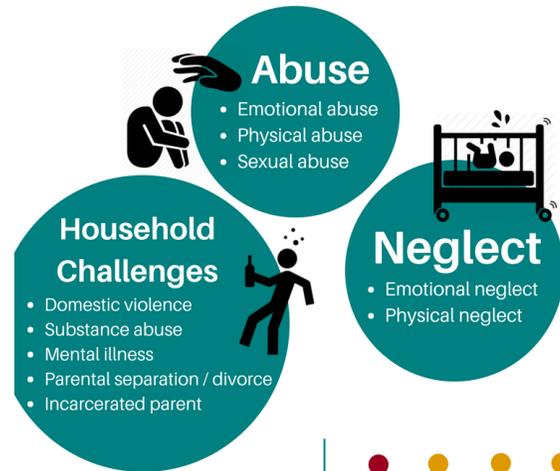
RATIONALE  
FOR  
SCREENING  
FOR ACES

# IMPACT OF ACEs

- All of this evidence is epidemiological
- Supported by research on the impact of toxic stress on children & adults

## Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

**20 yrs**

earlier than those who have none



1/8 of the population have more than 4 ACEs



www.70-30.org.uk  
@7030Campaign

## 4 or more ACEs

3x the levels of lung disease and adult smoking

11x the level of intravenous drug abuse

14x the number of suicide attempts

4x as likely to have begun intercourse by age 15

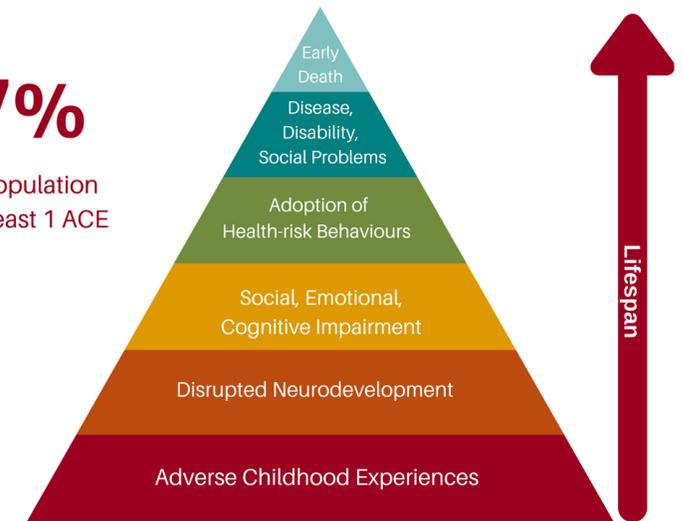
4.5x more likely to develop depression

2x the level of liver disease

“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

**67%**  
of the population have at least 1 ACE



# LONG-TERM EFFECTS OF TOXIC STRESS

Impact NOT just social and behavioral but also biochemical

- “toxic stress refers to the dysregulated biological stress response and the concomitant long-term changes in physiology”

Excessively high, prolonged exposures lead to:

- Changes in the brain – e.g. altered neuroendocrine responses
- Altered size and function of brain centers
- Biological disruptions that increase predisposition to chronic diseases of adulthood

# PREVENTING ACEs COULD PREVENT...



UP TO

**21 MILLION**  
CASES OF  
DEPRESSION



UP TO

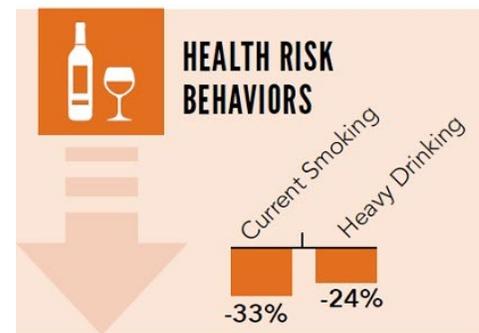
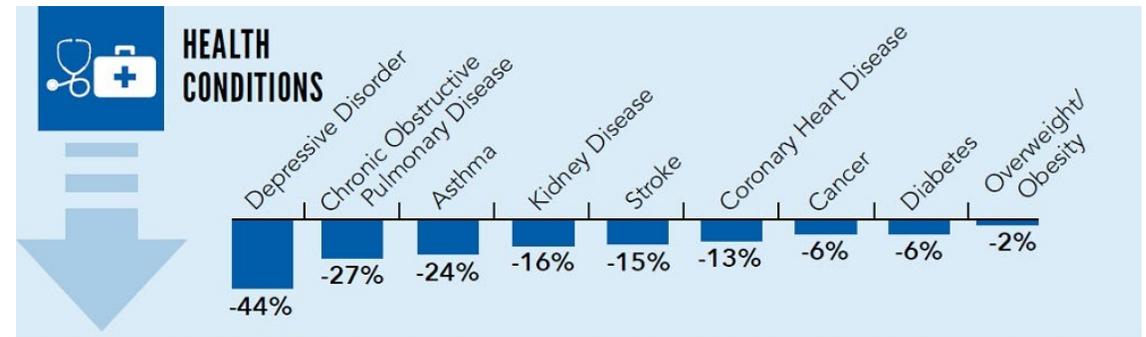
**1.9 MILLION**  
CASES OF  
HEART DISEASE



UP TO

**2.5 MILLION**  
CASES OF  
OVERWEIGHT/OBESITY

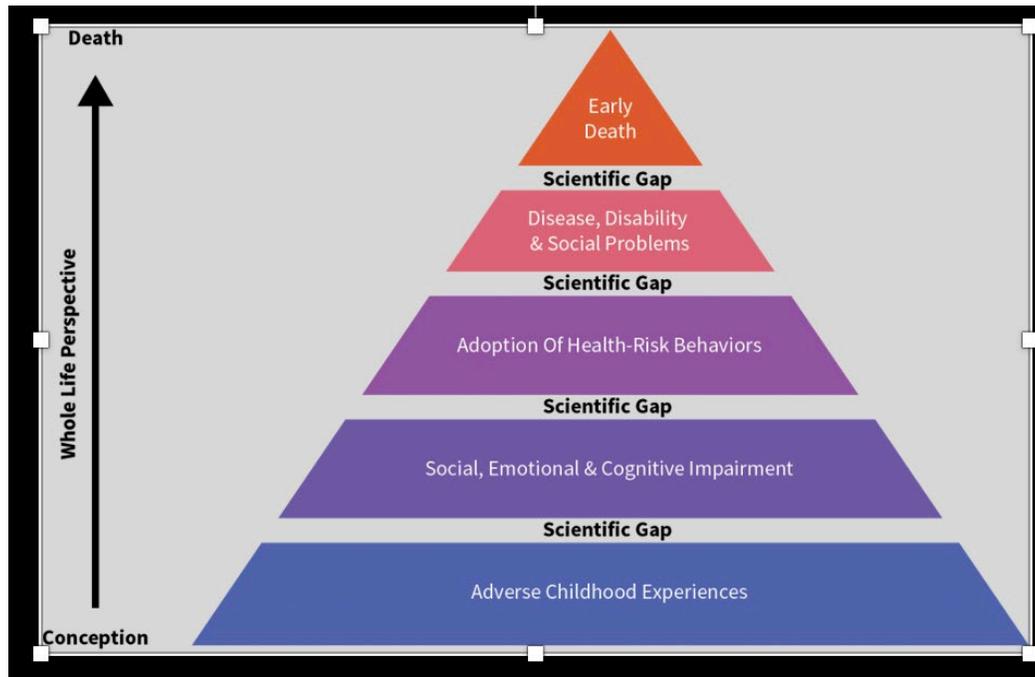
Estimates based on 2017 Behavioral Risk Factor Surveillance System (BRFSS)



