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Implementing Adverse Childhood Experiences (ACEs) in a Youth Regional Treatment Center



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Lauren Russell-Smith, MSN, FNP-BC
University of South Alabama

Introduction

In 2019, 57% of Adolescents who have substance or alcohol abuse disorders experienced at least one ACE, and 25 % experienced two or more ACEs; this means that over half of the patients admitted to an adolescent substance and alcohol abuse program have experienced childhood trauma (Gomez et al., 2017).

Purpose: : This study investigates ACE awareness amongst staff working with a population known to have high ACE scores. The intended purpose was to evaluate staff understanding of ACEs and their impact on patient satisfaction scores.

AIM: The AIM of this project is to increase staff awareness of ACE to 85% and increase patient satisfaction scores within a 4-month time frame.

Design: A pre-and post-ACE awareness survey was distributed among ninety staff members. Only n=27 staff members participated in completing the pre-training survey, and n=17 completed the post-ACE awareness survey. In addition, a one-hour online ACE awareness training was conducted. The implementation time frame was July 18, 2022, through October 7, 2022. Patient satisfaction scores were collected for postimplementation of ACEs and compared to pre-implementation.

Background: The lack of staff not being aware of its adolescent patients' ACEs can negatively impact patient interactions, which would affect patient satisfaction scores; therefore, implementing ACE training among all staff will benefit patients and staff members (Toombs et al., 2021).

PICO: In a (P) regional youth treatment, what is the effect of (I) ACE trauma-informed awareness, including (C) non-clinical and clinical staff perception, on (O) patient satisfaction scores?



Methods

All data are categorial and are summarized using the number and percentage of occurrence of categories. Bar charts and pie charts are used to describe the outcomes graphically.

Subjects: The project design included staff and patients within the Youth Regional Treatment Center (YRTC). Inclusion criteria range from 13- 17 years old patients male and female from various socioeconomic backgrounds charts and staff members 18 years and older.

Settings: The setting of this project is in an inpatient YRTC in a metropolitan city in Northern and Southern California.

Tools: Training amongst staff included ACEs online training tools and monthly updates providing an understanding of Trauma-Informed Care (TIC).

Interventions:

The first intervention was to implement a pre-Ace Awareness Survey. This collected data on a baseline understanding of where staff (clinical and non-clinical) are in ACE awareness.

The second intervention was the implementation of Adverse Childhood Experience online training was sent to staff members via email.

The third intervention was implementation of the post-ace awareness survey after the online training.

Data Collection:

