



**Primary Care
Alberta**

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Enabling Trauma-Informed Care in Primary and Community Care

**With a Focus on
Adverse Childhood Experiences**

A Resource Guide for Care Providers



Updated March 2026



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This resource guide has been developed by Primary Care Alberta with the support and input by Alberta Health Services, Recovery Alberta, and primary care and community partners.

Comments or Questions?

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Welcome

Welcome to the Trauma-Informed Care (TIC) and Adverse Childhood Experiences (ACEs) Resource Guide.

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Disclosure & Copyright

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Land Acknowledgment

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We recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7 & Treaty 8 and the homeland of the Métis Nation of Alberta and 8 Metis Settlements.

We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.



Purpose of this Resource Guide

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Raise Awareness

about Trauma-Informed Practices in
addressing ACEs and other Social
Determinants of Health (SDoH)



Support Teams

with the knowledge, inspiration, tools and
resources to take action.

Audience

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This resource guide is intended for a broad range of multidisciplinary teams and providers in primary care and community care settings.



How to Use This Guide

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This resource guide is self learning tool. You can review the guide in one sitting or pause and continue later. The guide consists of four main sections:

- Learn
- Get Inspired
- Tools to Take Action
- Resources

You can apply any part of the guide to support your personal learning, teams learning, and project planning endeavors.



LEARN



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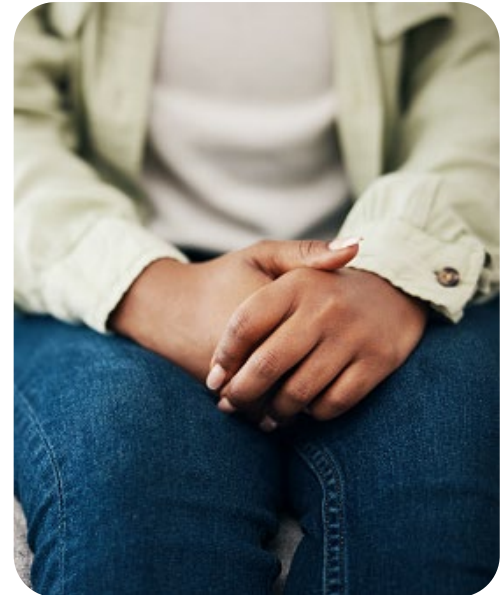
What is Trauma?

Trauma is defined as an experience that overwhelms an individual's capacity to cope.

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- Traumatic experiences can refer to one or a series of events or circumstances.
- Trauma can also be ongoing, such as chronic physical or emotional abuse, or living with housing and food insecurity.
- Trauma and its negative consequences can be passed down through generations.



How Common is Trauma?

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Trauma can happen to people of all ages, demographics, and socio-economic status.

- In Canada, 76% of adults report some form of trauma exposure in their lifetime.
- Common effects of trauma include fatigue, insomnia, fear and anxiety, irritability and anger, confusion, guilt or self-blame and addictive behaviours.



What is Intergenerational Trauma?

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- Intergenerational trauma theory indicates that a person does not have to directly experience such events to suffer from the trauma past generations have endured.
- ACEs are examples of traumatic experiences which can impact people of all ages and are often intergenerational.



What is TIC?

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- Simply put, TIC is a way of interacting with others, and not a specific set of techniques.
- TIC involves ensuring that services do not re-traumatize individuals and that traumatic experiences are not minimized.
- Care, compassion, and understanding are essential elements of TIC.



Video: What is TIC?

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This 3-minute video provides insights on caring for patients with exposure to trauma, including abuse, neglect, and violence.

Core Elements of TIC

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TIC shifts the focus from
"What's wrong with you?" to
"What happened to you?"

- TIC aims to recognize, understand, and empathize with the impact of trauma on an individual and those around them.
- TIC seeks to eliminate the anxiety and triggering environment around receiving medical care for those with trauma.



Why a TIC Approach?

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- A trauma informed care approach acknowledges the importance of understanding what a patient has experienced or is currently experiencing and how it might affect their physical and psychological well-being.
- Trauma informed care can be used in addressing Social Determinants of Health (SDoH) and traumatic experiences such as Adverse Childhood Experiences (ACEs).



Rationale for TIC Approaches in Primary Care

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- Patients, families and/or caregivers present to primary care clinics with a variety of experiences, including exposure to ACEs and other SDoH.
- Primary Care is an ideal setting for screening, health promotion, and disease prevention.
- The Provider/Patient relationship creates a safe space to discuss adverse experiences.



Video: What is Trauma-Informed Practice?

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Trauma-informed practice is about creating a school environment where every student feels safe and supported; where staff understand how trauma affects behaviour and emotions. (5:46 min).



