

Adverse Childhood Experiences (ACEs): Discussion guide for general practitioners responding to the ACT Kindergarten Health Check (KHC)

Aim of this guide

This guide is designed to help general practitioners (GPs) positively engage with parents and carers regarding their responses to the Adverse Childhood Experiences (ACEs) questions in the ACT Kindergarten Health Check (KHC) questionnaire. It provides principles, practical considerations, techniques and further resources.

When completing the questionnaire, parents and carers are asked to nominate their family doctor or a medical practice, to whom ACT Health will provide the summarised results. They are also asked to only record the number of ACEs their child has been exposed to (their ACEs 'score'), rather than identify specific ACEs.

A family's particular circumstances are best discussed within a trusted health and medical setting, particularly where the focus is the young child's wellbeing. Raising and discussing ACEs scores in the context of a GP consultation can allow the right information, advice, support and follow-up to be sensitively and confidentially provided to parents and carers. This can often require a number of consultations.

When conducting any ACEs consultation, it is important to remain aware of mandatory reporting obligations where there are reasonable grounds to believe a child is significantly at risk.

Area for focus	Considerations, advice and discussion techniques	Knowledge and resources
A positive role for GPs	<p>Considerations</p> <ul style="list-style-type: none">• Childhood adversities can have significant impacts on children's current and future physical and mental health, making them legitimate concerns for GPs to raise with families.• GPs hold a position of trust with their patients. They are well-placed to have constructive discussions with parents about their children's adverse experiences and to help them plan the support they need.	<ul style="list-style-type: none">• <i>Adverse Childhood Experiences (ACEs): Summary of evidence and impacts</i> (Emerging Minds)• <i>Trauma and the child</i> (Emerging Minds)• <i>What are Adverse Childhood Experiences?</i> (Emerging Minds)• <i>Child Aware Practice</i> (Emerging Minds)• <i>Supporting child mental health in general practice</i> (Emerging Minds)

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<p>Principles to guide an ACEs discussion</p>	<ul style="list-style-type: none"> • Child safety and wellbeing – Assessing current risks to the child and ensuring their safety is paramount. Identifying physical and behavioural symptoms associated with ACEs is also important. • Parent wellbeing – Awareness of the health and wellbeing of parents is important. Advice and referral should reflect this. • Trust – Successful ACEs discussions are collaborative, respectful and non-judgemental. They are sensitive to a family’s circumstances, instil hope, and focus on parent, child and family strengths. • Resilience – ACEs discussions aim to help families build their capacity to withstand the impacts of recent adversity and prevent their children’s exposure to future incidences. • Time for discussion – It can take time for family members to feel secure in discussing their often-complex family circumstances. Pressuring for disclosures and quick responses is counter-productive and may damage your relationship, limiting future discussions. 	<ul style="list-style-type: none"> • <i>PERCS Conversation Guide summary</i> (Emerging Minds) • <i>Resilience: Our guiding principles</i> (Emerging Minds)
<p>Initiating an ACEs discussion</p>	<p>Considerations</p> <ul style="list-style-type: none"> • Parents’/carers’ feelings of shame, disempowerment, and fear of consequences can sometimes prevent them from talking about their children’s adversities. Reassure them that your aim is not to judge, but to support their child’s health and wellbeing, as well as their own. • Some parents/carers will have experienced childhood adversities themselves. This can make a discussion about their child’s ACEs more difficult. The health and wellbeing of the adults in a child’s life is critical to the child’s wellbeing, and should be considered when providing information, advice and referral. • Regardless of whether the parent/carer discusses their child’s ACEs score, the child should be examined to assess their level of risk, along with any symptoms associated with exposure to ACEs. (Sometimes a child’s somatic complaints – e.g. stomach ache with no apparent cause – can indicate other issues, such as anxiety or stress). 	<ul style="list-style-type: none"> • <i>Engaging Parents: An introduction</i> (Emerging Minds) • <i>Why is it difficult for parents to talk to practitioners about their children’s mental health?</i> (Emerging Minds) • <i>Supporting children in families with complex needs: Nine tips for practitioners</i> (Emerging Minds) • <i>Parent tip sheet: Adverse Childhood Experiences (ACEs) and children’s wellbeing</i> (Emerging Minds)

Areas for focus

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Example scenario for initiating an ACEs discussion:

As you go through the KHC results with the parent/carer:

"I noticed from the Kindergarten Health Check results that you wrote down that [child's name] had experienced X number of adverse events in their life."

Mention the relevance of ACEs to health; the benefits of intervening early; and the strong prospect of a positive and hopeful outlook.

"I'm interested because I know that sometimes the stress from these sorts of early experiences can affect a child's health later in life. The more experiences, the greater the possible effects. But if children and their families get the support they need early enough, the potential effects can be reduced and even prevented, and children can grow up to have the best life possible."

Invite the parent/caregiver to identify the particular adverse experiences.

"We all do what we can to keep our children safe and happy, but sometimes things don't always turn out the way we want. The Kindergarten Health Check asked about different sorts of adverse experiences that [child's name] might have had."

"When you wrote down that [child's name] had experienced X number of these, did you have particular ones in mind?"

The parent/carer could be given a copy of the KHC ACEs questions to refer to, or you could read them out.

Allow the parent/carer to expand at their own pace. Non-judgemental, empathic listening is important.

"That must have been a very difficult time for [child's name] and the family. Did these experiences happen recently, or some time ago?"

If the parent/carer is uncomfortable talking about ACEs, then acknowledge the difficulty of talking about these things; let them know you can still provide some information and advice that will help; and arrange another consultation to talk more about how their child is going at another time.