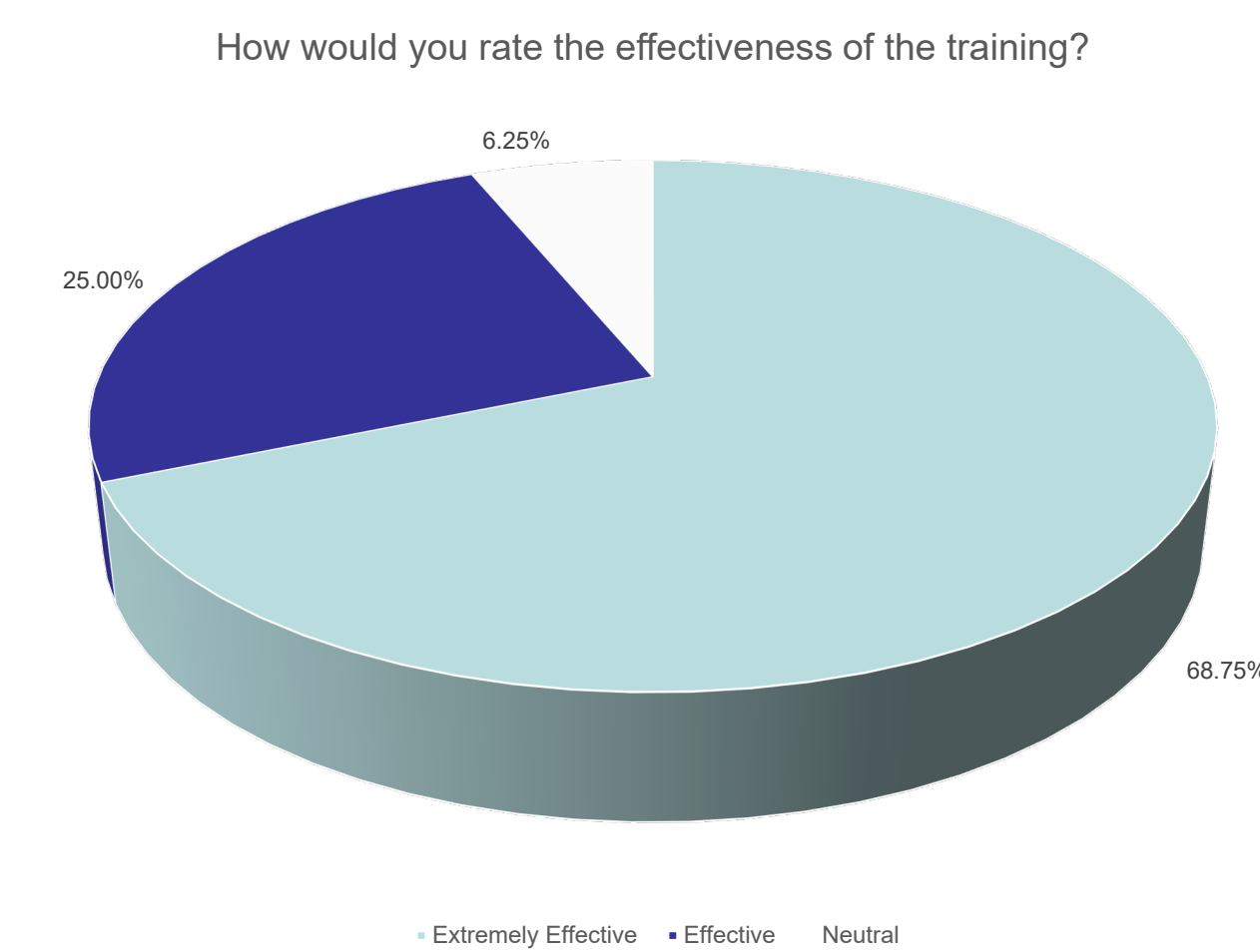
A pre and post-survey was an effective evaluation method to obtain a baseline and post-assessment of staff awareness of ACEs

In addition, incorporating an ACEs survey identified whether patients who had adverse childhood experiences received treatment in the YRTC during the project

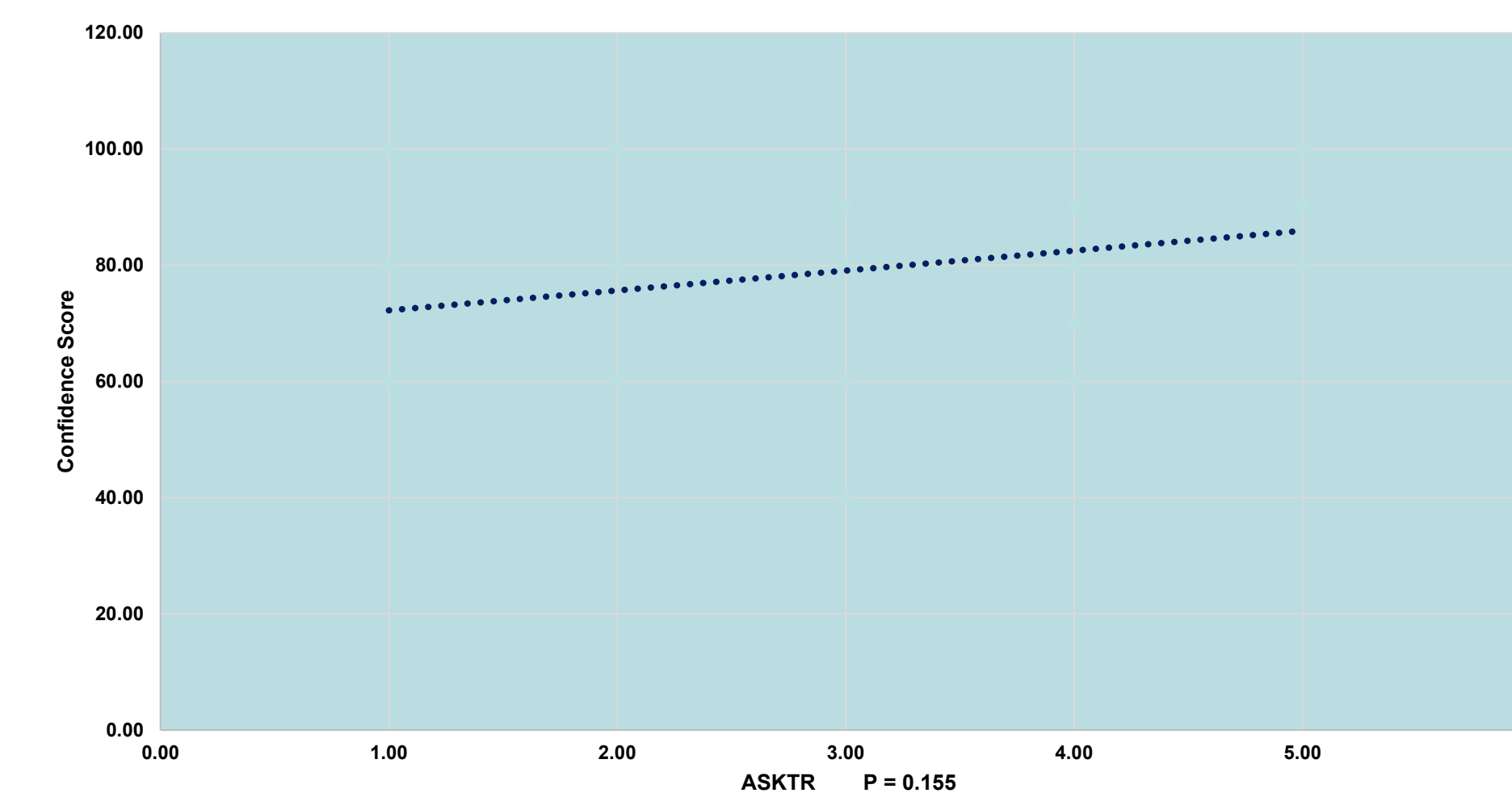
Measuring the patient satisfaction scores after implementation and discharge identified the impact of incorporating ACE awareness training.

