

FACES Assessment Guide for Clinical Providers

Tailored for Pediatricians, Therapists, and Nurse Practitioners

Overview

The FACES Assessment is a universal, population-level screening tool used to identify adverse childhood experiences (ACEs) among patients. It supports pediatricians, therapists, and nurse practitioners in understanding trauma exposure and integrating trauma-informed care into their practice. Screening helps align interventions, enhance patient-provider trust, and connect patients with essential behavioral and community services.

Background: Expanded ACEs

Originally based on the 10-item ACEs questionnaire by Felitti et al. (1998), the FACES Assessment, developed in 2017, expands the tool to 24 items. These additions include experiences such as community violence, academic pressure, discrimination, homelessness, and trafficking—issues particularly relevant to diverse and underserved populations.

Understanding ACEs in Clinical Practice

ACEs disrupt healthy brain development and can manifest in chronic conditions, developmental delays, behavioral challenges, and emotional dysregulation. These outcomes are common across various clinical settings and can affect treatment adherence, therapeutic outcomes, and long-term health trajectories.

Application by Clinical Role

Pediatricians

- Use FACES screening during well-child visits or developmental assessments.
- Look for ACE-associated health conditions (e.g., asthma, obesity, sleep issues).
- Provide anticipatory guidance to caregivers about toxic stress and protective routines.
- Coordinate referrals to behavioral health services or care teams for high-risk youth.



FACES Assessment Guide for Clinical Providers

Therapists (LPC, LCSW, LMFT)

- Administer FACES during intake or trauma assessments.
- Integrate results into treatment planning for trauma recovery, CBT, EMDR, or family therapy.
- Use FACES data to discuss patterns of adversity and promote client insight and regulation strategies.
- Collaborate with schools, healthcare providers, or child welfare to support care continuity.

Nurse Practitioners (Family, Pediatric, Psychiatric)

- Screen for ACEs during comprehensive or behavioral health evaluations.
- Assess for symptoms of toxic stress including GI issues, chronic fatigue, or anxiety.
- Offer psychoeducation and brief interventions (e.g., motivational interviewing).
- Refer for therapy or psychiatry as needed and document ACE risk in the care plan.

Clinical Assessment and Treatment Approach

Using the ACE score along with clinical symptoms, apply the ACEs Aware Risk Assessment Algorithm to determine the patient's risk of toxic stress. Based on this, provide the following interventions:

- Educate about toxic stress and its effects on health.
- Apply trauma-informed practices including safe spaces, empathy, and collaboration.
- Support protective strategies like healthy routines, relationships, mindfulness, and therapy.

Survey Administration

Delivery Methods

- Electronic format integrated in EHR
- Paper-based screening in intake packets

Sample Size & Workflow

Use in targeted patient populations such as pediatric clinics, behavioral health centers, or college wellness programs. Integrate into existing clinical workflows (e.g., annual exams, behavioral health visits).



FACES Assessment Guide for Clinical Providers

Scoring and Interpretation

The total ACE score reflects the number of adverse experiences an individual has encountered before age 18. Each 'Yes' response on the FACES Assessment counts as 1 point, with scores ranging from 0 to 24. Follow-up questions (e.g., 2a, 14a–14f) provide context but are not included in the total score.

A score of 4 or more is commonly used as a threshold to indicate increased risk for poor mental, physical, and behavioral health outcomes. In clinical settings, individual ACE scores can inform treatment planning by:

- Highlighting the need for trauma-informed care approaches
- Supporting diagnoses such as PTSD, depression, or anxiety
- Identifying risk for chronic illness, substance use, or developmental delays
- Justifying referrals to behavioral health, case management, or community-based services

In addition to individual care, ACE scoring at the population level helps identify systemic needs. Aggregated FACES data can:

- Reveal trends in adversity across patient populations
- Highlight social determinants of health impacting care access and outcomes
- Support advocacy for integrated behavioral and primary care models
- Guide partnerships with housing programs, food security organizations, legal aid, and other social services
- Inform institutional policy change and funding priorities based on community-level adversity

Each 'Yes' response counts as one point, with scores ranging from 0 to 24. Scores of 4 or more suggest elevated risk. Follow-up questions (e.g., 2a, 14a–f) add qualitative context but are not included in the score.

Contact

For clinical training or implementation support, contact Jamie Freeny, DrPH, MPH at jfreeny@gmail.com



FACES Assessment Guide for Clinical Providers

Citations

Freeny, J., Peskin, M., Schick, V. et al. (2021). Adverse Childhood Experiences, Depression, Resilience, & Spirituality in African-American Adolescents.

SmithBattle, L., et al. (2022). Evidence for revising the ACEs screening tool: A scoping review.

ACEs Aware – Clinical Assessment & Treatment: <https://www.acesaware.org/ace-fundamentals/clinical-assessment-and-treatment/>

CHOC – Explaining ACEs and Toxic Stress: <https://care.choc.org/for-physicians-quick-and-effective-ways-of-explaining-aces-and-toxic-stress/>