Benefits of TIC for Providers and Teams

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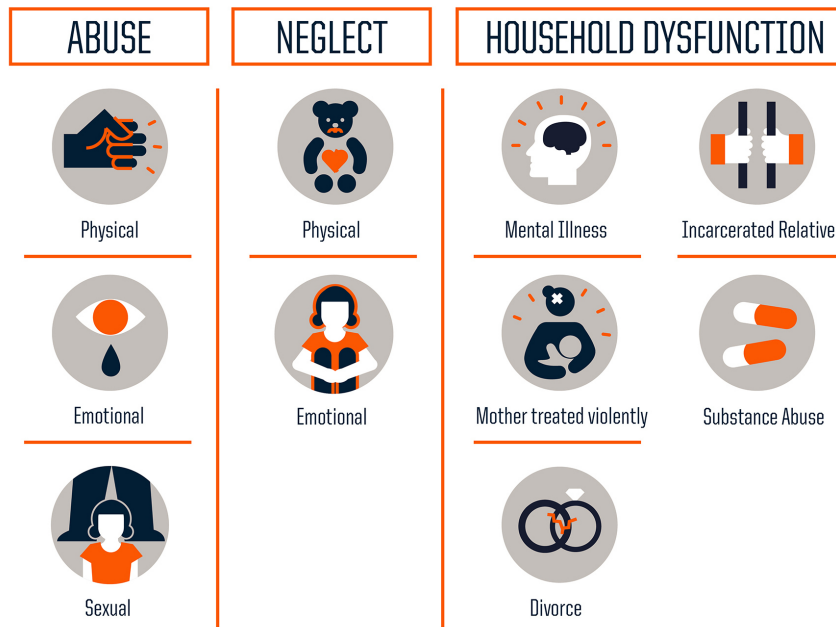
- Promotes better understanding of the “whole person” and their unique circumstances such as ACEs, financial strain, food insecurity, and other SDoH.
- ACEs history can be recorded in the EMR for better care coordination.
- Supports a person/family-centred, equitable, targeted, and quality care.
- Builds trust and safety in the Patient Medical Home (PMH).
- Potentially reduces health care costs by early intervention.
- Referral to TIC services can support and improve lives of at-risk children, youth, adults, and families.
- Improves providers’ experiences.

What are ACEs?

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- ACEs are negative, stressful, traumatizing event that occur before the age of 18 and can confer health, mental, and emotional risks across the lifespan.
- Some example of ACEs include:



Video: Understanding ACEs

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In this 7-minute video, Dr. Nadine Burke Harris, California's first Surgeon General, talks about understanding ACEs.

Common Elements of ACEs

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- ACEs are quite common.
- ACEs can affect people of all income and social levels.
- More ACEs means higher chance of toxic stress.
- ACEs accumulate over time (we can't un-experience something).
- ACEs can increase risk for toxic stress unless protective factors such as supportive relationships and building resilience are present.
- Toxic stress can cause poor health – physically, mentally and emotionally.



What is Toxic Stress?

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- Toxic stress occurs in response to excessive or prolonged exposure to stressful situations
- Toxic stress can harm a person's long-term health.
- ACEs such as abuse and neglect can cause toxic stress and harm a child's long-term health.



Video: What is Toxic Stress?

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This 4-minute video explains how negative experiences in childhood can impose large costs on brain health and development later in life.



Who is at Risk of ACEs?

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- Evidence suggests around 3 in every 5 Canadian adults aged 45 to 85 have been exposed to ACEs including abuse, neglect, intimate partner violence or other household adversity.
- People with factors such as racial/ethnic minority groups might be at risk.
- Indigenous Canadians experience a significantly higher risk for childhood violence.
- In Canada, the most prevalent types of ACEs are associated with physical abuse (25.7%), intimate partner violence (22.4%) and emotional abuse (21.8%)

Alberta ACEs Study

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27.2% experienced abuse

49.1% experienced family dysfunction

Individuals with increased ACEs were more likely to:

- be diagnosed with mental health conditions or addiction in adulthood
- perceive their physical health, emotional health, and social support as poor

