

People-Centered Screening and Assessment

Module 3 Childhood Experiences Survey



Lilly Irvin-Vitela, MCRP
President, Common Worth, LLC
<http://commonworth.net>
608-577-8987

Learning Objectives- All

- At the end of this module home visiting professionals will be able to:
- Understand the context and purpose of conducting the Childhood Experiences Survey
 - Identify the correct screening protocol and pitfalls for WI MIECHV grantees
 - Articulate the value of the survey for families
 - Frame the Childhood Experiences Survey and process to families effectively
 - Use the survey with greater intention and effectiveness to strengthen home visiting services and individualize supports to families

Learning Objectives- Supervisor

- At the end of the supervisor section of this module, supervisors will be able to:
- Consider tools and strategies to support home visitors in conducting the Childhood Experiences Survey as an integrated and effective part of home visiting services.

Tip Sheet

Childhood Experiences Survey

What is the Childhood Experiences Survey?
The Childhood Experiences Survey (CES) is a self-report measure of the 17 ACEs identified in the ACEs Study. The CES is a self-report measure of the 17 ACEs identified in the ACEs Study. The CES is a self-report measure of the 17 ACEs identified in the ACEs Study.

What is the purpose of the CES?
The purpose of the CES is to measure the extent of exposure to ACEs in childhood and to explore the relationship between ACEs and adult health and well-being.

How is the CES used?
The CES is used in a variety of settings, including research, clinical practice, and public health. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

What are the benefits of the CES?
The CES is a self-report measure of the 17 ACEs identified in the ACEs Study. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

What are the limitations of the CES?
The CES is a self-report measure of the 17 ACEs identified in the ACEs Study. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

What are the strengths of the CES?
The CES is a self-report measure of the 17 ACEs identified in the ACEs Study. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

What are the future directions for the CES?
The CES is a self-report measure of the 17 ACEs identified in the ACEs Study. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

What are the conclusions of the CES?
The CES is a self-report measure of the 17 ACEs identified in the ACEs Study. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

Value to Families

• The Childhood Experiences Survey (CES) is a self-report measure of the 17 ACEs identified in the ACEs Study. It is a self-report measure of the 17 ACEs identified in the ACEs Study.

Framing it for Families

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Quick Facts about the Authors

The Co-principal Investigators of the foundational Adverse Childhood Experiences, ACEs, study are Robert F. Anda, MD, MS, with the CDC; and Vincent J. Felitti, MD, with Kaiser Permanente.

Dr. Joshua Mersky and Dr. James Topitzes in consultation with the WI Department of Children and Families, Department of Health Services, and Children's Trust Fund adapted the ACEs work to create the Childhood Experiences Survey, CES.

Quick Facts about the Authors' Intent

Dr. Mersky and Dr. Topitzes' work on the Childhood Experiences Survey is designed to expand the ACE framework. The goal is to help home visiting professionals and the families they serve understand and respond to the connections between childhood adversity and adulthood functioning across socio-emotional health related, and economic domains.

Quick Facts about the Tool

Building on the Adverse Childhood Experiences, ACEs, Study that was conducted from 1995-1997 at Kaiser Permanente, the Centers for Disease Control developed an 11 question ACE survey that is included in the CDC's Behavioral Risk Factor Surveillance System (BRFSS).

An ACEs study was replicated on a smaller scale in Wisconsin by the Children's Trust Fund and Children's Hospital based on 2010 data from the Behavior Risk Survey.

Purpose of the Tool

The ability of home visitors and families to see the connections between a parent's adverse childhood experiences (ACEs) and current family situations, can help parents to create the family they want. Insight about ACEs and present circumstances may also uncover the parents' coping strategies and strengths that may be critical resources in addressing current stressors.

