

PREVENTING ADVERSE CHILDHOOD EXPERIENCES PLAN OF CARE: RESULTS FROM A JOURNEY MAPPING EVALUATION



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Background

In 2020, the Michigan Public Health Institute (MPHI) received a grant from the Centers for Disease Control and Prevention to use data-informed practices to prevent ACEs (Preventing Adverse Childhood Experiences: Data to Action). The project established a statewide data dashboard on ACEs (www.miacedata.org) and piloted prevention efforts. One of the prevention pilots designed and tested an ACEs prevention-based intervention for the Maternal Infant Health Program (MIHP), the home visiting program with the greatest reach in Michigan.

MIHP wanted to increase support to address ACEs and support positive childhood experiences (PCEs) in home visits. Home visitors indicated that families with complex ACE history face unique challenges as they transition to parenthood. To help address this, MPHI and MIHP staff developed the Preventing ACEs Plan of Care Part 2 (PACE POC2). Plans of Care are a core element of the MIHP model that guide activities home visitors engage in with families. The PACE POC2 used the same format of other MIHP POCs. MPHI also developed a Companion Guide that provided tools for home visitors to support implementation, including prompts staff can use to start tough ACEs conversations with families, and family hand-outs. All resources are available on the MIHP website.¹

Through technical assistance calls and focus groups, MIHP home visitors requested more support for implementation, including how to navigate conversations about infant removal from the home, race and historical trauma, mass impact events, and family history with incarceration. Implementation questions still lingered, such as timing and frequency of the interventions relative to an entire course of home visits. MIHP home visitors can use discretion to decide when and how to intervene, but some were curious if there are best practice recommendations. Focus group discussions highlighted variability in implementation approach across communities and did not identify specific best practices for implementation. Finally, due to limited scope, staff did not gather data directly from caregivers.

MPHI received additional funding from the Michigan Health Endowment Fund in 2023 to continue to support MIHP with the refinement and rollout of the PACE POC2, including engaging in a more robust evaluation (using a Journey Mapping technique) of implementation practice and caregiver response to intervention.

The journey mapping evaluation answered the following evaluation questions:

- Which PACE POC2 interventions and family resources were used most?
- Which PACE POC2 interventions and family resources were the most effective?
- Were there “best practices” for using ACEs informed interventions with families?
- What were the indicators of caregiver readiness and responsiveness to the PACE POC2?
- How did caregivers respond to learning about ACEs and PCEs?
- What actions did caregivers take to address ACEs and promote PCEs?

Methods

Study methods were reviewed and approved as research by the MPHI Institutional Review Board.

Participants

For this study, both home visitors and caregivers were considered participants. Participants were recruited from within six MIHP partner sites. First, home visitors from each site were invited to participate in the study. These consented home visitors invited eligible caregivers into the study. The relationship between the sites, home visitors, and caregivers is summarized in Exhibit 1.

¹ <https://www.michigan.gov/mihp/providers/current-mihp-providers/initiatives/preventing-aces-plan-of-care-2>

Exhibit 1. Relationships between participating sites, home visitors, and caregivers

Site	# Home Visitors Consented	# Home Visitors Engaged in Data Collection with Participating Caregiver	# Caregivers Consented	# Caregivers Interviewed
A	2	2	5	4
B	2	2	5	3
C	2	1	3	3
D	3	1	3	2
E	4	1	2	2
F	1	0	0	0
TOTAL	14	7	18	14

MIHP Participating Sites

Six local MIHP sites were sub-contracted to be partners for the study: two in the Upper Peninsula, three in Southeast Michigan, and one in Eastern Michigan. Each site was paid \$2,000 to engage in both the study and to provide feedback on materials before the study began. Sites received this stipend regardless of the number of home visitors and caregivers who participated in the study.

Home Visitors

Home visitors from each partner site were invited to participate in the study using an online consent form that described all study activities. Fourteen home visitors consented to participate in the study. Of those, seven delivered PACE POC2 intervention(s) to participating families and participated in a follow-up interview for each family who received the intervention(s). Home visitors who delivered the intervention were mostly white (85.7%, $n=6$) and all female (100%, $n=7$). They were trained as either social workers or counselors (71.4%, $n=5$) or nurses (28.6%, $n=2$). They were an average of 37.6 years old (range from 26 to 51 years). They reported working as home visitors an average of 7.1 years (range from 9 months to 20 years).

Caregivers

Home visitors invited eligible caregivers that they served to participate in the study. Caregivers were eligible if their home visitor thought they would benefit from the PACE POC2 and they were at least 18 years old. Home visitors used an IRB-approved infographic that described the study and included a QR code to the online consent form. Eighteen caregivers consented to the study (agreed to have their intervention documented by their home visitor), and 14 of these participated in the follow-up interview with a member of the MPHI study team. All caregivers were female. Additional demographics are summarized in Exhibit 2. Caregivers received a \$25 electronic gift card for consenting to the study and allowing their home visitor to share data about their PACE POC2 visit with the study team. They received a \$50 electronic gift card for completing an interview.

EXHIBIT 2. CAREGIVER DEMOGRAPHICS

Variable	N	Percent	Min	Max	Mean
<i>Caregiver Race/Ethnicity</i>					
American Indian/Alaska Native	5	27.8%	--	--	--
Black/African American	5	27.8%	--	--	--
White	8	44.4%	--	--	--
<i>Caregiver Gender</i>					
Female	18	100%	--	--	--
<i>MIHP Visit Type</i>					
Maternal	7	38.9%	--	--	--
Infant	11	61.1%	--	--	--
<i>Age & Family</i>					
Caregiver Age (years)	18	--	19	35	24.6
Age of Infant Beneficiary (months)	11	--	0.6	11	4.5
Number Children	18	--	0*	5	1.4

*Indicates participants who were pregnant with their first child

Procedures and Materials

Design and Data Collection Methods

Data on home visitors and the participating caregivers they served were linked. For each pair, data were collected in three phases. First, home visitors completed a **PACE POC2 Checklist** for each visit the PACE POC2 was used with a participating caregiver to document the visit (see Appendix A). These checklists were uploaded to a secure file repository to share with the MPH study team.²

Once home visitors confirmed they were done implementing the PACE POC2 with the participating caregiver, they participated in a **home visitor interview** with a member of the MPH study team (see Appendix B). These interviews focused on the home visitor experience implementing PACE with a single participating caregiver. Interviews occurred virtually and lasted under one hour. Home visitors who had multiple caregivers in the study completed an interview about each one.

Finally, the same MPH study team member who interviewed their home visitor reached out to the caregiver to schedule the **caregiver interview** (see Appendix C). These interviews focused on the caregiver's experience receiving the PACE POC2 intervention. Interviews occurred virtually and lasted about one hour. The study team developed a safety plan so interviewers had training and support if a participant showed any signs of distress during the interview. No interviewers needed to use the safety plan during data collection. When asked about how much they recalled the PACE intervention, the caregiver interviews used open-ended questions first to allow for free recall, followed by increasingly specific questions that included visual prompts of resources the home visitor reported sharing with the caregiver on the PACE POC2 Checklist.

² Harris, P.A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J.G. (2009). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, *Journal of Biomedical Informatics*, 42(2), 377-81.

Data Analysis

Quantitative analysis

Data from the PACE POC2 Checklists were analyzed using descriptive statistics to summarize responses by visit ($N=22$) and by caregivers ($N=18$) to account for multiple visits with a single caregiver.

Qualitative analysis

The evaluation team used the Sort and Sift, Think and Shift approach to qualitative analysis.³ This approach incorporates analysts' perspectives while privileging voices of participants. It was a good fit for the paired study design and multiple data sources. The approach uses episode profiles (individual pairs) and topic diagramming (across pairs) to make sense of the data. The episode profiles allowed analysts to retain connections between data sources (PACE POC2 Checklist and home visitor and caregiver interviews) and allowed for organic paired coding as analysts could readily see connections between the home visitor and caregiver perspectives. The topic diagrams allowed analysts to identify ideas that emerged across pairs. Four data analysts coded the qualitative data, debriefing frequently. Each participating caregiver's data was coded by two analysts within episode profiles. All four analysts contributed to topic diagrams.

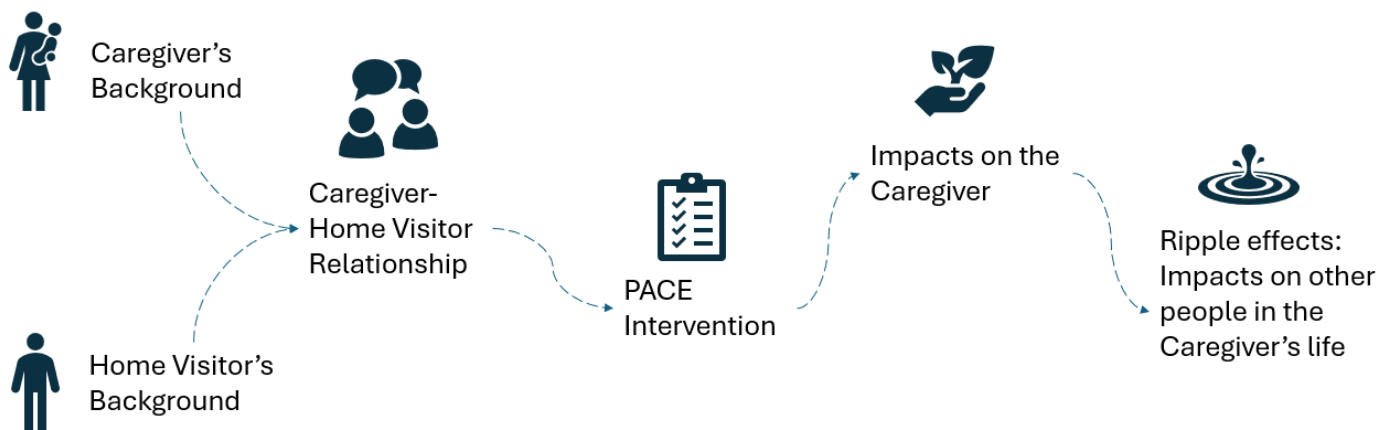
Journey Maps

Several visual Journey Maps were produced to represent "types" of caregiver experiences based on common characteristics across caregiver participants.⁴ Importantly, these maps are not based on a single caregiver's data but are representative of one type of experience based on the documentation and interviews.

Results

All results are structured around the key moments leading up to, during, and following the PACE POC2 intervention (see Exhibit 3). Exhibit 4 includes a summary of themes from the qualitative analysis.