# INTERVENTIONS TO MITIGATE IMPACT OF ACEs

- Reviews of 40 studies (randomized controlled trials/RCTs) for children (Purewal Boparai et al., 2018)
  - Positive changes in brain development (MRI measurements)
  - Improvements in cortisol levels
  - Epigenetic changes (improved telomere length)
  - Other health outcomes (e.g. lower rates of pre-diabetes)
- RCT of children screened via PEARL screener in a safety-net primary care clinic, measuring biomarkers, parent rating of child health, comparing psycho-education vs. more intensive resiliency interventions (Thakur et al., 2020; in progress)

# GAPS IN THE ACEs EVIDENCE PYRAMID



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Impact of interventions still under investigation

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Impact of ACEs on youth's ability to perceive, process and heal from acute/chronic trauma in adolescence understudied

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Individual impacts of different ACEs

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Very little research on screening adolescents and immigrant populations, or screening in SBHC

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**INTEGRATING  
ACEs SCREENING  
INTO TRAUMA-  
INFORMED CARE**

# TO SCREEN OR NOT TO SCREEN FOR ACEs?

## ■ Potential Benefits

- Open trauma-informed discussion and partnership with families
- Identify families who need support
  - Referrals for resources
  - Teaching coping skills
  - Referrals for behavioral health
- Potential for interventions to mitigate impact of ACEs

## ■ Potential Harms

- Tying services to disclosure may pressure families, rather than support autonomy about their own narratives of adversity
- Monitor and stigmatize already stigmatized families
- Screening for risks without screening for positive experiences & resilience
- Challenges in the time of COVID

# APPROACHES TO SCREENING IN PRIMARY CARE

## **Traditional:**

Health screening to discover early signs of treatable health problems, reverse or minimize disease, prevent spread

examples: blood lead levels, tuberculosis, developmental milestones

“We screen for what we can treat”

## **Trauma-informed screening:**

Open a conversation with children and families about adversity in order to partner with them

# TRAUMA-INFORMED PRACTICES FOR ACEs SCREENING IN ADOLESCENTS:

- respect confidentiality
- universal education about impact of ACEs & available resources
- acknowledge that teens may not disclose ACEs or even the total number of ACEs
- shared decision-making about next steps

(adapted from Miller, 2019)



Figure 1. ACEs Aware ACE Screening Pediatric Clinical Workflow

### 1a. Introducing the ACE Screening Purpose & Tool

Registration or clinical staff reviews patient's record to determine if PEARLS screen indicated during visit.\* Staff provides PEARLS tool to caregiver (0-19 years) and/or patient (12-19 years) in private setting.

### 2b. Receiving an Incomplete Screening Tool Back

Caregiver (0-19 years) and/or patient (12-19 years) completes PEARLS.

Provider provides education about how ACEs and buffering practices and interventions can affect health and offers patient/family opportunity to discuss and/or complete PEARLS screen.

Screen complete

Screen incomplete

### 2a. Reviewing ACE Screening Results & Treatment Plan

Provider or Medical Assistant transcribes ACE score (Part 1 of PEARLS tool) into EMR.

Provider reviews screen with patient/family and follows appropriate risk assessment algorithm: incomplete or at low, intermediate, or high risk for toxic stress.

Provider documents ACE score, billing code,\*\* and treatment plan, follow-up in visit note.

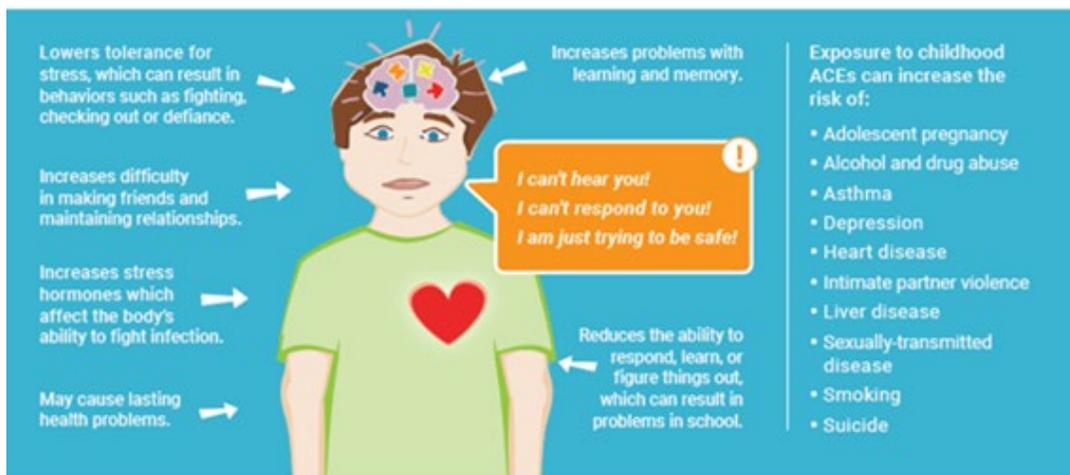
### 3. Following up on the Treatment Plan

Provider reviews ACE score, treatment plan, and follow-up prior to next visit; at next visit, updates as needed.

## Adverse Childhood Experiences

# Understanding ACEs

ACEs (Adverse Childhood Experiences) are serious childhood traumas that can result in toxic stress. Prolonged exposure to ACEs can create toxic stress, which can damage the developing brain and body of children and affect overall health. Toxic stress may prevent a child from learning or playing in a healthy way with other children, and can cause long-term health problems.



### ACEs (Adverse Childhood Experiences) can include:

- Abuse: Emotional/physical/sexual
- Bullying/violence of/by another child, sibling, or adult
- Homelessness
- Household: Substance abuse/mental illness/domestic violence/incarceration/parental abandonment, divorce, loss
- Involvement in child welfare system
- Medical trauma
- Natural disasters and war
- Neglect: Emotional/physical
- Racism, sexism, or any other form of discrimination
- Violence in community

### ! SURVIVAL MODE RESPONSE

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.



Help children identify, express and manage emotions.



Create safe physical and emotional environments (home, school, community, systems).



