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Developing Adverse Childhood Experiences Education Program to Increase Caregiver
Confidence in Providing Adequate Care and Support

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Abstract

Adverse Childhood Experiences (ACEs) are when a child experiences one or more instances of trauma, abuse, parental mental illness, or exposure to poverty early in life. Exposure to these experiences can negatively impact a child's mental and physical development. This doctoral capstone experience (DCE) is the creation of an online and in-person education program on ACEs for the staff of a non-profit organization school and daycare to learn how to adequately support children when the negative effects of those experiences prevent them from being successful in their daily occupations. Pre and Post surveys were used along with the in-person course session to collect data on the effectiveness of the education program. The data from the in-person course session demonstrated that the course was effective in educating staff on ACEs and increasing their confidence to use that knowledge to combat the negative effects they recognize using various interventions.

Introduction

Shepherd Community is a faith- based non-profit organization located on the eastside of Indianapolis, Indiana. Their mission is to break the cycle of poverty that is seen in the eastside community through providing stability to and meeting the critical needs of those living in poverty. This process of supporting those in poverty begins in the daycare and school levels, where there is a large group of children experiencing trauma, such as poverty, at a young age, that is negatively affecting how they develop mentally and physically. Hence why it is important to think about early intervention in this setting. Early intervention plays a critical role in influencing a child's life trajectory and how they mentally develop in the following years (Rischel et al., 2019).

My Doctoral Capstone Experience (DCE) is the creation of a program that educates the staff of Shepherd Academy and Minnie Hartmann Daycare Center on adverse childhood experiences and how to adequately support children growing up in poverty when the negative effects of adverse childhood experiences (ACEs) prevent them from being successful in their daily occupations. ACEs are when an individual experiences some form of abuse, neglect, or household dysfunction before the age of eighteen. This program will be used as an early intervention technique to equip staff with the tools to create a safe environment for the children to thrive in, a solid support system to help the children face their mental health roadblocks, and a foundation for them to continue to build a better life for themselves. This paper will address what the staff knew prior to the development of the program, the research used to develop the program, and how staff felt following the program's completion.

Background Draft

Current data collected by the United States Census Bureau states that the percentage of those suffering in poverty in Indianapolis is 16.4% (U.S. Census Bureau, 2022). Specifically on the eastside of the city, about half of the population is living at or below the poverty level; this is the community Shepherd strives to serve (Shepherd Community Center, 2021). Currently, they serve more than 1,000 individuals and families on the eastside of Indianapolis. Their service includes full-day/after-school care, food pantry, support groups, health care access, public safety support, and counseling. Due to the organization consisting of a preschool, elementary school, and daycare, the staff have an opportunity to mentor more than 500 children per year.

Research has shown that being exposed to poverty at a young age can have a detrimental effect on how a child develops. Those living in poverty have little access to proper nutrition, safe living conditions, and environments that enhance learning (Justice et al., 2019). This results in children being deprived in the areas of education, mental health, and physical health. A recent study found that there is a correlation between poverty and the lack of moral development in children as they grow, which results in a higher risk of those children turning to crime and violence as adults (Parveen et al., 2018; Justice et al., 2019). The economic hardships that are faced by families not only increase the immoral activities children will participate in, but will also increase the amount of stress they can experience (Crouch et al., 2019). The high levels of stress parents typically experience will trickle down to the children and can sometimes lead to a lack of intimate nurturing and attention towards the child. In certain situations, this lack of nurturing and attention can evolve into abuse or neglect of the child (Nwobodo, 2022; Crouch et al., 2019). This deprivation of affection and warmth from parents has a negative impact on how a child's mind develops which in turn will affect how a child effectively communicates and what

behaviors they use in different situations. It has been discovered that poverty, and the negative effects that result from it, have a detrimental impact on the development of the amygdala and hippocampus. The amygdala and hippocampus are responsible for the regulation of stress and emotional processing in the brain (Nwobodo, 2022). The poor development of each can lead to a child developing antisocial behavior, a lack of self-confidence, conduct disorders, and increased aggression (Luby et al., 2013; Luby et al., 2019).

These negative experiences that result from poverty can be included under a category called Adverse Childhood Experiences (ACEs). Those that experience ACEs see debilitating mental and physical effects that continue into adulthood. A study discovered that parents that experienced, and continue to suffer from, adverse experiences tend to experience increased amounts of parental distress, which can lead to their children experiencing ACEs (Steele et al., 2016; Crouch et al., 2019). This is something that contributes to the generational cycle of poverty.