Quick Facts about ACEs in Wisconsin

- 56% of Wisconsinites have an ACE
- 14% have experienced 4+ ACEs

CTF and Children's Hospital of WI 2010

Quick Facts about ACEs in the USA

- 64% of people nationally experienced at least 1 ACE
- Over 12% experienced 4+ ACEs
- Health, mental health and behavioral outcomes associated with ACEs are related to the 10 leading causes of death in the US

Quick Facts a bout the Impact of ACEs in the USA

When someone has 4 or more ACEs they are:

- Twice as likely to smoke
- Twice as likely to have heart disease
- Twice as likely to be diagnosed with cancer
- Four times as likely to have emphysema or chronic bronchitis
- Six times as likely to have sex before age 15
- Seven times as likely to be alcoholics
- Twelve times as likely to have attempted suicide
- 46 times as likely to have injected drugs

Quick Facts about ACEs- WI MIECHV Programs

- Over 1,100 people completed the childhood experiences survey
- 99% of those who reported **emotional neglect**, had an average ACE score on a 1-10 scale
- 98.7% of those who reported **psychological abuse** had an average ACE score of 5.8 on a 1-10 scale
- 95.9% of those who reported **physical neglect**, had an average ACE score of 6.3 on a 1-10 scale
- 94.8% of those who reported **sexual abuse**, had an average ACE score of 5.6 on a 1-10 scale
- 94.6% of those who reported **physical neglect**, had an average ACE score of 5.3 on a 1-10 scale

(Mersky & Topitzes November 2015)

WI MIECHV Program Participants & Reported ACEs

- No ACEs reported 15%
- 1 ACE reported 16.4%
- 2 ACEs reported 13.5%
- 3 ACEs reported 11.4%
- 4 ACEs reported 13.3%
- 5 or more ACEs reported 30.4%

(Mersky & Topitzes November 2015)

Quick Facts about Addressing ACEs

Resilience and Protective Factors Matter!

- Early intervention works and works best using a two generation model that addresses the needs of parents, children, and their relationship.
- High quality home visiting is linked to better mental health, physical health, and developmental outcomes.
- Developmentally appropriate, positive, and engaging early learning experiences matter.
- Comprehensive physical and behavioral health services including but not limited to developmental screening and follow-up, a medical home, and a dental home are critical in mitigating adverse experiences.

Couple Discussions About ACEs with Discussions about Resilience

When we know about a person's negative early childhood experiences we don't really know the person; we need to understand sources of resilience too.

- Individual capabilities
- Attachment and belonging with caring, competent people and a protective community
- Faith or cultural process

Value of the Tool to Families

- Understanding ACEs can motivate parents to create different opportunities for their children than they themselves experienced.
- Talking about ACEs and resiliency can allow families and home visitors to explore healthy strategies and problem-solving in current life.

Screening Protocol- Getting Started

- Be compassionate, open, flexible, conversational, and respectful when introducing the tool.
- Make sure that the person completing the screen can speak freely/safely. (Don't complete this on the first visit. Make sure there is privacy.)
- Start the screen early in a home visit to make sure the screening process is conversational, unhurried, and delivered calmly. Take your cues from the parent.
- Explain that the focus will be on things that happened in their life prior to turning 18, and may be sensitive.
- If you are already aware of trauma or toxic stress in their history, acknowledge awareness and explain that the screen simply insures that you haven't overlooked something important that happened in their life.
- Hand the family a survey and keep a copy for yourself. Both parties can then review together, but the parent can have space to reflect. The parent or home visitor can then record answers.

Screening Protocol- During the Screening Discussion

- Normalize that past experiences from childhood have an impact on how people live and parent.
- Explore if and how they believe past experiences may be influencing their life today.
- Consider discussing what things they'd like to do the same or differently from how they were raised.
- Inquire with the person about their need/interest for ongoing support with a warm hand-off to a community referral.
- If the need for services isn't immediate, but the person wants additional support, they can call 211 or 1-800-422-4453 to reach a referral service or to locate local services.

Screening Protocol- After the Screen

- Document in SPHERE
- Document any follow-up in case notes

Potential Pitfalls

- Don't assume that people are resistant to talking about childhood abuse or negative childhood experiences.
- Over 80% of women who completed the survey in MICIEHV programs indicated that they were not at all or only slightly uncomfortable and only 4% reported feeling extremely uncomfortable.
- Don't just hand the mom the screen and say, "Please fill this out."
- Don't wait until you're entering the data into SPHERE to determine if it is a positive or negative screen and have a follow-up conversation.

