A Tailored, Multicomponent Intervention in Primary Care for Survivors of Adverse Childhood Experiences (ACEs)

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Significance of the Problem

- ❖ ACEs affect greater than 60% of the population, and approximately one in six individuals affirm that they have experienced four or more types of ACEs.
- ❖ ACEs are associated with negative, long-term health outcomes in adults, including 9 out of the 10 leading causes of death in the United States (CDC, n.d.; Felitti et al., 1998).

PICOT Question

In primary care adult patients who have survived ACEs (P) does a tailored, multicomponent intervention (I) affect the level of perceived stress (O), from the time of intervention (C), over a 12-week period (T)?

Review of the Literature

Evidence	Database	LOE[a]/Quality[b]
Korotana et al. (2016)	MEDLINE	I, Moderate
McDonnell & Garbers (2017)	MEDLINE	I, Moderate
Eseadi et al. (2016)	PsychINFO	II, High
Cameron et al. (2018)	MEDLINE	III, Moderate
Goldstein et al. (2019)	CINAHL	III, Moderate
Cheong et al. (2017)	CINAHL	IV, High
Purkey et al. (2018)	Citation Chased	VI, High
Aces Aware (2020)	Hand Searched	VII, Moderate

[a] Level of evidence tool (Melnyk & Fineout-Overholt, 2019)
[b] Rapid critical appraisal tools (Melnyk & Fineout-Overholt, 2019)

Best Practices

- ❖ Evidence-based recommendations: Cognitive behavioral therapy, mindfulness practices, and strengthening social support with mutual goal setting
- ❖ A risk algorithm was created based on ACE score and associated health conditions: low, intermediate, and high risk
- ❖ All participants received ACE education
- ❖ Low risk received tailored resilience interventions
- ❖ Intermediate and high risk received a tailored mental health intervention in addition to the resilience interventions

Implementation

EBP Model: Iowa Model
Setting: Federally Qualified Health Center in western Michigan
Participants: 50 individuals recruited, 18 or older, with an ACE score ≥ 1
Intervention: A tailored, multicomponent intervention
Comparison: Perceived stress scale (PSS) at intervention & post-intervention ($n = 34$)
**Timeframe:** 12 weeks

Evaluation

Primary Outcome

- ❖ A paired-samples t test was calculated to compare the mean intervention PSS to the mean post-intervention PSS
- ❖ The mean intervention PSS was 21.09 ($SD = 6.77$), and the mean post-intervention PSS was 18.71 ($SD = 8.22$)

Evaluation, cont.

- ❖ A significant decrease from intervention PSS to post-intervention PSS was found ($t (33) = 2.229$, $p = .033$)

Secondary Outcomes

- ❖ 94% ($n = 32$) of the participants agreed or strongly agreed that they were satisfied with the intervention
- ❖ 94% ($n = 32$) of the participants agreed or strongly agreed that the intervention was helpful
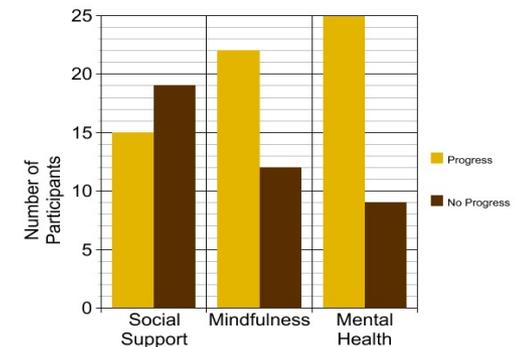
Conclusion & Recommendations

- ❖ A tailored, multicomponent intervention decreases perceived stress
- ❖ Participants were satisfied with the intervention for ACEs and found it to be helpful
- ❖ Future research is needed to determine if ACE interventions impact long-term health outcomes

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