

IMPLEMENTING ACE AWARENESS IN A TREATMENT CENTER

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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).
- IMPLEMENTING ACE AWARENESS TRAINING IN A SUBSTANCE ABUSE CENTER IS IDEAL BECAUSE OF THESE STATISTICS. ADOLESCENTS WHO ARE BEING TREATED IN ALCOHOL AND SUBSTANCE USE PROGRAMS ARE NOT RECEIVING ADVERSE CHILDHOOD EXPERIENCES (ACES) TRAUMA-INFORMED CARE FROM ALL STAFF MEMBERS RESULTING IN LOW PATIENT SATISFACTION SCORES (HORNOR ET AL., 2019)

BACKGROUND

- 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.
- 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).

BACKGROUND CONT.

- 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

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).

METHODS CONT.

- INTERVENTION

- 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

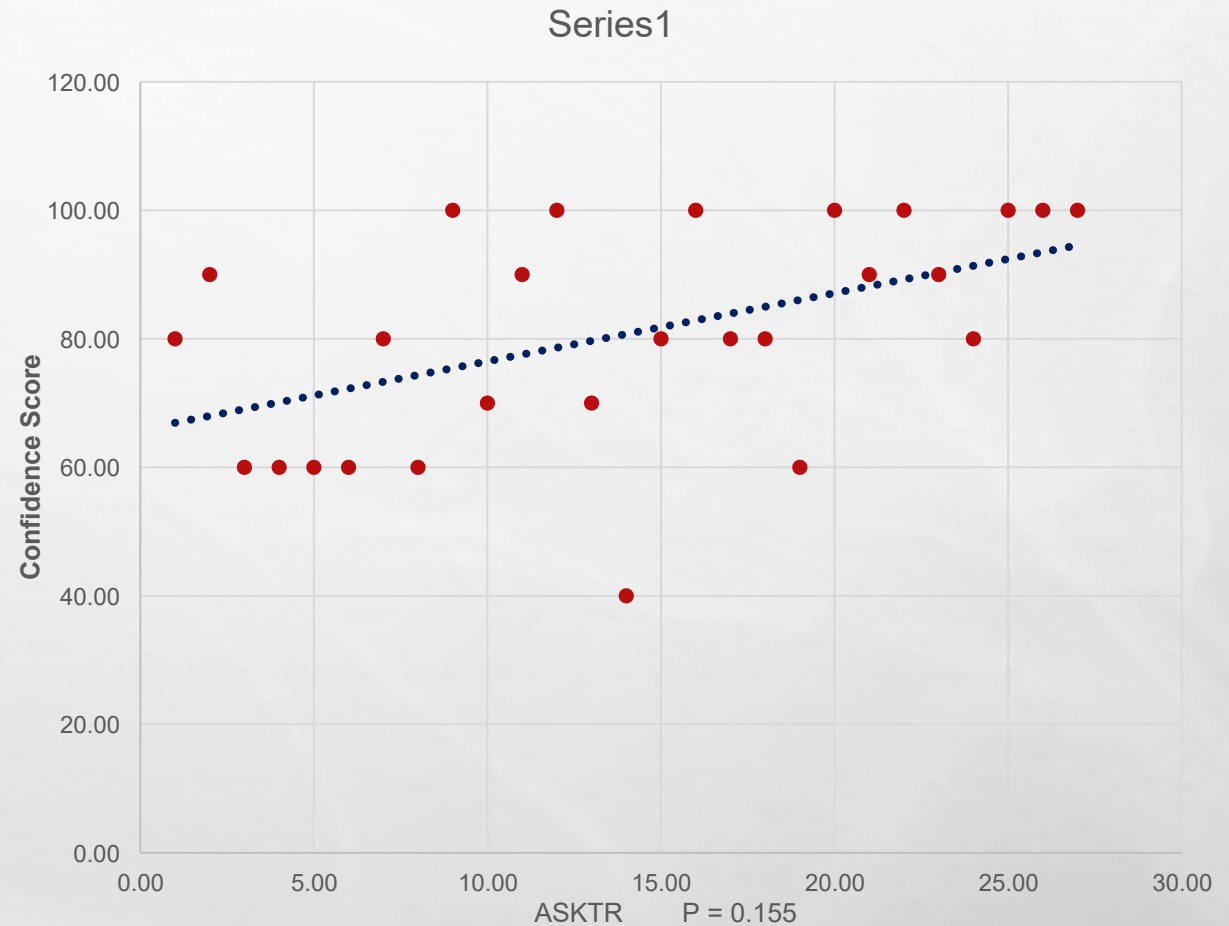
- A PRE AND POST-SURVEY WAS AN EFFECTIVE EVALUATION METHOD TO OBTAIN A BASELINE AND POST-ASSESSMENT OF STAFF AWARENESS OF ACES
- IN ADDITION, INCORPORATING AN ACES SURVEY IDENTIFIED WHETHER PATIENTS WHO HAD ADVERSE CHILDHOOD EXPERIENCES RECEIVED TREATMENT IN THE YRTC DURING THE PROJECT
- MEASURING THE PATIENT SATISFACTION SCORES AFTER IMPLEMENTATION AND DISCHARGE IDENTIFIED THE IMPACT OF INCORPORATING ACE AWARENESS TRAINING.