Understand, prevent and respond to ACEs.



*"Children with ACEs find 'resilience' because an adult provides a safe environment – in which they feel known, validated."*

Donna Jackson Nakazawa

Author of *Childhood Disrupted: How Your Biography Becomes Your Biology & How You Can Heal*

### What is resilience?

Research shows that if caregivers provide a safe environment for children and teach them how to be resilient, that helps reduce the effects of ACEs.

### What does resilience look like?

Having resilient parents and caregivers who know how to solve problems, have healthy relationships with other adults, and build healthy relationships with children.

### 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.

### Building social connections.

Having family, friends, neighbors, community members who support, help and listen to children.



### Meeting basic needs:

Provide children with safe housing, nutritious food, appropriate clothing, and access to health care and good education, when possible. Make sure children get enough sleep, rest, and play.

### Learning about parenting, caregiving and how children grow:

Understand how caregivers can help children grow in a healthy way, and what to expect from children as they grow.

### Building social and emotional skills:

Help children interact in a healthy way with others, manage emotions, communicate their feelings and needs, and rebound after loss and pain.

### Resources:

- ACEs Too High
- ACEs Connection
- Resource Center
- Parenting with ACEs

# SUGGESTIONS FOR DEBRIEFING ACEs SCREENING

Talking with parents (Gillespie, 2019):

1. Do any of these experiences still bother you now?

2. Of those experiences that no longer bother you, how did you get to the point that they don't bother you?

3. How do you think these experiences affect your parenting now?

Adapted for talking with teens:

1. Do any of these experiences still bother you now?

2. Of those experiences that no longer bother you, how did you get to the point that they don't bother you?

3. How do you think these experiences affect your relationships with your family and friends now?

## SUGGESTIONS FROM PROVIDERS

Involve teens in the rollout of ACEs Screening

Train whole staff in trauma-informed care

Systematic plan for rolling out screening

Provide resources to all families, regardless of score

Ask about strengths & resilience

Open the conversation

## SUGGESTIONS FROM TEENS



Recommend de-identified screening



Explore and strengthen peer supports



For providers: Show genuine interest, develop comfort with asking questions & receiving any answer



Go beyond the questionnaire to make a personal connection with youth

# DOCUMENTATION AND BILLING

Become certified <https://training.acesaware.org/>

Medi-cal providers are eligible for \$29 payment for ACE screenings

- Includes FQHCs, RHCs, CBRCs, and IHS

Documentation must include:

- Screening tool used
- Completed screen reviewed
- Results of screen
- Interpretation of results
- What was discussed with patient/family and actions taken

Screen periodically: 1 time per year, per clinician/managed care plan



### CPT codes

- **96160** – administration of patient-focused health risk assessment
- **96161** – administration of caregiver-focused health risk assessment

### HCPCS codes (to bill Medi-Cal)

- **G9919** – ACE screening performed, score is 4 or higher
- **G9920** – ACE screening performed, score is 0 to 3

### Telehealth billing in CA

### □ ICD-10 codes

- Z65.8 - other problems related to psychosocial circumstances
- Z63.0 - relationship problem between spouse/partners
- Z62.819 - history of abuse in childhood
- Z63.5 - family disruption due to divorce or separation
- Z63.32 - absence of family member
- Z81.9 - family history of mental/behavioral disorder
- Z63.72 - alcoholism/drug addiction in family
- Z63.9 - problem related to primary support group
- Z13.4 - encounter for screening for dev disorders in childhood



# SPECIAL CONSIDERATIONS

## PERSPECTIVES ON CONFIDENTIALITY

Concerns about confidential information from ACEs screen being disclosed to parents, potential CPS reports, and how provider view of them might change

Providers noted that parents who disclosed early childhood ACEs about their teen ALSO wanted confidentiality

Concerns by emerging adults about past histories of abuse following them “forever” on their problem list – did not want adult providers to have this information without their permission

Providers and immigrant teens expressed concerns about disclosing immigrant family issues and risks for deportation – “we live in the shadows”

# CONFIDENTIALITY AND CURES ACT

- As of April 5, 2021, the Final Rule of the 21st Century Cures Act went into effect
  - Purpose of Cures Act primarily to support research and patient access to records
  - Nothing in the Act specifically addresses clinical adolescent confidentiality
  - "Open Notes" - give caregivers access to records
  - Specialists and PCPs and parents can see all problem lists and meds, including for mental health issues, contraception and STI treatment, possibly problems/diagnoses related to ACES/child maltreatment
    - Specific therapy notes can be hidden
    - Some protections for Drug & Alcohol treatment

# CONFIDENTIALITY AND CURES ACT

- Institutions can be fined (up to \$1 million) for "information blocking"
- Increased inequities between "rich" institutions with robust EMR platforms and public/safety net clinics with bare bones EMR systems.
- There ARE exceptions to the prohibition of "information blocking" including:
  - Potential harm to the patient (or provider)
  - Disclosure would harm legal proceedings
  - Infeasibility: it is not feasible for the EMR to allow the provider to "segment" out the sensitive information, so the entire note MAY be blocked without triggering fines or sanctions
  - Protecting privacy guaranteed by State or Federal laws

## ACEs IN THE CHART?

- Most safety net clinics are blocking all notes for teens 12-17 from release to My Chart
- Check with your institution to see what goes on the after-visit note
  - Some don't give the after-visit note to teens
  - Usually possible to block confidential info (check with your institution)
  - Consider how/if score appears on problem list
- HIPAA vs. FERPA



# ACEs SCREENING IN SPECIAL POPULATIONS

Foster and kinship care

History of incarceration

Newcomer/immigrant

LGBTQ+

Children with special health care needs

- Change in caregivers – deciding whom to screen
- Screening by mandated reporters may be a barrier
- Inconsistent or transient access to care – ensuring follow-up
- Navigation of services and trust building – care often based outside the SBHC
- Multiple ACEs are almost a given – does screening help?
- Impact of repeated disclosure of trauma
- Support services and resilience building



# SCREENING IN PRACTICE

# ELMHURST UNITED MIDDLE SCHOOL

Public middle school serving 6th-8th graders in East Oakland, CA

## Enrollment data 2019-2020

- 716 students
  - 24% African American, 68% Latino, 4% Asian and 4% more than 1 ethnicity
  - 90.4% students eligible for free/reduced price meals
  - 39.5% students are English learners
    - Languages spoken: Spanish, Arabic, Amharic, Tongan

Started PEARL screening January 2021 at SBHC for well child exams



ELMHURST UNITED  
MIDDLE SCHOOL



## Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

### PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?  
*(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?  
*(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
  
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
  
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?  
  