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<p>Continuing the discussion</p>	<p>Considerations</p> <ul style="list-style-type: none"> • Gaining an understanding of a child’s adverse experiences, their context, and the most promising ways forward can involve discussion over a number of consultations. • Knowing what the particular adverse experiences are, and determining any associated symptoms, will help with the advice and support you provide. • Inviting the child into the discussion at an appropriate level can be helpful, offering a chance to hear their own thoughts on their experiences. Children may not always see family circumstances in the same way as their parents; and parents may not always report, or be aware of, all of the child’s adverse experiences. • It may, in some cases, be necessary to talk with parents/carers about child-protection issues regarding their child. There is guidance available on how to conduct these discussions. 	<ul style="list-style-type: none"> • <i><u>Engaging with Children: A foundation</u></i> (Emerging Minds) • <i><u>Keeping children visible in practice responses to family and domestic violence</u></i> (Emerging Minds) • <i><u>Working with parents affected by alcohol and other drug use: Considering the needs of children in practice</u></i> (Australian Institute of Family Studies) • <i><u>Responding to children’s and young people’s disclosures of abuse</u></i> (Australian Institute of Family Studies) • <i><u>A guide to reporting child abuse & neglect in the ACT</u></i> (Community Services ACT)
<p>Next steps: Information, preventive advice and referral</p>	<p>Considerations</p> <ul style="list-style-type: none"> • For young children, it is the ways in which ACEs disrupt their primary caregiver relationships that leads to the most negative consequences. Safe, stable and nurturing relationships promote children’s appropriate development, and increase their resilience to, and recovery from, stressful experiences. • GPs can provide information, preventive advice and referral options that support the capacity of parents/carers to strengthen and maintain these relationships with their child. Parents/carers will benefit from three kinds of support: <ul style="list-style-type: none"> ○ Practical support – for the daily practicalities of parenting and family functioning (e.g. finances, transport, emergency help, household tasks, babysitters). ○ Information and skills support – e.g. reliable information about their child’s health, development and wellbeing, and their own health; skills in parenting. ○ Personal support – adult relationships and friendships that support personal wellbeing. 	<ul style="list-style-type: none"> • <i><u>Supporting children’s resilience in general practice</u></i> (Emerging Minds) • <i><u>Parent tip sheet – Adverse Childhood Experiences (ACEs) and resilience</u></i> (Emerging Minds) • <i><u>Sharing information with parents about children’s social and emotional wellbeing</u></i> (Emerging Minds) • <i><u>Supporting parents of pre-teen children with mild to moderate anxiety</u></i> (Emerging Minds) • <i><u>Parent child play: Conversation guide</u></i> (Emerging Minds) • <i><u>Family and domestic violence and child aware practice: Principles and practice</u></i> (Emerging Minds)

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	<ul style="list-style-type: none"> • Providing information and advice to parents about how to promote their child's or their own health and wellbeing, or about health and welfare services, community groups/activities, or parenting skill courses is often sufficient. • Some cases may require formal referral of the child or parent/carer to specialist health services (e.g. drug and alcohol services, paediatricians, psychologists). • Even if the parent/carer does not disclose what their child's ACEs were, advice about general strategies to build the child's resilience can still be provided. <p>The type of approach (providing information and advice, or a referral) will depend on the particular circumstances of each case. However, the following guidelines are recommended:</p> <ul style="list-style-type: none"> • ACEs score 1-3 (without ACEs-associated symptoms): <ul style="list-style-type: none"> ○ At the next family appointment, provide general information on ACEs, their potential health effects, and what promotes resilience (e.g. provide the Emerging Minds parent tip sheet <i><u>Adverse Childhood Experiences [ACEs] and children's wellbeing</u></i>). More than one appointment may be needed. ○ Invite the parent/carer to indicate the types of ACEs their child experienced, and the context. ○ Talk with the parent/carer about their relationship with their child, and forms of support the parent/carer has or needs. Gain the child's perspectives as appropriate. Advise about local services that can provide support, and measures that the parent/carer can take. ○ Talk to the parent/carer about their health and behaviours. Provide advice or referral accordingly. ○ Arrange further consultation(s) to monitor the child's and parent's health and wellbeing, and support needs. 	<ul style="list-style-type: none"> • <i><u>Parental substance use and child aware practice</u></i> (Emerging Minds) • <i><u>Framework for understanding Aboriginal approaches to health</u></i> (Emerging Minds) • <i><u>Supporting the social and emotional wellbeing of Aboriginal and Torres Strait Islander children through a collaborative community approach</u></i> (Child Family Community Australia and Emerging Minds) • <i><u>HealthPathways</u></i> (Capital Health Network referral website)

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	<ul style="list-style-type: none"> • ACEs score 1-3 (with symptoms) or ACEs score 4+: <ul style="list-style-type: none"> o Proactively contact the family for a consultation regarding their ACEs score. o Provide the parent/carer with general information as above, emphasising that the higher the number of ACEs, the greater the risk to the child's health. o Invite the parent/carer to indicate the relevant ACEs and their context, as above. If the ACEs score is high, consider the possibility of physical or sexual abuse. o Discuss their relationship with the child, and support needs, as above. o Consider the child's health, mental health and behavioural symptomatology, paying particular attention to their Strengths and Difficulties (SDQ) and Evaluation of Developmental Status (PEDS) scores, and advise, treat or refer as appropriate. o Consider the parent/carer's health and behaviours and invite them in for their own appointment to advise, treat or refer accordingly. o Where possible, proactively provide information, advice and referral targeted to the specific ACEs in question (e.g. with parent/carer consent, make a phone call during consultation to arrange connection with specific services and support for either or both child and parent/carer). <p>In all cases, future family consultations should routinely include a discussion about ACEs.</p>	

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