Results

93.75% of the participants deemed the training adequate and increased their awareness of ACE n= 27 employees participated in the preACE awareness training survey, and n=17 participated in the post-training survey.



The average confidence score was 80.74 (+/- 17.30), the average numerical response to the question KNOW was 3.93 (+/- 1.04) out of a score of 5.



	On a scale of 1-5, 1 being never and 5 being always, how often do you ask your patients about their possible trauma experience.	On a scale of 1-5, 1 being not knowledgeable at all and 5 being extremely knowledgeable, how would you rate your level of knowledge and skills in working with individuals affected by trauma and adversity?	On a scale of 1-5, 1 being not at all aware and 5 being extremely aware, how would you rate your level of awareness of services and resources for trauma and adversity?
Pearson Correlation (R) (Confidence*)	0.281	0.129	0.533**
P-Value	0.155	0.520	0.004
N	27	27	27

Conclusions

The effectiveness of ACE awareness training was rated at 68.75%. Pre- ACE awareness training 85.19% of the staff believed that trauma and adversity was relevant to their clinical work. Post training 50% of the participants stated that their ability to identify trauma after training was much better, however only 16 participants completed the post training. 68.75% of the participants were apart of the clinical team .

The pearson correlation showed that there was significant relationship between ASKTR and AWARE (r =0.533, p = 0.004). This indicates that there is a moderate and positive correlation where as the ASKTR score increases, so does the AWARE score.

Therefore, the clinical staff had more awareness of ACEs than non-clinical staff members. Although the ACE awareness training received 17 participants 93.75% deemed it to be effective and increasing awareness.

References

Gomez, B., Peh, C., Cheok, C., & Guo, S. (2017). Adverse childhood experiences and illicit drug use in adolescents: Findings from a national addictions treatment population in singapore. *Journal of Substance Use, 23*(1), 86–91.

Hornor, G., Davis, C., Sherfield, J., & Wilkinson, K. (2019). Trauma-informed care: Essential elements for pediatric health care. *Journal of Pediatric Health Care, 33*(2), 214–221.

Toombs, E., Lund, J., Bobinski, T., Dixon, J., Drebit, M., Byzewski, J., Radford, A., Kushner, L., & Mushquash, C. J. (2021). Client and staff experiences assessing adverse childhood experiences in a clinical setting: Results from the first nations ace study. *Child Abuse & Neglect, 121*, 105263.