EXHIBIT 3. GENERAL STRUCTURE OF JOURNEY MAPS IMPLEMENTING THE PACE INTERVENTION



³ Maietta, R., Mihás, P., Swartout, K., Petruzzelli, J., & Hamilton, A. B. (2021). Sort and Sift, Think and Shift: Let the Data Be Your Guide. An Applied Approach to Working With, Learning From, and Privileging Qualitative Data. *The Qualitative Report*, 26(6), 2045-2060. <https://doi.org/10.46743/2160-3715/2021.5013>

⁴ Davies, E. L., Buldo, L. N., Walsh, A., Pollock, D., Langton, V. M., Laing, R. E., Graham, A., Arnold-Chamney, M., & Kelly, J. (2023). Reporting and conducting patient journey mapping research in healthcare: A scoping review. *Journal of Advanced Nursing*, 79, 83-100.

EXHIBIT 4. SUMMARY OF THEMES FROM QUALITATIVE ANALYSIS

Theme	Subthemes	Definition	Caregiver Quotation ⁵	Home Visitor Quotation ⁵
Caregiver Readiness to Engage	<ul style="list-style-type: none"> • Childhood experiences • Self-reflection about own past, including experience in counseling/ therapy • Desire to change or be a different type of parent than they had • Pressing needs attended to 	Knowledge and experiences the caregiver brings into the PACE intervention	<i>I don't mind talking about how I was raised, but it really depends on the person like if I want to go into like deep, deep hella problems. So with her, I can.</i>	<i>I mean I think like she just was kind of like very just matter-of-fact and just talked like pretty openly and straightforward about like, 'This has happened to me. This is how I want to do things with my kids'.</i>
Learning Curve for Home Visitors	<ul style="list-style-type: none"> • Professional training (social work, nursing) • Comfort with PACE content/ materials • Role within agency • Recommendations for the field 	Professional and personal experiences the Home Visitor bring into the PACE intervention	NA	<i>So the more I have done it, the more comfortable I have felt and known what I actually had in each intervention, which things and handouts I was going to be giving and going through with her.</i>
Caregiver-Home Visitor Relationship	<ul style="list-style-type: none"> • Building rapport • Role of chemistry • Shared experiences • Shared identities 	Quality, strength, and length of the relationship between the caregiver and home visitor leading up to PACE intervention	<i>I just remember after like the second or third—maybe I think the second visit with her, I just really felt like she was—she just comes off as like a very trusting, nurturing, kind person and that made me feel pretty safe with her.</i>	<i>I would say just even in like the second visit, it was easy and during our enrollment kind of getting to know each other and other things in common besides things involving like pregnancy, and kids, and stuff definitely happened naturally.</i>

⁵ Bold quotes come from a Caregiver-Home Visitor pair

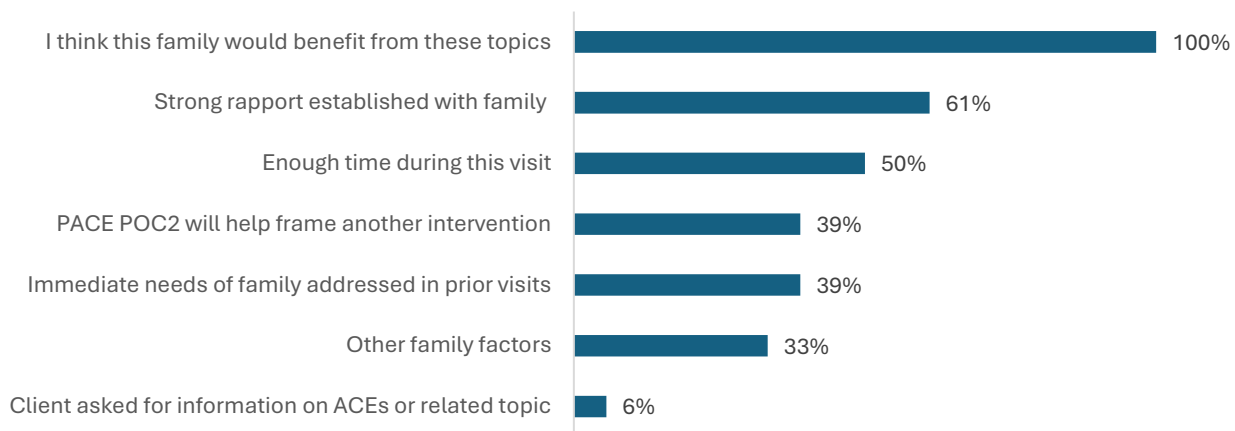
Theme	Subthemes	Definition	Caregiver Quotation ⁵	Home Visitor Quotation ⁵
PACE Intervention Implementation Practices	<ul style="list-style-type: none"> • Interventions and resources used • How resources were used within conversation • Logistics, including timing of the visit • Sensitivity to Caregiver • Presence of others and how they were engaged 	Implementation choices made by the home visitor and what impacted those choices	<i>I think the way that she delivered it just the holding the space and with compassion and empathy and giving options to not answer or even just offering that space to ask questions, I think was what made me feel safe.</i>	<i>I have never done this childhood experience worksheet in the past. ... I was actually really—I guess surprised in the information I was kind of missing out on from this. So I probably will incorporate it going forward.</i>
Impacts on Caregivers	<ul style="list-style-type: none"> • Acknowledged own history and resilience • Validated current trajectory • Learned new skills • Took action for positive change • No obvious impact 	Reported changes in caregivers' thoughts, beliefs, or behaviors since the PACE POC visit(s)	<i>They took an effect on how I treat my children. I mean it's not like I treated them bad before. It's just now I try to show more emotions when it comes to my kids...I really don't—it's just no—never be a time to where I will ask them for a hug or, you know, to say 'I love you' and stuff like that. So I'm honestly working on that more.</i>	<i>Yeah, so my conversations with clients are very informal and loose...It was kind of a—like I said, a dialogue conversation, an, 'Oh, I can do that. Oh, that sounds easy.' And so my interpretation is, 'Yes, I am going to make changes based on this conversation' by her saying, 'Yeah, I can do that. Yeah, that sounds doable.'</i>
Ripple Effects of PACE Intervention	<ul style="list-style-type: none"> • Inspiring conversations and sharing resources with others • Impact on older children in the family 	Examples of how PACE resources were shared or used beyond caregiver and infant enrolled in home visiting	<i>I really do remember that one [fatherhood handout] because it was—I immediately thought about my boyfriend so that he felt like he was doing a good job at being a dad.</i>	<i>I did tell him we had a father handout we could talk about and he was like, 'What is it about?' And I told him what it was about and he's like, 'Well, I'll read it and I'll let you know'.</i>

Caregiver Readiness to Engage

Both caregivers and home visitors reflected on the caregiver’s background leading into the PACE visit(s). A dominant theme across the pairs was that the caregivers had some known adversity in their past. For some pairs, home visitors described the caregiver’s history in more detail and in the context of broader trends (e.g., perceived level of severity given professional knowledge). Some caregivers also described aspects of their histories that were challenging or that they wanted to address. Caregivers varied on how much they had reflected on their past experiences before the PACE intervention. Some had engaged in personal reflection and some referenced past or current experiences in professional therapy or counseling. Many caregivers described wanting to parent differently than they had been raised, or in the case of older parents, wanted to improve their parenting. For some caregivers who were still pregnant or had newborns, the experience of becoming a parent was an opportunity to reflect on their past and consider how they wanted to parent. For others, already being a parent helped with readiness as they could reflect on the impact of their own parenting with older children and what they might want to do differently moving forward.

Another indicator of readiness was that caregivers’ most pressing needs were attended to, such as housing stability. This was mostly described by home visitors. Home visitors were asked about the caregiver’s strengths and many celebrated the resilience they have observed. Home visitors documented what family factors influenced their decision to start the PACE POC2 interventions with each caregiver on the PACE Checklist (see Exhibit 5). Home visitors could choose more than one factor that influenced their decision. “Other family factors” included that the caregiver was interested in this study (including the incentive), to address current stressful issues, and timing (for example, they were having one of their final MIHP visits).

EXHIBIT 5. HOME VISITORS OFFERED MANY FAMILY-RELATED FACTORS THAT INDICATED READINESS FOR THE PACE INTERVENTION



Home visitors also reported how they determined that the PACE POC2 was a good fit for each caregiver. For 78% ($n=14$) of the caregivers in the study, home visitors based their decision on risk factors on the MIHP Maternal or Infant Risk Identifier form. For 61% ($n=11$) of the caregivers, home visitors said they used their professional judgement. One home visitor (6%) said they used the new Health Assessment Screening Question that MIHP planned to implement after the study period. Home visitors could select more than one reason for determining eligibility.

Learning Curve for Home Visitors

The home visitor participants had diverse personal and professional backgrounds that made their experience implementing the PACE POC2 with caregivers unique. Overall, home visitors needed time to become acquainted with the interventions and resources for more seamless implementation with caregivers. Over the course of the study, home visitors described how their comfort with materials increased over time. They also grew more confident in their ability to engage with caregivers in supportive ways that minimized harm.

*So **the more I have done it, the more comfortable I have felt** and known what I actually had in each intervention, which things and handouts I was going to be giving and going through with her. – Home Visitor*

*This one was the one that **really built my confidence** about it. It was my second time doing it, but also because of how she reacted. So that was actually really beneficial because I was like, “Okay, I’m actually doing something that’s going to help these people.” – Home Visitor*

*I truly feel that like **just having to go out and do it and experience it for yourself**, and ways that you’re going to navigate it, and ways that work for you versus—and really I feel like it’s been time—like I have spent a lot of time on reflecting on myself! - Home Visitor*

One of the most notable differences that home visitors reflected on was the degree to which their own training prepared them to implement the PACE POC2. Overall, the home visitors who had social work or counseling backgrounds felt more comfortable initiating the interventions with clients and had more confidence in their ability to find their own voice as they adapted materials. Home visitors who were trained as nurses needed some additional practice, self-study, and confidence building. Some home visitor participants were social workers who supported the main MIHP home visitor and used the PACE POC2 in a specialized visit. These home visitors were comfortable with building rapport quickly with families and had confidence in their skills and abilities to navigate the conversations with families.

*Just a little bit awkward and I have just found that in general for me **as a nurse, it’s not a topic that I am, I guess mental health I have slowly gotten better discussing that**. But yeah, just asking about like your past experiences with people that I don’t feel super comfortable with or I’m still building that relationship can be a little bit awkward. – Home Visitor*

*I’d say like pretty confident. The like materials are new to me like the worksheets, and the handouts, and stuff. But like **trauma is something I work with a lot within my job**. Because I also do mental health counseling.... – Home Visitor*

Home visitor participants sometimes offered recommendations for the field when using the PACE POC2. Some encouraged peers to practice with materials, starting with a caregiver the home visitor knows well and would be understanding as they practice a new skill. Others had specific feedback about what worked well for them, for example, by finding their own ways to start the conversations, or suggestions for using the Childhood Experiences Worksheet conversationally, rather than going through each item if that felt overwhelming. Some home visitors had packets of PACE handouts prepared so they had access to any that they needed during the visit.

