Case Examples: Responding to ACEs in an SBHC setting

Below are four fictional case examples, each with a possible SBHC team response. This section is intended to illustrate how the information provided for responding to ACEs might look in practice. You can read through each scenario and accompanying response or pull out the patient descriptions and work as a team or on your own to develop your own response.

CASE 1. A 15-year-old patient is seen for pre-diabetic concerns and childhood obesity and scores a 3 on the ACEs screening. Resilience question responses are: her best friend is a support, belief that she is good at theater, future hope is to graduate high school, and oversleeping as a sign of being stressed out. Further assessment identifies some sleep disturbance and tension in relationship with stepmother.

An ACEs score of three and accompanying clinical symptoms associated with prolonged exposure to toxic stress suggest moderate risk for toxic stress exposure and indicates a tier two response. The PCP might offer education around the impact of toxic stress on body fat storage and increased desire for fatty foods and work with the patient to understand why losing weight might be a challenge. After providing education, the PCP could work with the patient to create a plan that includes healthy fats in her diet and incorporating physical movement into her theater activities. Interventions might include the patient enlisting her friend to help her make these changes (commit to not texting each other past a certain time at night, sharing healthy snacks, going for a walk together, etc). In addition, sleep hygiene strategies can be addressed by the PCP. Be curious about what might get in the way of these plans (patient may say fighting with stepmother, not wanting to be home, too much to do, etc) and be prepared to offer interventions to manage stress. If an integrated BHP is available, a warm hand-off to reinforce behavior change support strategies and encourage follow-through of the plan to increase healthy habits may be beneficial. If securing healthy food or knowing how to shop for and/or prepare healthy food is a barrier, bringing in a patient navigator to support the patient and family in finding community resources would be appropriate. A patient educator or MA or other team member might be assigned to follow-up with the patient to monitor progress and needs.

- How can you apply H.E.A.R? What elements of CARMA will you foster? What building blocks of HOPE are evident? How can you combine these concepts to help the patient build resilience?
- What are other ways your SBHC might respond? What else (if anything) would you like to know and how might you go about getting that information? How might that information impact your response?

CASE 2. A 13-year-old patient is seen because his prescription for ADHD medication (from a previous provider) ran out four months ago and his parents want him to resume the medication. He completes the ACEs scores a 7 on the ACEs screening. Resilience question responses are basketball coach is a support, "IDK (I don’t know) for strengths, future hope is to play in the NBA, and “Can’t focus” is how he knows he is stressed out. Further assessment identifies that he is failing three classes and “vapes sometimes.”

An ACEs score of seven and accompanying clinical symptoms associated with prolonged exposure to toxic stress suggest high risk for toxic stress exposure and indicates a tier three response. The PCP might

provide education around the connection between exposure to toxic stress and impact on brain development, including impulsivity and focus and validate that those are difficult for the patient. The PCP could suggest mindfulness strategies to increase focus and have patient practice one activity during the visit. The PCP could build on the patient's passion for basketball and future sports plans while providing education on vaping and developing a care plan to decrease use by making the connection between vaping and impact on sports performance. In addition, the PCP might make a referral to the SBHC's behavioral health provider to develop more positive strategies for managing stress and attention and further trauma assessment. Another referral might be to talk to the school counselor about classroom needs and to ensure a release of information between the SBHC and school to allow all the supports to talk to one another. In addition, the patient might be encouraged to talk to his basketball coach about options for school support so he can stay on the team. The SBHC's patient navigator might be brought in to help patient follow-through with referrals and monitor needs.

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CASE 3. A 16-year-old patient is seen for chronic headaches and scores a 0 ACEs screening. Resilience question responses are her older sibling is a support, belief that she is good at taking care of animals, future hope is to become a vet and "feeling like I'm going to throw up" is how she recognizes she is stressed out. Further assessment identifies that she has acid reflux and recent hair loss and is worried about her grades.

An ACES score of zero does not indicate the patient has been exposed to toxic stress. However, the accompanying clinical symptoms suggest that she is experiencing negative effects of stress and would benefit from a tier two or three level response. The PCP might praise patient for her honesty and validate that she cares a lot about her school performance and future goals. Education can include how stress manifests in physical ways and a care plan might focus on brief interventions to cultivate healthy habits for self-care and stress management. The PCP might suggest including animals in these activities, such as taking the dog for a walk, or petting the cat mindfully and might also reinforce patient's ability to talk through things with her sibling. The PCP's care plan to address clinical symptoms would likely include a warm hand-off to the behavioral health provider and possible referral for follow-up behavioral health assessment and care. SBHC staff might also help patient identify school supports, such as a school counselor and/or peer support groups. Perhaps the patient educator at the SBHC is providing support to students that would be applicable for this student in managing stress. The patient would be set-up with appropriate SBHC staff for monitoring and follow-up needs.

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CASE 4. A 17-year-old patient comes to the SBHC for her scheduled depo shot. ACEs screening is not typically completed at these visits, so no score is collected. She has been a patient at the clinic for most of her high school career. While getting her vitals taken, she tells the MA that she and her partner of two years recently broke up and implies that the relationship was "toxic" and says she doesn't want to "end up like my mom and date losers who treat me badly." Further assessment shows she has lost 8 lbs since her last visit and she shares that she hasn't been very hungry and even if she was, food has been unpredictable at home since her mom lost her job.

This patient does not have a current ACEs score however discloses at least 1 ACE, possibly more, through conversation, which along with clinical symptoms, suggest a moderate risk for toxic stress exposure and indicates a tier two response. The MA can validate the patient's experience by saying "It sounds like you know what an unhealthy relationship is and want something different for yourself" and honor the patient's trust and reenforce her relationship with SBHC staff by saying "Thank you for sharing all of that with me, it's really helpful for us to know what is going on in your life to provide you with good care. I am glad you are comfortable sharing here." The MA then relays this information to PCP and to the patient navigator who will work with the patient on connections to community food resources and the school's food access programs. The PCP could provide anticipatory guidance on impacts of toxic stress on health and praise patient for her desire to take care of herself and make healthy choices to increase motivation for creating a care plan that includes stress management and building positive relationships as well as healthy eating. A warm hand-off to the behavioral health provider may be done if weight loss appears linked to emotional dysregulation and/or stress and/or there is a desire to further reinforce patient's desire for healthy relationships. If a medical cause is suspected as the primary reason for weight loss, that hand-off may not be done. Throughout the visit, all SBHC staff can continue to build their rapport with the patient and further establish the SBHC as a safe place for the patient.

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