Adverse Childhood Experiences

Adverse Childhood Experiences are when children experience trauma, parental mental illness, or exposure to poverty early in life. A child could also be exposed to more than one of these at a time (Whitney & Cronin, 2019). Through years of research, practitioners have discovered how these experiences can negatively impact a child's life and growth (Barch et al., 2018). Exposure to these events can result in a higher risk for a wide range of mental disorders and of poor health behaviors. When looking at the development of the brain following exposure, you will see deficits in the prefrontal lobes structure and function. These impairments include damage to the regions of the brain that control emotional regulation and impulse control (Barch et al., 2018; Luby et al., 2019). Many of the children that currently attend Shepherd Academy suffer from

post-traumatic stress disorder, anxiety, and various other mental illnesses as a result from an exposure of an ACE. These mental disorders could have a negative impact on the child's growth and future. Children that have suffered from at least three different ACEs were four times more likely to experience health issues, six times more likely to have behavioral problems and three times more likely to experience academic failure when compared to others in their age group (Sciaraffa et al., 2018; Turney, 2020). ACEs have also been linked to the development of chronic health problems, mental illness, and substance abuse in adulthood (Matjasko et al., 2022; Turney, 2020). It has been shown that children are more likely to be resilient to the adverse effects that result from traumatic experiences, if they have a caregiver that helps them regulate their emotions, supports their educational needs, and provides them with a safe environment to thrive in (Humphreys et al., 2021). Taking the steps to prevent a child from experiencing more ACEs in their lifetime and enhancing Positive Childhood Experiences (PCEs) have the potential to promote lifelong health benefits so that they will be able to reach their full potential (Qu et al., 2022). PCEs increase the likelihood of a child achieving a healthy development and allow them to have a healthy connection with others and themselves. By creating opportunities for PCEs to happen in a child's life, there is potential to lessen the impact ACEs have on current and future health (Qu et al., 2022).

Therefore, it is important to implement early intervention techniques through the educators found at this setting. The educators at this school system are in a position where they can easily recognize and lessen the impact ACEs have on a child's mental development and individual growth (Sciaraffa et al., 2018). They have an opportunity to provide an environment that is safe, protected and allows a child to feel a sense of belonging (Matjasko et al., 2022).

Providing that Shepherd Community will have a better chance to break the cycle of poverty when a child is fully supported in their educational, physical, and mental needs.

Model and Theory

Occupation Based Model

The model that was best fit for this doctoral capstone experience (DCE) was the Trust-Based Relational Intervention Model (TBRI). This model was chosen due to its focus on training caregivers of at-risk youth in providing effective support and treatment for them (Purvis et al., 2017). A recent study demonstrated how an evidence-based program, in which an educator implementing interventions such as yoga or deep breathing exercises, resulted in improvement in a child's mental health and in their motivation to participate in their occupations (Lin et al., 2021). Similarly, this doctoral capstone experience explored Occupational Therapy's role in educating staff on attending to children's needs following adverse childhood experiences (ACEs) at Shepherd Community. The TBRI helped ensure that the program taught the staff how to meet the children's physical, emotional, and behavioral needs were being met (Stipp & Kilpatrick, 2021).

Frame of Reference

The frame of reference (FOR) chosen to guide this DCE was the Intentional Relationship Model (IRM). IRM is when the therapist can effectively manage their relationship with the client to improve occupational engagement. (Gorenburg & Taylor, 2020). A 2018 study demonstrated that increased education in caregivers serving dementia patients showed an improvement in the patient's participation in everyday occupations (Raber et al., 2019). This FOR worked well as a companion to the model of TBRI due to this DCE being focused on increasing the staff's

knowledge in ACEs in order to improve the children's overall care rather than providing interventions directly to the children. The therapist increased the staff's engagement in their occupation to improve the occupational engagement of the children.

<div align="center">Project Design & Implementation</div>

This project consisted of the creation and implementation of a five-section education program on the topic of ACEs. This course was developed on PowerPoint and consisted of five sections; brain development, infant/toddler, elementary, middle/high school, and adult. The brain development section focused on how ACEs affect an individual's brain development and how those negative effects continue to affect them throughout their lifetime. The infant/toddler, elementary, middle/high school and adult sections focused on how the negative effects of ACEs are typically presented in this age range and actions staff members can take to help combat those negative effects in the child's daily routine at the daycare, school, or after-school care settings. A crash course PowerPoint video was also provided to Shepherd in order to provide quick education on ACEs to occasional volunteers rather than requiring them to complete the extensive course.