Caregiver-Home Visitor Relationship

Caregivers and home visitors in the study knew each other from a range of a single day to multiple years. Pairs tended to describe their relationship in an aligned way, meaning they agreed about the quality of their connection and how long it took them to connect. Home visitors tended to describe their connection in more conservative terms compared to caregivers, many of whom described how important their home visitor was to them as a trusted resource and source of support.

A strong rapport was important to the success of the PACE POC2 and this study suggests that rapport can be established quickly for a skilled Home Visitor and open Caregiver. Across most pairs, Caregivers described the Home Visitor characteristics that mattered most to them feeling connected: kindness, warmth, and a non-judgmental stance. **This was mentioned by every caregiver interviewed when asked about their Home Visitor.** Even for those pairs who were just getting to know each other, Caregivers described how their Home Visitor established trust quickly with their energy and engagement.

*She is kind of the **only person I really talk to** about anything. –Caregiver*

*And I mean I told her about my [history], and everything. So she **didn't look like she was judging me for anything**. – Caregiver*

*She makes me feel **heard and seen**. She makes me feel **safe**. She (pauses) makes me feel **empowered**. – Caregiver*

The shared experience most often mentioned by home visitors and caregivers as facilitating their connection was being a parent. While not all home visitors were parents, this shared lived experience could be powerful for some pairs. Shared identities were not mentioned as a facilitator for connection by most pairs. Of the 18 pairs, eleven pairs (61%) shared the same racial/ethnic identity, and seven pairs (39%) did not. The average age difference between home visitors and the caregiver was 13.5 years. For the majority (89%, $n=16$) of pairs, the home visitor was older than the parent. The home visitor was younger than the parent for two pairs (11%). While some home visitors emphasized some shared experiences, like race/ ethnicity or living in the same community, many caregivers and home visitors reported not seeing many shared experiences, although that did not keep them from developing a strong rapport.

*Like **she's a mom, I'm a mom**. And she's a more experienced mom so sometimes she can share things that helped her and her kids. – Caregiver*

*It's **mainly a professional relationship** so it doesn't really affect it if we don't have anything in common or anything– Caregiver*

We all use the same Walmart. –Home Visitor

For some pairs, the PACE POC2 intervention helped to deepen rapport. Home visitors noticed that the PACE materials introduce topics that are unique within MIHP and provided additional insight or intimacy that helped them understand more about the caregivers they served. For some pairs, it facilitated rapport building as they were getting to know each other and building trust.

*I do feel like **she's opening up to me about her childhood a little bit more**. And I don't know if that's because of the PACE care plan or if it's more just I've been going there weekly now for about two months, so I feel like that's really made a big difference in how much she confides in me, too, so. –Home Visitor*

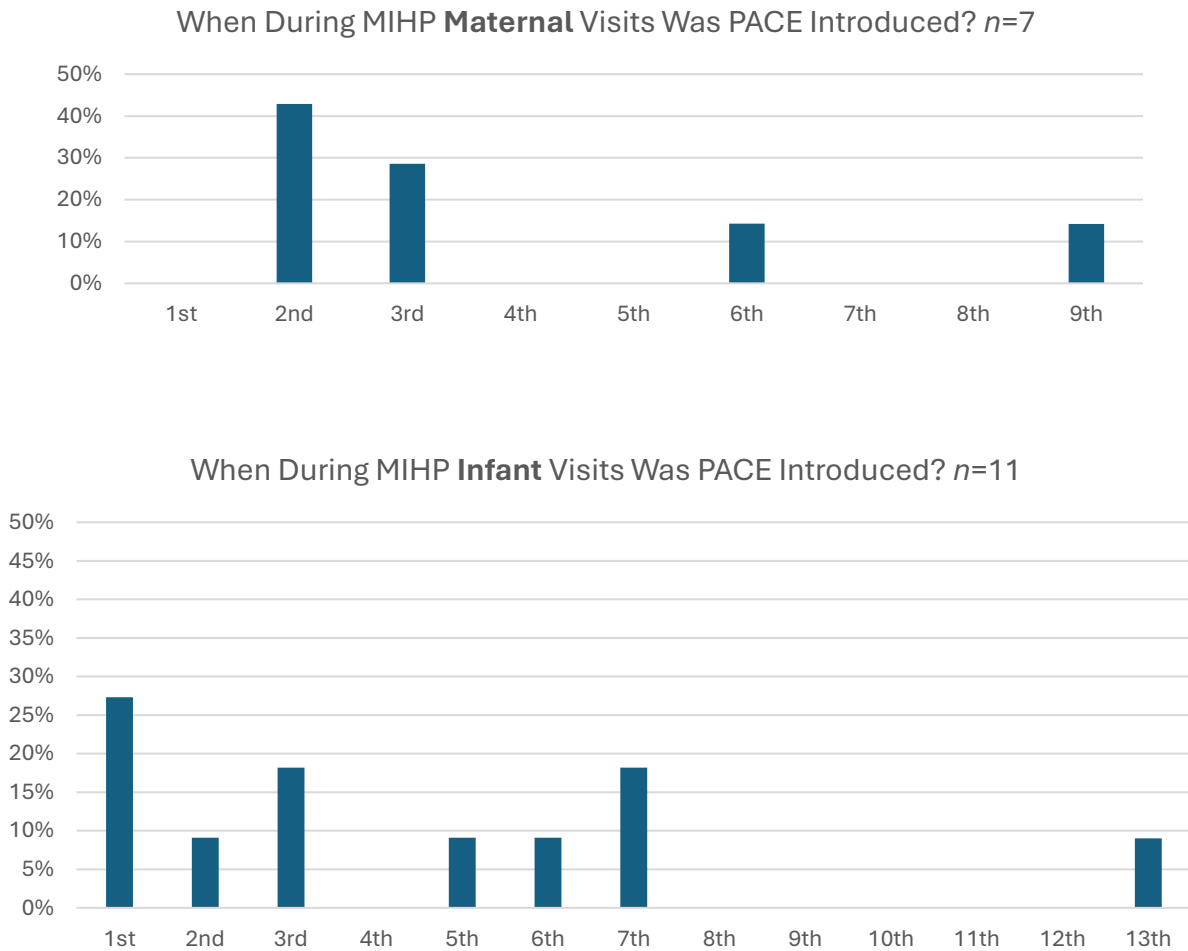
PACE Intervention Implementation Practices

Timing of Intervention

Home visitors recorded details of how they used the PACE POC2 after each home visit. Fourteen caregivers (78%) received the PACE POC2 interventions during one home visit and four caregivers (22%) received the PACE POC2 interventions on two different home visits. Altogether, PACE POC2 interventions were delivered at 22 MIHP home visits during this study.

Home visitors recorded the MIHP visit number and type of visit (maternal or infant) for the day they delivered the PACE POC2 Intervention(s). Most caregivers received the first PACE POC2 interventions during the first three visits (71.4% and 54.5%, respectively; see Exhibit 6).

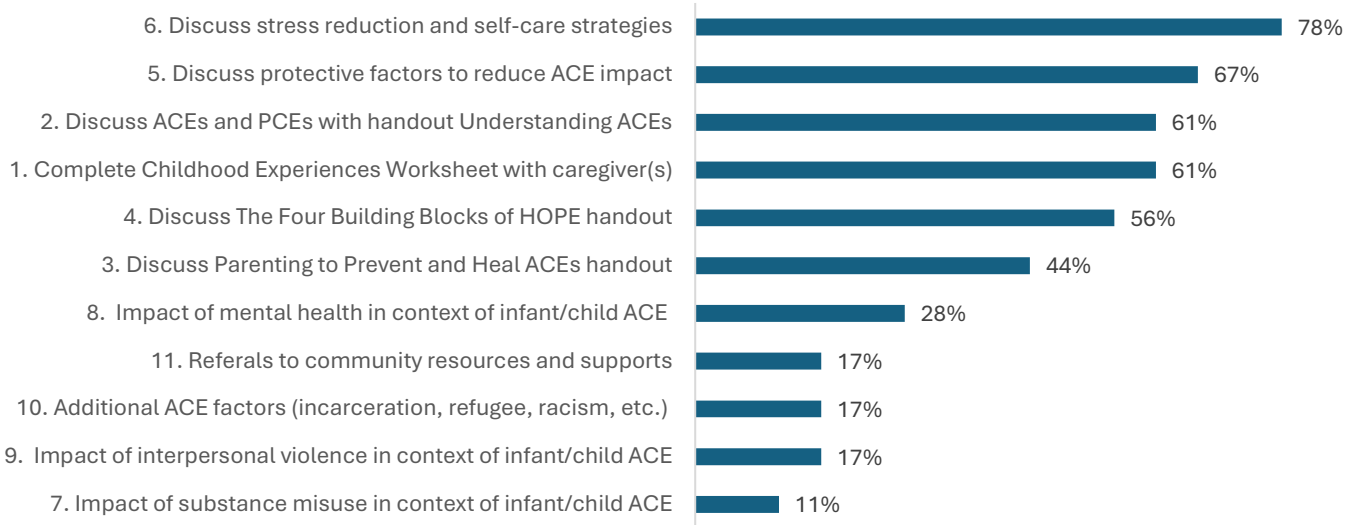
EXHIBIT 6. THE PACE POC2 WAS INTRODUCED WITH CAREGIVERS ACROSS A WIDE RANGE OF SERVICE VISITS



