California Tribal Epidemiology Center
California Rural Indian Health Board, Inc.

Tribal Adverse Childhood Experiences Tool

Implementation Guide

GRATITUDE

We would like to take a moment to acknowledge and appreciate everyone involved in this work. This was the result of the effort, dedication, and commitment of many individuals.

First, this would not be possible without the community members whose stories, experiences, and input guided the development of this tool. Thank you for sharing your experiences, the community needs, and most of all the strength of community. Our hope is to honor your voice.

Second, thank you to the Tribal health professionals who were a voice for their community and who served as subject matter experts and guides in this work. This is possible because of your efforts and the healing work that has been done for generations.

Lastly, numerous individuals contributed to the development, implementation, and validation of this tool. We tried our best to capture everyone that contributed here. This project was several years in the making, and will continue, as we continue to work together to elevate the health and well-being of our Indigenous communities. Thank you to all the following individuals, and to those we may have not listed here, accept our sincere gratitude for all you have contributed.

Antoinette Medina, MPA
Gabrielino-Tongva Nation
California Rural Indian Health Board, Inc.

Vanesscia Cresci, MSW MPA
Navajo
California Rural Indian Health Board, Inc.

Kathleen Jack, MPH
Shoshone Paiute
California Rural Indian Health Board, Inc.

Aurimar Ayala, MPH
California Rural Indian Health Board, Inc.

Daniel Domaguin, LCSW
California Rural Indian Health Board, Inc.

Gemalli Austin, DrPH RD CDCES
Lake County Tribal Health Consortium

Darnell Aparicio
Manchester-Point Arena Band of Pomo Indians
Lake County Tribal Health Consortium

Alison Whitemore, LCSW RPT
Pomo
Sonoma County Indian Health Project Inc.

Daphne G.Colacion, BA
Lake County Tribal Health Consortium, Inc.

Cathy Ferron, MBA
Ferron & Associates

Melinda Davis
Bishop Paiute
Toiyabe Indian Health Project, Inc.

Katherine Ferry, BA
Sonoma County Indian Health Project, Inc.

Allyson Kelley, DrPH
Allyson Kelley & Associates PLLC

Somya Mohanty, PhD
Allyson Kelley & Associates PLLC

Prashanti Manda, PhD
Allyson Kelley & Associates PLLC

Julia Wrobel, PhD
Allyson Kelley & Associates PLLC

Omara Farooq, MPH
California Rural Indian Health Board, Inc.

Kelley Milligan, MPH
Allyson Kelley & Associates PLLC

Jillian Jetson, MPH
California Rural Indian Health Board, Inc.

CTEC Advisory Committee
California Rural Indian Health Board, Inc.

CONTENTS

OUR STORY

California Rural Indian Health Board, Inc.'s California Tribal Epidemiology Center

The California Rural Indian Health Board, Inc.'s (CRIHB) California Tribal Epidemiology Center (CTEC), together in partnership with Allyson Kelley & Associates, PLLC, developed the Tribal Adverse Childhood Experiences Screening tool in response to the need for screening tools that reflect Indigenous experiences.

The Tribal Adverse Childhood Experiences (TACE) project was funded by the Centers for Disease Control and Prevention (CDC) Tribal Epidemiology Center Public Health Infrastructure program (Award #NU58DP006378) awarded to the California Rural Indian Health Board, Inc.'s California Tribal Epidemiology Center between 2017-2022.

Development of the TACE Tool

The TACE tool was developed using a community engaged process. Tribal health professionals, subject matter experts, public and behavioral health consultants, advisory committee members, and Tribal community members all provided feedback that led to the development of the TACE tool, a culturally relevant tool that could be used to document trauma and resilience in tribal communities. This documentation could lead to data driven prevention, intervention, and treatment strategies.

This is the first-ever tribally-specific validated tool to measure adverse childhood experiences while balancing protective factors such as resilience, community, and connections. Through the use of the TACE tool, providers, programs, and communities will be better equipped to develop and implement prevention and intervention strategies that address ACEs and build on community strengths. This collective work may be used to promote new trauma-informed care practices that heal and restore wellbeing in all tribal populations.

> **"There is no way to recover, unless we uncover."**
>
> – Darnell Aparicio, Manchester-Point Arena Band of Pomo Indians

ABOUT THE TACE TOOL

Why Screen for Adverse Childhood Experiences?

