Assessing for Parental Adverse Childhood Experiences in Primary Care Pediatrics

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Objectives

- Describe a primary care pediatrics approach to incorporating Adverse Childhood Experience knowledge into practice.

Adverse Childhood Experiences

"We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

- Abuse
  - Emotional
  - Physical
  - Sexual
- Neglect
  - Emotional
  - Physical

- Household dysfunction
  - Domestic violence
  - Household substance abuse
  - Household mental illness
  - Parental separation / divorce
  - Incarcerated family member

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Felitti, et al. Am J Prev Med 1998;14:245–258

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The AAP's Call to Action

- 2012 AAP published technical report and policy statement, with the key message:

DO SOMETHING!

- At what point, as a pediatrician, do we intervene?

Early Childhood Adversity, Toxic Stress, and the role of the Pediatrician: Translating Developmental Science Into Lifelong Health. Pediatrics 2012;129:e224–e231.

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Beginning with the End in Mind

Which of these kids have? How do I prevent this from happening?

Which of these adults experienced trauma?

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The Theory…

- Certain moments in the life of an infant or toddler will be stressful
  - Tantrums, colic, toilet training, hitting / biting, sleep problems are examples
- What happens to a parent who has experienced trauma? Will their response be:
  - Fight?
  - Flight?
  - Freeze?
  - Can it be something else?
- How can we better prepare at-risk parents for these inevitable moments?

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And thinking further…

- If a parent experienced trauma, do they have appropriate skills / ideas for:
  - Taking care of themselves?
  - Identifying when they need help?
  - Modeling appropriate conflict resolution?
  - Discipline that is developmentally appropriate?
  - Playing with their child?

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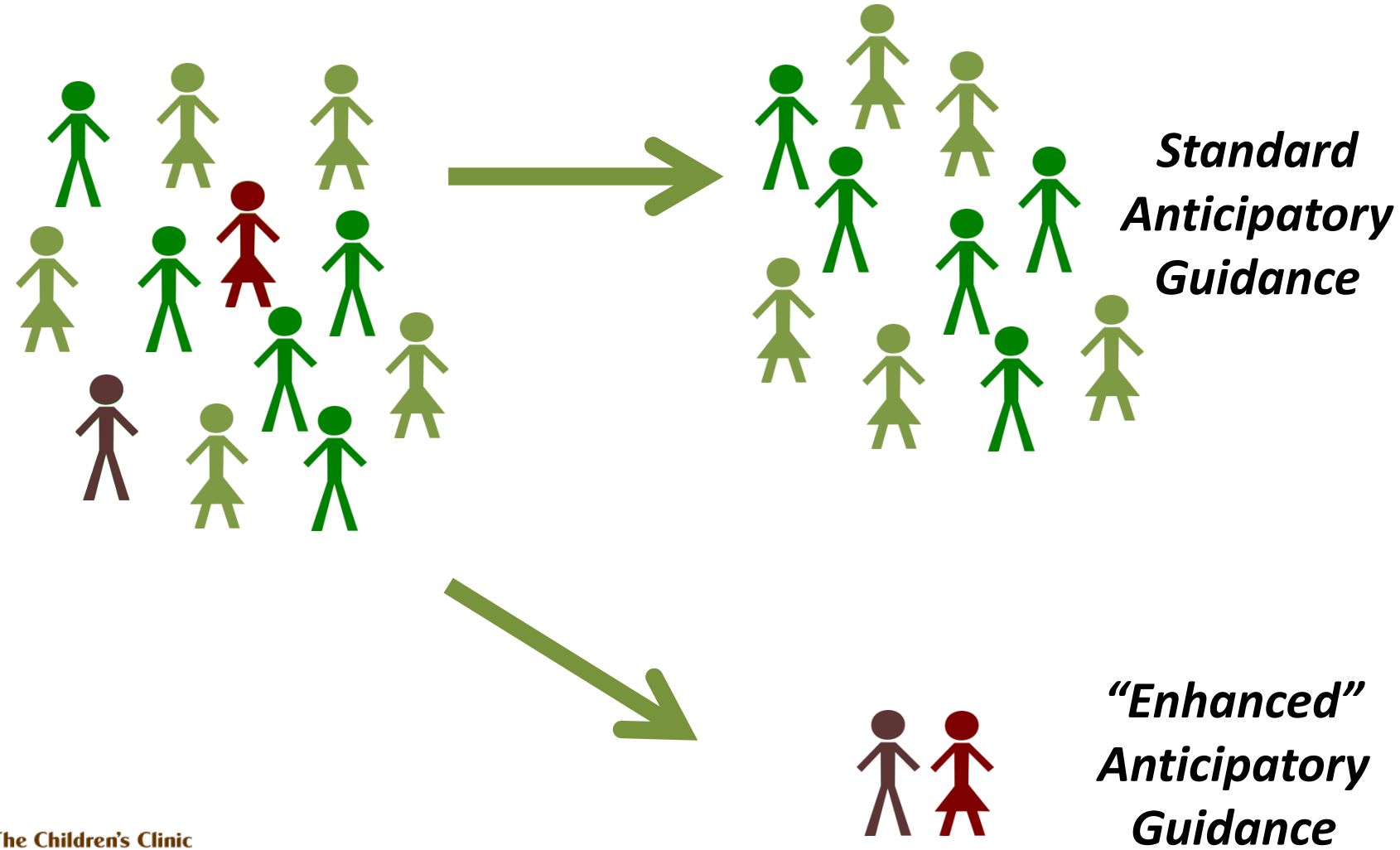
Our Logic Model



