

Recognizing & Responding to Adverse Childhood Experiences (ACEs) in Home Visitation Programs: A Trauma-&Violence Informed Approach to Care

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October 24, 2019



Session Objectives

- To summarize the evidence for how home visitation programs can respond to adverse childhood experiences of women enrolled in the program
- To provide practical examples from the Nurse-Family Partnership nurse home visitation program

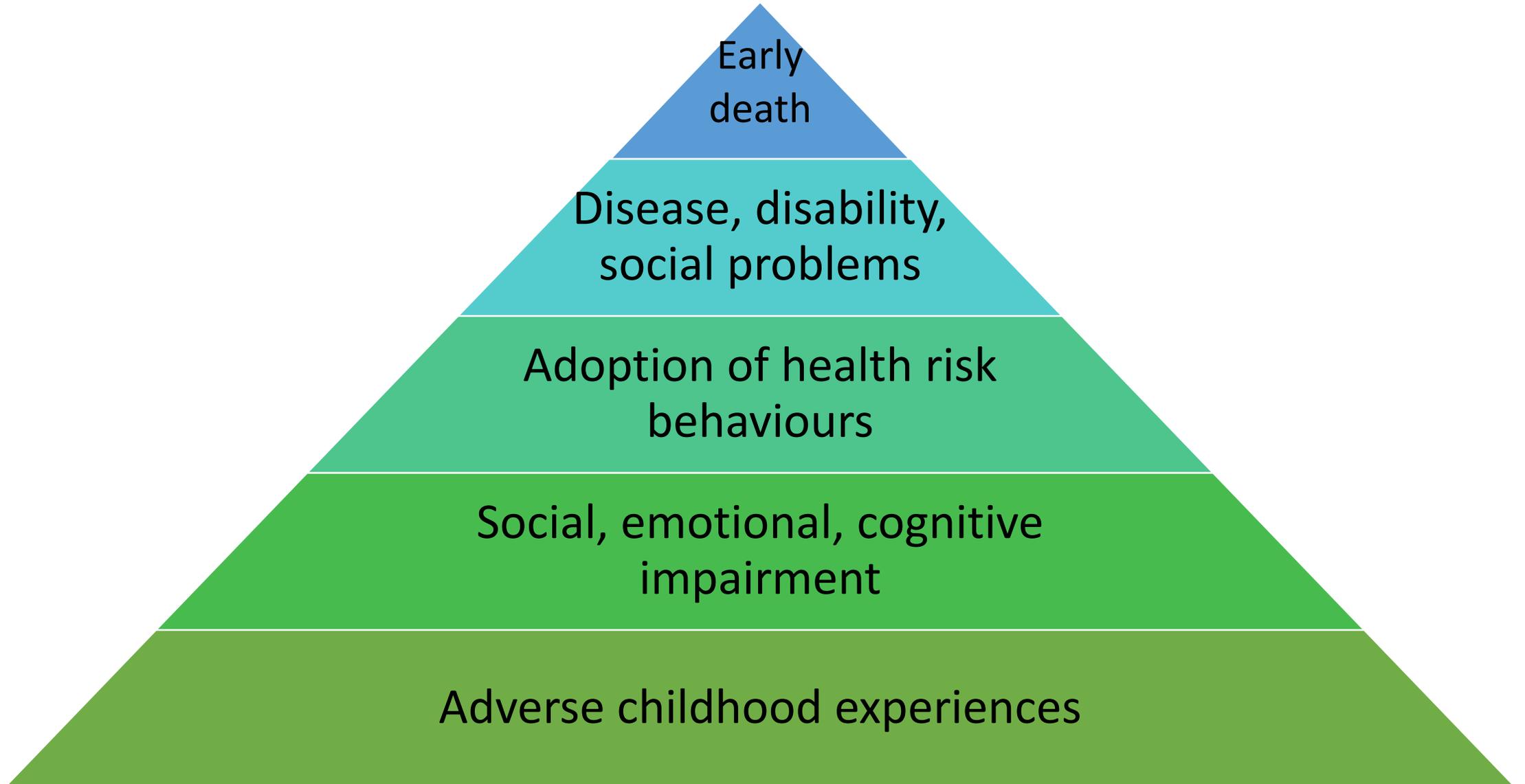
Adverse Childhood & Community Experiences



"I've had a number of clients that have lived on the streets and so I think multiple traumas have happened as a result. [I am working with one client who] had problems with her biological family, temporarily in foster care, having a parent who was a drug user who neglected her child and she was then assaulted by a landlord at age 12."

