



Parenting Classes for ACEs Prevention

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Context of the Study

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

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Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥ 2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.



ACES can have lasting effects on....



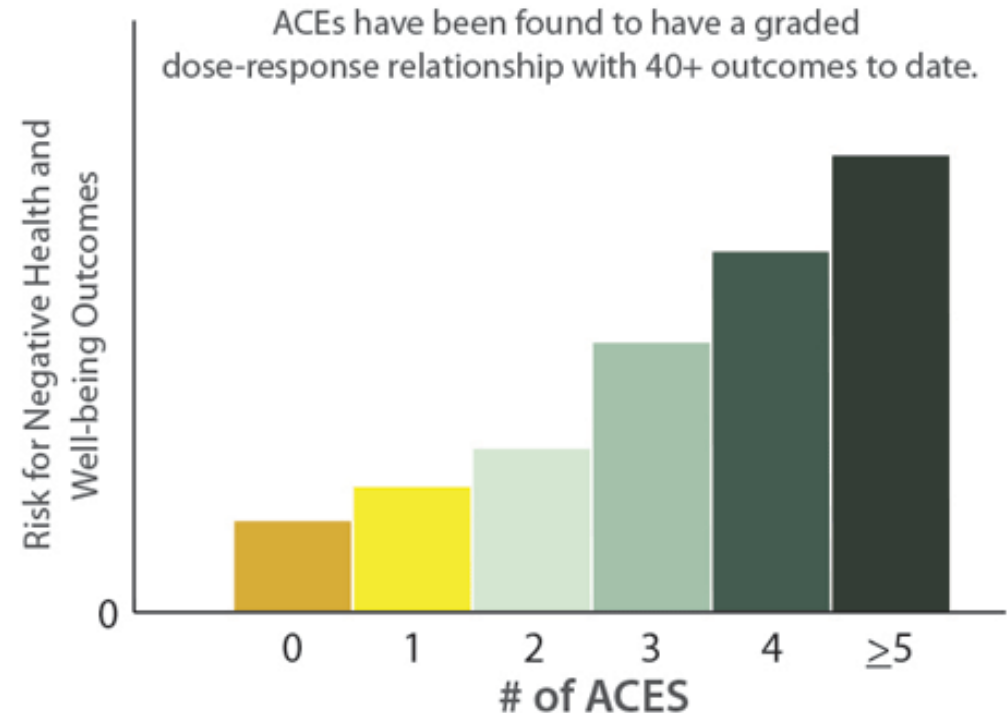
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)

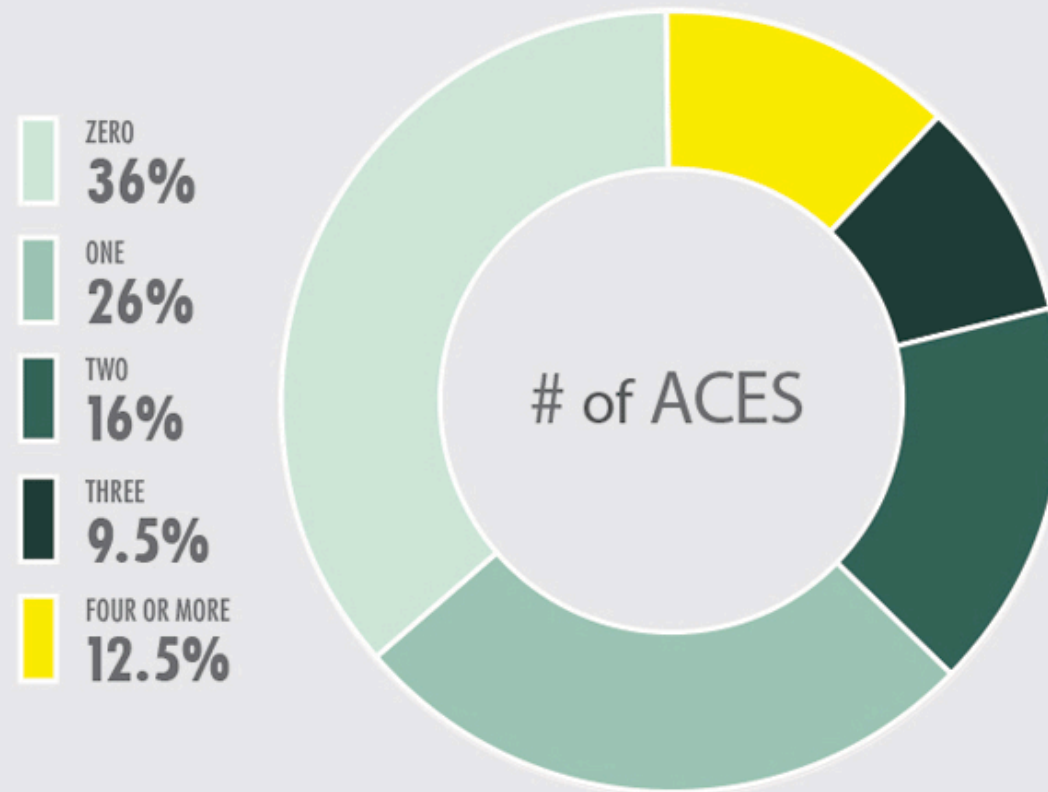


*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.htm

How Common are ACES?