Early childhood trauma and toxic stress can have negative, long-lasting effects on health, wellbeing, and opportunity for individuals and populations. Early exposure to trauma can disrupt healthy development, affect social development, compromise immune systems, and can lead to unhealthy coping behaviors.[1-6]

The effects of childhood trauma and toxic stress was first highlighted with the CDC-Kaiser Adverse Childhood Experiences Study in the 1990s.

What is the TACE Screening Tool?

Since the CDC-Kaiser study, the adverse childhood experiences (ACE) instrument has been used for more than 30 years to document high rates of trauma in all populations. But the ACE tool fails to recognize the strengths and resilience of individuals and may over pathologize trauma histories and perpetuate deficit focused narratives based on a colonial model of health when used in Indigenous communities. For years community members, providers, and clinicians called for screening and assessment tools that reflect Indigenous experiences and values.

In response to the need, the TACE tool was developed, through extensive community engagement. The tool documents Indigenous trauma experiences and existing resilience and strengths-based measures to better inform prevention, intervention, and treatment strategies for Indigenous communities.

Who Should Use the Tool?

The tool can be used by clinical providers, prevention programs, and educators.

What constructs does the TACE Tool Screen for?

Demographics

Adverse Childhood Experiences (ACE)

Expanded ACEs – community level indicators

Resilience

Cultural Connectedness

TACE IMPLEMENTATION

How to Screen for TACES

There are many considerations on how to screen for TACEs.

Who should administer the tool? Trained clinicans, educators, therapists, prevention and intervention programs interested in documenting ACEs and resilience, and more. It is essential that individuals utilizing the tool are familiar with the sensitive nature of some questions.

Please Note When Screening for TACES

Several of the questions on the TACE screening tool are extremely sensitive and may be triggering for individuals who have experienced trauma. When disseminating the tool, it is highly recommended to have local Tribal behavioral health clinicians that works available for follow-up or support if the individual is interested.

Where and When Should the TACE Tool be Administered?

The TACE tool can be used for universal screening community-wide or in specific settings, such as behavioral health, primary care, or specialty settings like pediatrics or Obstetrics and Gynecology. For example, if planning targeted interventions, the tool could be used with expectant parents within obstetrics and gynecology.

Connect with your Local Tribal Behavior Health Program

To identify your local Tribal Health Program, please visit California Health Programs | Health Programs (ihs.gov).

PROCESS FOR TOOL IMPLEMENTATION

These are the recommended steps for implementing the TACE screening tool in your community.

Step 1: Identify your approach and define your process

- Identify whether the screening tool will be implemented community-wide or with targeted populations (e.g., expectant parents) in behavioral health, primary care, or other setting.
- Define your data collection process and methods.
- Pre-identify partners or Tribal Health Programs that can provide information, resources, and services to support community members where this is disseminated.
- Identify how the data will be shared and used after being collected.

Step 2: Obtain leadership support

- Share the tool and your process with your leadership team.
- Describe the importance of screening for TACEs, the way this information and individual privacy will be protected, and how the data will be used. Obtain and incorporate their input into the process.

Step 3: Implement the TACE screening tool

- Once you define the process, obtain support, and go through the required approval processes within your local community, implement the TACE screening tool. Be sure to have supportive connections, resources, and referral sources when needed.
- In the state of California, the TACE tool is eligible for reimbursement from the Centers for Medicare & Medicaid Services. See Reimbursement Section for more information.

Step 4: Analyze the data

- Analyze the data to identify the trauma and resilience experiences most pertinent to your community.

Step 5: Share the data with pre-identified decision makers

- Share aggregated data with Tribal leadership, Tribal Health Program directors, local program staff, or community members. The data can bring awareness to the strengths and needs within the community and can inform future grant applications, program development, or prevention and intervention strategies.

Step 6: Define and implement strategies that will address findings

- Implement prevention and intervention strategies that can promote physical, mental, emotional, and spiritual wellbeing.

PREVENTION AND INTERVENTION STRATEGIES FOR INDIGENOUS COMMUNITIES

Screening for trauma and resilience alone is not enough. Uncovering the individual or community trauma experience can start important healing processes through prevention, intervention, or treatment. There are several evidence-based or tribal best practice strategies that have promising results in addressing trauma and promoting resilience in Indigenous communities. However, more are needed. Tribal communities need innovative community-level approaches, rigorous evaluations, and sharing of Tribal practices to prevention, intervention, and treatment.