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Our First Steps

- Eight providers piloted screening
- At the four month visit, parents are given the ACE screener, along with a questionnaire about resilience and a list of potential resources.
  - Cover letter explaining the rationale for the screening tool, and what we plan to do with the information
- Created a confidential field in the EMR that does not print into notes, but perpetuates into visits to document results while minimizing risk to families.

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Overall Results (N=1450)

Number of ACEs	Percent	Average Resiliency	Resiliency Range
0	52.6	56.9	17-60
1	25.6	58.5	22-60
2	7.8	56.1	27-60
3	5.9	55.3	26-60
4 or more	8.1	45.4	18-60

↑ Oregon BRFSS: 17%

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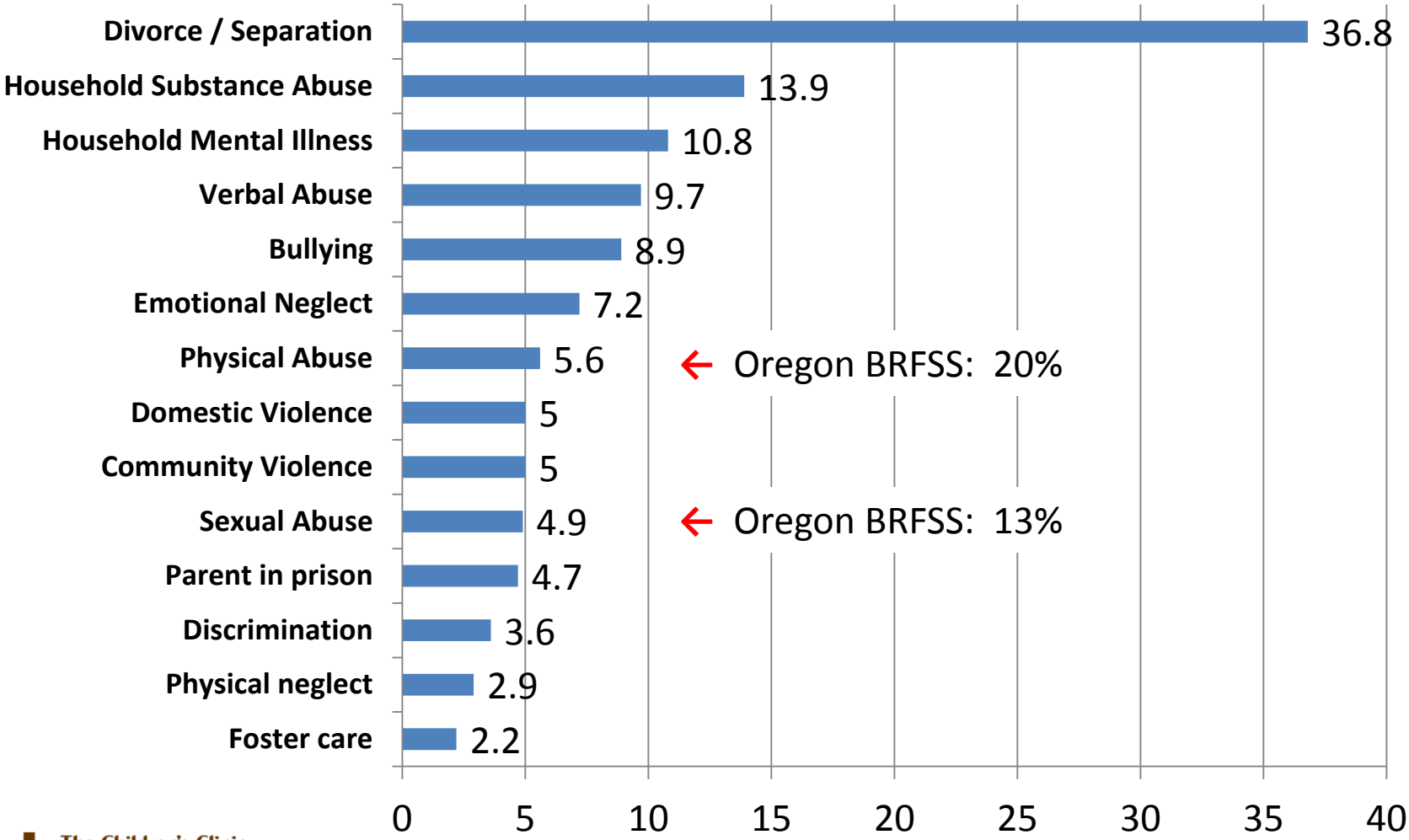
Number of ACEs	Total (n=1450)	Private Insurance (n=842)	Public Insurance (n=487)	Mothers (n=980)	Fathers (n=368)
0	52.6	56.2	47.0	51	57.8
1	25.6	25.1	25.7	25.3	25.3
2	7.8	8.3	7.2	8.6	6.3
3	5.9	4.5	7.8	6.1	4.9
4 or more	8.1	5.9	12.3	9.0	5.7