Alberta Adverse Childhood Experiences Survey, 2013

ACEs rarely occur in isolation

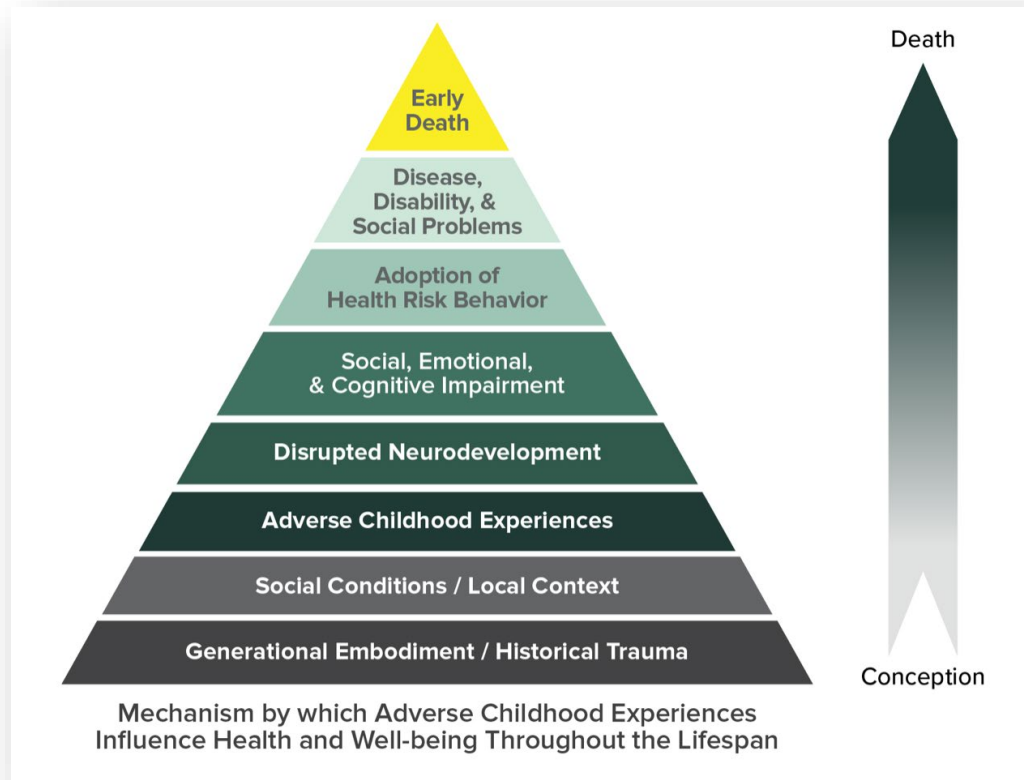
Almost 50% of the risk for poor adult health outcomes could be attributed to ACEs

McDonald & Tough, 2016

Mechanisms by Which ACEs Influence Health and Well-Being Throughout the Lifespan

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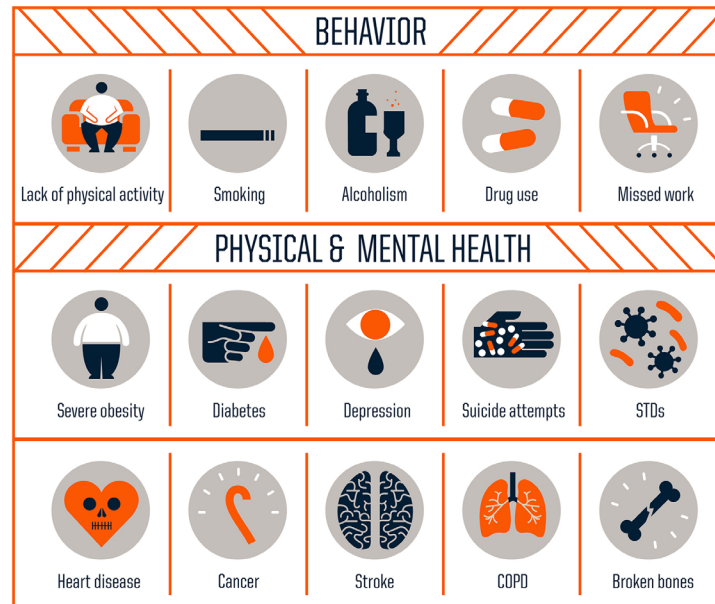