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?  
*(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
*(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*

Add up the "yes" answers for this first section:

Please continue to the other side for the rest of questionnaire →



### PART 2:

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?  
*(for example, targeted bullying, assault or other violent actions, war or terrorism)*
2. Has your child experienced discrimination?  
*(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)*
3. Has your child ever had problems with housing?  
*(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)*
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:

PEARL Screener Parent Form 0-12, de-identified

<https://www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Child-Parent-Caregiver-Report-De-Identified-English.pdf>

## Pediatric ACEs and Related Life Events Screener (PEARLS)

TEEN (Self-Report)- To be completed by: Patient

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

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3. Have you ever lived with a parent/caregiver who had mental health issues?  
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put you down?
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Have you ever lacked appropriate care by any caregiver?  
(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?  
Or has any adult in the household ever hit you so hard that you had marks or were injured?  
Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?
9. Have you ever experienced sexual abuse?  
(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)
10. Have there ever been significant changes in the relationship status of your caregiver(s)?  
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

Add up the "yes" answers for this first section:



Please continue to the other side for the rest of questionnaire →

### PART 2:

1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school?  
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Have you experienced discrimination?  
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Have you ever had problems with housing?  
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5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Have you ever lived with a parent or caregiver who died?
8. Have you ever been detained, arrested or incarcerated?
9. Have you ever experienced verbal or physical abuse or threats from a romantic partners?  
(for example, a boyfriend or girlfriend)

Add up the "yes" answers for the second section:

PEARL Screener Adolescent Self-Report, de-identified  
<https://www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Teen-Self-Report-De-Identified-English.pdf>

### Pediatric ACEs and Related Life Events Screener (PEARLS)

TEEN (Parent/Caregiver Report) - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

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(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)



Add up the "yes" answers for this first section:

Please continue to the other side for the rest of questionnaire →

This tool was created in partnership with UCSF School of Medicine.

Teen (Parent/Caregiver Report) - De-identified

DE-IDENTIFIED

### Pediatric ACEs and Related Life Events Screener (PEARLS)

TEEN (Self-Report)- To be completed by: **Patient**

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

#### PART 1:

Please check "Yes" when it applies.

1. Have you ever lived with a parent/caregiver who went to jail/prison?
2. Have you ever felt unsupported, unloved and/or unprotected?
3. Have you ever lived with a parent/caregiver who had mental health issues?  
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put you down?
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Have you ever lacked appropriate care by any caregiver?  
(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
OR have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?  
OR has any adult in the household ever hit you so hard that you had marks or were injured?  
OR has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?
9. Have you ever experienced sexual abuse?  
(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)
10. Have there ever been significant changes in the relationship status of your caregiver(s)?  
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

How many "Yes" did you answer in Part 1?:



Please continue to the other side for the rest of questionnaire →

This tool was created in partnership with UCSF School of Medicine.

Teen (Self-Report) - Identified

IDENTIFIED



Dear Parent or Caregiver,

At your child's visits, we often ask you to complete a few questionnaires before meeting with your provider.

### **Why do we ask these questions?**

While we're the experts in children's health, you are the expert on your child. Your child's daily experiences affect their health. We want to make sure your child receives the best quality care, both physically and emotionally, and answering these questions gives your provider a clue on what is going well with your child and where you and your child may want some more support.

### **We're here to help.**

We know answering these questions may be hard, so these questions are optional. Or you may choose to fill it out later and return it to our clinic. All your answers will be kept confidential. On page 2 is a list of resources that may help support your child and family. Feel free to keep this coversheet as a reference.

Your provider will review your answers to the questionnaire and may discuss available resources for support. Feel free to ask questions. We're here to help if you want us to.

Thank you,

**LifeLong Medical Care – School Based Health Centers**

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## **COMMUNITY RESOURCES**

- **Dial 2.1.1.** for support with community resources such as access to food, shelter, legal advice
- **Food Bank 1-855-309-3663**
- **CalFresh 1-877-505-4630**
- **Trouble paying rent?** California State law protects you from eviction thru September 30, 2021 if you continue to pay at least 25% of your rent
- **Rent assistance through East Bay Housing Organizations –call 510-899-9289, 510-860-4985 or 510-452-4541** Rent relief for low income tenants or those at risk for homelessness
- **Housing problem?** If you need help contact ECHO HOUSING  
22551 Second Street # 200  
Hayward, CA 94541  
(510) 581-9380 or **855-ASK-ECHO**
- **Family Justice Center – 470 27<sup>th</sup> St, Oakland 94612 (510) 267-8800** - provides Family support with issues regarding domestic violence
- **Call SENECA at 1-877-441-1089** for support with accessing Behavioral Health crisis intervention

**POST-SCREENING COMPLETION FEEDBACK**

1. How comfortable were you filling out this form?

¿Que tan cómodo estuvo llenando estas formas?

1-Uncomfortable/Incomodo

2

3 – Neutral/Neutra

4

5-Very comfortable/Muy comodo

2. Do you understand why we are doing this screen?

¿Entiende usted porque estamos haciendo estas preguntas?

Yes/ Si

Somewhat/Un poco

No

3. In spite of everything going on, what is going well for you and your family right now?

¿A pesar de todo lo que esta pasando ahorita, que hay de sueno para ti y tu familia?

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4. What hobby/activity do you and your family enjoy doing together?

¿Que actividades o pasa tiempos son los que tu y tu familia disfrutan juntos?

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5. What are your dreams for your child?

¿Cuales son tus sueñas para tu hijo/hija?

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**MAKE EYE CONTACT**

Look at kids (babies, too). It says, "I see you. I value you. You matter. You're not alone."

**SAY, "SORRY"**

We all lose our patience and make mistakes. Acknowledge it, apologize, and repair relationships. It's up to us to show kids we're responsible for our moods and mistakes.



**GIVE 20-SECOND HUGS**

There's a reason we hug when things are hard. Safe touch is healing. Longer hugs are most helpful.



**SLOW DOWN OR STOP**

Rest. Take breaks. Take a walk or a few moments to reset or relax.

**HUNT FOR THE GOOD**



When there's pain or trauma, we look for danger. We can practice looking for joy and good stuff, too.

**BE THERE FOR KIDS**

It's hard to see our kids in pain. We can feel helpless. Simply being present with our kids is doing something. It shows them we are in their corner.

