Integrating ACEs prevention into medical practice: A needs assessment of prenatal and pediatric care in Austin, TX

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Background:
One key area identified in the growing ACEs literature is intervening with expectant and new parents who experienced their own childhood trauma, in an effort to reduce the intergenerational transmission of ACEs (Larkin, Felitti & Anda., 2014; Stevens, 2014). However, best practices for implementing ACE-informed approaches in prenatal or pediatric healthcare settings have not been widely developed. The healthcare environment in Austin is being revolutionized and reorganized as we embark on a unique community partnership to build the first new medical school in a Tier 1 University in over 30 years. At the same time, there is a growing interest and momentum for addressing childhood trauma and its long term impacts in primary care settings, and little is known about the state of ACE-informed practice in Central Texas.

One particularly compelling area for ACEs-informed interventions is in healthcare practices serving expectant and new parents. Addressing childhood trauma of parents can reduce the intergenerational transmission of adverse childhood experiences. A history of trauma can impact parent/caregiver behavior, which is key in facilitating resilience in children, who are physiologically, developmentally affected by the timing and quality of their earliest experiences; thus in picking a starting point for assessing the state of trauma-informed practice in Central Texas, a decision was made to focus on collecting information about the practice of pediatric family practice, and obstetrics/gynecology offices.

The Pediatric Trauma-Informed Research and Care Collaborative (PTIRCC) is a multidisciplinary team of professionals working to integrate and evaluate ACE/trauma-informed approaches in Austin-area health care settings. A PTIRCC needs assessment project (IRB-approved) is evaluating the potential for ACE-informed care in prenatal/pediatric health and has preliminarily identified health care settings ready to serve as intervention sites in future projects.

Methods:
This needs assessment is a cross-sectional study of health care providers across the Austin metropolitan area, using a survey and an interview guide developed by the PTIRCC. The survey and guide were developed by a collaborative team of social workers, doctors, nurses and public health practitioners. Face validity for the survey and guide were developed by seeking feedback from health care providers who are stakeholders and key informants of the prenatal and pediatric health care provider community, as well as from the growing literature about ACEs. The survey was conducted online using Qualtrics software, and consisted of a few demographic questions, questions on patient demographics, and questions regarding provider knowledge, comfort, capacity, and barriers and facilitators to screening for ACEs in their clinical settings. The semi-structured interview guide is a tool used by interviewers to elicit key informant perspectives on and experience of learning about and integrating ACE screening into clinical settings. Content themes from interviews and descriptive statistics from the surveys will be gathered and synthesized for what they showed about the readiness of the prenatal and pediatric care settings to integrate ACE screening into their settings.

Survey Development:
In this needs assessment we aimed to measure five key qualities of respondents:
- Knowledge – with respect to ACEs
- Readiness and Capacity – to screen and intervene with ACE-informed practices within their service delivery
- Comfort and Confidence – regarding integrating ACE-informed approaches within their routine practice with patients
- Readiness and Capacity – to screen and intervene with ACE-informed practices within their service delivery
- Knowledge – with respect to ACEs

The PTIRCC team used an iterative process to develop the survey, drafting questions and re-working the survey as clarifications were made and question effects and intentions were explored. Questions we discussed included the following:
- Who are the intended recipients?
- What information will we obtain in asking about fuzzier ideas like comfort and confidence?
- What are the shades of meaning that might be missed in doing a survey? (this helped out efforts with respect to deciding what to ask about in interviews).
- Are we wanting information about not only the current house hold circumstances but about the adult respondent’s childhood history as well? (in order to gather information simultaneously about the ACEs of the parent/caregiver as well as the possible ACEs of the child patient involved).

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We also knew from speaking with key informants that the survey needed to be as short as possible, that it needed to be easy to complete on a phone, tablet, or desktop computer, and that it might be helpful to offer an incentive such as a deli lunch offer that they might use to treat staff. Given those parameters, we decided, for instance, to put demographic questions at the survey’s end, in case respondents ran out of time, so that we knew we would be more likely to receive the earlier responses to the directly relevant ACE-related questions.

Results:
Our needs assessment was launched in September and is still in process. Preliminary results are presented in our handout.

Discussion and Conclusion:
The development of the needs assessment survey itself contributed to improving our understanding of what it will mean to begin to integrate ACE screening into clinical settings in Central Texas. Our next steps will include using the survey and interview findings to better target intervention planning. We will know if more education is needed, or better support from the mental health care community on being trauma-informed, and have sites identified that are ready for pilot study work doing brief interventions as part of routine practice. The findings will also help to inform the training of residents, nursing students, and medical social workers, among others.