Nurse Home Visitor

ACES Influence Health Across the Lifespan

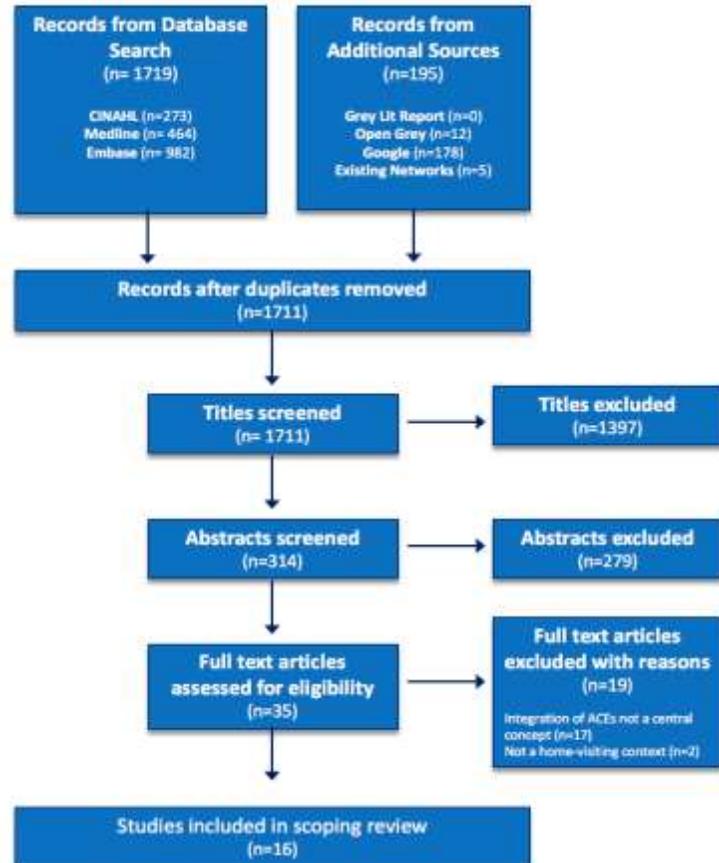


Prevention of ACES

- Parent education programs (conducted outside of the home)
- Dual treatment programs for substance use
 - Substance use treatment + parenting program
- **Home visitation programs**



Scoping Review



- What are the current approaches to integrating content related to ACEs into nurse home visitation programs' education, practice and supervision?
- What existing strategies are available to provide guidance on how to implement, assess, and address ACES within home visiting programs with pregnant women and/or mothers with infants experiencing social and economic disadvantage?

Trauma & Violence Informed Care

Organizational policies and professional practices that focus on preventing harm by creating safe environment for people who have experienced (and may still be experiencing) violence and trauma.



Trauma & Violence Informed Care Principles



- Be trauma and violence aware (prevalence and effects)
- Create safe environments
- Foster client choice, collaboration, connection
- Adopt strengths-based and capacity-orient approaches (for clients and staff)

**Home Visitation
Practice:
Be trauma and
violence aware**

Assessment & Screening for ACES

Gathering accurate and comprehensive data on a woman's past experiences of trauma (including ACES) as well as current experiences of trauma and violence is complex.



Understanding “What has happened?”

Practice Goals

Professional Nursing Practice

Get to know your client

Establishing therapeutic relationship

Discover “what has happened” to her as well as “what makes her strong?”

Nursing assessment

- Historical risks: adverse childhood experiences (ACES); adverse community exposures
- Identification of past/current risk indicators