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**Out of 86 feedback questionnaires received,  
81 % of parents/guardians reported being  
very comfortable with the PEARLS screener  
while 90% stated they understood why we  
were doing the screener**

**“Tenemos un nuevo hogar”**

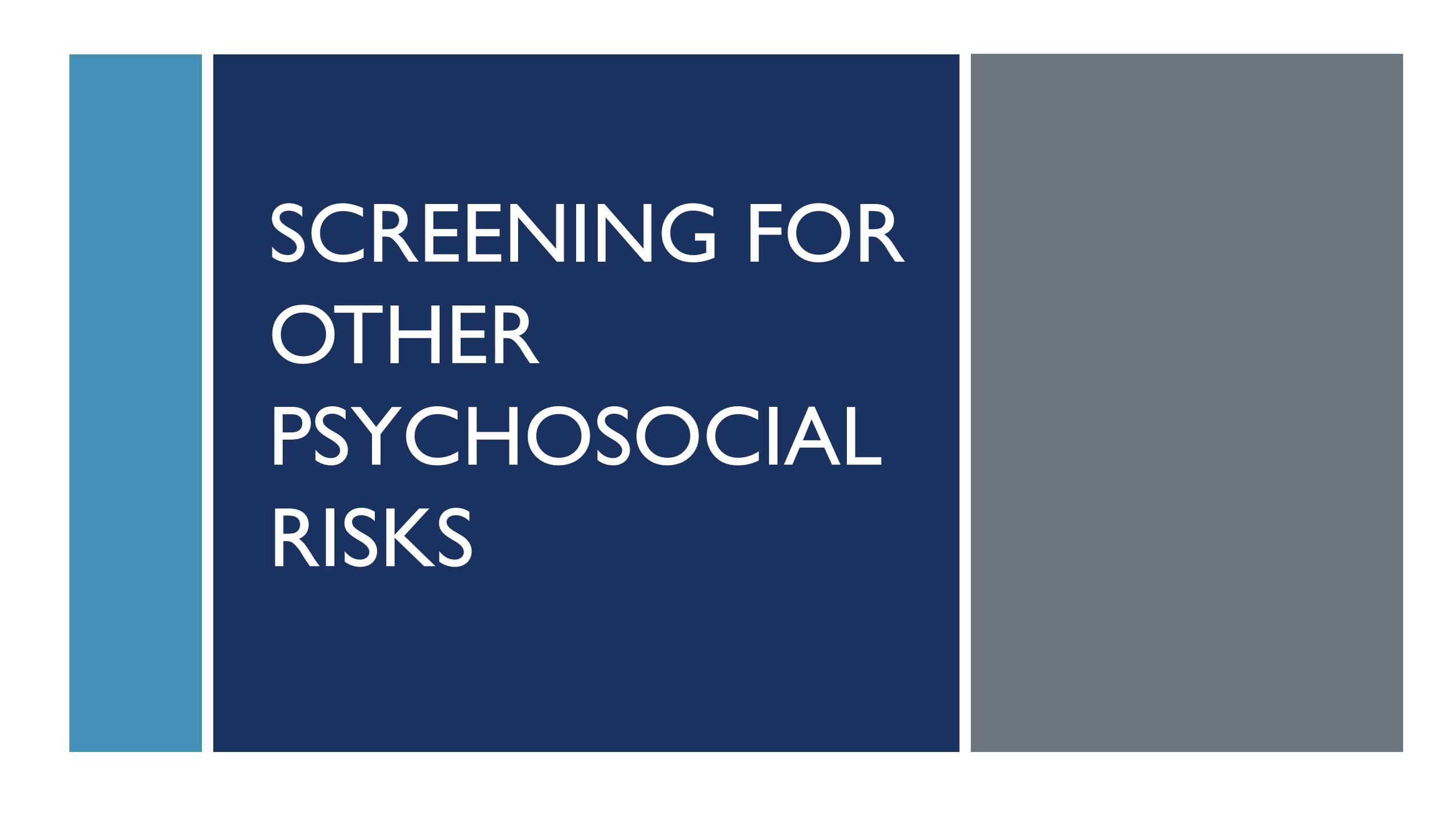
**“No one caught Covid”**

**“We both have jobs and are able to provide for our kids. Zoom  
school is not ideal and very difficult on our family”**

**“Salir al parque”**

**“Hacemos comidas en casa como carnes asadas”**

**“Que estudio y sea profesional en lo que le gusta”**

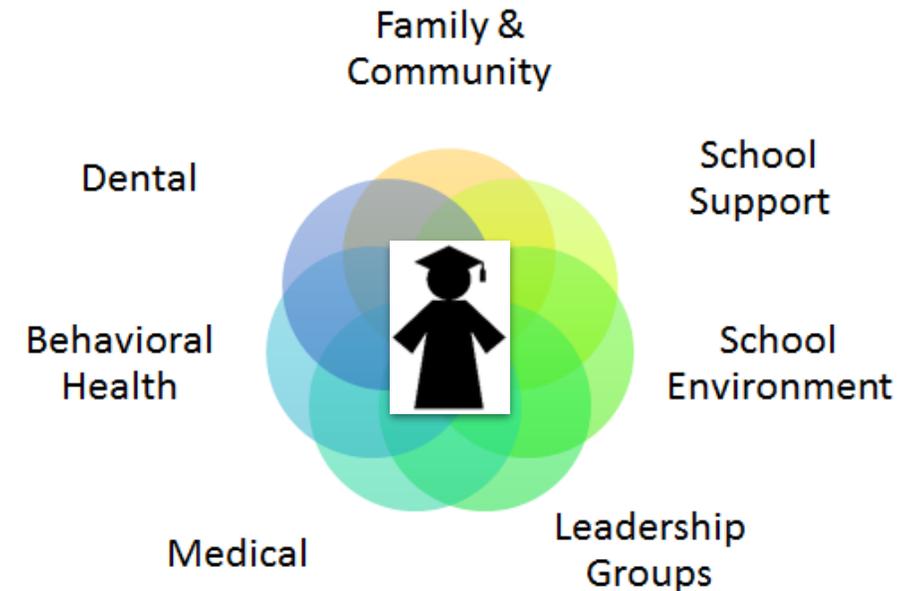


SCREENING FOR  
OTHER  
PSYCHOSOCIAL  
RISKS

# POPULATION BASED SCREENINGS

## Assess mental, physical and reproductive health

- Integrated into schools
  - Annual mass screenings
  - Sports physicals
  - Reproductive health visits
- Integrated into primary care
  - Annual physical exam
  - Sick visits (psychosomatic symptoms, reproductive visits, etc.)
- Increase health promotion and access to care



**Shared Goal: Optimal wellbeing and success for all students**

# RAPID ASSESSMENT FOR ADOLESCENT PREVENTIVE SERVICES (RAAPS)

- [www.possibilitiesforchange.com/raaps](http://www.possibilitiesforchange.com/raaps)
- Standardized and validated assessment
- Age specific
  - RAAPS-OC 9-12 years
  - RAAPS 13-17 years
  - RAAPS-CA 18-24 years
- Addresses social determinants for health
- Recognized by leading organizations
- Yearly subscription



## RAAPS (13-18yrs) Screening

'I AGREE' IN ORDER TO START THE SURVEY:

This survey asks you about things like eating habits, safety, violence, drug use, sexuality and emotions. Be sure to answer every question as honestly as possible by checking the box next to your answer.

**This survey is confidential, meaning that your answers are not shared with anyone** (not even your parents) unless we have reason to believe that you are hurting yourself or someone else or that someone is hurting you.

Talk to the person who asked you to complete this module if you have any questions or concerns.

