

Checklist prior to ACE questionnaire administration:
(All answers should be yes for ideal Trauma-Informed Care)
NEAS = Neurobiologically-Effective Adult Support (see Handbook or Website)

- Do I have a clear plan of how asking about trauma might translate into benefit for this patient?
- Do I know how to provide the necessary NEAS for this particular person (ie co-regulate to safety prior to ending the visit), even if score is zero ?
- Do I have time to provide the necessary NEAS during/after the asking?
- Have I done my own ABSees of Dis-Ease if I am stressed out today/now?
- Do I know how to respond with NEAS to the patient if the submitted ACE score is low or zero?
- Have I considered the possibility of illiteracy, or near illiteracy, in that patient?
- Have I considered the possibility that the part of this patient that is responding may not be the same as the part of them who will be hurting at home? (Dissociation)
- Do I know how to assess for who is at higher risk for adverse events (feeling unheard, triggered) with an ACE score application?
- Do I know how to recognize when and if the patient has been triggered? (Including the 'Numbed' patient who looks fine)
- Do I know how to respond as a NEAS to a patient who has been triggered?
- Does this patient have NEAS support at home?
- If this patient discloses ACEs, trauma, or distress, am I prepared to keep following them (weekly if needed) even if they are seeing a counsellor?
 - Even if their behaviour is demanding or difficult for me? (borderline type)?
- If I refer the patient to other resources (counsellor, therapist, psychiatrist) do I know how to avoid sending nonverbal message of abandonment?
- If the patient scores low or zero on ACE, or denies trauma in history, do I have a method to avoid sending nonverbal message of abandonment?
- Do I know what sorts of therapies work best for Complex Trauma and Dissociation in my community, so that I can appropriately refer?
- Have I "tried out" some of my local therapists so I can understand their approaches, styles, and knowledge/skill base prior to referring?
- Have I asked in a way that a patient with score of zero will know they can disclose later on to me if wanting to?

ACE Scores or Trauma Inquiry Can Be Falsely Negative or Low
multiple reasons, including:

- Age when ACEs or Trauma(s) occurred
 - Overwhelming Trauma
- Overwhelming Trauma occurring during that time period of life when there were ACEs
 - "Do not talk" rule
 - Do not trust (us, the process)
- Blocking of memory from consciousness
 - (called "phobia of recall")
 - Dissociation
 - Other forms of blocking