

A Universal Approach to Trauma-Informed, Nurse-Based Home Visiting Services for Postpartum Women: Family Connects Racine County

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Trauma is a Major Public Health Problem

- Over 60% of American adults have had at least one **adverse childhood experience (ACE)** such as child abuse & neglect, domestic violence, and parental substance use
- ACEs are a major source of **toxic stress** that increase the risk of disease, including heart disease, stroke, and cancer
- ACEs also increase the risk of mental illness, substance abuse, low educational attainment, and unemployment

Family Foundations Home Visiting (FFHV)

- Wisconsin's FFHV Program is a partnership between the Dept. of Children & Families and the Dept. of Health Services
 - Supports evidence-based home visiting
 - Funded through the federal MIECHV program plus state TANF and GPR
 - 96% of FFHV participants eligible for means-tested benefits or below 200% of poverty line



- Longitudinal study (2015-present) of risk and resilience
 - Over 1,400 low-income families served by the FFHV program
 - Mothers complete surveys at multiple time points
 - Tracks child, parent, and family outcomes over time

The Childhood Experiences Survey

ACEs in Mothers	%
Physical abuse	39.8
Sexual abuse	26.4
Emotional abuse	28.2
Physical neglect	12.2
Emotional neglect	18.0
Substance abuse	50.4
Mental illness	43.7
Domestic violence	36.6
Incarceration/jail	37.9
Divorce/separation	43.8

*85% of mothers in the FFHV program reported at least 1 ACE
*68% reported 2 or more ACEs

Trauma Is Not Equally Distributed

	Prevalence	
	FFHV Program	WI Population ¹
4+ ACEs	43%	14%

¹Child Abuse and Neglect Prevention Board. (2018). *Adverse childhood experiences in Wisconsin: 2011-2015 Behavioral Risk Factor Survey findings*. Madison, WI: Author.

Other Sources of Toxic Stress

Adverse Experience	FFHV Mothers (%)
Prolonged Absence of Parent	57.5
Bullied Often	26.1
Death of Parent/Sibling	24.4
Homelessness	22.5
Food Insecurity	18.0
Victim of Violent Crime	15.9

Adversity Does Not End in Childhood

- The Adult Experiences Survey assesses adverse grownup experiences (AGEs), including:

- | | |
|--------------------------|--------------------------|
| Spouse/Partner | Other |
| ➤ Physical abuse | ➤ Forced sexual activity |
| ➤ Emotional abuse | ➤ Crime victimization |
| ➤ Mental health problems | ➤ Homelessness |
| ➤ AODA problems | ➤ Chronic poverty |
| ➤ Incarceration/jail | ➤ Discrimination |

Adverse Grownup Experiences

Spouse/Partner	%	Other	%
Physical abuse	45.1	Forced sexual activity	21.0
Emotional abuse	60.3	Crime victimization	31.9
Alcohol misuse/drug use	42.3	Homelessness	36.0
Mental health problem	33.5	Chronic poverty	23.4
Incarceration/jail	48.2	Discrimination	31.5

1 or more AGEs = 85%; 2 or more AGEs = 70%

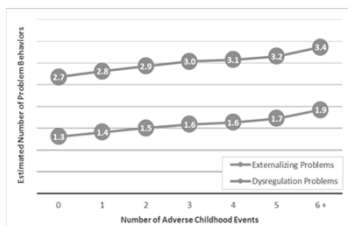
Life Course Adversity

- Childhood **and** adult adversity increased the risk of depression, anxiety and PTSD
- The effects of ACEs were indirect
 - ACEs → AGEs → Poor Mental Health

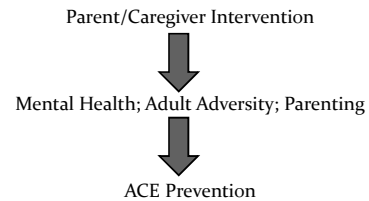
Mersky, J. P., Janczewski, C. E., & Nitkowski, J. C. (2018). Pathways to poor mental health among low-income women in the U.S.: Exploring the role of adverse childhood and adult experiences. *Social Science and Medicine*, 206, 14-21.

Intergenerational Effects

Mothers with higher ACE scores are more likely to have children with behavior and emotion regulation problems

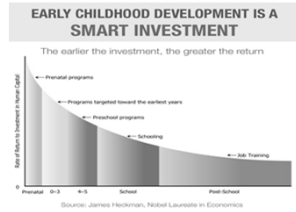


Two-generation programs like home visiting have the potential to interrupt the intergenerational cycle of trauma



Home Visiting is a Smart Investment

Home visiting programs and other early childhood interventions are effective & cost-effective



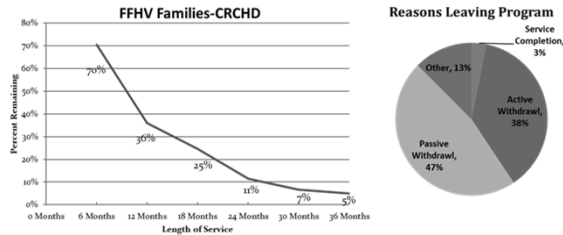
The Public Health Challenge

- Most home visiting programs provide long-term services
 - All models supported by the FFHV program are designed to serve families for multiple years
 - Difficult to scale up due to duration and cost

FFHV PROGRAM, 2014-2017	2014	2015	2016	2017	Total
Families Newly Enrolled, Statewide	605	714	584	720	2623 ¹

¹Represents roughly 1 out of 100 infants born in WI

Another Challenge: Retention



Racine County Home Visiting Programs

- Healthy Families America (Since 2011)
 - Long Term
 - Eligibility based on risk for child abuse and neglect and poor health outcomes
 - Prenatal and Postpartum
 - 8 home visitors with smaller caseloads (max 15-20 families per home visitor)

Racine County Home Visiting Programs

- Family Connects Racine County (Since 2017)
 - Short term
 - Universal-offered to all new mothers
 - Postpartum
 - 1 home visitor can schedule up to 10 new families per week

Family Connects

- Evidence-based, nurse home visiting program
- Universal approach
- Includes assessment of risks and family needs
- Nurse connects families with community resources



Why Universal Home Visiting?