If you understand and agree to continue with this survey, click on the 'I Agree' button below:

I agree

I don't agree



**In the past 3 months, have you used any form of nicotine including **vaping** (e-cigarettes, Juul, RUBI, Suorin, Blu, hookah, vape pens), **smoking** (cigarettes, cigars, black and mild) or **chewing** tobacco (dip, chew, snus)?**



All answers are private unless you are in an unsafe situation.

No

Yes

**During the past month, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) causing you to feel sad, unsafe, or afraid?**



All answers are private unless you are in an unsafe situation.

No

Yes

# IDENTIFYING AND REDUCING ADOLESCENT RISK BEHAVIORS IN (ORGANIZATION)

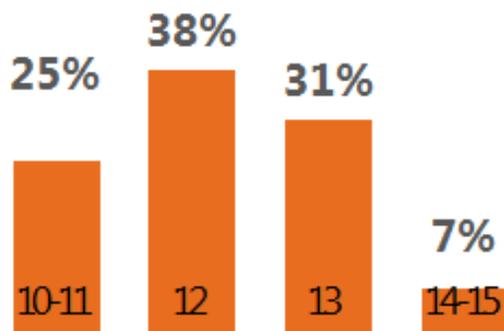
2021-2022 RAAPS



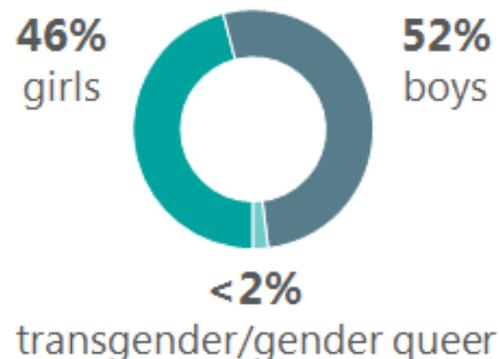
The Rapid Assessment for Adolescent Preventive Services® (RAAPS) is a validated risk assessment and coaching system developed to support professionals in addressing the risk behaviors impacting health, well-being, and academic success in youth<sup>1</sup>.

## WHO COMPLETED THE RAAPS AT WOMS?

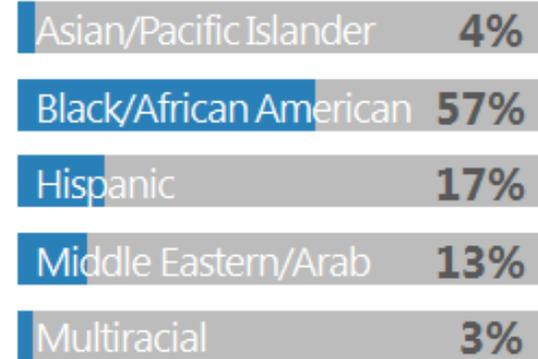
### AGE



### GENDER



### RACE

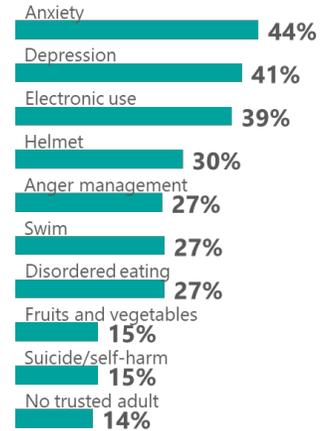


In 2021, **173** youth completed RAAPS while accessing care at **LifeLong Medical Care West Oakland Middle School (WOMS) Health Center**.

## TOP 10 RISK BEHAVIORS BY GENDER AT WOMS

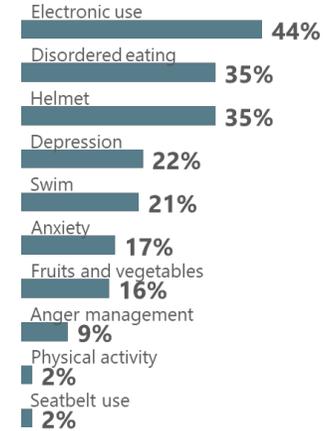
### IDENTIFIED AS **GIRLS**

% of those that are **at risk** for these behaviors



### IDENTIFIED AS **BOYS**

% of those that are **at risk** for these behaviors



Note: For reporting significance, largest gender populations are featured.

### FOCUS ON **GIRLS**

Girls are more likely to report **being depressed** than boys.

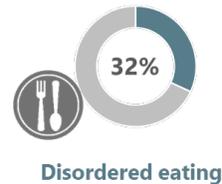
Girls **reporting being depressed** are also more likely to report...



### FOCUS ON **BOYS**

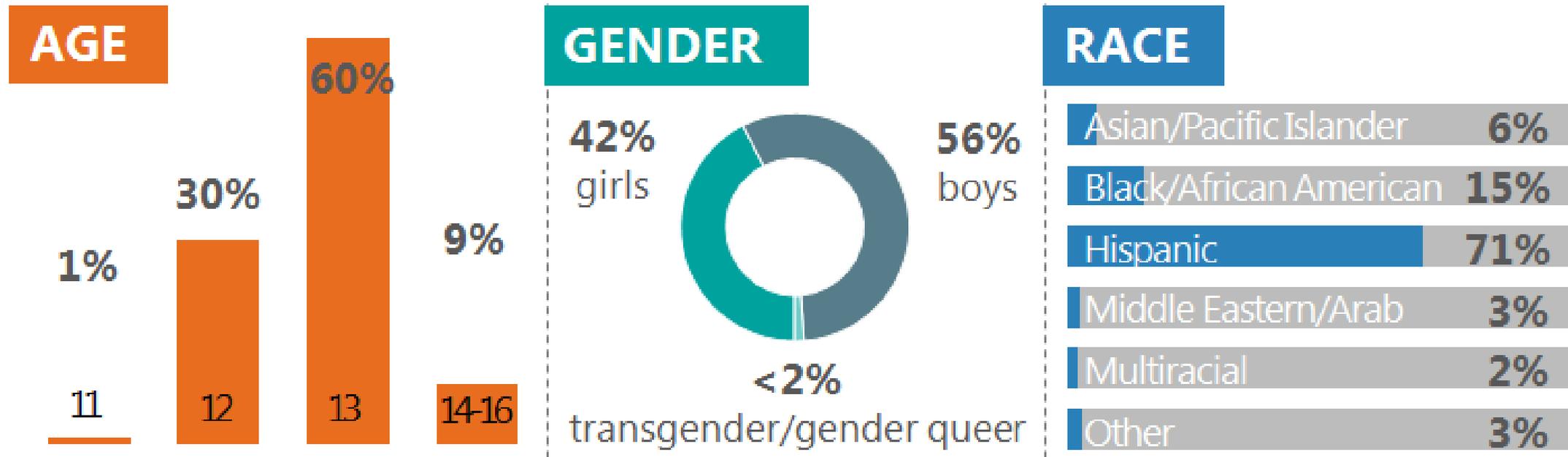
Boys are more likely to report **electronic use** than girls.