Topics and Handouts Used During Visits

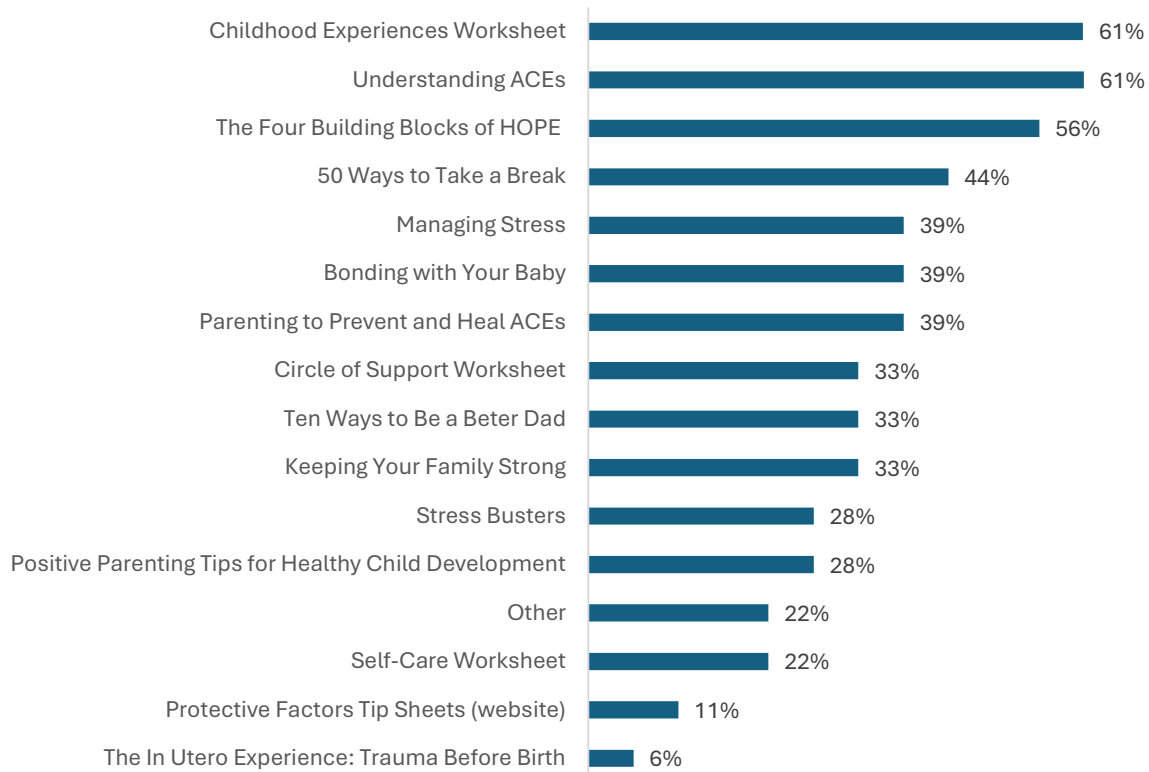
There are 11 interventions in the PACE POC2 and home visitors used their own discretion on which and how many interventions to deliver. A total of 82 PACE POC2 interventions were delivered during the study period (see Exhibit 7). The most frequently used intervention was #6. *Discuss stress reduction and self-care strategies* (78%; n=14). The majority (83%; n=15) received one of the first three interventions which explicitly discuss ACEs. Home visitors who made referrals (intervention #11) reported half of these were for mental health and half for something else, including housing, information about parent coalition, mental health resources for child, doula, and support groups.

EXHIBIT 7. EVERY PACE POC2 INTERVENTION WAS USED AT LEAST ONCE



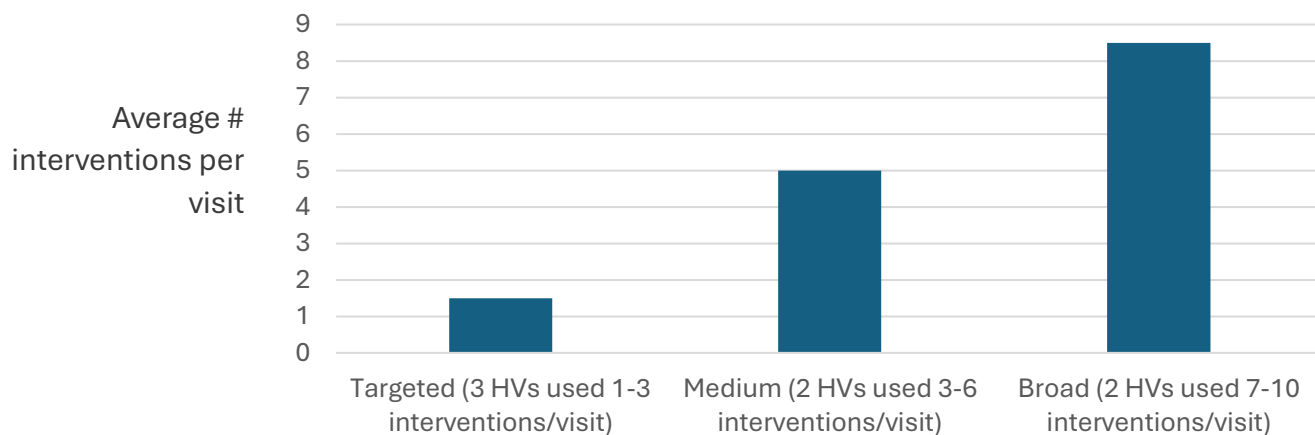
Each intervention in the PACE POC2 has suggested handouts or website resources for home visitors to use and share with caregivers. There were a total of 29 recommended handouts/resources across the 11 PACE POC2 interventions at the time of the study. Home visitors used their own discretion on which handouts/resources to share when delivering the interventions. Fifteen of the 29 available handouts/resources were used during the study period (see Exhibit 8). Several home visitors shared their own resources to support the PACE POC2 including songs, tools for breathing to help kids recognize feelings, resilience, attachment, emotional regulation, non-verbal communication, social emotional health.

EXHIBIT 8. HOME VISITORS USED MANY, BUT NOT ALL HANDOUTS PROVIDED AS CAREGIVER RESOURCES



Home visitors delivered an average of 3.7 PACE POC2 interventions per visit. There was a wide range, from one to 10 interventions used in a single visit. Home visitors had a distinct style in how they used the PACE POC2 across their families. This was based on the number of interventions used from the visit checklist. Three home visitors had a targeted approach, using 1-3 interventions per visit, two home visitors had a medium approach, using 3-6 interventions per visit, and two home visitors had a broad approach, using 7-10 interventions per visit (see Exhibit 9). Some home visitors were grateful for the flexibility and professional judgement of the PACE POC2.

EXHIBIT 9. HOME VISITORS TENDED TO USE SIMILAR #S OF INTERVENTIONS/ VISIT ACROSS FAMILIES THEY SERVED, YIELDING DISTINCT STYLES



*“I hope that it’s really kind of **left up to what the home visitor feels capable of doing and what makes sense in the context of their relationship.**” -Home Visitor*

Since each intervention has associated family resources, this also means that some caregivers received many handouts during a single visit (between one and 13). Caregivers reported that sometimes they received too many handouts and they did not remember a resource as well, or at all, when their home visitor did not review it with them. Indeed, caregivers remembered interventions and handouts best when one or more of the following happened:

- The conversation was **personalized for them**, for example when they reflected on their past using the Childhood Experiences Worksheet or their support network using the Circle of Support worksheet.
- The conversation was **targeted to meet a specific need**, like when they engaged their partner using the “10 Ways to Be a Better Dad” handout or addressed stress reduction.
- The conversation **focused on the positive**, like when they used the “Parenting to Prevent and Heal ACEs” to acknowledge positive parenting practices.

Taking Necessary Time

Several home visitors described needing to take one hour or more, with the caregiver’s permission, to allow for enough time for these conversations. Home visitors made sure caregivers didn’t feel rushed and that they found a supportive way to end the conversation. While home visitors frequently mentioned the longer visits, only one caregiver remembered the conversation being long.

*I mean this visit could have gone three hours easily. Because **she was that engaged and that responsive.** –Home Visitor*

Impacts on Caregivers

Both home visitors and caregivers were asked to describe the impact, if any, of the PACE interventions on caregivers. There were many examples of agreement between home visitor and caregiver descriptions of the impacts. For some pairs, caregivers reported more impact than home visitors. There were some examples of home visitors and caregivers describing different impacts or using different examples. Importantly, we did not find an example of the home visitor reporting a stronger impact of the PACE POC2 than the caregivers in this sample. It is also important to note that these themes were not mutually exclusive. Caregivers and their home visitors often reflected on multiple impacts of PACE interventions. Finally, many of these impacts are correlated with home visitor implementation practices (please see the Journey Maps below for examples). No participating home visitors reported regret using the PACE POC2 with caregivers or witnessing harm, such as caregiver distress that they could not manage. Most home visitors selected content they felt comfortable with and that they felt would be well-received by the caregivers.

Validating positive behaviors

The majority of participants described how the PACE POC2 offered an opportunity for home visitors to acknowledge the positive behaviors they saw in the caregivers they served and for the caregivers to celebrate their success. For many, this included validating current efforts towards self-improvement (like counseling) and positive parenting behaviors already in practice. Often these positive behaviors and concrete improvements were happening among other challenges and stressors, making them remarkable and worthy of validation and celebration. For caregivers, this time to focus on what they were doing well reinforced that they were on the right track and that making efforts to promote positive experiences was an important part of building lifelong resilience for their children. Some caregivers reflected on the fact that the PACE POC2 interventions felt different than typical service visits that often focus on solving problems.

*I would have to say for the biggest thing is the reassurance that—because **I don't always see what I'm doing well...** –Caregiver*

*And that one [ChEW Positive Experiences for Your Child Section] made me feel really good because it **made me feel like I'm doing better than I think I am sometimes.** – Caregiver*

*I just think that watching people talking about things that they're doing that are positive is really helpful. So not just focusing on their negative stuff that they're doing. And like you can **literally see their eyes light up when they talk about things that they're doing well.** -Home Visitor*

An opportunity to reflect on the past

Some PACE POC2 interventions highlight the inter-generational patterns of parenting and how caregivers can make an intentional choice between repeating or disrupting those patterns. The Childhood Experiences Worksheet in particular supports reflection on both positive and adverse experiences that exist in families and understanding how they can impact adult health and well-being. Some caregivers reported that reflecting on the past was difficult. For example, some caregivers knew they experienced childhood adversity, but didn't fully think about the impact it continued to have on them. For these caregivers, it was important to have their Home Visitor facilitating the conversation. Several caregivers observed that it was difficult for them to think about their childhoods as positive or adverse, as many experiences were blended together. Again, home visitors were key to validating the caregiver's experiences and focus the conversation on building strengths in their own family. Some home visitors reported that the unique content of the PACE POC2 helped them learn more about the caregivers they served since they had an opportunity to deeply reflect on how past experiences might impact current behavior.