RESULTS

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*	0.129	.533**
	P-Value	0.155	0.520	0.004
	N	27	27	27

RESULTS CONT.

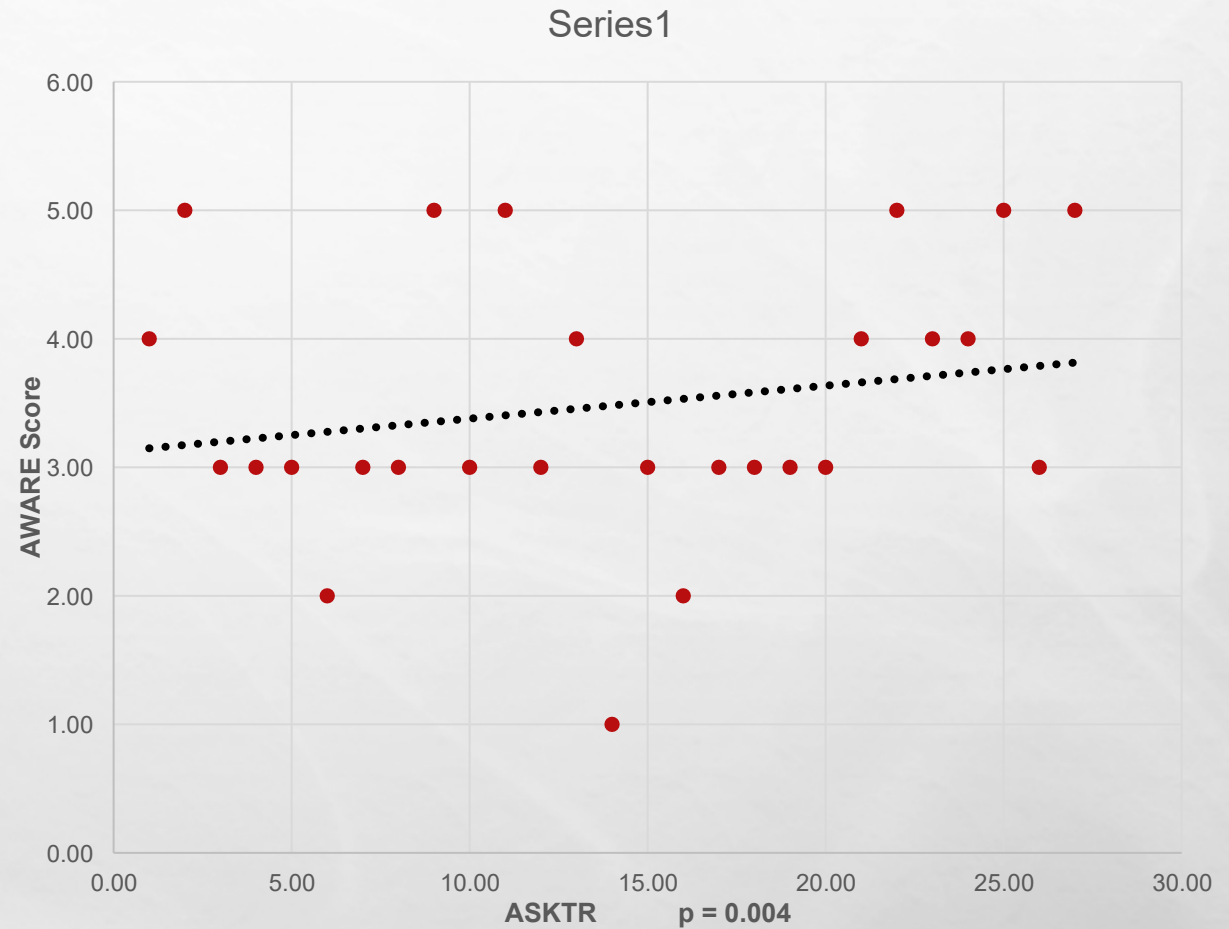
THE AVERAGE CONFIDENCE SCORE WAS 80.74 (+/- 17.30), THE AVERAGE NUMERICAL RESPONSE TO THE QUESTION KNOW WAS 3.93 (+/- 1.04) OUT OF A SCORE OF 5.