Prevalence of Trauma Types (in %)



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What didn’t really happen…

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Surveying Provider Responses

- Survey sent to TCC providers asking about their experiences.
- 14 questions rated on a Likert scale, remainder were more qualitative.
- Providers generally **DISAGREE** that parents were unwilling to discuss ACEs.
- Providers generally **AGREE** that ACE screening provided important information for providing care.
- Providers generally **DISAGREE** that time was a barrier.
- Provider **COMFORT** with discussing ACEs was mixed.

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Before starting to screen, what is / was your greatest fear?

time

opening a can of worms…opening Pandora's box

not feeling confident

I won't be able to help

not knowing what to say

Triggering a full emotional / mental collapse

no resources

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Has what you feared actually happened?

- No: 17
- Yes: 1
- Somewhat: 1

- Both the “yes” and “somewhat” referred to their lack of confidence as their greatest fear.

How has screening for ACEs changed your practice?

there is no subject that is "off the table"

more empathy

better insight

I know the parents better

better understanding of the forces shaping parental responses

improved communication

my office is a safe place to talk about things

cultivates a trusting relationship

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Was it as scary as you thought?

NO

Have you had any huge surprises?

- The parents' willingness to discuss difficult experiences.
- One of my patients in with her 4th kid (but first time we did ACE) and I was amazed by what she had endured as a child and how much she has had to overcome.
- How grateful parents are at our asking the question…and the sense of relief they expressed at no longer having this be a secret.
- How easy it has been.

What referrals have you needed to do?

- Most say none.
- Parenting classes, parenting support groups, reading materials.
- Rarely counseling for parents (referred back to their PCP).

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What Else Did We Find?

- “I would never go back to the way we did things before.”
- Average initial conversation lasts 3-5 minutes.
- Most effective “trigger question”: How do you think these experiences affect your parenting today?

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Parents' Responses

- I think this questionnaire is an excellent idea.
- Thank you for letting us participate in this.
- I feel confident I'm going to be a great mom.
- The life I have experienced has taught me to provide a better life for my children. (6/52)

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Parents' Responses

- This is weird.
- What does my past/childhood have to do with my children? My past as a child doesn't determine my ability to love and protect my children nor my ability to be a good parent. (ACE 7 / Resilience 45)

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Next Step Questions

1. Why are detection rates lower than expected population rates?
2. How can this project be spread to other settings, and what are the important considerations for practices initiating ACE assessments?
3. Given that the first theoretical step in long term poor health outcomes is “Disrupted Neurodevelopment”, how do we protect the developmental outcomes of children whose parents experienced adversity?

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Objectives for CIF Project

1. Determine best assessment tools for parental ACEs and resilience.

2. Develop support materials for primary care providers in using ACE and resilience assessments for project spread.

3. Measure developmental screening rates, referral rates to Early Intervention, and rates of completion of services for children whose parents experienced high ACE scores or low resilience scores.

4. Create clinical workflows for families where (a) ACE scores are high or resilience scores are low and (b) developmental screening tools are failed, to provide additional referrals to home visitation to ensure receipt of developmental services.