Additional Resources

For a list of community and provider-related strategies that help address trauma and promote wellbeing and trauma-informed care, click links below:

- **Community Prevention and Intervention Strategies**
- **Strategies to Promote Trauma-Informed Care Among Providers**

SCORING THE TACE TOOL

Scoring ACEs

For the 22-question ACE section, for every Yes, More Than Once, A Few Times, which indicates an adverse experience, enter 1. Add up the "Yes" answers for your ACE score. The absence of adverse experiences, indicated by No or Never are scored as 0. The total ACE score is calculated by counting the total number of 1's in a survey response. An ACE score of 22 is the maximum. In our previous sample, a total ACE score of 7 or above was considered a positive indication of trauma and a score of <=6 was a negative indication of trauma.

Be careful when interpreting the ACE score. While higher scores indicate higher levels of childhood trauma, this is not the entire picture. An individual's coping and resilience measures might also be high, and these can be examined through the TACE tool results.

Resilience

Use the eight questions about resilience, social support, self-esteem, and meaning to calculate a mean score. This is based on a 5-point Likert-type scale where 1= Disagree, and 5= Agree, higher mean scores indicate greater resilience. See the TACE validation summary for mean scores in the previous study sample.

Coping

Use the four questions about coping, support, actions, and beliefs to calculate a mean score. This is based on a 5-point Likert-type scale where 1= Disagree, and 5= Agree, higher mean scores indicate healthier coping. See the TACE validation summary for mean scores in the previous study sample.

Culture and Community

Use the ten questions about AIAN status, cultural knowledge and connections, language use, community attachment, and sense of community to calculate a mean score. This is based on a 5-point Likert-type scale where 1= Disagree, and 5= Agree or 1= Very Weak to 5= Very Strong, higher mean scores indicate greater agreement and stronger connections to culture and community. See the TACE validation summary for mean scores in the previous study sample.

TACE TOOL REIMBURSEMENT PROCESS FOR CALIFORNIA SITES

Effective January 1, 2020, California began providing a $29 Medi-Cal payment for conducting qualifying ACE screenings for pediatric and adult patients (up to age 65) with full-scope Medi-Cal, as part of the ACEs Aware initiative. This payment is intended to incentivize clinical teams to learn about and adopt ACE screening and the principles of trauma-informed care into their practices.

CRIHB worked with the Centers for Medicare & Medicaid Services to ensure the TACE tool would also be eligible for reimbursement. Please note, the 10-question ACE module is the eligible section and is required if submitting for reimbursement. The resilience measures do not need to be submitted.

For more information about reimbursement:

- **ACEs Aware Initiative Learn about Screening**

CASE STUDY

How One Tribal Health Program Implemented the TACE Tool

In March 2019, CRIHB CTEC recruited three THPs to participate in a TACE pilot project. The program piloted the TACE screening tool and implemented community and provider-based strategies to promote both wellbeing and trauma-informed care. This case study describes how one rural THP implemented the TACE program.

TACE Implementation Highlights

#1

Leveraged inter-department collaboration within the THP

#2

Facilitated by community members and program staff that are trusted

#3

The tool and process supported individual and community healing

"This project was about relationships…and healing. People in the community knew the project leads, so they felt comfortable answering these types of questions. A lot of people, after they took the tool, they opened up and shared the trauma they had experienced…it was healing for them to talk about, to understand it. Even though we endured lots of trauma, with all that we dealt with…this tool reminded us we didn't lose everything….we still have cultural avenues to retain, our foods, traditions, and language. These give us strength."