Completing the Childhood Experiences Survey Can Strengthen Progress

- Strengthen understanding of parent/guardian point of view
- May strengthen the home visitor/parent partnership
- Uncover motivations for family goals
 - Understanding a family's trauma history and sources of resilience provides insight into parenting goals.
 - Understanding lived experiences can help the parent and family make sense of barriers.
 - Understanding procedural memories allows home visitors to be more intentional about parent education strategies.

Framing the Childhood Experiences Survey for Families

- This survey can be a valuable strategy in supporting a family's motivation to make positive changes.
- Tending to a family's need for compassion, openness/transparency, and autonomy during screening can strengthen motivation to change.
- Scripts or recommended talking points are not meant to be memorize. Instead, they are a guide for how you develop effective communication with families.

Let them know You're not Singling them out for this Screen

"We ask these questions to all families we work with because often what parents experience in their own childhood can influence what happens or how they feel when they raise children of their own."

Convey Compassion

"Sometimes what people experience in childhood can impact their own beliefs and parenting practices. I'll be asking you questions that some people find uncomfortable and others are glad to talk about. As we begin the survey, please let me know how you're doing."

Be Open and Clear

"We ask these questions to all families we work with because often what parents experience in their own childhood can influence what happens or how they feel when they raise children of their own. By better understanding what is going on or what happened in your life, we can better work together so you can meet your Goals."

Keep Families in the Driver's Seat

" I am going to go through some questions with you about difficult experiences you may or may not have had before you turned 18, please feel free to skip any question you prefer not to answer or ask what a question means."

Video- Clip 1 Introducing the CES

Video- Reflection

- What were some strengths of how the CES screen was introduced?
- What else might you add to strengthen how the CES is offered?

Video- Clip 2 Completing the Screen

Video- Reflection

- What skills or strategies were used to follow the protocol and keep the survey warm and supportive?
- What skills or strategies do you use to integrate screening as a natural part of a home visit?

Video- Clip 3 Reviewing and Responding to the Survey

Video- Reflection

- How did the home visitor send the message to the parent/guardian that the survey was more than a required exercise or paperwork?
- What kind of follow-up do the parent/guardian and home visitor each need to do, if any?
- How might the information learned in this survey influence how a home visitor works with this parent/guardian?

Reflective Exercise - Take Time and Make Time for the Positive

- Talk one-on-one or as a group with your supervisor or colleagues about how you define success with a family.
- Little steps can make a big difference in building engagement, trust, and a strong working alliance. Recognize high quality engagement and appreciate it when it happens. Notice why it's working. Notice what creates barriers.
- Identify a family strength or many family strengths. Ask them to identify their family strengths and put it on a post it note in their file to remember during hard visits.

Reflective Exercise – Consider the Power of Happiness and Resilience

The following videos, talks, and articles may provide a good conversation starter during a staff meeting to make space for what can be done to support well-being.

*Researchers have found that happiness is surprisingly contagious. Psychologist James H. Fowler studied the data of 5,000 people over 20 years and found that happiness benefits other people through three degrees and that the effects last for a year. He says: "We found a statistical relationship not just between your happiness and your friends' happiness, but between your happiness and your friends' friends' happiness."

<http://www.pbs.org/thisemotionallife/topic/happiness/helping-others>
Flow, the Secret to Happiness
www.ted.com/talks/mihaly_csikszentmihalyi_on_flow

Jessica's Affirmation
www.youtube.com/watch?v=qR3rK0kZFkg

Validation
<http://www.youtube.com/watch?v=Cbk980jV7Ao>

Supervisor Section

Workplace Environment

- Support formal and informal dialogue and debriefing.
- Have policies and practices in place for weekly/bi-weekly reflective supervision and honor that time by being prepared and in the moment.
- Have an effective on-call system so home visitors have an accessible resource person if a crisis emerges during a visit.
- Have clear policies and practices in place to promote healthy boundaries and ethical practices.
- Create time in the office where staff see one another so that they can check in and support one another.
- Celebrate the strengths of all staff. Take time to celebrate times when people handle difficult situations with grace, respect, and honesty.

