

“Ok, last one of the day. Go ahead and see the child in room 2. It’s a wellness visit so it should be simple,” said my preceptor. If my third year of medical school had taught me anything, it was that very few cases are actually “simple.” Nonetheless, this was my first week of outpatient pediatrics in Immokalee so without hesitation I grabbed the child’s immunization records and proceeded as instructed.

When entering the room, I introduced myself and shuffled through what I thought was her immunization records. I quickly halted when I came across page 2 titled “toxic stress” with the words “positive screen” in red, bolded capital letters. I scanned the survey questions until I came across, “Have you ever wanted to hurt yourself, or feel that you would be better off dead?” And to my shock, she had answered “yes.”

First of all, I had never seen a toxic stress screen in my textbooks, UWorld question bank, or in the charts of any of my other patients. And secondly, before me sat a beautiful 12-year-old girl. “What on earth could be that bad for a 12-year-old?” I thought.

Unsure of how to proceed I quickly gathered my thoughts and asked questions about school, band class, and if she has ever felt depressed or anxious. Naturally, I received all positive answers to which mom smilingly reaffirmed. At this point I assumed there must have been some sort of mistake. I knew better than to ask directly, as I could not breach this young girl’s confidentiality in front of her mother, but I had no idea how to approach this scenario otherwise. I finished my physical exam, collected my papers, and went back to present the case to my attending.

As soon as I showed my attending the toxic stress screen, we quickly turned around and were immediately re-entering the room. My attending tactfully found a way to remove the patient from the examining room so we could privately address her positive results. Unwilling to voice her secret aloud, we offered the young girl a pen and paper. And she wrote:

“I am pansexual and I do not know how to tell my father. I am scared he will not love me anymore. Other kids, especially the boys, tease me too...”

I was astonished by how well this young girl, who I perceived as happy, had managed to bottle up all her emotions. And yet here we were, 5:30pm at the pediatrician’s office, addressing this young girl’s darkest fears at a “simple” wellness visit.

We paged the on-call psychologist at the health center and explained the situation. It was slipping past 5:30pm and the building was emptying, but to my amazement the on-call psychologist appeared within minutes to assess the child’s immediate safety and suicidal risk. For the next hour, the psychologist, pediatrician, and I encouraged both mom and her daughter to voice their reservations and concerns. A box of tissues later, we all agreed she was safe and not a danger to herself.

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This entire experience came as a shock to me. I had already finished my psychiatry rotation months ago and never did I experience anything like this. I was taken back by the efficiency of the process and amazed that I never knew the role of adverse childhood experiences

SIMPLE WELLNESS VISIT

(ACES) in pediatric healthcare, nor had I seen the implementation of routine toxic stress screenings. Toxic stress by definition is a prolonged activation of stress response systems in the absence of protective relationships or support, a phenomenon that

countless children undergo, especially among lower economic social classes. In general, a higher ACEs score is associated with a greater physical and mental morbidity. As physicians, we are taught to solve problems and ultimately save lives. If a child presents with unrelenting abdominal pain, we do a history and physical, make a diagnosis, and consult the surgeon for an appendectomy. With this integrated care model the psychologist, like a surgeon, ultimately achieves a similar result by performing a lifesaving procedure.

During the remainder of my pediatric rotation, my preceptor told me stories of the infinite cases she has seen and the tragedies that many children from underserved communities face. I am surprised more places have not yet adopted this routine screening system and the integrated primary care-psychology model. Imagine the amount of lives that could be altered and suicides prevented if more health care providers installed universal screening to assess their pediatric patients’ ACEs and toxic stress. After all, why should a child’s general well-being be separated from their wellness? ■