How and Why to Ask Patients about Childhood Adversity: The C.A.R.E. Method



Talking about adverse childhood experiences, or ACEs, could improve your relationship with patients.

SAFE ENVIRONMENT

A history of adversity in childhood is a risk factor for many health problems yet most doctors don't ask about it.





Simply providing a safe environment to talk about ACEs, listening to what patients say, and believing them, is often beneficial.

CARE METHOD

The CARE method is a way to ask about ACEs respectfully and efficiently.

CONSENT

C is for Consent. You could ask "Some childhood and young adult experiences, that are pretty common, but difficult, can affect your health later in life. I'd like to ask you about things that may have happened when you were younger. Is that okay?"

1. CONSENT 2.ASK3. **R**EFLECT 4. ENGAGE









A is for Asking. You don't have to be precise. It may be better to give a little list that conveys the general idea. The list sort of gives your patient permission to describe other similar things. You might say: "When you were young, did you have experiences that were frightening, or that made you feel unsafe?







R is for Reflecting. Validate what your patient has told you and indicate that you're willing to think and talk about it together. You can say: *"Thank you for sharing that. Sometimes experiences like that have an impact on how you respond to stress later in life. I wonder if you draw any connection between those events and your current situation."*







E is for Engaging. Defer to your patient about what comes next. You can say: "Are you comfortable sharing more with me?" Or "Is this something you would like to talk more about at another time?" Listen to what your patient says and follow their lead.



CARE

Asking about ACEs is a good investment in understanding your patients and improving you treatment relationship.