Prior to the implementation of this education program, a survey was sent out to gather data on what staff currently know about ACEs, how confident they feel in their knowledge on ACEs, and how confident they feel in using that knowledge to create safe environments for children to learn in. This survey provided a baseline for all staff members that interact with children daily and allowed me to see if there was improvement following the completion of the online education courses. A post-education program survey was also provided at the end of the in-person session to measure an increase in their confidence and knowledge on ACEs in order to create environments for the children to thrive in.

A one-hour in person education session was conducted with 10 staff members from the academy, daycare, and after-school programs. They completed the pre-course survey prior to attending the in-person course. At the end of the session, they were given a QR code to access the post-session survey. If they were unable to complete the survey online, they were given a paper copy of the survey to complete before leaving. Following the completion of this in-person session, all staff at Shepherd Community were given access to the online version of this course. The online version consisted of video presentations of the PowerPoints, and end-of-section quizzes. Staff that signed up for the online version of the course were asked to complete the pre-survey and post-survey as well.

Challenges of implementing this program were determining the appropriate time to conduct an in-person session, and the number of staff completing the pre/post surveys. It was difficult determining a time to gather staff for an in-person session due to the staff being in many different disciplines. Many of the staff have various jobs and responsibilities that make it difficult for them to attend a session during the day and after regular hours. Due to the pre-survey being sent to staff via email, many of them forgot to complete it prior to the in-person session. Successes of implementing this program were that 10 staff attended the in-person session and provided information to improve the online course that future staff will take. The in-person session allowed me to ensure that those who attended did complete both surveys before leaving the in-person session.

<div align="center">Outcomes</div>

Pre-Survey and Post-Survey results were analyzed to determine whether there was an increase in confidence and knowledge following the completion of ACEs education program. Many staff members that completed the surveys and attended the in-person session work with children

between the ages of one through thirteen. Around 66.75% of the participants had not heard of or been educated on ACEs prior to their participation in this education program. In the pre-survey, staff were asked to take the ACEs Score Exam to determine if they had experienced any traumatic experiences throughout their childhood, whether they were aware of the term or not. Fifty percent of the staff had a score of zero, ten percent had a score of one, twenty percent had a score of two, ten percent had a score of five, and ten percent had a score of 6. This indicates that half of the staff have experienced trauma in their childhood and could relate to what the children attending the school/daycare are currently experiencing. Figure 1 (See Appendix A) illustrates the increase of confidence in the staff's knowledge of ACEs following them attending the in-person session. These results show increased education and knowledge retention of ACEs following the completion of the course. Figure 2 (See Appendix A) illustrates the increased confidence in recognizing the negative effects that result from ACEs. This indicates that staff feel more confident in their ability to recognize how the negative effects of ACEs present in a child as they grow up than they did prior to attending the in-person session. Figure 3 (See Appendix A) illustrates the increase of confidence in knowing and implementing interventions to the environment or a situation. This indicates that the staff feel more knowledgeable in what they can do to change the environment or situation a child is in that is negatively affecting them.

Summary

The impact ACEs have on children can be seen throughout their lifetime creating a negative spiral effect that can be paused and improved through the development of a positive relationship with at least one adult. Hence why it is so important that adults working with children have the knowledge and means to create those safe/positive relationships with the children that have experienced trauma. Shepherd community directly impacts children that are living in poverty and

are experiencing trauma but does not have an education program to educate their staff on how to work with those children and how to combat the negative effects of ACEs. This project consisted of creating an in-person and online education program that can be utilized at Shepherd to educate their staff on Adverse Childhood Experiences. The in-person session was used to collect data on the effectiveness of the course and the online-version will allow the course to be presented when it is needed. The data from the in-person course demonstrated that it was effective in educating staff on ACEs, building their confidence in recognizing the negative effects of ACEs, and developing safe environments for the children to grow in. This ensures that the online course will also be effective in educating the staff and building their confidence in caring for the children when it comes to ACEs. Shepherd plans to implement this online-education course into their orientation for all incoming staff to ensure their students are receiving the best possible care.