ACE Study



https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2FACE_graphics.html

ACE	Kaiser study	Utah 2013	Cache County, 2017 Trauma Project
Emotional abuse	11%	36%	53.7%
Physical abuse	28%	19%	43.9%
Sexual abuse	21%	11%	34.1%
Domestic violence	13%	14%	22%
Substance abuse	27%	24%	19.5%
Mental illness	19%	22%	58.5%
Separation/divorce	23%	22%	31.7%
Incarceration	5%	8%	2.4%
Emotional neglect	15%	No data	58.5%
Physical neglect	10%	No data	19.5%

Utah numbers
from Behavioral
Risk Factors
Surveillance
Survey, 2013

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2FACE_graphics.html

Goal and Purpose

- ▶ The purpose of this study is to help local parents in Richmond learn additional effective parenting strategies that support bonding ties and parent success in interacting with their children as well as prevent unnecessary stress in the family. In addition, we are looking for recurring patterns that indicate which parenting strategies are needed the most in our community. After this study, we hope to teach similar parenting workshops at different locations in Cache County.

Methodology

- ▶ **Participants.** Participants will be parents with children attending White Pine Elementary School in Richmond, Utah.
- ▶ **Measures.** 2 surveys are given at the beginning and end of each class. We will use the Protective Factors Survey (a quantitative measure) to determine whether changes in the 5 protective parenting factors occur. I am looking for any responses regarding the personal improvements made in parenting strategies, as well as suggestions for additional topics or needs for assisting parents in supporting their children's school success (academic and social).

Process/ Methodology

- ▶ **Procedures.** At the beginning of each class I ask open ended questions concerning the previous class's topic and I help individual parents to resolve any questions or concerns they experience while trying to apply the new parenting strategies. We then spend 60 minutes in discussion and facilitation of the new topic, engaging parents in expressing their frustrations and successes. After teaching each class I hand out a written survey for the parents to fill out.
- ▶ **Analysis.** The data collected includes a mixture of qualitative and quantitative methods. Qualitative data is analyzed by having one of my faculty mentors (Dr. Vonda Jump Norman) and I separately code the data for themes, compare themes, and come to consensus about the important themes arising from the data. Quantitative data will be analyzed using SPSS to determine mean protective factor scores for parents at each workshop, and whether the protective factor scores increase over time. The results will be used to accommodate classes to better serve White Pine Elementary's needs in regards to parent-child bonding and parenting strategies. In addition, the parents will receive specific help with their own personal questions.

Parenting Class Evaluation

Likert Scale Questions:

- ▶ Presenters were knowledgeable about the material provided.
- ▶ The information is important and relevant to me.
- ▶ Presenters were engaging and enthusiastic about the material.
- ▶ Presentation was well-organized.

Parenting Class Evaluation

Open Ended Questions:

- ▶ What parenting strategies were new to you?
- ▶ Which of these strategies is beneficial to you as a parent? How will you implement it with your children?
- ▶ What would you change about the presentation or information?
- ▶ How has this workshop helped you to understand your child's behavior?
- ▶ What additional training/instruction do you need on this topic? Are there additional topics you would like to receive information on?

Results from last month's parenting class Questions:

- ▶ What new parenting strategies did you implement over the past month?
- ▶ Were the strategies successful? Why do you think the strategies did, or did not work for you and your child?
- ▶ What ongoing supports do you need to better support your child?
- ▶ How have the strategies you learned helped you to remain calm when your child engages in a behavior that pushes your buttons?

Class Topics:

- ▶ Parental and children's anxiety
- ▶ Defiance
- ▶ Positive behavioral supports (No drama discipline)
- ▶ Resilience
- ▶ Parenting mindfulness



Findings/Results

What Parents have implemented:

- ▶ Anxiety / Deviance
 - ▶ Massage/bodywork
 - ▶ Praise
 - ▶ Success through strategies
 - ▶ Breathing/calming self
 - ▶ Looking for “Whys”

What Parents have implemented:

- ▶ Positive Behavioral Support / No Drama Discipline
 - ▶ Listening to kids' experiences
 - ▶ Listening helped the kids stay calm and know their thoughts/feelings mattered.
 - ▶ Cycle through different strategies.
 - ▶ Behavior is communication.

Topics parents would like to see in the future:

- ▶ Bullying
- ▶ Clear consequences
- ▶ Good reminders
- ▶ Having less outside drama
- ▶ Confidence
- ▶ Nutrition
- ▶ When does my child need to see a counselor?
- ▶ Coping with disappointment
- ▶ Sibling issues
- ▶ Emotional regulation
- ▶ Father involvement

Conclusions, outcomes and future directions

- ▶ Data collection is not yet complete.
- ▶ However, we have seen positive themes that we believe have benefited families.
- ▶ We plan on implementing what we have learned so far to future parenting classes next year.