

# Development of a Novel Trauma-Informed Approach to Home Visiting

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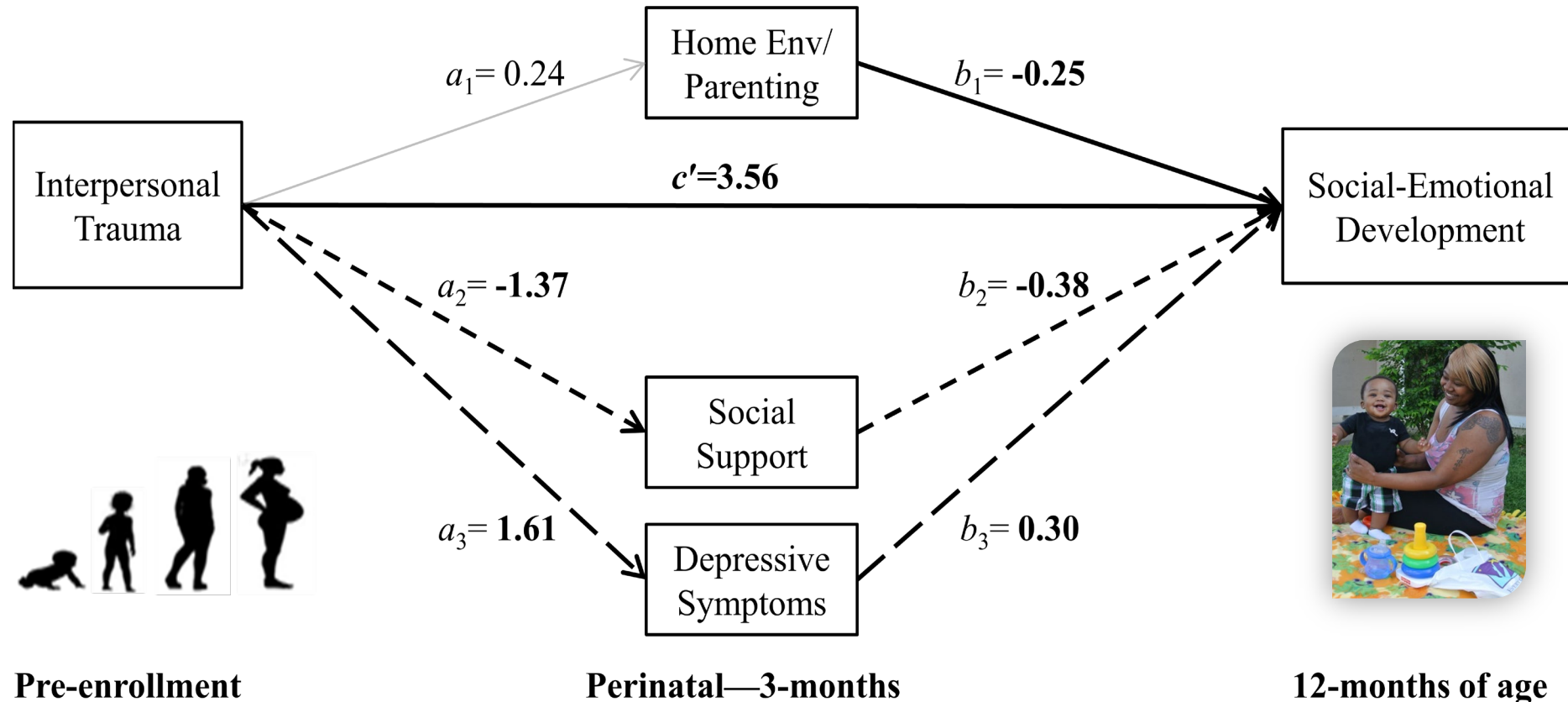
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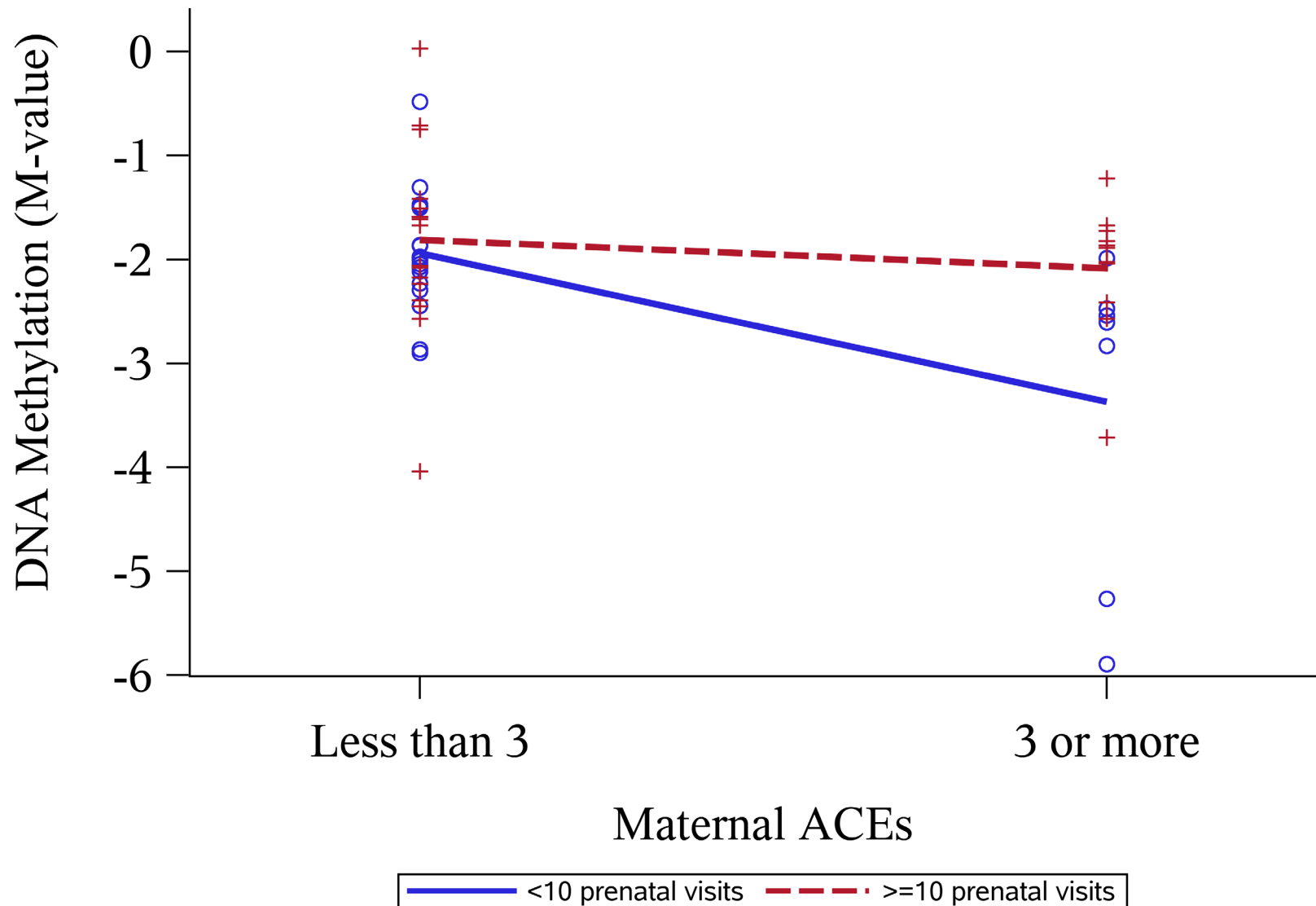
# Specific Aims