So it was kind of eye-opening in that to realize that **some of the things that I felt hurt by were normal to feel hurt by** and not just dramatic, like I was always told I was. So that was pretty cool for me. – Caregiver

It made me think more on **why I am the way I am and why I do the things I do** with my children... It has made me question more things in the last few months...just the other day I was thinking like, ‘Dang. Is that why I do that?’ - Caregiver

I guess talking about the Adverse Child Experiences **in a way made me sad, but at the same time, it kind of pushed me into the direction of the positive ones?** Like thinking of ways that I could make a positive experience for my kids. - Caregiver

This was the very first time we talked about like gender roles in her family...it’s like a big thing for her, but it’s not something that any other MIHP plans of care or intake questions get at... -Home Visitor

Learning something new and taking action

On the post-visit checklist, home visitors reported that 83% of caregivers expressed interest in taking actions or making behavior changes to address ACEs and promote PCEs after receiving a PACE POC2 intervention. Some caregivers reported that they learned something new, like parenting skills or the importance of emotional regulation and stress management. Some caregivers had an intuitive understanding of how parenting practices are passed intergenerationally but had not heard about the research linking childhood experiences with long-term well-being. For some, learning about ACEs and PCEs was an important new framing that helped them understand their own emotions and articulate concrete goals for themselves and their families. Some caregivers linked this new knowledge with action steps like improving their social support networks, seeking out counseling, working on inter-personal dynamics with partners, and addressing social-emotional environmental factors in the home (e.g., reducing distressing ambient noise).

*I think it made me take a step back and realize that sometimes when I’m overwhelmed and stressed out, that **I need to calm myself down more?** So that I am not being... like loud and rambunctious to my kid when he’s just being a baby. – Caregiver*

*It makes me reflect on **wanting her to have a calm environment** where she feels safe and like she can be herself and be relaxed and open with us. - Caregiver*

*I had joined the [parenting support] group...**You can never use too much help**, especially when you don’t have any. - Caregiver*

No obvious or known impact

Some caregivers and home visitors said they either didn’t know if the PACE POC2 intervention had any impact on the caregiver or they didn’t think it did. These observations tended to happen in several distinct contexts. Sometimes these observations came in the context of other reflections that **did** indicate some impact, like reflecting on the caregiver’s past or validating positive progress. Sometimes, participants reflected on changes, but it was hard for them to attribute impacts specifically to the PACE POC2 given other things going on within the MIHP program and within caregivers’ lives. Finally, some pairs reported limited impact when the PACE POC2 was implemented by a home visitor who was very new and uncertain about the materials, who did not use some of the more memorable intervention materials (like the Childhood Experiences Worksheet) or delivered the intervention at time when the caregiver was dealing with another life event (see Journey Maps below that illustrate these connections).

*Not really a whole lot. It's been a while since we had that conversation and **remembering our visits and everything we go through (laughs) is hard.** – Caregiver*

*No, not really, because I kind of knew that (laughs). I'm living with trauma from my childhood every day. So **I kind of understood that already.** – Caregiver*

Ripple Effects of PACE Intervention

Some caregivers described ripple effects of the PACE POC2 interventions. These were examples of how the PACE POC2 impacted people beyond the caregiver and their infant who were enrolled in MIHP.

Inspiring conversations and sharing resources with others

Over half of the caregivers in the study described sharing information or resources from the PACE POC2 interventions with partners, parents, siblings, or friends. Sometimes, the caregiver's partner was engaged during the PACE POC2 visit, sometimes through the Childhood Experiences Worksheet or the handout "10 Ways to be a Better Dad." Caregivers also described taking the initiative to share information with people close to them.

*...We did [Childhood Experiences Worksheet] with both caregivers. **Some of her answers were a bit different than her husband's.** So it's like seeing the difference of that kind of laid out I think is probably a little bit hard, but I think it was good for both of them. -Home Visitor*

*Yeah, one of my best friends. We've definitely talked about like our childhood traumas but also trying to find good positive things that did happen in our childhood...**Because it makes me feel less alone.** – Caregiver*

*My [Relative], we've talked about stuff about it. Because I mean **she's helping raise my children,** too. So we talk about a lot of stuff with how I grew up and how I don't want my children raised now and stuff like that. -Caregiver*

Impact on older children in the family

A final ripple effect reported by participants was how the PACE POC2 impacted their relationships with their older children (older siblings of their current infant). For some caregivers, shifts in positive parenting practices were the most immediate impact of the intervention.

*And **I feel like I am calmer,** you know. And I don't get as upset about things like if he were to make a mess or something. Before I would be like, "Ah! Stop (laughs)!" But like now it's kind of like, "Well, like, please don't do that, Buddy. I don't like that." But I understand that he is only two years old and he's going to make a mess. -Caregiver*

Pulling It All Together: Summary Journey Maps

The evaluation team constructed five journey maps that are case examples of how key components of the journey worked together to make the PACE POC2 particularly impactful, or not. Each map is based on experiences of between two and seven pairs. Every pair in the study is represented in at least one journey map.

Journey Map 1: PACE Validates Family Progress

Caregiver has been in therapy or counseling and knows they want to parent differently than how they were parented. Caregiver is not experiencing trauma-related symptoms currently, even if they had significant challenges in their past. Caregiver has older children and is already trying positive parenting techniques.



Caregiver's and Home Visitor's relationship has been established over many visits. Caregiver trusts Home Visitor and Home Visitor acknowledges the family's strengths and challenges and respects the family.



Home Visitor asked Caregiver if it was ok that they went over their time for the conversation. Home visitor used the ChEW to guide the conversation, but didn't go over every item. Home Visitor used "Parenting to Prevent and Heal ACEs" handout to emphasize the positive parenting the family was already doing. They talked about stress reduction and Home Visitor used "50 Ways to Reduce Stress" for simple strategies for calm and the "Circle of Support" so Caregiver could identify people who could help.



Home Visitor is comfortable with talking about ACEs and is familiar with PACE interventions and resources. Home Visitor is familiar with ACEs and understands how ACEs and PCEs work together to impact families. Home visitor has worked in this community for a long time.



Caregiver described some of the ways their parents treated them and their siblings. This was the first time Home Visitor heard these stories, and it helped them understand Caregiver more.

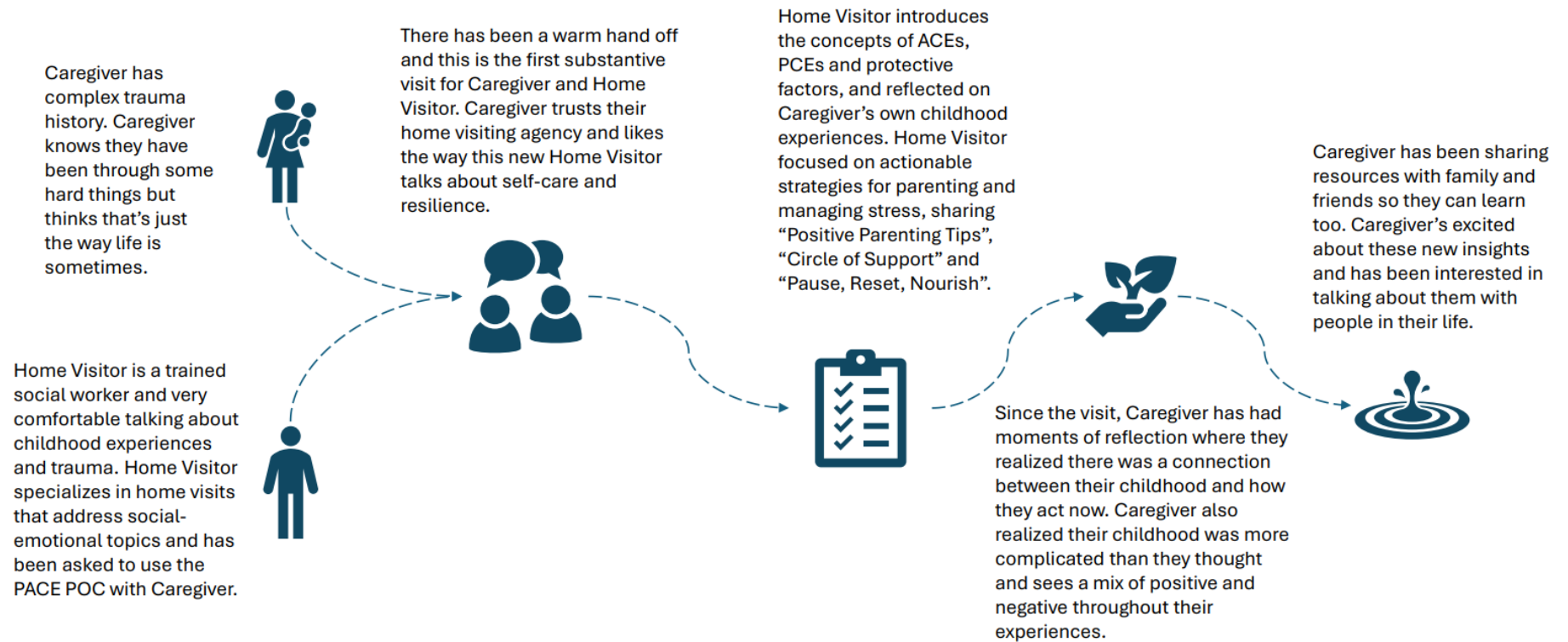


Caregiver felt validated when they realized how many positive experiences they are building for their own children. Caregiver felt comfortable talking with their Home Visitor and was grateful for some new resources to continue to support their parenting.