Conclusion

This doctoral capstone experience consisted of developing and presenting an education program on Adverse Childhood Experiences. This education program was then translated into an online course so it could be used following the completion of the capstone experience. Shepherd Community did not have an education program on ACEs prior to this project, so many staff members were unaware of it and learned through seeing the children react to their trauma. This proved to be an issue, due to the primary intervention on ACEs being a stable relationship with an adult. This stable relationship could not be made if the adult was unaware of ACEs, how it affects the children and what they can do to help combat those effects. Though this program is up to date with the current research on ACEs, future redevelopment of the program will be needed to make sure the most accurate data and interventions are being presented to staff.

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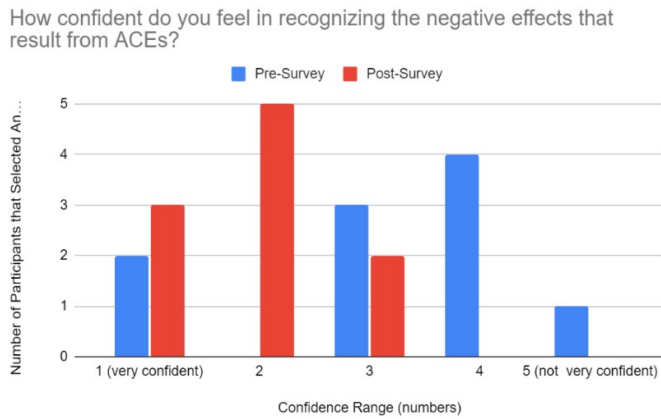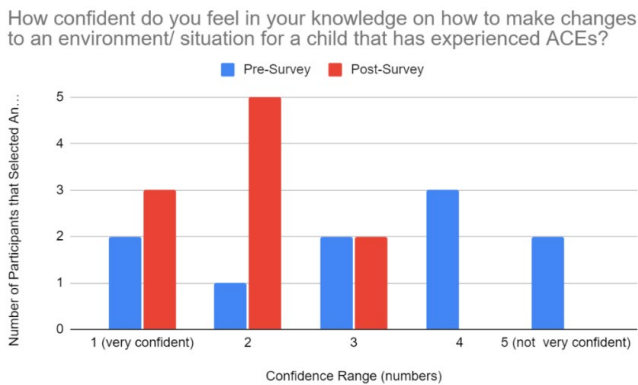Appendix A: Figures

Figure 1. Pre-Survey vs. Post-Survey

How Confident do you feel in your knowledge of ACEs?
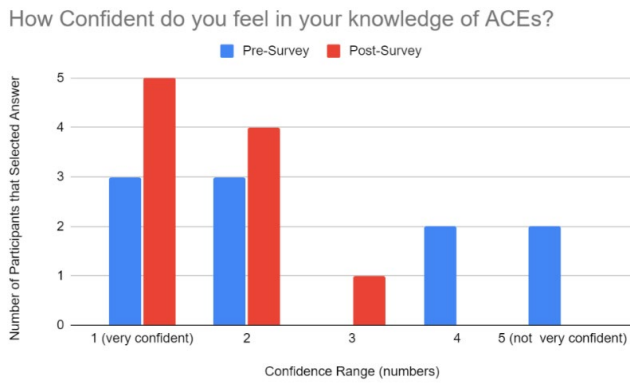
Figure 2. Pre-Survey vs. Post-Survey

How confident do you feel in recognizing the negative effects that result from ACEs?

Figure 3. Pre-Survey vs. Post-Survey

How confident do you feel in your knowledge on how to make changes to an environment/ situation for a child that has experienced ACEs?

Appendix B: Doctoral Capstone Experience and Project Weekly Planning Guide

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
1	orientation	1) Complete orientation by the end of the week.	Meet with site mentor and discuss what the project will look like. Learn what the policies are at this site. Acquire badge and keys to easily access building.	- Meet with site mentors. - Get picture taken for ID badge. - Sign all paperwork that is required to be here. - Interact and introduce myself with the staff that I share my workspace with. - Begin making list of individuals I will need to have meetings with and what we will discuss.	1/13/23
2	Screening/ Eval	1) Set up meetings with head staff members by the end of the week. 2) Determine what will be	Schedule meetings with head staff members and create questions to ask them regarding what they expect from the ACEs education program.	- Schedule meetings with heads of staff. - Create questions to ask during meeting on ACEs and what they want to come	1/20/23