Long-Term Effects of ACEs

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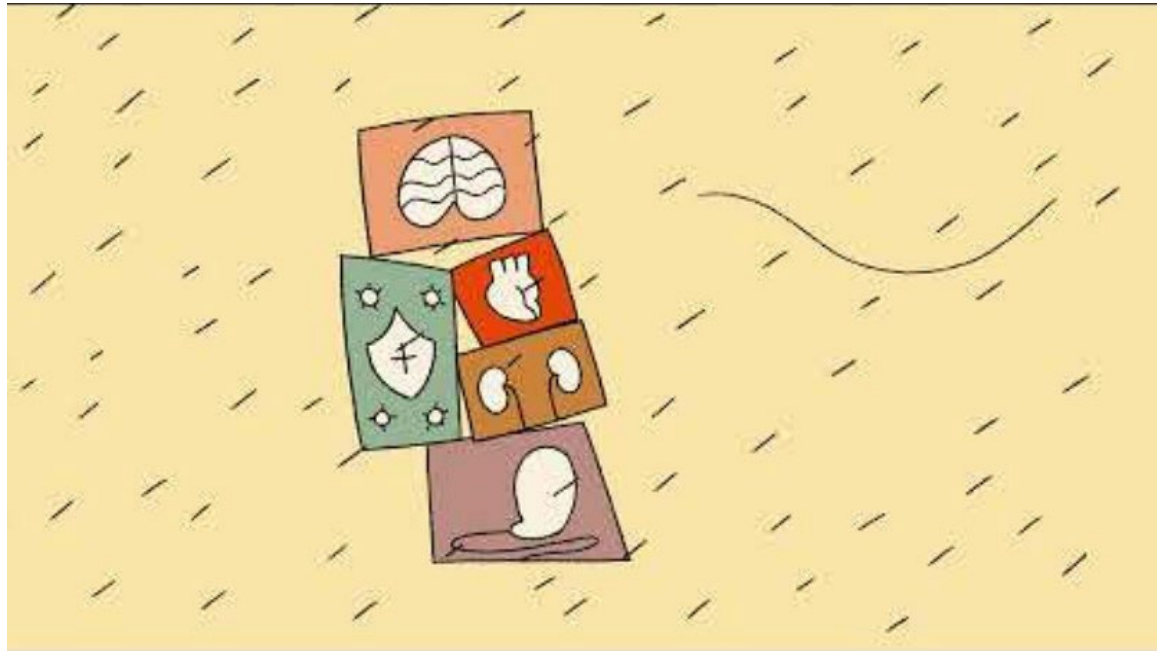
- According to the ACEs study, a rough childhood leads to high risk for later health problems.
- Adults who have experienced ACEs are more likely to report mental health conditions, cardiovascular disease, diabetes, and many other chronic conditions.



Video: How Early Childhood Experiences Affect Lifelong Health and Learning

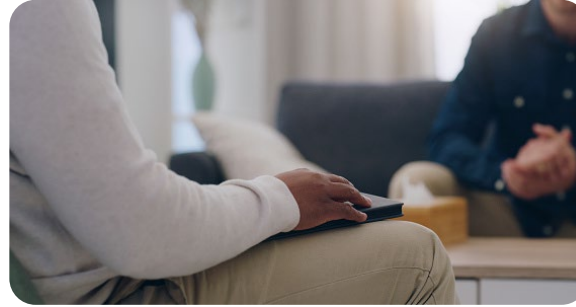
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In this 5-minute animated video, Dr. Jack P. Shonkoff, M.D., Director at the Center on the Developing Child Harvard University, narrates how early experiences affects lifelong health.

Why Ask for ACEs History in Primary Care?



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- Studies suggest that majority of patients and families find ACEs history taking in primary care acceptable.
- Most patients felt the discussion of ACEs enhanced their relationship with their health care provider.
- Clinicians gain understanding of their patients' background and report increased empathy.
- Studies found that providers and staff found the inclusion of ACEs history taking manageable without significant disruption to office flow.

GET INSPIRED



Use the following videos to start
trauma informed conversations
with your team

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Video: Brain Story Certification Graduate: Dr. Teresa Killam (Calgary Foothills PCN)

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In this 2-minute video, Dr. Teresa Killam of Calgary Foothills PCN talks about Adverse Childhood Experiences and Brain Story.

Video: Screening for ACEs: A Pediatrician's Story

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aces aware
SCREEN. TREAT. HEAL.

Screening for ACEs: A Pediatrician's Story



In this 3-minute video, see why Dr. Eric Ball screens for ACEs and how he uses resiliency tools to best serve his patients and strengthen his team and practice.

[Screening for ACEs: A Pediatrician's Story featuring Dr. Eric Ball \(youtube.com\)](#)

Video: Ignoring Trauma in the Practice Setting

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Providers share how a trauma-informed approach has helped them address burnout and rediscover joy in practicing medicine. (1:30 min).

Video: TIC Can Help Improve Health Outcomes

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In this 2-minute video, hear providers and patients discuss how trauma-informed care practices have positively impacted their health.

TAKE ACTION

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Use the following suggested actions and tools to support TIC approaches in practice

Challenges to Asking Patients, Families, and/or Caregivers About ACEs

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- Lack of time.
- Lack of provider comfort and fear of providing an adequate support to patients, families, and/or caregivers.
- Uncertainty of how to discuss past trauma.
- Perceived patient, family and/or caregivers distress.
- Provider's lack of confidence on the topic.
- Perceptions that ACEs are outside of Provider core function.



Suggestions to Support ACEs Conversations with Patients, Families, and/or Caregivers

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- Review and explain significance of the ACEs score
- Have the patient or caregiver complete the ACEs questionnaire
- Engage nonjudgmentally with the patient
- Acknowledge the strength and resiliency of a patient who has a high ACE score
- Use **OARS** to facilitate engagement.



OARS Framework for Engagement

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O

- **Open ended:** Ask the patient/family open-ended questions

A

- **Affirmations:** genuinely convey respect, understanding, and support. Recognize and reinforce success

R

- **Reflective Listening:** mirror what the patient/family is saying

S

- **Summary Statements:** paraphrase and/or pull-out key points from the conversation

Video: The Care Method of Screening for ACEs

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This 7-minute video from Mount Sinai Hospital, Toronto introduces how to safely ask adult patients about ACEs.