Boys **reporting electronic use** are even more at risk as they are also more likely to report...



<sup>1</sup>To learn more about RAAPS, visit: <http://www.possibilitiesforchange.com/raaps/>

# WHO COMPLETED THE RAAPS AT ELMHURST UNITED?

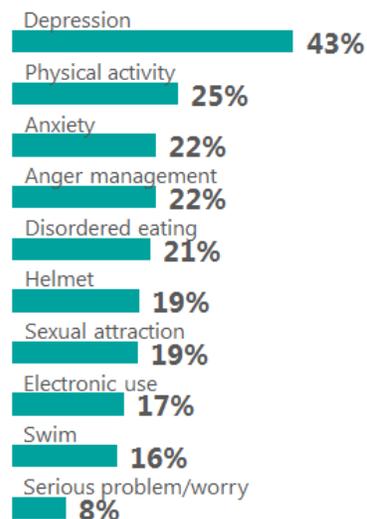


In 2021, **305** youth completed RAAPS while accessing care at **LifeLong Medical Care Elmhurst United Health Center**.

# TOP 10 RISK BEHAVIORS BY GENDER AT ELMHURST UNITED

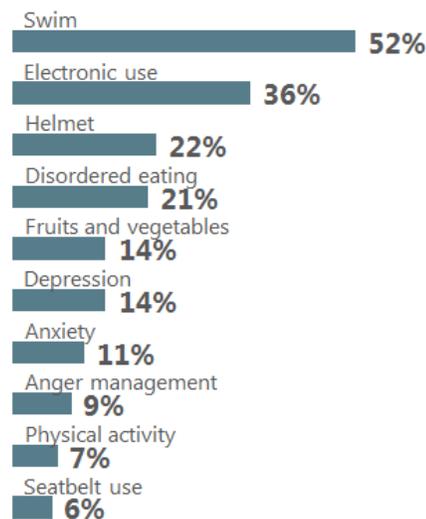
## IDENTIFIED AS GIRLS

% of those that are **at risk** for these behaviors



## IDENTIFIED AS BOYS

% of those that are **at risk** for these behaviors

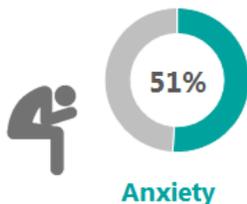


Note: For reporting significance, largest gender populations are featured.

FOCUS ON GIRLS

Girls are more likely to report **being depressed** than boys.

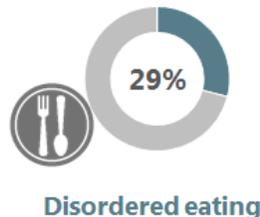
Girls **reporting being depressed** are also more likely to report...



FOCUS ON BOYS

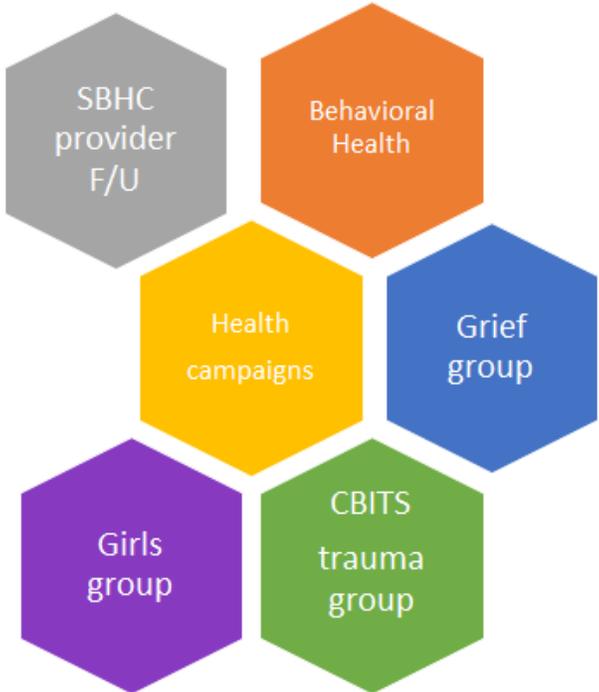
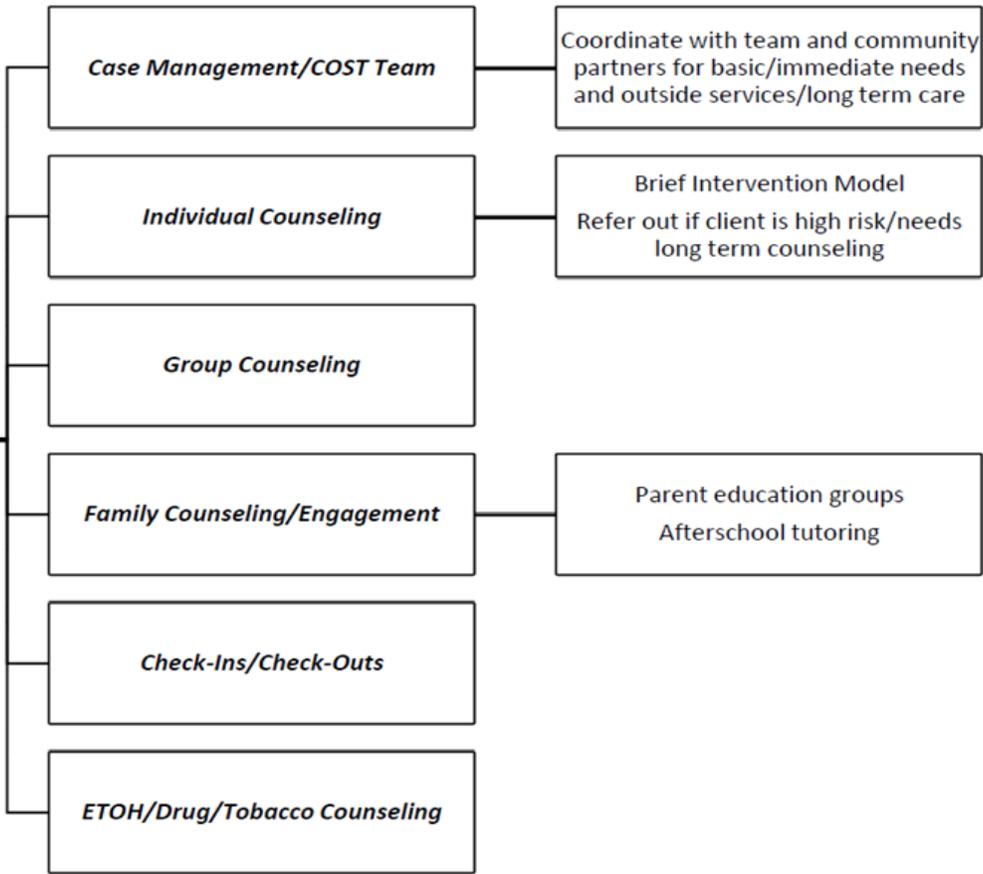
Boys are more likely to report **not being able to swim** than girls.