		asked/discussed in meetings.		out of the program.	
3	Screening/Eval	1) Complete meetings with head staff members. 2) Gather data from staff members on what should be included in program.	Conduct meeting with various heads of staff and ask them what they want the course to look like.	- Gather opinions and data on what the ACEs course should include (write it all down). - Complete all scheduled meetings with heads of staff.	1/27/23
4	Screening/Eval	1) Analyze data from meetings to create an outline of what the course will look like.	Utilize the opinions/data gathered from the meetings to create an outline for the education course.	- Figure out what should be included in the course (main topics, etc..) - Create a timeline of when you want to complete course. - Find a program to create future course website.	2/1/23
5	Implementation	1) Research and gather sources for the creation of	Begin to gather resources needed for each main topic that will be addressed in course.	- Utilize various databases to find resources related to ACEs, poverty, etc…	2/15/23

			education program		- Gather at least 15 different resources for each topic. - Ensure resources are current; within 5 years.	
6	Implementation	1)	Complete brain development and ACEs power point and resources.	Complete the creation of handouts/resources and the PowerPoint that relate to the main topic of brain development and ACEs.	-Create PowerPoint slides on ACEs and Brain Development. - Create handout/resources.	2/24/23
7	Implementation	1)	Complete infant/toddler and ACEs PowerPoint.	Complete the creation of handouts/resources and the PowerPoint that relate to the main topic of infant/toddlers and ACEs.	- Create sections that state the how negative effects of ACEs present at this age and what interventions staff can use to combat them. - Create resources that staff can easily access and understand information from PowerPoints.	3/3/23
8	Implementation	1)	Complete elementar	Complete the creation of	- Create sections that	3/8/23

		y, middle school, and ACEs PowerPoint and resources.	handouts/resources and the PowerPoint that relate to the main topic of brain development and ACEs.	state the how negative effects of ACEs present at this age and what interventions staff can use to combat them. - Create resources that staff can easily access and understand information from PowerPoints.	
9	Implementation	1) Complete high school, adulthood and ACEs PowerPoint and resources. 2) Schedule meeting to plan in-person session.	Complete the creation of handouts/resources and the PowerPoint that relate to the main topic of brain development and ACEs. Schedule a meeting with site mentors to decide when to conduct in-person session of course.	- Create sections that state the how negative effects of ACEs present at this age and what interventions staff can use to combat them. - Create resources that staff can easily access and understand information from the PowerPoint.	3/14/23

				- Schedule meeting with site mentors.	
10	Implementation	1) Complete ACEs crash course PowerPoint and resources. 2) Start recording video presentations of all PowerPoints. 3) Complete meeting to set date for in-person session.	Complete the creation of handouts/resources and the Crash Course PowerPoint that they can utilize for short-time volunteers. Have a meeting with site mentors to set a date for in-person presentation of course.	- Create sections that are condensed versions of information found in all PowerPoints. - Create resources that staff can easily access and understand information from the PowerPoint. - Set a date for in-person session to be conducted with site mentors	3/17/23
11	Implementation	1) Complete recording video presentations of all PowerPoint. 2) Prepare for in-person presentation of program.	Complete the creation and editing of power point video presentations to be utilized on website. Prepare for the in-person presentation of the education program.	- Create pre/post surveys that will analyze whether there was an increase in confidence and knowledge when it comes to ACEs. - Complete and edit video versions of PowerPoint presentations.	3/20/23

				- Create presentation cards/speakers notes for presentation.	
12	Implementation Discontinuation	1) Complete in-person presentation of education program. 2) Have staff complete post-survey. 3) Complete the creation of website to be used following the completion of DCE.	Hold in-person session of education program with the 10 staff that are available to attend. Ensure that each staff member completes post-survey following the completion of education program. Upload and post website version of education course to be accessed following	- Present program in-person. - Check if post-survey is up and ensure everyone completes it before leaving. - Upload completed resources (PowerPoints, lecture videos, etc..) onto website.	3/24/23
13	Screening/Eval Dissemination	1) Analyze data from pre/post surveys. 2) Create Dissemination Plan by end of week. 3) Set up dissemination meeting	Analyze data from pre/post surveys to determine if there was an increase of confidence. Create Dissemination plan and set up meeting with site mentors to go over that plan.	- Analyze the difference seen in post-survey compared to pre-survey. - Complete Dissemination plan. - Set up meeting with site mentors	4/10/23

		for next week.		in Google calendar.	
14	Dissemina tion	1) Dissemin ate to Partner.	Have a meeting with site mentors to disseminate project.	- Complete dissemination meeting with site mentors.	4/14/23