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Mitigating Negative Impacts of Adverse Childhood Experiences: A Strength-Based Approach

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Introduction

Background Adverse Childhood Event = ACE

- Traumatic experience occurring before age 18
- Remembered into adulthood

ACEs are important:

- 1/8 Vermont children have experienced 3+ ACEs
- Early childhood ACEs increase chances of:
 - ADHD
 - Social issues
 - Aggression

• Negative long term health outcomes associated with ACE exposure:

- Coronary artery disease
- Depression
- Substance use
- Hypertension

Examples of ACEs:

- Parental incarceration
- Having a caregiver with poor mental health
- Abuse
- Neglect
- Food or housing insecurity

Mitigating ACEs: What we know

- ACEs + Poor coping skills → Negative outcomes
- Well-developed coping skills improve resilience
- Many coping skills are teachable

The Strength-Based Approach (SBA)

- Counseling technique to improve coping skills
- Asks two main questions:
 - What are you good at?
 - How can your strengths help you?

The Bodega Model

- A strength-based approach model
- Uses a person's strengths to overcome adversity
- Focuses on resilience instead of deficits
- 3 phases that increase resilience & coping skills

Phases of the Bodega Model:



Purpose: To provide education on the utility of using the SBA

Aims:

1. Increase healthcare worker knowledge of the SBA
2. Increase patient/caregiver understanding of the SBA
3. Assess confidence in using the SBA
4. Assess perceived cost-effectiveness

Methods

Site: Timber Lane Pediatrics in Milton, VT

Sample:

- Healthcare workers at project site
- Patients and caregivers at project site

Interventions

1. Educational Session
 - For healthcare workers
 - 30 min slideshow presentation
 - Based on the Bodega Model
 - Discussed negative health impacts of ACEs
 - Discussed the benefits of the SBA
2. Poster and Pamphlets
 - For patients and caregivers
 - Set up in waiting room
 - Discussed health impacts of ACEs
 - Discussed potential benefits of the SBA

Interventions Assessed Via Surveys

1. Healthcare worker surveys (anonymous)
 - One survey immediately after educational session
 - One survey 3 months after educational session
2. Patients and Caregiver survey (anonymous)
 - Survey included with poster and pamphlets
 - Completed after patient/caregiver reads poster and pamphlet

Outcomes & Measures

Outcomes of interest:

- Knowledge of the SBA
- Usage of the SBA
- Perceived usefulness of SBA
- Confidence in using SBA
- Perceived cost effectiveness of the SBA

Survey responses were provided in Likert Scale format:

Results

Healthcare Workers

- Initial survey 8 participants = 100% attendance of clinic
 - 87% had a job that involved counseling children or families who have ACEs
 - None of the healthcare workers had prior knowledge of the Bodega Model
 - 62% reported increased knowledge of SBA elements after educational session
 - 60% saw the SBA as cost-effective after the educational session

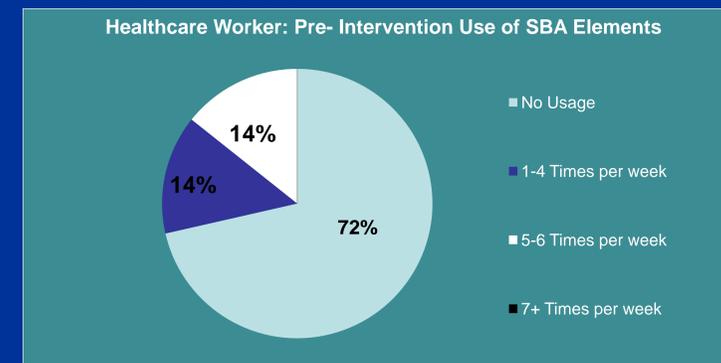


Figure 1 (Above). 72% of surveyed healthcare workers did not use strength-based approach elements prior to the 30 minute educational session, while 28% reported usage of SBA elements prior to the educational session.

- Three month follow up survey: 5 respondents
 - Healthcare workers who used elements of the SBA found the approach effective in identifying strengths

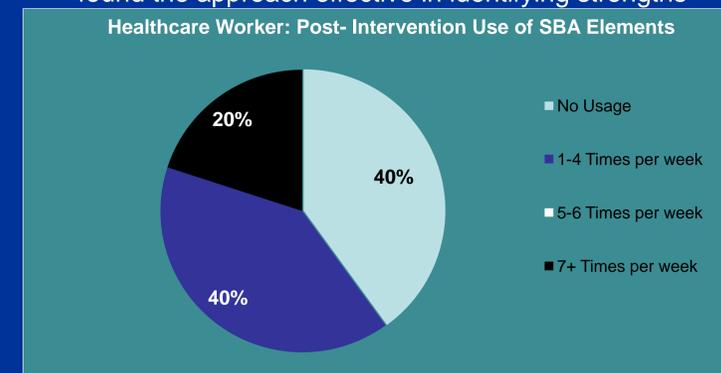


Figure 2 (Above). 40% of surveyed healthcare workers did not use strength-based approach elements in the three months after the 30 minute educational session, while 60% of healthcare workers reported usage of SBA elements during this time period.

Patients & Caregivers

- Six individuals completed surveys
- 50% had prior knowledge of the SBA
- 100% reported that they could identify times in their life that the SBA could be useful to themselves or others
- 100% reported confidence in using the SBA
- 100% believed that the SBA could help them deal with adversity.

Discussion

Educational session

- Succeeded in increasing knowledge and usage of the SBA among healthcare workers
- SBA was perceived as cost effective

Poster/Pamphlets

- Patients/caregivers reported confidence in using the SBA
- Patients/caregivers could identify situations in which the SBA would be useful

Limitations

- Results cannot be generalized due to small sample sizes and use of one location
- Project design allowed for loss to follow up
- Selection bias: participants self-selected to participate in surveys. It is possible that those who declined to participate in surveys would have responded differently than those who did participate

Conclusions

- The SBA has potential to be an efficacious tool in the pediatric primary care setting for mitigating the negative impacts of adverse childhood experiences as noted by health care providers, patients and caregivers.
- Among healthcare workers, lack of knowledge about the SBA may be a barrier to use, as demonstrated by increased usage after the educational session.
- For further study, settings with high volumes of caregivers and children would be desired:
 - Additional pediatric primary care clinics
 - Schools
 - Daycares

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