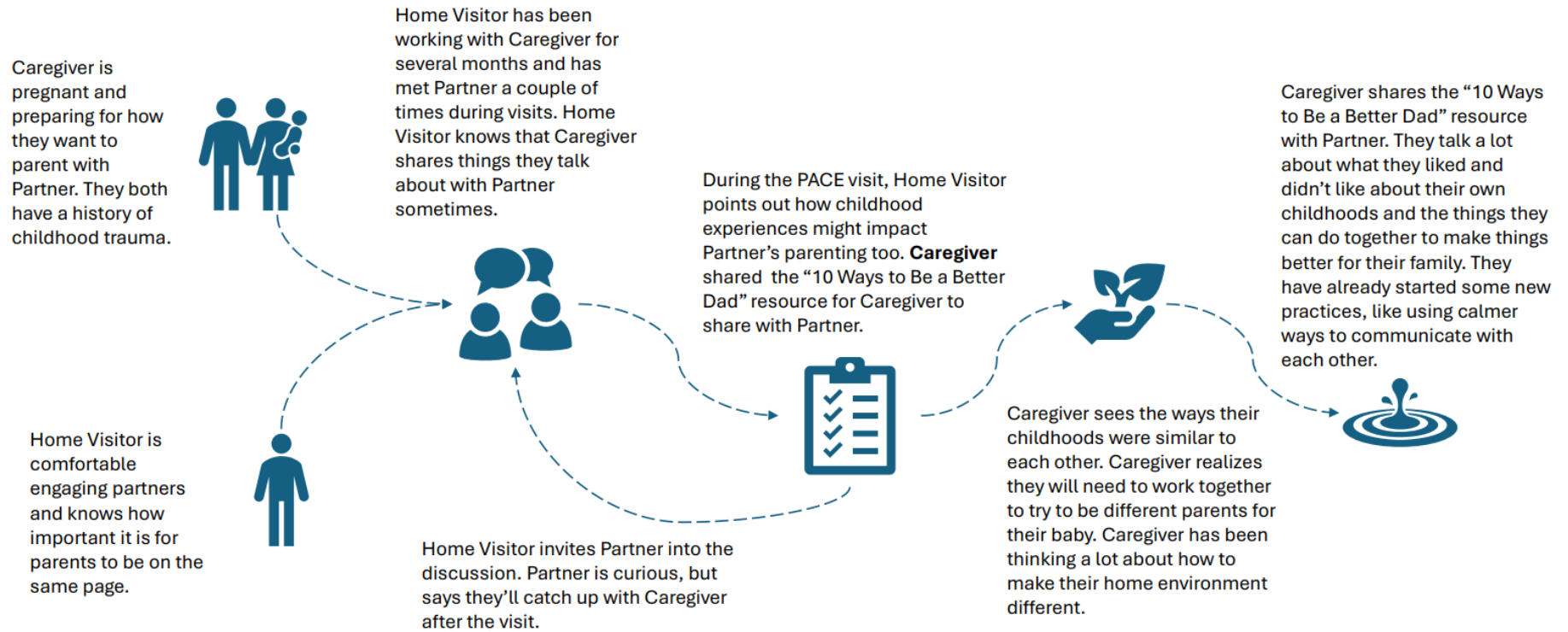


Caregiver shared the "50 Ways to Take a Break" with their sister, who sometimes watches her kids. They talked about how different they are from their parents and what impact this will have on their kids as they grow up.

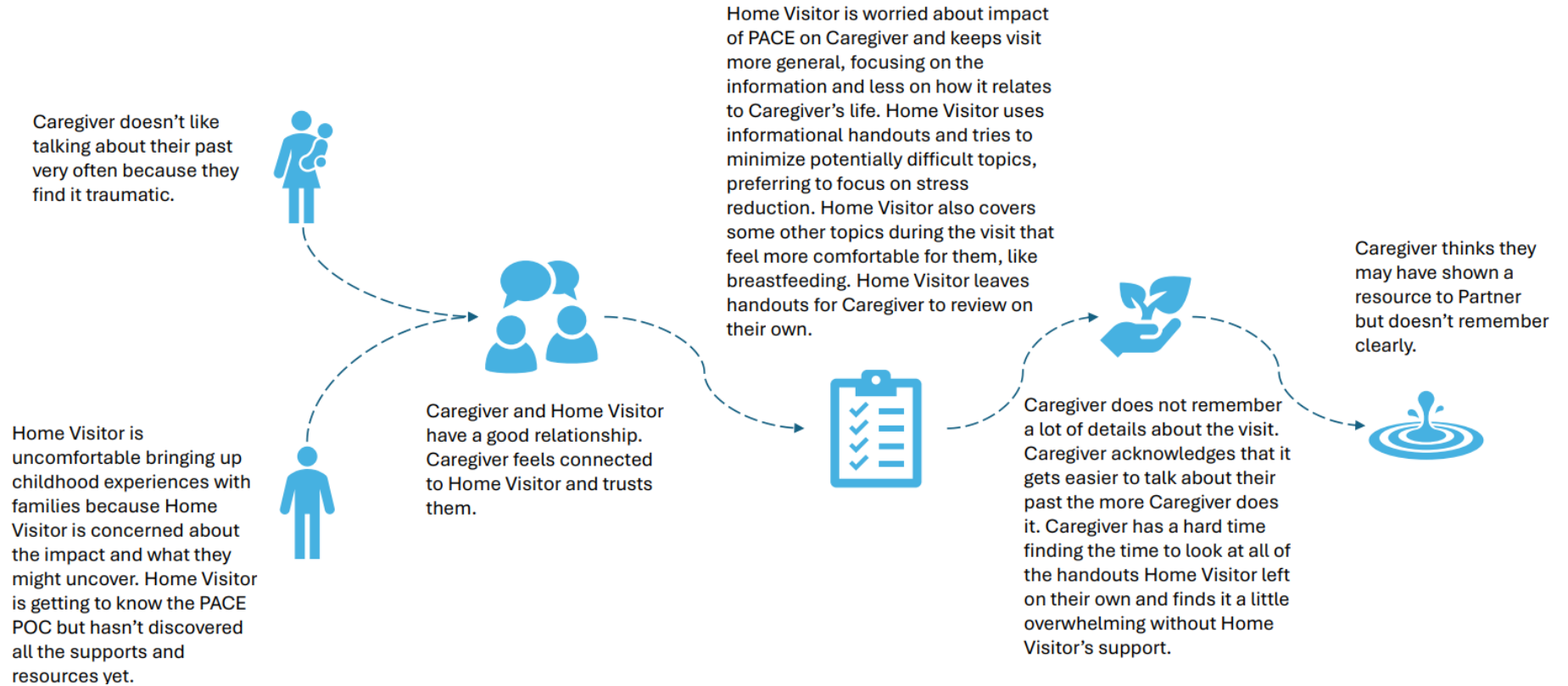
Journey Map 2: PACE Introduces New Ideas about the Importance of Childhood Experiences



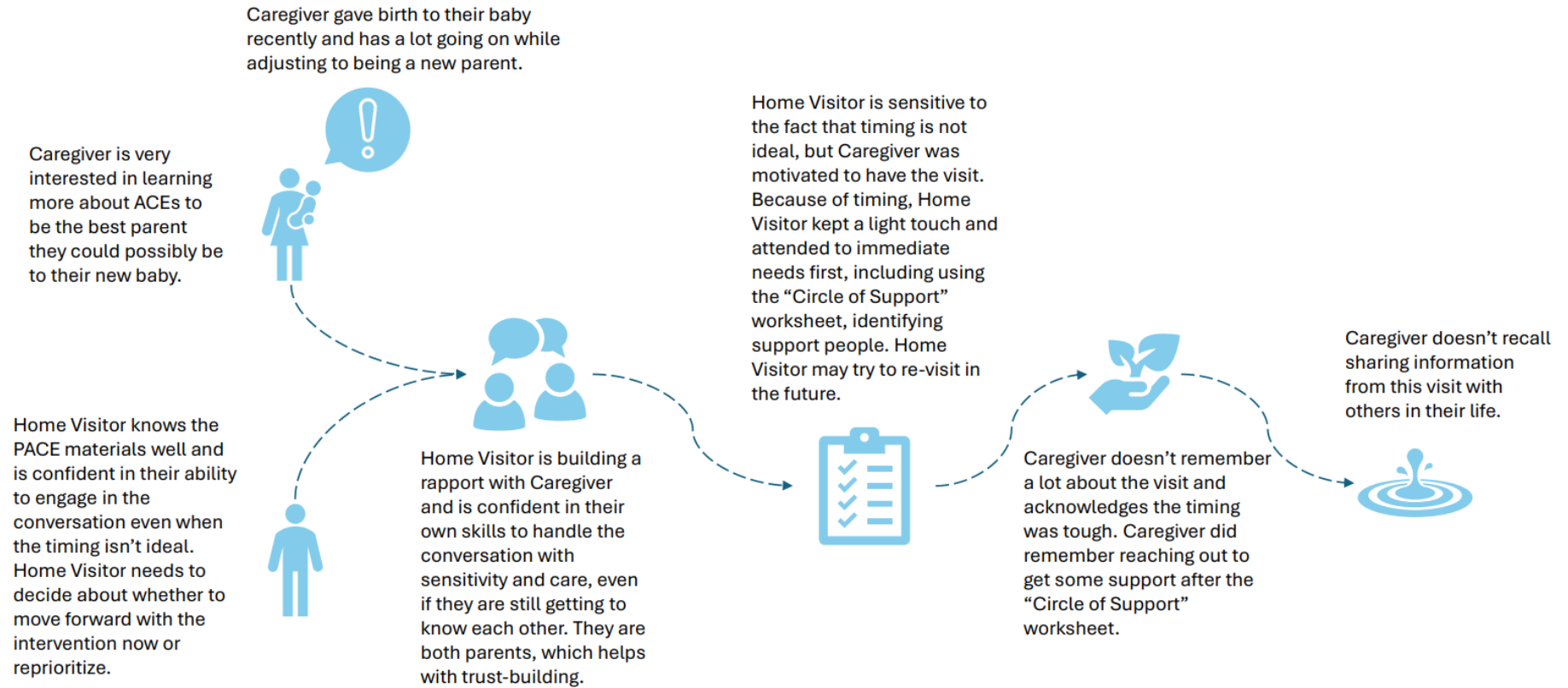
Journey Map 3: Working on Parenting Together with a Partner



Journey Map 4: Home Visitor Discomfort with PACE Can Limit Impact



Journey Map 5: Timing and the Realities of Service Limits Can Limit Impact



Conclusions

Home visitor comfort and skill with PACE materials and a strong rapport with caregivers were the main drivers of an impactful experience. Best practices that made the PACE POC2 interventions more memorable for study caregivers included using the most interactive handouts that allowed caregivers to reflect on their own experiences, discussing all handouts directly with caregivers, intentionally selecting the most impactful topics covered during a single visit, and allowing for enough time (often one hour or more) for engaging caregivers. Home visitor hesitancy and discomfort can limit the impact of the visit for caregivers. Home visitors with professional backgrounds in social work or counseling reported more confidence implementing the interventions. Newer home visitors and those with nursing backgrounds reported more initial discomfort and gained confidence after successful implementation with caregivers.

Allowing home visitors to use their professional judgment to decide how and when to implement materials was a critical factor for successful uptake and implementation. Home visitors are a critical facilitator for this intervention as they align the approach, resources, and interventions with caregiver needs and experiences. Home visitors offered support to caregivers as they made sense of their histories and how that impacts their parenting and wellbeing. By offering flexibility, home visitors could introduce the topics in a way that felt appropriate to both their own skill level and to caregivers' needs and personal background. Checklist data indicated that home visitors took advantage of this flexibility and did not implement interventions in order. While most did explicitly talk about ACEs and PCEs with caregivers (one of the first three interventions), they often combined them with others like stress reduction and protective factors.