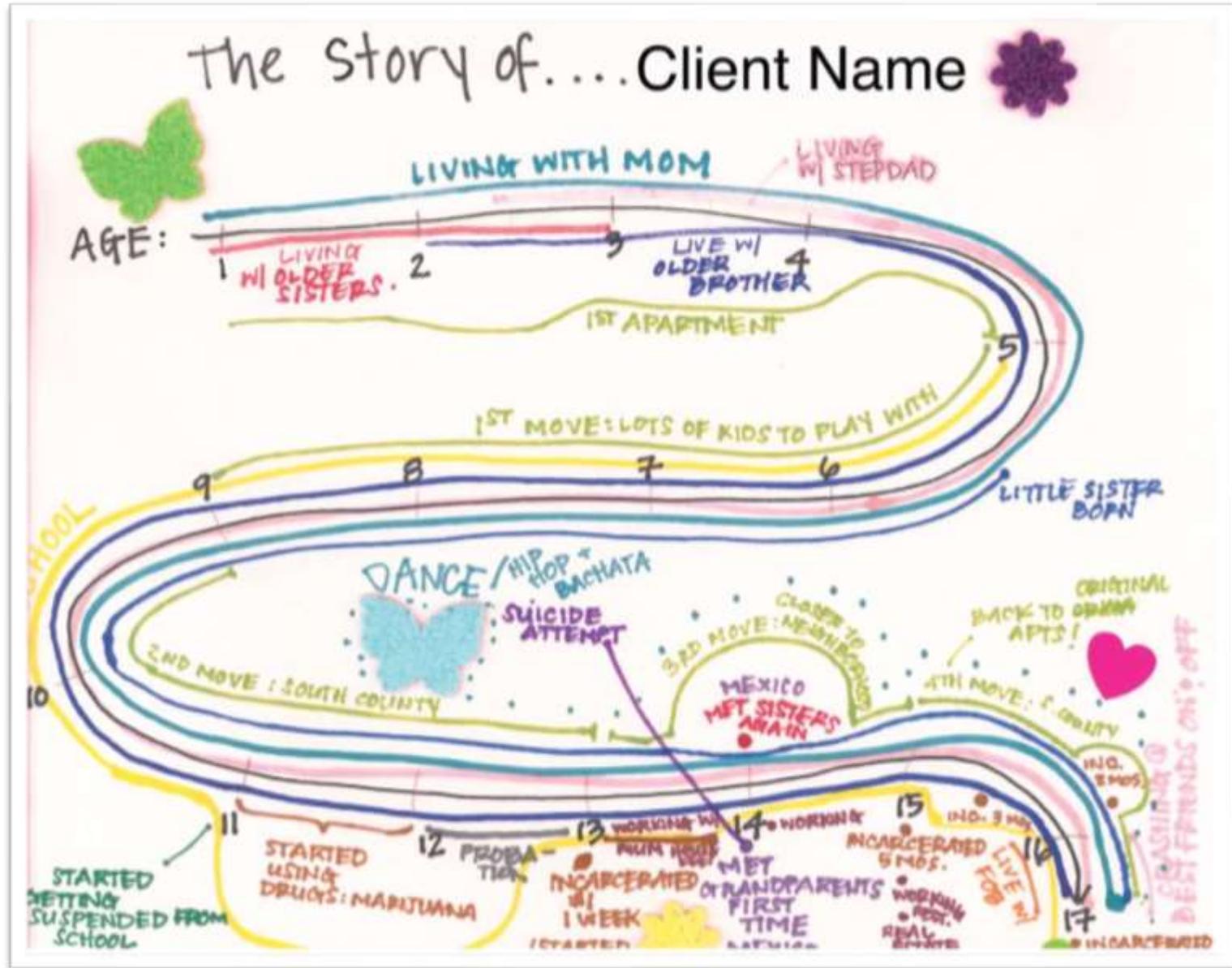
Explore what she would like to get out of her involvement in the home visitation program

Care Planning

- Identify short-and-long term goals related to personal health, parenting, life-course development