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



# 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?

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# Study Methods

## **Aim 1: HARC National Survey (n=100 programs)**

- Prevalence of trauma-informed practices.
- Relationships between survey items and program characteristics (e.g., agency size).



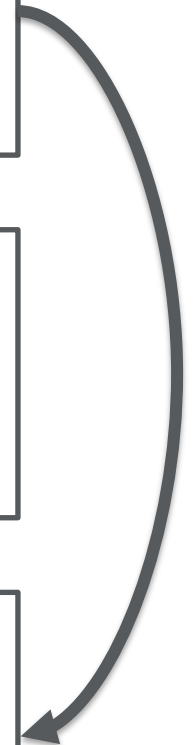
## **Aim 2: Qualitative Assessment (n=30 visitors)**

- 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.

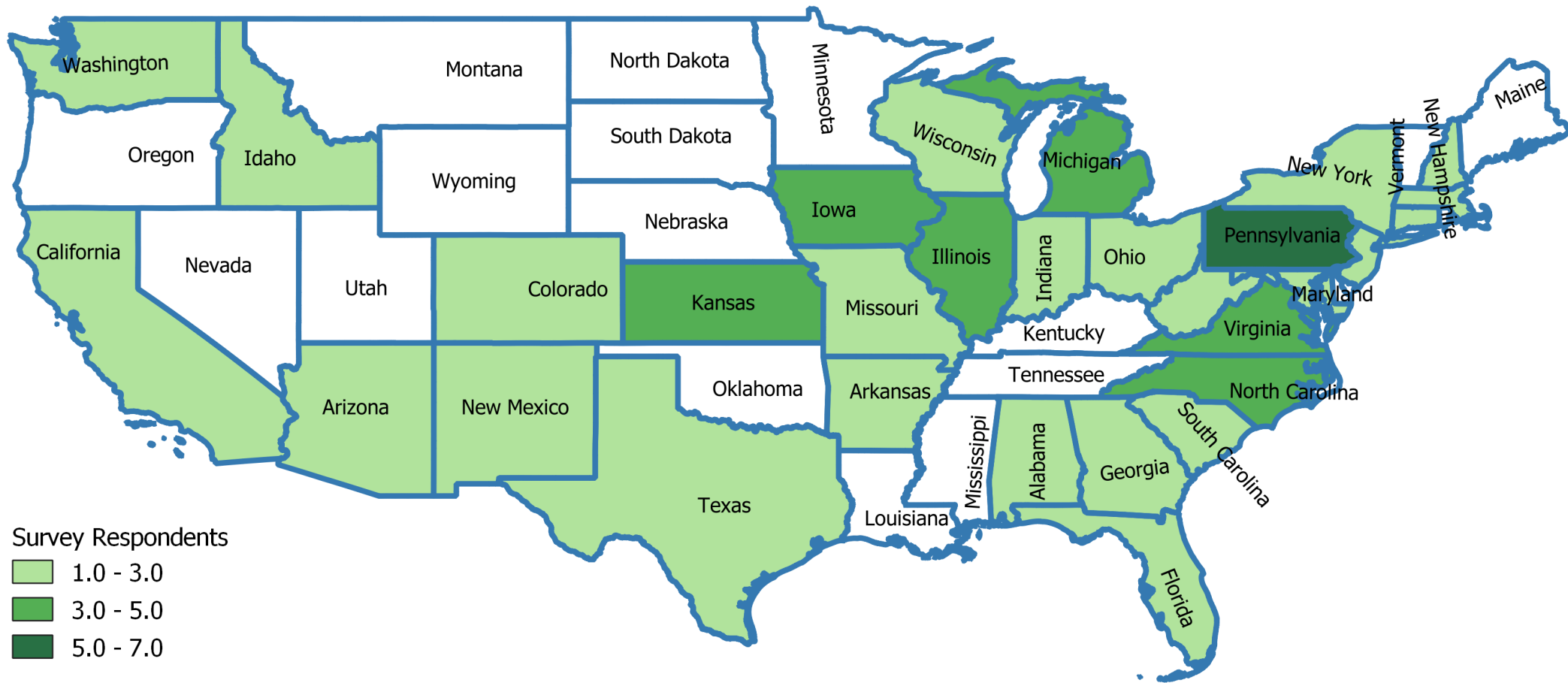