Original ACEs Questionnaire

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CDC 10-question ACEs Questionnaire

Adverse Childhood Experiences Questionnaire
Adapted from BRFSS Screening Questionnaire (CDC)
To be completed by Clinician with Parent/Guardian or Child/Youth

Today's Date: _____

Child's Name: _____

Date of Birth: _____

Your Name: _____

Relationship to Child: _____

Stressful life events experienced by children and teens can have a profound affect on their physical and mental health. This questionnaire can assist your healthcare provider in assessing these stresses. Please read each statement below and indicate whether it applies to the you or your child/teen.

Item	1= Yes/0= No
A person in the household often or very often acted in a way that made the child/teen afraid that they would be hurt (e.g., sworn at, insulted, put down, humiliated)	
A person in the household often or very often hit, pushed, grabbed, or slapped the child/teen so hard that they had marks or were injured	
A person touched the child/teen's private parts or asked them to touch their private parts	
Child/teen often or very often felt that people they lived with did not love them, look out for each other, feel close to each other, or were a source of strength and support	
Child/teen often or very often did not have enough to eat or clean clothes to wear, and did not have someone to take care of and protect them	
Child/teen's parents or guardians were separated or divorced	
Child/teen witnessed a person in the household being pushed, grabbed, hit, or physically threatened	
Someone the child/teen lived with had a problem with drinking or used street drugs	
Someone the child/teen lived with was depressed, mentally ill or attempted suicide	
Someone the child/teen lived with served time in prison	
Total:	

Sample Adaptation of ACEs Questionnaire

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Adaptation by
Calgary Foothills PCN

Adverse Childhood Experiences (ACEs) Questionnaire



Your mental and physical health are related. The questionnaire below asks about difficult experiences you may have had in your childhood, or your Adverse Childhood Experiences (ACEs). ACEs have been shown to occur in all income levels, races and cultures.

This information will help your physician identify factors that may affect your health. High ACEs may increase your risk for heart disease, cancer, depression and both physical and emotional health problems during pregnancy and the postpartum period. Other factors, such as strong interpersonal relationships, may decrease your risk. Having a health risk factor is not the same as having a health problem. Recognizing your risks may help prevent health challenges for you and your family. We respect your privacy. You may choose to share as much or as little information as you wish.

While I was growing up, before I turned 18 years old: (Please select 'yes' or 'no' for each of the following statements)

YES	NO	
☐	☐	1. A parent or other adult in the household would often swear at me, insult me, put me down, or humiliate me OR act in a way that made me afraid that I might be physically hurt.
☐	☐	2. A parent or other adult in the household would often push, grab, slap, or throw something at me OR hit me so hard that I had marks or was injured.
☐	☐	3. An adult or person at least 5 years older than me touched or fondled me or had me touch their body in a sexual way OR tried to have oral, anal, or vaginal intercourse with me.
☐	☐	4. I often felt that no one in my family loved me or thought I was important or special OR that my family didn't look out for each other, feel close to each other, or support each other.
☐	☐	5. I often felt that I didn't have enough to eat, had to wear dirty clothes, and had no one to protect me OR my parents were too drunk or high to take care of me or take me to the doctor if I needed it.
☐	☐	6. I experienced a parental death, separation or divorce.
☐	☐	7. A household member was often pushed, grabbed, slapped, or had something thrown at him/her OR sometimes kicked, bitten, hit with a fist, or hit with something hard OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife.
☐	☐	8. I lived with someone who was a problem drinker or alcoholic, or who used street drugs.
☐	☐	9. A household member was depressed, mentally ill, or attempted suicide.
☐	☐	10. A household member went to prison.
		Your ACE score is the total number of 'yes' answers _____
		Did you experience any other events in your childhood or later that were extremely stressful or traumatic? Yes ___ No ___ Do any of these events still upset you? Yes ___ No ___

Who and When to Ask About ACEs History

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- ACEs history taking is at the discretion of the practitioner.
- Here are examples of patients and families to consider:
 - Adults with complex health needs (e.g., >2 chronic diseases)
 - Adults with mental health and substance use disorders
 - Parents of young children and expecting parents
 - Families with higher social needs (financial or food insecurity)
 - Research shows that ACEs history taking should be implemented during a visit that has few or no other screens scheduled.

Sample Script for Administering ACEs Questionnaire

A blue button with a white border and a slight shadow, containing the text "< PREV" in white.A blue button with a white border and a slight shadow, containing the text "NEXT >" in white.