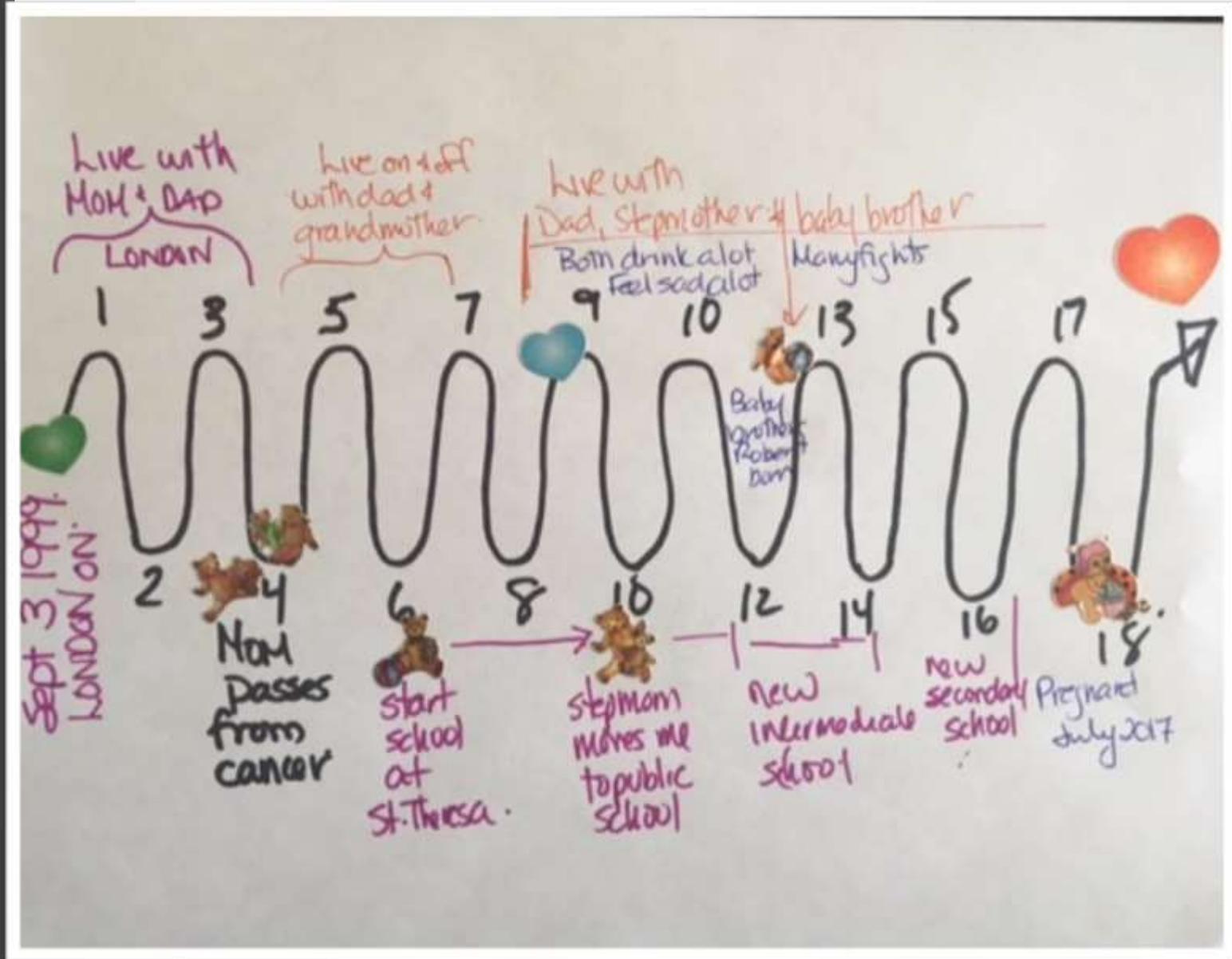
Life History Calendar

- Develop understanding of
 - The woman & the life events she has experienced & how these shape her current reality
 - The context and relationships in which these experiences occurred
- Guides discussion and reflection on how these events shape her vision & goals for her own life and for preparing to parent



Please describe 3 defining life events...

- What happened? Tell me about the periods before and after...
- Describe where you were you living? What were you doing at the time?
- Who were the critical people in your life at that point in time? What were your relationships like? What influence did they have on your life and critical decisions?
- How does this experience influence your goals for the future?



**Home Visitation
Practice:
Create emotionally &
physically safe
environments**

Provide Anticipatory Guidance

Sharing information about:

- Why an action is occurring
- Who will be involved
- When it will occur
- What will happen next

 Nurse-Family Partnership
Helping Your Child Thrive

What Happens Next?

 Many people and agencies can help you. You may have questions. You wonder how to get the help you need. You want to know what to expect.

Agency Name: _____	How can they help me?
Key contact: _____	Will it cost me any money?
Phone number: _____	How do I make an appointment?
Address: _____	How long will it take to get an appointment?
Agency hours: _____	What forms do I need to complete?
	What will it be like when I go there?
	What else do I need to know?

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**Home Visitation Practice:
Fosters opportunities for
choice, collaboration &
connection**

The client is the expert on her life

- Offer appropriate and meaningful options that are tailored to the client's needs and circumstances

My Safety Options

You have choices to increase your safety and your child's safety.

Choice	Ways to be Safe
Your thoughts	
Stay with partner*	<ul style="list-style-type: none">• Make a safety plan.• Resistance* (fighting back, refusing to do what partner says)• Trying to please* (doing what partner says, not crying, keeping things quiet and calm)• Call the police if you are abused.• Attend a support group for women experiencing abuse.• Work with an advocate from a local shelter or domestic violence agency
File criminal charges (laws vary from province to province)	<ul style="list-style-type: none">• Make a safety plan.• Call the police.• Filing a report is not the same as filing charges; ask the police about the difference.• Police can arrest partner if you file charges.• After arrest, your partner may go to jail. Partner will likely be released on bond.• Release on bond depends on person's good conduct.
Get a protection order	<ul style="list-style-type: none">• Make a safety plan.• Protection order may forbid further abuse, may order no contact, or may remove partner from home.• You must contact the court if partner doesn't obey the order. The local shelter can help you.• If partner is removed, change all door locks.
Leave partner	<ul style="list-style-type: none">• Make safety plan.• Go to a safe place. Try a shelter or motel. Or stay with family or friends.• Seek support from a local shelter

* Trying to please and resistance are common strategies. But they might be the least helpful strategies. The violence may increase.

**Home Visitation
Practice:
Use a strengths-based
and capacity building
approach to care**



Focus on solutions

- Motivational interviewing
- Appreciate coping strategies that have been successfully used
- Be aware of “triggers” that create distress & teach new coping skills

Key Ingredients!

- Ensure all home visitors receive education about trauma
- Develop client-centered program principles that reflect TVIC
- Create opportunities for person-centered discussions
- Facilitate individuals to identify goals and collaboratively explore options
- Provide high-quality reflective supervision for home visitors





Thank you

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