– California Tribal Health Professional

Method

Universal Screening

Eligibility Criteria

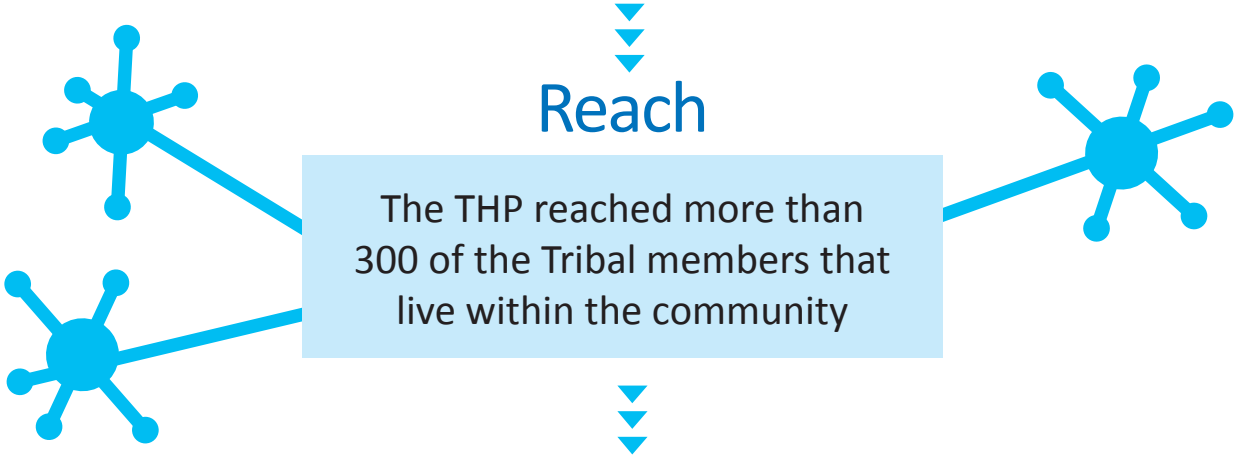
18 years of age and older

Identify as **AIAN** or **have immediate family that identify as AIAN**

Recruitment

Participants were recruited through convenience sampling at the clinic, mailers, and by community health representatives (CHRs) through door-to-door visits. Participants completed the tool on paper or via an electronic link.

Reach



The THP reached more than 300 of the Tribal members that live within the community

Intervention Strategy

Community Strategy
Virtual Gathering of Native Americans

Provider
Trauma-Informed Care Training

NEXT STEPS IN TRAUMA AND RESILIENCE WORK

The TACE tool is an important first step to address trauma and promote wellbeing in Indigenous communities. Through use of the tool, providers, programs, and communities will be better equipped to develop and implement prevention and intervention strategies that address ACEs and build on community strengths. However, screening alone is not enough. There is still a need for innovative evidence-based prevention and intervention strategies in Tribal communities that address the root cause of trauma, prevent ACEs, and increase protective factors. This can be supported by conducting rigorous evaluation of new strategies that target ACEs among Indigenous populations. Evaluation can document successes and define opportunities that can be shared with Tribal partners and guide future work. Furthermore, trauma-informed care is needed at the community level and within Tribal and Tribal-serving organizations. Trauma-informed care practices promote a culture of safety, empowerment, and is another avenue that supports healing.

ADDITIONAL RESOURCES

Resources to Support your TACE Work

- Incorporating Indigenous Perspectives: Trauma and Resilience in Native Communities California Tribal Health Professionals Reflections on Trauma, Resilience, Screening, and Trauma-Informed Care
- Tribal Adverse Childhood Experiences Survey (TACE) Validation Summary
- Provider Trauma-Informed Care Strategies
- Community Trauma and Resilience Prevention and Intervention Strategies

ACE-Related Resources and Information

- ACES Aware Initiative
- CDC Adverse Childhood Experiences
- CDC Adverse Childhood Experiences: Leveraging the Best Evidence Available
- Center for Health Care Strategies – Screening for Adverse Childhood Experiences and Trauma

References

1 Shonkoff, J. P., & Phillips, D. A. (eds). (2000). From neurons to neighborhoods: The science of early childhood development. National Research Council and Institute of Medicine. Washington DC: National Academy Press.

2 Shonkoff, J. P., Garner, A. S., & Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics, 129(1), e232-e246.

3 Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J,. & Croft, J. B. (2002). Adverse Childhood Experiences and personal alcohol abuse as an adult. Addictive Behaviors, 27(5), 713-725.

4 Dube, S.R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experience Study. Pediatrics, 111(3), 564-572.

5 Anda, R. F., Whitfield, C. L., Felitti, V. J., Chapman, D., Edwards, V. J., Dube, S. R., & Williamson, D. F. (2002) Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. Psychiatric Services, 53(8), 1001-1009.

6 Hillis, S. D., Anda, R. F., Felitti, V. J., & Marchbanks, P. A. (2001). Adverse childhood experiences and sexual risk behaviors in women: a retrospective cohort study. Family Planning Perspectives, 33, 206-211.

For more information about the TACE project:

Contact Antoinette Medina at amedina@crihb.org or visit www.crihb.org/ctec