- We have some forms that we'd like you to fill out, so that your doctor understands how you and/or your child is doing.
- This form is called the ACEs screen. We ask all patients that are 18 years and older to complete this screen to understand what they have experienced.
- Please look at the form and write the number of events that your child has been exposed to. You don't need to circle any, just write the total number at the bottom of the form.

Sample Script for Provider Review of ACEs Questionnaire with Patient, Family, and/or Caregiver



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- We ask about ACEs because we care about you and want to understand what you have experienced. The more we understand about you, the better we can best support you.
- Because we care about you, we want to understand what you might have experienced, we are concerned that this may be contributing to some of the problems we have been discussing (like...)
- Understanding and addressing ACEs can lead to improved health and wellness.

Video: ACEs Parent Interview

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Video: ACEs Patient Interview

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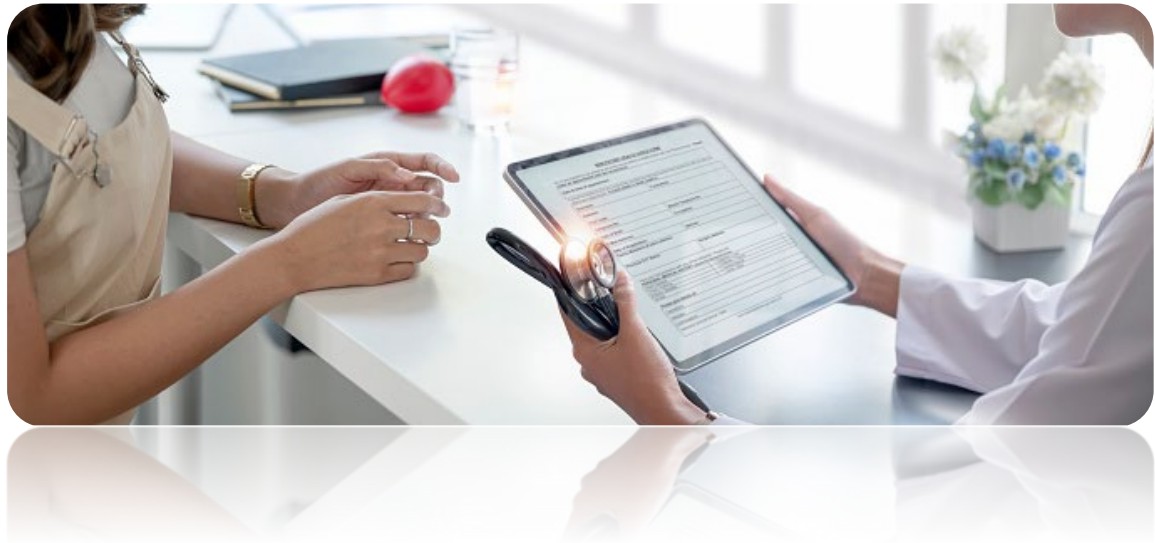


Documenting ACEs History

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- ACE scores can be easily coded into your EMR in the same way that you record other risks factors, like smoking and alcohol consumption.
- Coding ACEs in the EMR allows for continuity of care and effective communication with other members of the care team.



Suggestions for Working with Patients, Families, and/or Caregivers

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- Trauma comes in many different forms and affects each person uniquely. Tailor your approach to each patient's needs.
- Support patients and families with a compassionate, non-judgmental and non-traumatizing approach.
- For example, when asking for histories of ACEs, avoid eliciting uncomfortable details.
- Refer patients to mental health or other providers where necessary.



Video: TIC Does Not Have to be a Burden to Adopt

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Providers dispel a common misconception and discuss taking the first steps towards implementing TIC. (1:40 min).

Key Considerations for Providers

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- ACEs are quite common and can happen to anyone.
- ACEs history taking can be integrated into a wide range of clinical settings.
- ACEs history taking can be implemented during a visit that has few or no other screens scheduled.
- Reassuringly, emerging literature on ACEs screening tells us that it is not a time-consuming process and does not require extensive mental health training.



Key Considerations Cont...

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- Start with what the patient is **most** concerned about.
- Give advice only with permission.
- Use your OARS (open ended questions, active listening, reflective statements, summarizing).
- Involve the patients in developing a plan. Consider the patients choices and preferences.



Taking Care of Yourself for Providers

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- **Awareness:** The first step in self-care involves a check of your body and mind.
- **Balance:** This includes your personal and family life and your work life. You will be more productive when you make time to rest.
- **Connection:** Build supportive relationships with people in all areas of your life, including community, friends, work, and family.



Taking Care of Yourself Cont...

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- Debrief: Discuss challenging cases and support each other in learning to use the tool as one additional resource in helping your patients and families.
- **EAP:** If you are experiencing long-term stress, anxiety or symptoms of burnout, you can access your Employee Assistance Program.