Boys **reporting not being able to swim** are even more at risk as they are also more likely to report...



\*To learn more about RAAPS, visit: <http://www.possibilitiesforchange.com/raaps/>

# Possible Interventions



# SELF CARE TOOLS



## Exercise

- Walking 20 minutes a day

## Nutrition

- Eat breakfast
- Increase water and decrease sugary beverages
- Increase whole grains

## Sleep

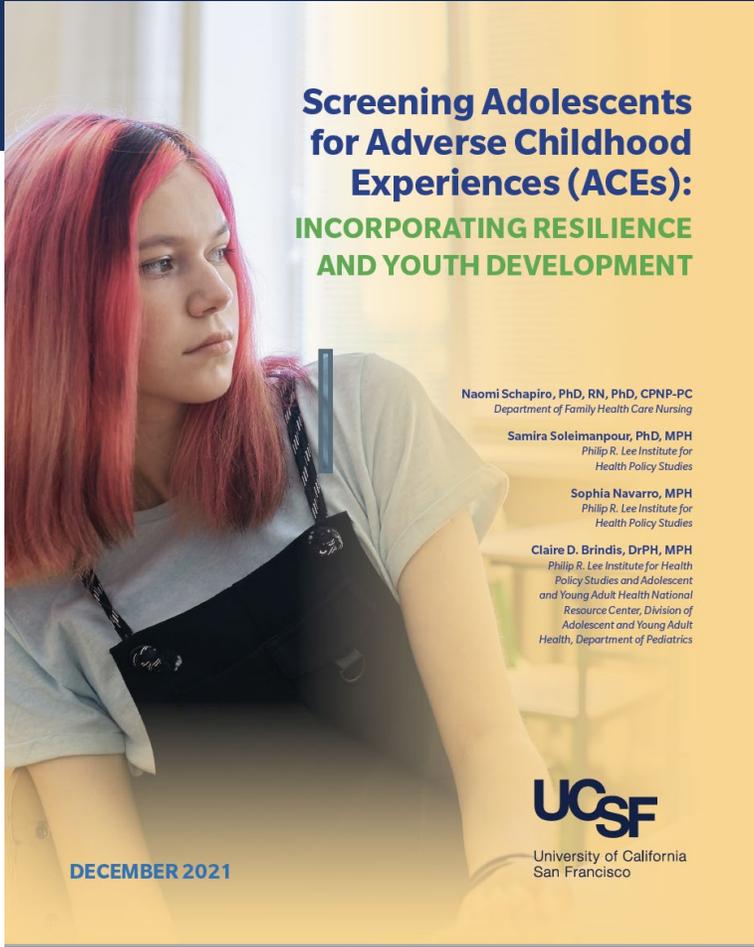
- No screen 30 min before bed
- Shower/bathe before bed

## Mindfulness

- Yoga
- Mindful breathing
- Apps (Calm, Headspace)

## Connect to nature

# RESOURCES



**Screening Adolescents for Adverse Childhood Experiences (ACEs):  
INCORPORATING RESILIENCE AND YOUTH DEVELOPMENT**

Naomi Schapiro, PhD, RN, PhD, CPNP-PC  
*Department of Family Health Care Nursing*

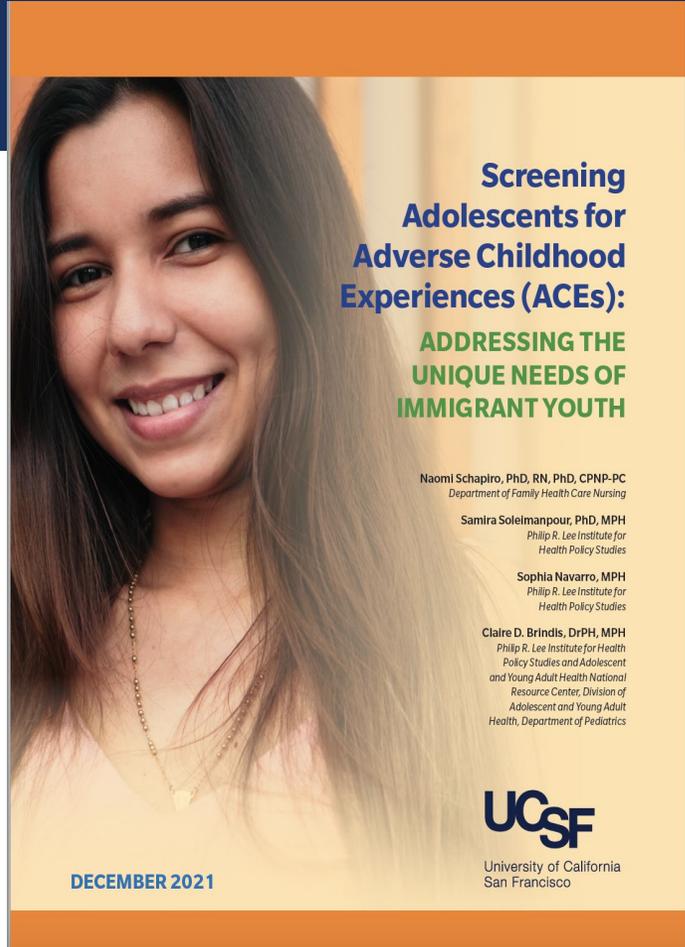
Samira Soleimanpour, PhD, MPH  
*Philip R. Lee Institute for Health Policy Studies*

Sophia Navarro, MPH  
*Philip R. Lee Institute for Health Policy Studies*

Claire D. Brindis, DrPH, MPH  
*Philip R. Lee Institute for Health Policy Studies and Adolescent and Young Adult Health National Resource Center, Division of Adolescent and Young Adult Health, Department of Pediatrics*

**UCSF**  
University of California  
San Francisco

DECEMBER 2021



**Screening Adolescents for Adverse Childhood Experiences (ACEs):  
ADDRESSING THE UNIQUE NEEDS OF IMMIGRANT YOUTH**

Naomi Schapiro, PhD, RN, PhD, CPNP-PC  
*Department of Family Health Care Nursing*

Samira Soleimanpour, PhD, MPH  
*Philip R. Lee Institute for Health Policy Studies*

Sophia Navarro, MPH  
*Philip R. Lee Institute for Health Policy Studies*

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*Philip R. Lee Institute for Health Policy Studies and Adolescent and Young Adult Health National Resource Center, Division of Adolescent and Young Adult Health, Department of Pediatrics*

**UCSF**  
University of California  
San Francisco

DECEMBER 2021



# QUESTIONS?

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[Victoria.keeton@ucsf.edu](mailto:Victoria.keeton@ucsf.edu)