The PACE POC2 was robust to use across visit timing and length of home visitor-caregiver relationship as long as it is skillfully implemented. This study found evidence that the interventions can be delivered effectively across a variety of visit and relationship dynamics. Skilled home visitors found ways to use materials successfully across a variety of service realities by choosing interventions that best aligned with caregiver needs and approaching the topic with confidence to make the most of their visit time. However, home visitors and caregivers tended to report lower impact when they had a weaker rapport, they did not discuss handouts together, ACEs or PCEs were not explicitly addressed, or the timing was not ideal (e.g., there was another life event around the same time).

Home visitors found ways to talk about ACEs that minimized caregiver distress. Many home visitors were concerned that the interventions would have a negative impact on caregivers. Importantly, this study found limited evidence of caregiver distress. When caregivers did report feelings of sadness or distress, it was often coupled with the acknowledgment that talking about ACEs was important or enlightening. Home visitors and caregivers both frequently praised the PACE interventions for having a hopeful frame and providing opportunities to celebrate positive behaviors and build on existing family resilience, which tempered the potential difficulty of learning about ACEs. Many caregivers reported familiarity with ACEs as a concept and were not unduly distressed talking about it with their home visitor.

This study has several limitations that should be taken into consideration. This study had a small sample of MIHP home visitors and caregivers. The study team could not recruit home visitors or caregivers randomly into the study due to the nature of the intervention. As such, participants may not represent all MIHP providers and caregivers. While diverse in demographic characteristics and experience in MIHP, study participants may have unique characteristics making them more likely to engage in, and complete, a study (known as selection bias). As such, the findings described here represent some of the possible experiences and impacts of the PACE intervention but are likely not exhaustive.

Recommendations for Practice

These findings provide several recommendations for home visiting practice:

- Best practices should be shared with the home visiting field and reinforced in training. Training and orientation materials should highlight both the opportunities of offering PACE across different times and contexts and make clear the factors that limit impact for caregivers.
- Home visitors need time to get familiar with materials and find conversational strategies and resources they are comfortable with that also meet caregivers' needs. Supervisors should support their team with material review and preparation to meet this need.
- Many provider-caregiver pairs reported needing and appreciating more time to engage in conversations about ACEs and PCEs. Longer visits should be supported by home visiting models using PACE interventions to allow enough time for these conversations.
- These findings continue to underscore the importance of allowing home visitors to use their professional judgment for the best time to use PACE interventions, both for themselves and the caregivers they serve. To date, the study team has not found strong evidence for making a firm recommendation about when the PACE interventions should be used over the course of home visiting service delivery.
- Home visiting models using PACE materials should seek ongoing feedback from families to ensure that the interventions meet their needs and minimize emotional distress. Systematic feedback from larger samples can both validate findings to date and offer an opportunity to explore other questions like differences across different demographic groups.

Acknowledgements

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Finally, we are grateful to the MIHP coordinators and home visitors who supported and participated in this study and to the MIHP caregivers who participated and shared their experiences.



Appendix A: PACE POC2 Checklist

Directions

Please complete a checklist for EACH DATE you used the PACE POC2 with this participating family.

Please confirm that this participating family has authorized releasing their information to MPH for the Preventing Adverse Childhood Experiences Journey Mapping Research Study. See the study Implementation Guide for details.

Site ID _____

HV ID _____

Family ID _____

MIHP Visit # _____

Date PACE Plan of Care 2 intervention delivered _____

About this Family

Number of children in the home _____

Age of infant beneficiary (if applicable) _____

Age of parent/caregiver _____

Race/ethnicity of parent/caregiver (Check all that apply)

- American Indian or Alaska Native
- Arab/Chaldean
- Asian
- Black or African American
- Hispanic or Latino(a)
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Unknown

About the PACE POC2

1. How did you determine that the family is eligible for the PACE POC 2? (Check all that apply)

- Risk factors on the MRI/IRI
- Health Assessment Screening question
- Professional observation and judgement
- Other, please explain: _____

2. Which PACE POC2 intervention(s) did you use today? (Check all that apply)

- 1. Complete Childhood Experiences Worksheet with caregiver(s).
- 2. Discuss Adverse Childhood Experiences and Positive Childhood Experiences with handout *Understanding ACEs*.
- 3. Review and discuss *Parenting to Prevent and Heal ACEs* handout.
- 4. Review and discuss *The Four Building Blocks of HOPE* handout.
- 5. Discuss how to recognize protective factors to reduce ACE impact for children utilizing one or more of the tools in PACE POC2 Companion Guide.
- 6. Discuss stress reduction and self-care strategies.
- 7. Discuss impact of substance misuse in context of infant/child ACE in home, refer to local resources.
- 8. Discuss impact of mental health in context of infant/child ACE in home, refer to local resources.
- 9. Discuss impact of interpersonal violence (physical, sexual, psychological/emotional, coercion) in context of infant/child ACE in home, refer to local resources
- 10. Discuss additional ACE factors: family member incarcerated; refugee or immigration experience; history of physical or emotional neglect; environmental substance exposures; racism and/or historical trauma; death, divorce, or separation of caregivers; living with a family member with mental illness; mass impact events (e.g., COVID, experience with war, natural disaster).
- 11. Refer caregiver(s) to applicable community resources and supports.

3. What factors influenced your decision to start this intervention? (Check all that apply)

Factors related to the family:

- Immediate needs of family addressed in prior visits.
- Client asked for information on ACEs or related topic.
- PACE POC2 will help frame another intervention (such as mental health or substance misuse).
- I think this family would benefit from these topics.
- Strong rapport established with family.
- Enough time during this visit.
- Other, please explain:

Factors related to you:

- I have enough knowledge about ACEs and PCEs to implement this intervention.
- I feel confident in my ability and readiness to implement this intervention.
- Other, please explain:

4. Please provide some notes on the family’s reaction to receiving the intervention.

5. What handouts or resources did you share? (Check all that apply)

General ACEs & PCEs Resources

- Understanding ACEs
- Parenting to Prevent and Heal ACEs
- The Four Building Blocks of HOPE
- Protective Factors Tip Sheets (website)
- Keeping Your Family Strong
- Bonding with Your Baby
- Ten Ways to Be a Better Dad
- Positive Parenting Tips for Healthy Child Development
- Managing Stress
- Stress Busters
- Circle of Support Worksheet
- 50 Ways to Take a Break
- Self-Care Worksheet

Topic Specific Resources

- Children and Domestic Violence. Before You Talk to Your Children: How Your Feelings Matter
- Racial Stress and Self-Care: Parent Tip Tool (website)
- How To Cope with Racial Trauma and Racial Battle Fatigue
- Connect to Heal & Grow Video
- Connect to Heal & Grow Poster
- The In Utero Experience: Trauma Before Birth
- Tips for Parenting as a Refugee
- Guidance for Immigrant and Refugee Families: Parenting in a New Country
- Raising Children in a New Country: Supporting Early Learning and Healthy Development
- Office of Global Michigan Refugee Services (website)
- MDHHS Refugee Assistance Programs (website)
- Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress
- Sesame Street video: Alan Helps Big Bird Learn How to Overcome Trauma
- Tips to Support Children When a Parent is in Prison
- Sesame Street video: Little Children, Big Challenges: Incarceration – Caregiver Advice
- Other resource _____
- None

6. Please provide some notes on the family’s reaction to receiving the resource(s) provided.

7. Did the format (e.g., digital, link to resource, printed) of the resource allow you to easily share it?

- Yes
- No

Comments: _____

8. Did you make a referral to a provider or other community resource related to the PACE POC2? (Check all that apply)

- Substance misuse
- Mental health
- Interpersonal violence
- Other _____

If applicable, please provide some notes on the family's reaction to receiving the referral(s):

9. Did the family member(s) express interest in taking actions or making behavior changes to address ACEs and promote PCEs after receiving this intervention?

- Yes
- No
- Not sure

Comments:

10. Please provide some notes on what went well for you as you delivered the PACE POC2 intervention today.

11. Please provide some notes on what was challenging for you as you delivered the PACE POC2 intervention today.

Appendix B: Home Visitor Interview Protocol

Before the Interview

Review the Implementation Checklist(s) for this family. Determine where further clarification is needed. **Parts 1 and 3 of this interview script are required. In Part 2, the Implementation Checklist portion of this interview, you only need to ask questions which require further clarification.** For example, whenever None or Other is selected, ask for an explanation.

Introduction

Thank you for participating in the PACE POC2 Journey Mapping Study. Let's go over some important reminders for today:

- You don't need to answer questions that make you uncomfortable. Just let me know if you want to skip anything.
- You can end the interview any time without penalty. That means this participating family will still get paid for participating, even if you leave early. Your participation does not impact your site's relationship with MPHI for this project.

We will be listening to your ideas and combining them with other MIHP families who have similar experiences. These will be presented to MIHP staff and other people interested in using these resources in home visiting so they can learn from your experience. We will present these big ideas without using anyone's name. We may use a quote from our conversation today, but we will make sure to take out your name, your child's name, or any other details that might tell people who you are. Do you have any questions before we begin?

If we get disconnected or you need any help, you can call me at XXX-XXX-XXXX (I'll put that in the chat)

I am hoping to record our conversation today so I can focus on what you are saying instead of taking notes. We will only use the audio recording (not the video) to type out what we say here today. If you don't want me to record, that's ok, it just might take us a little bit longer so I can make sure to write down your ideas as we talk. Is it ok with you that I record?

[If yes, RECORD]

When you completed the PACE POC2 with this family, you filled out the Implementation Checklist. We are going to review this checklist together. I may ask for clarification or more details when needed.

Part 1: Background (required)

We are going to start with some background information about yourself and the family.

Home Visitor Background

1. How long have you worked in the broader public health, mental health, or early childhood fields?
2. How long have you worked as a home visitor?
3. How closely do you identify with the community you serve?
 - a. What do you have in common with the community?
 - b. In what ways are you different?

Family Background

Now thinking about the (name of family/participant) that you worked with, we are going to ask some questions about this family and how you built connection with them.

1. What were some of this family's greatest strengths?
2. What were some of your greatest concerns for this family?
3. How long did it take to build rapport with this family?
 - a. What factors made this easy or difficult?
4. Do you have any shared experiences with this family? Would you consider yourself as part of their same community?

