

Amendments to H.762
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ACES: Questionnaire vs. Experience Descriptors

Thank you for the hard work and re-writing of this bill to its current form which is more inclusive of some of the testimony given to date. I want to comment on the importance of distinguishing between the ACE study results and using the ACE Questionnaire as a clinical practice assessment.

The research to date identifies a link between (retrospectively reported) histories of adverse childhood experiences with high incidence of health problems. This finding is great for prevention purposes - raising awareness and understanding the link between traumatic stress and physical and emotional health. The average medical doctor and those who work with children may not usually think about this and we should raise their awareness about it.

We do not, to date, have evidence from the research that administering the ACE Questionnaire (specifically in a primary care practice by minimally trained family coaches) leads to better health or reduction of health risks. Experienced mental health providers have expressed concerns about the negative impact of the ACE administered in the way it is outlined in the bill. This is based on their direct clinical experience with trauma survivors.

Based on this, I would suggest that the bill be limited to encouraging early intervention by providing incentives for initiating task forces of experts to address the issue of trauma-informed early intervention and assessment in health care homes. I would not suggest using the ACE Questionnaire as a diagnostic tool, given that it is not substantiated by research and is not being endorsed by professional experts in mental health. I refer you to the written testimonies of some of my colleagues as well as to the following summary point made by Jim Hudziak from UVM's Vermont Center for Children, Youth and Families: "Although I agree that the primary care setting is the ideal place to achieve these goals, perhaps a period of study of the proper implementation of ACES assessment and prevention should precede implementation of H.762"

Suggested Amendment

1. Remove Section 710 in its entirety and replace it with:
Funds will be allotted to Blueprint Health Care Homes for the specific purpose of initiating a task force of Trauma Experienced Mental Health Experts and Medical Professionals to identify appropriate assessment and prevention of adverse childhood experiences and negative health behaviors in children and families.

Replace all reference to "nurse or mental health professional" and "Family Wellness Coach" and replace it with "Trauma experienced mental health professional."

Thank you for your consideration.