Promoting Self-Care

- Evaluate paid-time off policies. Does paid time off allow sufficient time for relaxation, rejuvenation, and work-life balance?
- Does time away really mean time away, or are people regularly contacted on days off? Consider developing an on-call rotation so time off can be honored.
- Evaluate compensation policies. Are the stressors of challenging caseloads being intensified by the stressors of meeting financial obligations with low-wages? Complete regular salary studies to make sure that compensation is competitive with industry standards. Free tools such as Payscale.com provide free wage and benefit comparisons.
- Have regular check-ins about boundaries that recognize the nuances and difficulty of negotiating boundaries with colleagues and families.

Using Data to Celebrate and Support Success

- SPHERE analysis can inform supervisors when benchmarks around screening are being met and provide opportunities to celebrate progress and success related to completing screens on time.
- Spot checking SPHERE screening results for Childhood Experiences can give insight into the complexity of someone's caseload. If one home visitor has a caseload with few reported ACEs and another as a caseload with the majority of mothers with a score of 4 or more, consider what additional supports the home visitor may need to individualize services for higher need families.

Becoming Trauma Informed

- Being a trauma informed program is not simply a matter of professional development and awareness of trauma informed practices. Becoming trauma informed is an ongoing process of practice, reflection, and attention to outcomes.
- Being trauma informed requires addressing the needs and interests of the people being served as well as the people delivering services.

Recruiting Home Visitors

During the interview process, tell candidates that part of this job involves asking questions about parents'/guardians' early childhood experiences with trauma and toxic stress.

Let potential home visitors know that disclosures are NOT uncommon.

Give candidates a few minutes to review the survey and ask them to role play administering the survey during the interview.

Sample interview questions might include:

- If someone responds to a survey that they experienced several traumatic or stressful childhood situations, how might you use that information to help you deliver home visiting services?
- If someone talked about a negative childhood experience that was similar to your own experience, what would you do?

Orienting New Staff

- Share aggregate data with potential new staff about the prevalence of ACEs in your caseload.
- Describe the impacts of ACEs on physical, behavioral, mental, and economic well-being.
- Schedule attendance at the next ACEs training offered by the UW Milwaukee Child Welfare Training Partnership.
- Introduce new staff to people in the community who work on trauma issues.
- Share and review the Childhood Experiences tip sheet with new home visitors or current home visitors expressing discomfort with administering the survey.
- The first time using the survey should not be with a home visiting family; it should be in a role play with a supervisor or colleagues.
- Provide multiple role play opportunities to conduct the survey within the first 90 days of employment.
- Let staff know how they can be supported if the conversations that come up during the survey are difficult.

Support a Reflective Approach

- Discuss feelings and reactions to administering the Childhood Experiences Survey with home visitors during staff meetings and/or during one-on-one supervision.
- Listen to feelings without judgment.
- Explore if any of the reflective exercises or other reflective activities might help process delivery of the survey.
- The supervisor and home visitor can consider together the implications of survey results on service delivery and add ideas to case notes.
- Identify staff who are comfortable and effective in delivering and discussing the survey and pair them with colleagues to practice skills.

Administration and Quality

- Monitor completion of the Childhood Experiences Survey using the Home Visiting Data Collection Table.
- Monitor documentation of screening results in SPHERE at least quarterly for newly enrolled families.
- Analyze data to see if there are any trends in completion rate, documentation of follow-up, and family outcomes.

Resources

- Robert Wood Johnson: Videos and Articles
<http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/ACEs/building-resilience.html>
- Tools to Support Resilience for Parents, Providers and Communities
<http://resiliencetrumpsaces.org>
- ACES
<http://acestudy.org/home>
- ACES in Wisconsin.
<http://wisconsinchildrenstrustfund.org>

Contact info for the author of the modules

E-mail LillyIrvinVitela@commonworth.net

LinkedIn! Lilly Irvin-Vitela

Website <http://commonworth.net>

Cell- 608-577-8987
