Development of a Novel Trauma-Informed Approach to Home Visiting

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Specific Aims

1. Characterize the status of trauma-informed knowledge and practices in home visiting (survey of national HV programs)

2. Conduct a qualitative assessment of trauma-informed practices, knowledge and challenges as experienced by local (Cincinnati) and national home visiting providers.

3. Determine feasibility of integrating a trauma-informed intervention in HV to reduce depressive symptoms and increase social support for mothers with histories of interpersonal trauma.
Maternal Trauma History to Offspring Development

**Background**

- Interpersonal Trauma
  - $a_1 = 0.24$
  - $a_2 = -1.37$
  - $a_3 = 1.61$

- Social Support
  - $b_1 = -0.25$
  - $b_2 = -0.38$

- Depressive Symptoms
  - $c' = 3.56$
  - $b_3 = 0.30$

- Home Env/Parenting

**Methods**

**Results**

**Conclusion**

**Questions**

Adapted from Folger et al (2017)
Maternal ACEs and Infant Epigenetic Differences

- Maternal trauma might lead to other offspring biological vulnerabilities
- Can these effects be interrupted by optimizing existing HV service?
Aim 1: HARC National Survey (n=100 programs)
- Prevalence of trauma-informed practices.
- Relationships between survey items and program characteristics (e.g., agency size).

Aim 2: Qualitative Assessment (n=30 visitors)
- Review transcripts of interviews for themes

Aim 3: TI-HV Pilot (n=12 mothers)
- Characterize change over time (pre- and post-intervention scores)
Survey Components

Interpersonal Trauma
- Physical, sexual and emotional abuse; emotional and physical neglect
- Sexual assault; victim/witness of intimate partner violence or other violent crimes.

70-item web-based survey
1. Trauma (31 questions): Measurement of trauma/adversity and protective factors; home visiting practices; visitor strategies, training, and resources; support of curricula

2. Depression (16 questions): Measurement of maternal depression; referral practices and resources; support of curricula

3. Social Support (8 questions): Measurement of maternal interpersonal supports (e.g., network and perceived quality of network); home visiting practices, visitor strategies, and resources; support of curricula
Preliminary Results—National Survey

- [Nov 5, 2018—Dec 4, 2018]: n=102 survey respondents
- n=72 respondents and n=30 partial completions
- Models represented:
  - Parents as Teachers
  - Early Head Start
  - Healthy Families America
  - Nurse-Family Partnership
  - SafeCare
  - Durham Connects
  - Other
Preliminary Results—National Survey

Survey Respondents
- 1.0 - 3.0
- 3.0 - 5.0
- 5.0 - 7.0
Preliminary Results—National Survey

Are home visitors required to ask parents about...

- Abuse, neglect and adversity that they experienced?
- Resilience and protective factors?

Estimated Prevalence of Mothers with current IPT: 20%, IQR: (10-40%)

Estimated Prevalence of Mothers with IPT history: 50%, IQR: (20-80%)

ECS Prevalence of Mothers with IPT history (n=1,172): 70%
## Preliminary Results—National Survey

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
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<tbody>
<tr>
<td>Assessment tools are used to...</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Refer mothers to external resources</td>
<td>90.7%</td>
<td>5.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Initiate trauma-informed strategies (e.g., resilience planning, mindfulness, reflective strategies)</td>
<td>40.3%</td>
<td>37.1%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Our program uses a standardized screen for maternal depression?</td>
<td>91.8%</td>
<td>4.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Our program would be <em>more effective in helping depressed mothers</em> if it had stronger training and support regarding specific skills and techniques to support depressed mothers.</td>
<td>77.8%</td>
<td>22.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>Our program uses a standardized screen for maternal social support?</td>
<td>34.7%</td>
<td>58.3%</td>
<td>6.9%</td>
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<tr>
<td>Our program would be <em>more effective in helping socially-isolated mothers</em> if it had stronger training and support regarding specific skills and techniques to support socially-isolated mothers (e.g., how to talk to mothers about need to create strong supportive networks)</td>
<td>75.0%</td>
<td>25.0%</td>
<td>N/A</td>
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Preliminary Results—National Survey

How effective the home visiting intervention is at addressing the following:

- Helping mothers process experiences about trauma
- Helping mothers cope with trauma symptoms

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<thead>
<tr>
<th>Effective</th>
<th>Highly effective</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>30%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Somewhat effective</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Neither effective nor ineffective</td>
<td>10%</td>
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<tr>
<td>Somewhat ineffective</td>
<td>5%</td>
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<tr>
<td>Minimally ineffective</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Highly ineffective</td>
<td>0%</td>
<td></td>
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</tbody>
</table>

Percent helping mothers process experiences about trauma

Percent helping mothers cope with trauma symptoms
TI-HV Intervention—Pilot

- Will be tested for feasibility and informed by the quantitative and qualitative results regarding current knowledge and practices
- TI-HV intervention will be derived from In-Home CBT:
  - Ten 30-min content elements added to the 10 home visits
  - Experiential, role-playing, homework, and will be manualized.
Implications for Precision Home Visiting

• Understanding of trauma-related knowledge and practices in home visiting (current status)

• Rationale for trauma screening: identify sub-group who require more specialized services to maximize the effectiveness of home visiting

• Target the mechanisms that can promote resilience

• Direct integration of a trauma-responsive intervention that is sensitive to needs/abilities of mothers and home visitors
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