Part 2: Implementation Checklist

Decision to Begin

1. How did determine the family is eligible for the PACE POC2?
 - a. You selected other. Can you explain how you decided?
 - b. You selected professional judgement. Can you please explain?
2. How did you decide that this visit was **the right time** to introduce the PACE POC2?
 - Immediate needs of family addressed in prior visits.
 - a. *Why was this important to address before the PACE POC?*
 - Client asked for information on ACEs or related topic.
 - a. *How did this come up?*
 - PACE POC2 will help frame another intervention (such as mental health or substance misuse).
 - a. *Why did you think PACE would help this family with other interventions?*
 - I think this family would benefit from these topics.
 - a. *What made you think this?*
 - Strong rapport established with family.
 - a. *How did you know this was established?*
 - Enough time during this visit.
 - a. *Why is this important?*
 - Other, please explain: [text box]
 - a. *Can you explain how you decided? What factors did you consider?*

Interventions

3. How did you decide which interventions to implement with this family?
 - a. Can you explain what other family (dynamics) factors you considered?
 - b. Can you explain what other home visitor (personal) factors you considered?
4. How did the family react to the intervention(s)?
 - a. Was there anything surprising about how the family reacted?
5. What handouts or resources did you share?

- a. If none/other was selected
 - i. Can you explain why you chose to not share any resources?
 - ii. What other resources did you share?
 - b. How did the family react to the resources?
 - c. Did the format of the resources allow you to easily share it with the family?
 - i. If no, please describe any difficult you had sharing.
 - ii. What could have made it easier to share resources?
6. Did you make a referral to a community resource related to the PACE POC2?
 - a. What was the family's reaction to receiving the referral?
 7. Did the family member(s) express interest in taking actions or making behavior changes to address ACEs and promote PCEs after receiving this intervention?
 - a. What actions? What additional comments?

Reflection

8. What went well for you as you delivered the PACE POC2 intervention on this day?
9. What was challenging for you as you delivered the PACE POC2 intervention on this day?

Part 3 (required)

1. How confident did you feel delivering the interventions with this family?
 - a. What else would you need to feel more confident? What knowledge, skills, or experiences do you need?
2. How did you decide **how many times** to talk with this family about the PACE Plan of Care?
3. Did you notice any immediate impacts from this plan of care on the family?
 - a. *Prompts?* (e.g., family wanted to learn more about ACEs/PCEs, interested in practicing new behaviors suggested in resources, etc.)
 - b. Were these behavior changes discussed or observed?
4. Since delivering the plan of care, have you noticed any other impacts on the family?
 - a. Were these behavior changes discussed or observed?
5. Did implementing the PACE POC2 inspire you to make any new referrals for this family?
 - a. Did the PACE POC2 inspire for this family a change in willingness to accept referrals for needed services?
6. Is there anything else you would like to share with us today?

Thank you for your time and participation!

Appendix C: Caregiver Interview Protocol

Introduction

Thank you for taking the time to talk with me. Today we will be reflecting on conversations you had with your Home Visitor about the importance and impact of early childhood experiences. These conversations took place [Date(s) on Checklist]. With your consent, your Home Visitor shared brief notes about interventions, handouts, referrals, and behavioral changes that were discussed during or as a result of the Preventing ACEs Plan of Care conversations to help guide our discussion today. This is a new topic of conversation for MIHP, so we are hoping to hear more from families about their experience. We want to know what worked well and where improvement can be made throughout the process. Do you have any questions before we start the conversation?

Let's go over some important reminders for today:

- You don't need to answer questions that make you uncomfortable. Just let me know if you want to skip anything.
- You can end the interview any time without penalty. That means you will still get paid for participating, even if you leave early, and you can keep getting MIHP services.
- You can share as much or as little as you want in this interview. We really want to understand how the new PACE Plan of Care went for you and whether you have any suggestions to make it better for other MIHP families. If this conversation is bringing up any strong feelings for you, please reach out to your MIHP home visitor for support.
- What is discussed during our session will be kept confidential with two exceptions:
 - If you tell us that you are in imminent danger of hurting yourself or someone else.
 - If there is reasonable suspicion that a child has been abused.
- Do you have any questions so far?

We will be listening to your ideas and combining them with other MIHP families who have similar experiences. These will be presented to MIHP staff and other people interested in using these resources in home visiting so they can learn from your experience. We will present these big ideas without using anyone's name. We may use a quote from our conversation today, but we will make sure to take out your name, your child's name, or any other details that might tell people who you are. Do you have any questions about that?

If we get disconnected or you need any help, you can call me at XXX-XXX-XXXX (I'll put that in the chat)

I am hoping to record our conversation today so I can focus on what you are saying instead of taking notes. We will only use the audio recording (not the video) to type out what we say here today. If you don't want me to record, that's ok, it just might take us a little bit longer so I can make sure to write down your ideas as we talk. Is it ok with you that I record?

[If yes, RECORD]

Family Background

To start us off, I have a few questions about you and your family.

1. Again, as you know your home visitor shared a little bit with us about your family. I understand from your home visitor that you have X children/ are pregnant with your X child. Is that right?
 - a. How old are your children?
2. Do you parent alone or are there other caregivers who help you raise your children?
 - a. If others... Who else is a caregiver for your children?

Building Rapport

For this interview, we are going to talk about conversations you had about your childhood experiences with [HV Name]. This next set of questions is about how you got to know [HV Name] before having those conversations. Remember, your Home Visitor won't see or hear what you say—only a report of the big ideas.

1. How long have you been seeing a Home Visitor from MIHP [name of agency]?
2. How long have you known [HV Name]?
3. How would you describe your relationship with [HV Name]?

[Q4-8 are specific follow-up questions as needed to get a full description of the rapport between family and HV]

4. Describe how you feel when [HV Name] is with you. Do you feel like you can be your true self?
 - a. Why (not)?
 - b. Tell me about that.
 - c. Can you share an example of a time you felt you could(n't) be your true self with [HV Name]?
 - d. How long did it take for you to feel this way with [HV Name]?
5. Is [HV Name] authentic during your visits? Did they seem "real" to you?
 - a. Why (not)?
 - b. Tell me about that.
 - c. Can you share an example of when they seemed (not) authentic or "real"?
6. When you shared things about yourself or your family with [HV Name], did you feel really understood?
 - a. Why (not)?
 - b. Tell me about that.
 - c. Can you share an example of when they made you feel (mis)understood?
7. When you shared things about yourself or your family, did you feel judged by [HV Name] in any way?
 - a. Why (not)?
 - b. Tell me about that.
 - c. Can you share an example of when you shared something and felt judged/ didn't feel judged?
8. What do you and [HV Name] have in common?
 - a. How does that impact your relationship?

PACE POC2 Interventions

This next set of questions is about a new Plan of Care that you and your Home Visitor talked about. Just a reminder, you decide how much you want to share with me and you can let me know if you want to skip any questions.

[As family responds to the open-ended questions, note on the PACE POC2 Checklist which HV-reported interventions or resources are remembered by the family]

1. Do you remember talking with [HV Name] about Positive and Adverse Childhood Experiences? You may have heard your Home Visitor talk about them using different names like:
 - a. ACEs (stands for Adverse Childhood Experiences)
 - b. PACE (Preventing Adverse Childhood Experiences)
 - c. PCEs (Positive Childhood Experiences)
2. What do you remember talking about with your home visitor?
 - a. What do you remember learning about **positive** childhood experiences?
 - b. What do you remember learning about **adverse** childhood experiences?

3. Did you feel ready to talk about your childhood with your home visitor when they first started talking about childhood experiences?
 - a. What made you feel that way?
4. Was anyone else there with you during that conversation (like a partner, friend, or parent)?
5. What was your reaction to learning about and talking about positive and adverse childhood experiences?
6. How did talking about **positive** childhood experiences make you feel?
7. How did talking about **adverse** childhood experiences make you feel?
8. What do you remember about the handouts or resources your home visitor gave you related to ACEs or Positive Childhood Experiences?
 - a. How did your home visitor share these resources with you?
 - i. Did you look at them together?
 - b. Which ones were the most helpful?
 - i. What about them was helpful?
 - c. About how many times did you look over those resources?
 - d. Did you look for any other information about positive or adverse childhood experiences on your own? Like on the internet?
 - i. Did you find any that helped you?

[After family responds, refer to the HV Checklist and ask about interventions and handouts that HV reported covering but family has not yet mentioned. Provide visual prompts over Zoom of worksheets & handouts. Do this for any interventions on the checklist that family did not mention in open-ended section above.]

Ok. Your home visitor kept some notes about which things related to the PACE POC they talked about with you. Here are some of the things they said you all talked about. Let me know if you remember these.

[Repeat this set of questions for each Intervention and Handout in the Checklist NOT yet discussed.]

Intervention/ Handout: _____

Facts

- Do you remember talking about this with your HV?
 - If no, can prompt based on information on the HV Checklist (For example, “Your HV reported that this conversation happened on [date] and she sent the handout to you by text”)
- Was anyone else there with you during that conversation (like a partner, friend, or parent)?
- What did you learn from this conversation/ handout/ resource?

Feelings

- What was your reaction to learning about this?
 - How did this [conversation/ handout] make you feel?
9. Were the topics you talked about during the PACE Plan of Care new for you? Is this the first time you heard about positive childhood experiences or ACEs? Where else have you heard about these ideas?
 10. What went well during these conversations about positive and adverse childhood experiences?
 11. What would you change about the way your home visitor talked about positive and adverse childhood experiences?

Behavior Changes and Referrals for Support

Thank you for remembering and reflecting on those conversations. The last couple of questions are about any changes you have noticed in yourself or things you have done since the conversations and resources about positive and adverse childhood experiences.

1. In what ways, if any, did the conversations about positive and adverse childhood experiences change the way you parent your own child(ren)?

If changes...

- a. Can you give me an example of something you do differently now?
- b. Why was it important to you to make this change?

If no changes...

- c. Why do you feel you don't need to make any changes?

2. Have you talked about positive childhood experiences or ACEs with anyone else you know, like family members or friends?

If yes...

- a. Why was it important for you to talk with them?
- b. What have those conversations been like for you?
- c. Did you share any of the MIHP resources?

If no...

- d. Why don't you think it's a good idea or important to share with others?

3. What other changes, if any, have you made in your life since learning about how our childhood experiences can impact us?

If changes...

- a. Why was making this change important to you?

If no changes...

- b. Why do you not feel the need to make any changes?

Closing

Those are all of my questions. Is there anything else you wanted to share about the PACE Plan of Care that we didn't cover?

I am going to stop the recording now.

I know that talking about ACEs can be difficult. Your MIHP Home Visitor can connect you to support and resources. I will put their phone number in the chat for you in case you need it:

MIHP Home Visitor: XXX-XXX-XXXX

Thank you so much for your time today. Your \$50 electronic gift card will be sent to your e-mail address [confirm e-mail]. You should have already received your \$25 electronic gift card for participating. That was sent on [date]. Did you get that one?

Please let me know if you have any questions about the study that come up for you later. You can reach a study team member by calling or texting **517-306-4077**. I will put that number in the chat for you too:

MPHI Study Team: **517-306-4077**