

Piloting an Adverse Childhood Experiences Intervention for the Maternal Infant Health Program in Michigan

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Executive Summary

Michigan's Maternal Infant Health Program (MIHP) partnered with the Michigan Public Health Institute (MPHI) to develop and pilot an intervention to prevent Adverse Childhood Experiences (ACEs) and promote positive experiences for families of infants served by home visiting. The ACEs Prevention Plan of Care Part 2 (ACEs POC2) pilot was funded by a grant from the Centers for Disease Control and Prevention (CDC) as part of a larger effort to translate years of research on ACEs and resilience into feasible interventions for families. The pilot ran from December 2021 to August 2022 and included an orientation training and ongoing technical support for home visiting professionals, and evaluation through monthly data submissions and end-of-pilot focus group sessions. Nine local MIHP agencies piloted the ACEs Prevention POC2 in communities across the state.



HOME VISITORS BENEFITED FROM ENHANCED SUPPORT IMPLEMENTING THE ACEs PREVENTION POC2

The orientation training was effective, but home visitors still had questions as they began implementation. Not all home visitors may be equally motivated to address ACEs, making both initial training and ongoing support critical to ensure high quality implementation. Suggestions around additional training and supports included an ongoing Community of Practice, videos that feature the interventions in action, supervisor support, and implicit bias training. This is important given high turnover of home visitors and the number of topics they need to learn.



THE ACEs PREVENTION POC2 WAS SUCCESSFULLY IMPLEMENTED ACROSS DIFFERENT COMMUNITIES IN THE STATE

While communities differed in significant ways, the broad experience of inter-generational adversity and power of positive parenting to promote resilience are applicable to most families. Home visitors needed the most support approaching these topics with refugee families due to language and cultural barriers when home visitors do not share a background with clients. While sharing characteristics with clients can make intervention feel more authentic and natural, many home visitors discussed ways to build empathy and rapport across dimensions of difference.



ASSESSMENT FOR ACEs AND PROTECTIVE AND POSITIVE EXPERIENCES SHOULD BE INCORPORATED INTO MIHP'S STANDARD ASSESSMENT PROCESS

When discussing both risks and protective factors, home visitors would benefit from clarity around what is historic to the caregiver or current for both caregiver and children in the home. Home visitors also saw important distinctions between historic trauma that had been addressed and not impacting current caregiving and that which has not been fully addressed. New categories that are being addressed in the context of ACEs (such as mass impact events and racism and historical trauma) need to be well operationalized. Home visitors suggested this POC2 be capped at a "moderate" risk level in algorithms so home visitors have flexibility with timing of implementation.



OVERALL, HOME VISITORS WERE POSITIVE ABOUT THE ACES PREVENTION POC2 INTERVENTIONS AND COMPANION GUIDE

They offered many suggestions for making these tools even better for enhanced use by home visitors and families. Suggestions include streamlining family resources with an emphasis on colorful and easy to read handouts, video clips that introduce the topic for families, and additional resource on topics such as racism, the impact of maternal mental health on children, and appropriate discipline.



HOME VISITORS USED DIFFERENT INDICATORS TO DECIDE ON WHEN AND HOW OFTEN TO DISCUSS ACES WITH FAMILIES

Most home visitors agreed that it was important to build a strong rapport with clients before introducing ACEs. Many prioritize immediate needs and save ACEs for a visit where there is more time to discuss this potentially heavy topic. Home visitors pay close attention to family reactions to decide how to introduce the topic and whether continued engagement is beneficial. On average, home visitors reported talking to clients about ACEs between one and three times.



MOST FAMILIES REACT POSITIVELY TO ACES INTERVENTIONS

Home visitors attribute these reactions to establishing good rapport beforehand and the trauma-informed, family-centered, hopeful approach of the ACEs Prevention POC2 interventions and resources. Families who have experienced trauma tend to engage more with the content and are often eager to share and process their experiences. Some families do not react positively. When this happens, home visitors often use a more general approach to the material so families do not feel targeted. Home visitors expressed concern about leaving families whole and with sufficient resources and support after these conversations.



THE ACES PREVENTION POC2 CAN BE SUPPORTIVE OF OTHER INTERVENTIONS

The ACEs interventions are complementary with those addressing substance misuse, mental health, and interpersonal violence. Home visitors described how it opens up a new way of thinking about issues they are already discussing with clients by using a trauma-informed lens. This sometimes encourages caregivers to address issues that they now recognize not only impact themselves, but their children.



WORKING WITH THE ACES PREVENTION POC2 SUPPORTS PERSONAL AND PROFESSIONAL GROWTH FOR HOME VISITORS

MIHP professionals described the impact that working with ACEs and positive parenting content has changed the way they see prevention efforts in their work and within their own families. Many home visitors are already familiar with ACEs and trauma-informed practice but emphasized that the POC2 is one of the first intervention tools they have seen that allows them to put that knowledge into practice. Home visitors from different training backgrounds need different types of support to be comfortable with ACEs content.