## 70-item web-based survey

- 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



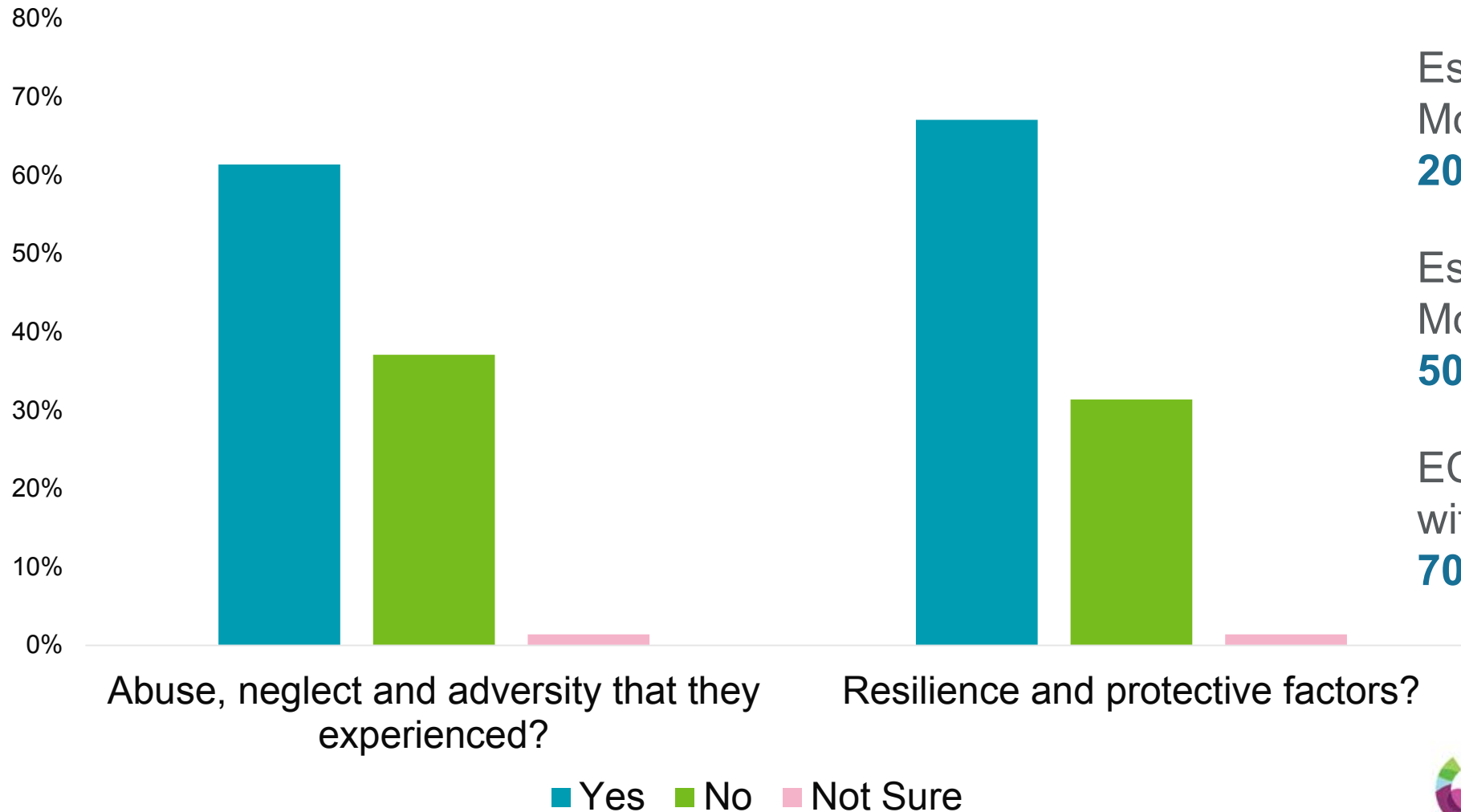
Survey Respondents

- 1.0 - 3.0
- 3.0 - 5.0
- 5.0 - 7.0



# Preliminary Results—National Survey

## Are home visitors required to ask parents about...



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

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

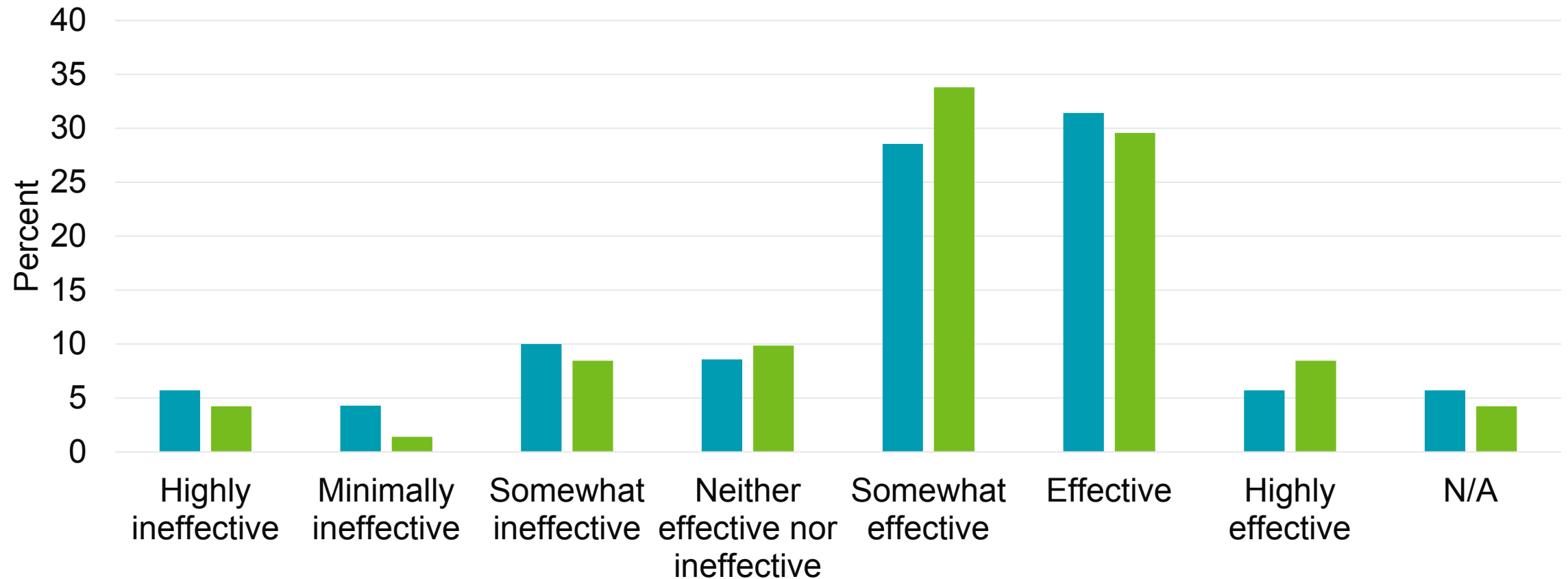
ECS Prevalence of Mothers with IPT history (n=1,172): **70%**

# Preliminary Results—National Survey

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

# 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

# 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
  - ✓ *Elements:* Behavioral Activation, Pleasant Events, Trauma and Automatic Thoughts, Cognitive Reframing, Identifying Social Network and Support Resources, Social Skills: Reconnecting with Lost Social Resources, Social Skills: Building New Networks, Structural and Community Supports, and Planning for the Future.
  - ✓ 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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