- A universal approach is imperative for community-level change
- Every family has needs following the birth of a child
- Complementary to long-term, intensive home visiting already in place

Family Connects Core Components



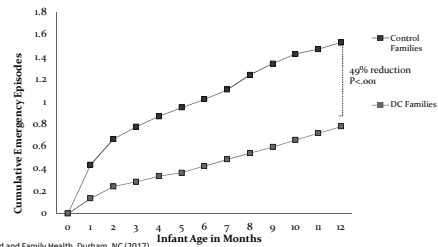
Source: Center for Child and Family Health, Durham, NC (2017)

Summary of Findings from Durham, NC

- 18 month randomized control trial
 - Randomized to intervention/control group based on even/odd birthday
 - Every resident of Durham County, NC
 - Subset of participants evaluated beginning at 6 months (n=549)
- Participation
 - 80% of eligible families scheduled a home visit
 - 86% of scheduled families completed the program
- Quality
 - Fidelity to home visit protocol=86%
- Family Need
 - 94% of all families had at least one nurse-identified need

Source: Center for Child and Family Health, Durham, NC (2017)

RCT Evaluation Results: Child Hospital Administration Records

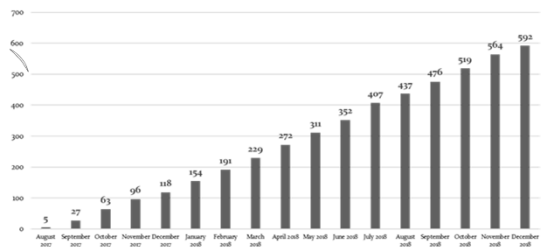


Source: Center for Child and Family Health, Durham, NC (2017)

Implementation in Racine County

- Funders:
 - United Way of Racine County
 - Racine County Human Services
- Collaborators:
 - Ascension
 - CRCHD (Central Racine County Health Department)
 - FAMILY CONNECTS WISCONSIN Racine County

Family Connects Racine County: Families



Recruitment

- Begins prior to discharge from the hospital
- Visit scheduled 2-3 weeks after discharge
- Pre-IHV
- Coordination with physicians

Integrated Home Visit

- Typically completed at 3 weeks postpartum
- Follows a detailed protocol in a friendly, informal manner
- Uses a high-inference methodology (Family Support Matrix)
 - 12 factors predictive of child and family well-being in early childhood

Integrated Home Visit-Continued

- Physical assessment of mother and baby
- Provide education and anticipatory guidance
- Respond to immediate parent questions or concerns
- Link families with community resources

Screenings & Assessments

- Postpartum Depression (EPDS)
- Substance Abuse (CAGE)
- Domestic Violence (Conflict Tactics Scale)
- **Innovation: Trauma History and PTSD (T-SBIRT)**

Challenges and Successes

- Learning a new model → Training
- Visit Length → Communication Techniques
- Preparing for/organizing the home visit → Templates
- Scoring Family Support Matrix → QA Checklists
- Recruitment/Engagement → Universality & MD Buy-in
- Referral Uptake → T-SBIRT/MI Techniques

T-SBIRT

- Screening: Trauma Exposure (LES) & Trauma Symptoms (PC-PTSD)
- Brief Intervention: Motivationally-Based and Client-Centered
 - Current stressors
 - Review screening results
 - Coping
 - Self-medication
- Referral to Treatment (or services)
 - Warm referrals
 - Well-developed referral networks

T-SBIRT Features

- Ask permission to discuss stress and trauma
- Use of critical MI skills
 - Information giving
 - Open-ended questions
 - Reflection
 - Summarization
- 10-minutes on average time to completion

Reflects Trauma Responsive Practices

- Screening and Assessment
- Information-Giving or Psychoeducation
- Regulation or Coping
- Motivation Enhancement
- Referral

Derived from SBIRT

- AODA-focus
- Healthcare settings and other related contexts
- MI principles and practices
- Reduces harmful and hazardous drinking but not disordered use
- So we combined T-SBIRT with SBIRT in community-based primary healthcare

Results of T-SBIRT in PC

- 92.0% exposed to at least one PTE
- 55.4% positive PTSD Screening
- 62.5% referral acceptance
- TAP Mean Score: Very acceptable

T-SBIRT in Home Visiting

- CRCHD has integrated the Trauma Screening, Brief Intervention, and Referral to Treatment (**T-SBIRT**) into Family Connects
 - Enhance trauma component of FC
 - Provide outlet for discussing stress and trauma
 - Identify risks otherwise undisclosed
 - Offer referral to treatment and related services (IPV)
 - Help interrupt intergenerational transmission of trauma

Feasibility results to date

- Family served with FC & T-SBIRT: 303
- 4 or more significant lifetime adversities: 26%
- Referrals to treatment made: 26%
- Tolerable for clients
- Acceptable to staff
- Outcome study to come

Takeaway Messages

1. Trauma is a major public health problem.
2. Home visiting is a two-generation strategy that has great potential to prevent trauma and mitigate its effects.
3. Family Connects is a short-term, universal home visiting model that is proven to be effective and cost-effective.
4. Wisconsin could develop a trauma-responsive home visiting system by combining brief, universal services with targeted, long-term services.