TOOLS & RESOURCES

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ACEs and TIC tools and
resources for support



ACEs Questionnaires for All Age Groups

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- ACEs questionnaire for adults: [Adverse Childhood Experience Questionnaire for Adults | acesaware.org](#)
- ACEs questionnaire for children: [ACEs questionnaire for children](#)
- ACEs questionnaire for Youths/Teens (Self-Report): [ACEs questionnaire for youth and teens](#)
- ACEs questionnaire for Parents of Youth and Teens: [ACEs questionnaire for parents of youth and teens](#)
- Calgary Foothills PCN adapted adult ACEs questionnaire [RPMC ACEs questionnaire and patient handout | cfpcn.ca](#)
- ACEs Toolkit for Practitioners: [ACEs Toolkit | Divisions of Family Practice \(divisionsbc.ca\)](#)



ACEs Screening Tools

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- Adverse Childhood Experiences: A Toolkit for family practitioners: [ACEs Booklet v5 | divisionsbc.ca](#)
- Centers for Disease Control & Prevention: [Adverse Childhood Experiences \(ACEs\) | cdc.gov](#)
- ACEs screening tools: [Screening Tools | ACEs Aware – Take action. Save lives. | acesaware.org](#)
- Suggested scripts to support ACEs discussion with patients and families: [ACEs Booklet v5 | divisionsbc.ca](#)
- How to screen for ACEs in an efficient, sensitive, and effective manner: [How to screen for ACEs in an efficient, sensitive, and effective manner | PMC \(nih.gov\)](#)
- Why should my practice screen for ACEs and risk of toxic stress?: [Why Should My Practice Screen for Adverse Childhood Experiences and Risk of Toxic Stress? | acesaware.org](#)



Alberta Family Wellness Initiative (AFWI) Tools

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- **Video:** Relationship between ACEs and health outcomes: This 4-minute video, featuring Dr. Vincent Felitti, highlights the connection between ACEs and health outcomes: [Understanding Aces | Alberta Family Wellness Initiative](#)
- **Video:** Fresh Start Recovery Center: This is a 3-minute testimonial video about experiencing a fresh start after ACEs and addiction: [Brain Story Certification Graduates Fresh Start Recovery Centre | Alberta Family Wellness Initiative](#)
- **Video:** How our experiences growing up shapes brain development: This 4-minute video introduces the Brain Story: [Resources | Alberta Family Wellness Initiative](#)
- **Video:** Alberta Family Wellness & Indigenous Youths: This 2-minute video addresses the effects of intergenerational trauma in indigenous schools: [Resources | Alberta Family Wellness Initiative](#)



AFWI Resiliency Tools

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- **Video:** How resilience is built: This 7-minute video by the Alberta Family Wellness Initiative explains how resilience is built. [Resources | Alberta Family Wellness Initiative](#)
- **The Resilience Scale:** [Resilience Scale | Alberta Family Wellness Initiative](#)
- **Center on the Developing Child & Alberta Family Wellness Initiative:** [Alberta Family Wellness Initiative | Center on the Developing Child at Harvard University](#)
- **Video:** What is Resilience?: This 2-minute video explains why some children are more resilient than others: [In Brief: What is Resilience | Center on the Developing Child at Harvard University](#)
- **The Brain Story and the Resilience Scale Framework**
[The Resilience Scale Framework | Alberta Family Wellness Initiative](#)



Indigenous TIC Resources

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- **Video:** Alberta Family Wellness & Indigenous Youths: This 2-minute video addresses the effects of intergenerational trauma in indigenous schools
[Resources | Alberta Family Wellness Initiative](#)
- **Indigenous Health:** [Indigenous Health | Alberta Health Services](#)
- **Indigenous Language Translation:** [Indigenous Languages Interpretation & Translation Services | Alberta Health Services](#)
- **Why Trauma Informed Practice is critical to indigenous healing:** [Tickling the box of 'cultural safety' is not enough: why trauma-informed practice is critical to Indigenous healing |PubMed \(nih.gov\)](#)
- **Trauma Informed Awareness; An Indigenous Lens:** [IWC Trauma Informed Awareness: An Indigenous Lens Facilitator's Guide for Women's Programming](#)



TIC Resources

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- Selfcare screening tool: [ACEs Aware Self-Care Tool for Adults](#)
- Asking about Financial Difficulty: [Poverty: A Clinical Tool for Primary Care Providers \(AB\) | cfpc.ca](#)
- Integrating ACEs Screening into Clinical Practice: Insights from California Providers © 2022. [Integrating Adverse Childhood Experiences Screening into Clinical Practice | chcs.org](#)
- A fact sheet that provides information on the framework and principles of trauma-informed care: [Trauma-Informed Care Overview | acesaware.org](#)



