

The Routine Enquiry into Adversity in Childhood (REACH) Project

- Pilot project
 - 4 sites: Practitioners working with young people, families and children in one NHS site, one Local Authority service, and two from the charitable sector
 - ACE Awareness Training aimed to:
 - develop confidence to routinely ask about adversity
 - increase knowledge and awareness of the potential consequences of adversity
 - develop skills in responding appropriately to disclosures of adversity, including appropriate referrals
 - Expected to embed routine enquiry in to their daily practice

Aim of Study

- To explore the experiences of practitioners who had received the ACE training and were routinely enquiring about adversity

Method

- Semi-structured interviews with 7 practitioners
- Thematic Analysis (Braun & Clarke, 2006)

Participants

- 3 Health Visitors (NHS)
- 1 Drug and Alcohol Support Worker (Charity)
- 1 Family Support Worker (Charity)
- 2 Family Wellbeing Practitioners (Local Authority)

Results

- 5 main themes

Theme 1: Change in Knowledge, Perception and Practice

- There was a range in how much the training impacted upon change:
 - Prior experience of considering ACEs in practice predicted less significant change in knowledge, perception and practice:
 - “It’s just about...trying to seek out if they had any traumas or difficulties in their childhood that then affect how they parent their children, so we already did that, and we also had routine questioning which, again, is routine for our service”
 - Those with no prior experience described more significant changes:
 - “I don’t think that without the knowledge of the ACE questions and the scores I would have picked up on those issues”

Theme 1 *Continued...*

- Change toward more adversity-informed understanding of clients' difficulties

“It were good for us to understand, when these adverse childhood experiences happen to somebody, how it does go on to lead to alcohol use, mental health problems and things like that, so it made us more aware”

- This lead to:
 - Increased self-reported referrals to counselling
 - Led to therapeutic conversations with clients
 - Changes in perception of clients

“I think because I knew about those ACE questions, I knew where dad was coming from, rather than dad just being a difficult parent, well it just made more sense”

Theme 2: The Emotional Impact of Hearing and Responding to Disclosure

- Participants spoke of an initial concern
 - feeling they might be “opening a can of worms that we can’t deal with”, and feeling concerned that “we’re going in and they’re bringing up a lot of stuff and some of it has been very traumatic for them and then we’re doing that and then kind of leaving”
- However, the majority of participants never felt “unable to support someone”, and for most participants this was an initial concern that did not materialise: “for me that was a worry but that hasn’t happened”
- One participant struggled emotionally
 - Hearing disclosures felt like a “lost world” and felt that disclosures became a “burden” to him. This participant felt it difficult “to move on from that after you’ve closed the session”

Theme 2 *Continued...*

- Majority talked about positive emotional impact
 - Participants spoke about feeling “more determined that I am going to help”, and feeling “honoured and blessed that I’ve been there to get them through whatever they’re going through”
- Adversity-informed understanding driving motivation:
 - “I think that just gives you that drive to keep going...I’ve taken five steps forward and five steps back, you know, and I think where you kind of go, why am I bothering, you know why you are bothering and you know why it matters”

Theme 3: Confidence in Asking and Responding Appropriately

- Participants talked about confidence in responding to disclosure
 - Knowing where to refer people
 - And confidence knowing when a referral isn't needed:
“for some clients it just helps to talk about their experiences”
- One participant felt lack of confidence:
“I don't have the confidence to, and...I get quite emotional about this kind of stuff, and not knowing what to do, it's worse than, I don't know, it's worse because I don't know what to do”

Theme 3 *Continued...*

- Level of confidence seemed to be predicted by:
 - Management support:
 - “we have always got our managers there daily, and you’d never hold on to anything yourself”
 - Clinical supervision:
 - “clinical case supervision really useful”
 - Peer supervision:
 - “We are all out there doing it, and it’s like peer supervision, and I think, yeah, it’s great to have the expert there, to also have your peers and to be able to share good practice and to say yeah we are out there doing it, we are on the front line and we are actually asking the questions, I think that is really useful”

Theme 4: Making Sense of the Impact of Disclosure for Clients

- Participants felt it was important to help parents to “understand what’s happened to them in their childhood, if we can stop them repeating those issues then hopefully we can make a better outcome for those children”
- Therapeutic conversations were often described as dramatic and invaluable:
 - “I had a mum the other week and she said, no I were brought up fine, and then the week after I saw her and the little boy were struggling and I said, how did your mum manage with you, and she said, oh she just used to send me upstairs, she just used to ignore us, and I said, hey last week when you said everything were fine and dandy, how did you feel when your mum used to just send you upstairs, and she went [light bulb moment], and I could see it in her eyes...she knew she’d become her mum”.

Theme 5: How and When to Ask About Adverse Experiences

- Using clinical intuition to decide when appropriate
- Important to explain why asking the questions
 - Sometimes enough to prompt disclosures
- For some, important to develop therapeutic relationship
- To use adaptive language
- Conversational versus Structural style of asking questions
- Revisiting throughout their work to help people to make links

“I think it’s just about personality, building up a relationship, body language, where they are and being confident in how you do it and why you are doing it, really focussed on why you are doing it, and I don’t think you could make it any other way”

Discussion

- Consistent with Toner et al. (2012)
 - It is the shift toward more ACE informed, formulation driven understanding of clients' difficulties that:
 - Increased empathic understanding
 - Ensured commitment to routine enquiry
 - Increased self-reported referrals to counselling
 - Led to therapeutic conversations
- In contrast Young et al. (2001)
 - Clients did not experience distress as a result of being asked
 - Majority of staff did not experience distress as a result of hearing disclosure
- Predicted by peer supervision and management support

“It’s not suddenly changed thirty odd years of a behaviour...and it hasn’t undone all those experiences, but it has made them question now, what are my children going through...what ACEs am I putting in front of my children, and I think it’s started that journey for them”