RESULTS CONT.

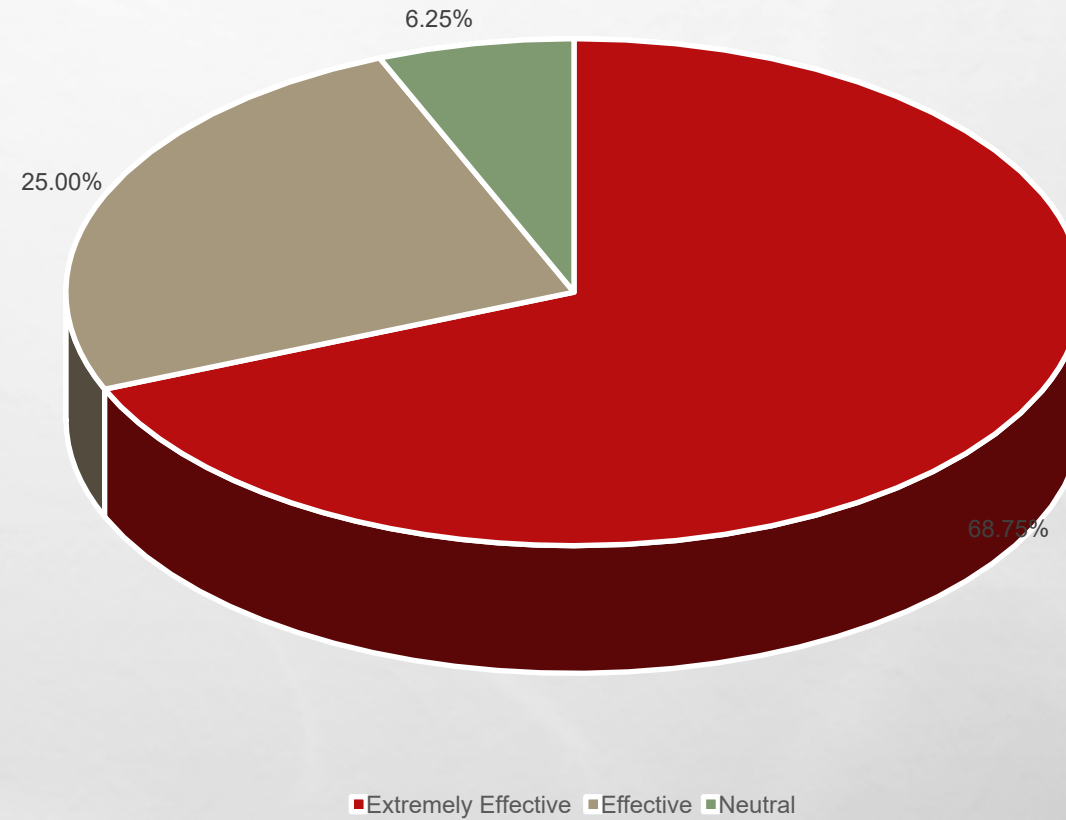
THE AVERAGE NUMERICAL
RESPONSE TO THE QUESTION
AWARE WAS 3.48 (+/- 1.05) OUT OF
A SCORE OF 5.

THE AVERAGE NUMERICAL
RESPONSE TO THE QUESTION
ASKTR WAS 3.48 (+/- 1.42) OUT OF
A SCORE OF 5



RESULTS CONT.

How would you rate the effectiveness of the training?



CONCLUSION

- 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 PARTICIPATES WERE APART OF THE CLINICAL TEAM .

CONCLUSION CONT.

- 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

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