More TIC Resources

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- Alberta Health Services Trauma Informed Care (TIC) eLearning series: [Trauma Informed Care | Alberta Health Services](#)
- ACEs /Trauma Informed Resource Guide by AHS Child & Adolescent Addiction, Mental Health, and Psychiatry Program (CAAMHPP): [ACE TIC Resource Guide | Alberta Family Wellness Initiative](#)
- Alberta Family wellness brain story certification course: [Brain Story Certification | Alberta Family Wellness Initiative](#)
- AHS Addiction and Mental Health Services: [Addiction and Mental Health | Alberta Health Services](#)



Patient, Family, and/or Caregiver Resources

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- **Access Mental Health:** A navigational service for finding the right health information or service: [Access Mental Health](#)
- **Youth Addiction & Mental Health:** [Youth Addiction Mental Health | alberta.ca](#)
- **Mental Health Help Line or 811:** A 24-hour, 7 day a week, 365 days a year confidential Mental Help Line. Provides support, information and referrals to Albertans experiencing mental health concerns. [Alberta Wide -Mental Health Help Line | Alberta Health Services](#)
- **Distress Center Calgary:** A 24-hour crisis support, professional counselling, youth peer support and referrals through 211 at no cost. Anyone can call day or night. [Distress Centre Calgary](#)
- **Various local PCN Workshops:** [Workshops & Programs | Alberta Find a Doctor](#)



More Patient, Family and/or Caregiver Resources

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- **Alberta Healthy Living Program: Minding Stress, Better Choices, Better Health:** The Alberta Healthy Living Program (AHLP) provides services to those with chronic conditions in communities throughout Alberta. [Alberta Healthy Living Program | Alberta Health Services](#)
- **Calgary Communities Against Sexual Abuse (CCASA):** Provides support services to anyone who is impacted by sexual violence. [Support Services | CCASA](#)
- **Alberta 211:** Connecting Albertans to the right resource or service for whatever issue they need help with. Available in over 170 languages over the phone. [211 Alberta | 211 Alberta, Help Starts Here](#)
- **Health Link:** For your trusted health advice or information call Health Link 24/7 by dialing 811 or visit [MyHealth.Alberta.ca](#)
 - Health Link support is available in more than 240 languages: [Health Link | Alberta Health Services](#)

Trauma-Informed Care & ACEs

QUICK-READ GUIDE

What is Trauma?

76% of Canadians report trauma exposure.

Effects:

- Anxiety
- Fatigue
- Anger
- Addiction



What is Trauma-Informed Care?

“What happened to you?”
not **“What’s wrong with you?”**

Core Principles:

- Avoid re-traumatizing people.
- Create safety, trust, compassion, and empowerment.

What are ACEs?

Adverse Childhood Experiences, commonly:

- Abuse
- Neglect
- Household dysfunction



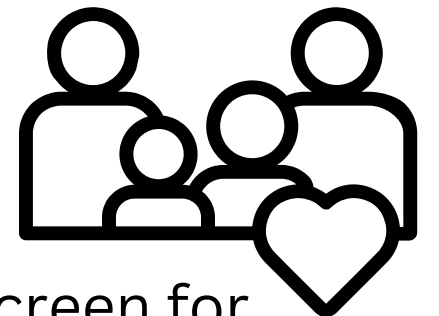
*Trauma-Informed Care for
Better Health Outcomes*

Why Screen for ACEs?

- Understand the **Whole Patient**
- Improve **Care and Trust**



When and Who to Screen?



- Screen for **Complex Cases & Families in Need**

Provider Wellbeing

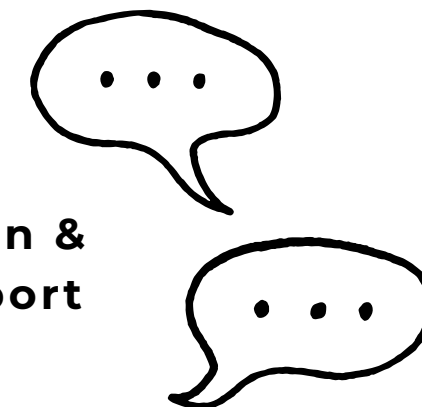
- **Awareness, Balance** and **Connection**
- Take care of yourself



How to Have ACEs Talk

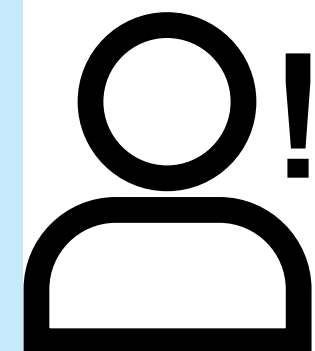
Use **ACEs Questionnaire**

Listen & Support



Challenges in Discussing ACEs

- Time limits
- Provider discomfort



Can be managed with careful approach

RESOURCES & SUPPORT TOOLS

[ACEs Questionnaire](#)

[Resiliency & Core Brain Story](#)

[Mental Health Supports](#)



Thank You

Promoting Health, Partnerships &
Innovation Team

Primary Care Alberta