

# **Introduction to the NEAR@Home Toolkit:**

*Addressing ACEs in Home Visiting by  
Asking, Listening, and Accepting*

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# Session Objectives

- Articulate how talking about ACEs on home visits benefits parents and children.
- Become familiar with the NEAR@Home Toolkit as a tool to support sensitive conversations with families.
- Learn the Theory of Change for integrating NEAR Science in home visiting.



# NEAR Science

- **Neuroscience**
- **Epigenetics**
- **Adverse Childhood Experiences (ACE) Study**
- **Resilience research**





# Why NEAR@Home

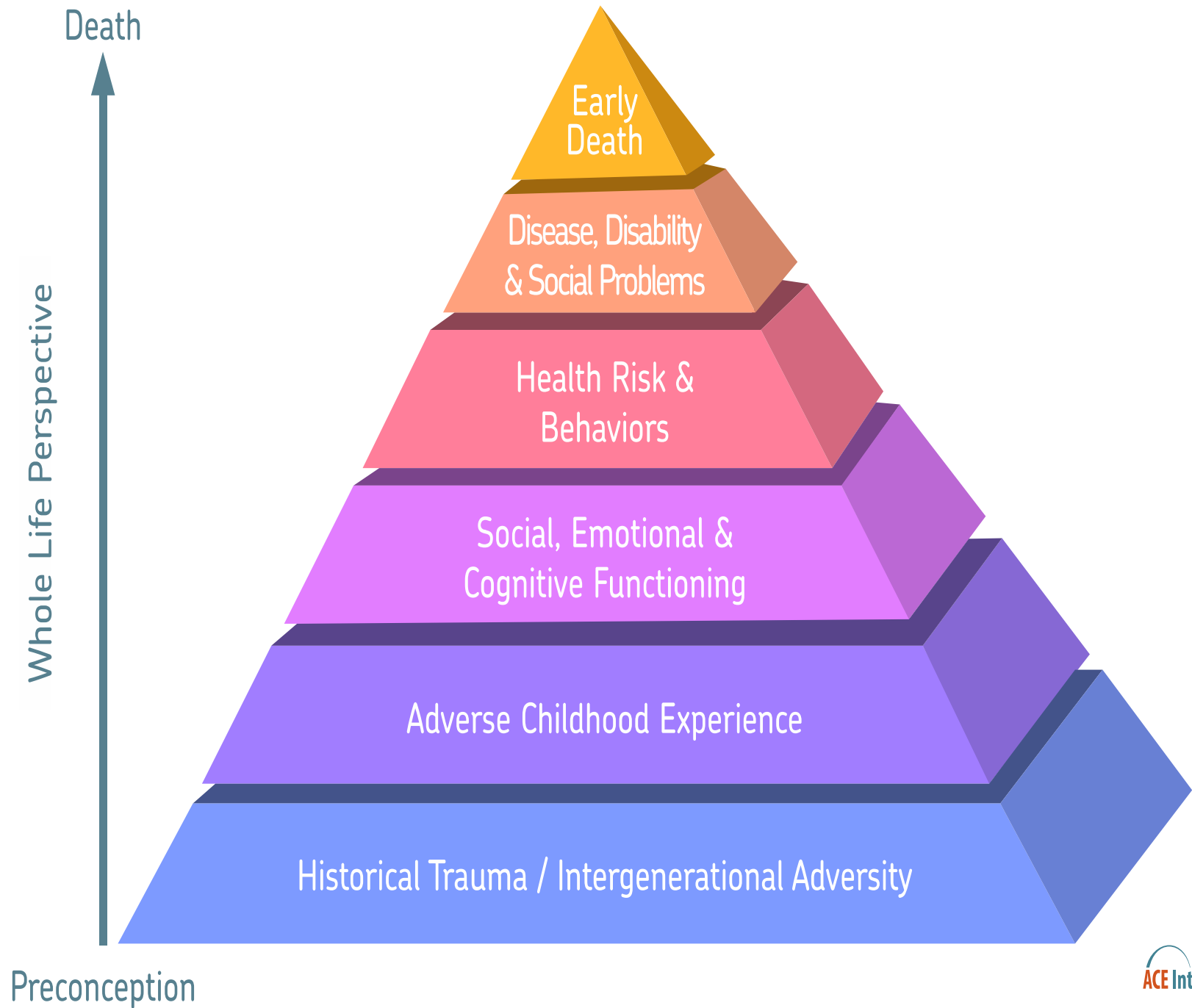
Home Visitors are aware of trauma but aren't sure how to bring it into the work.

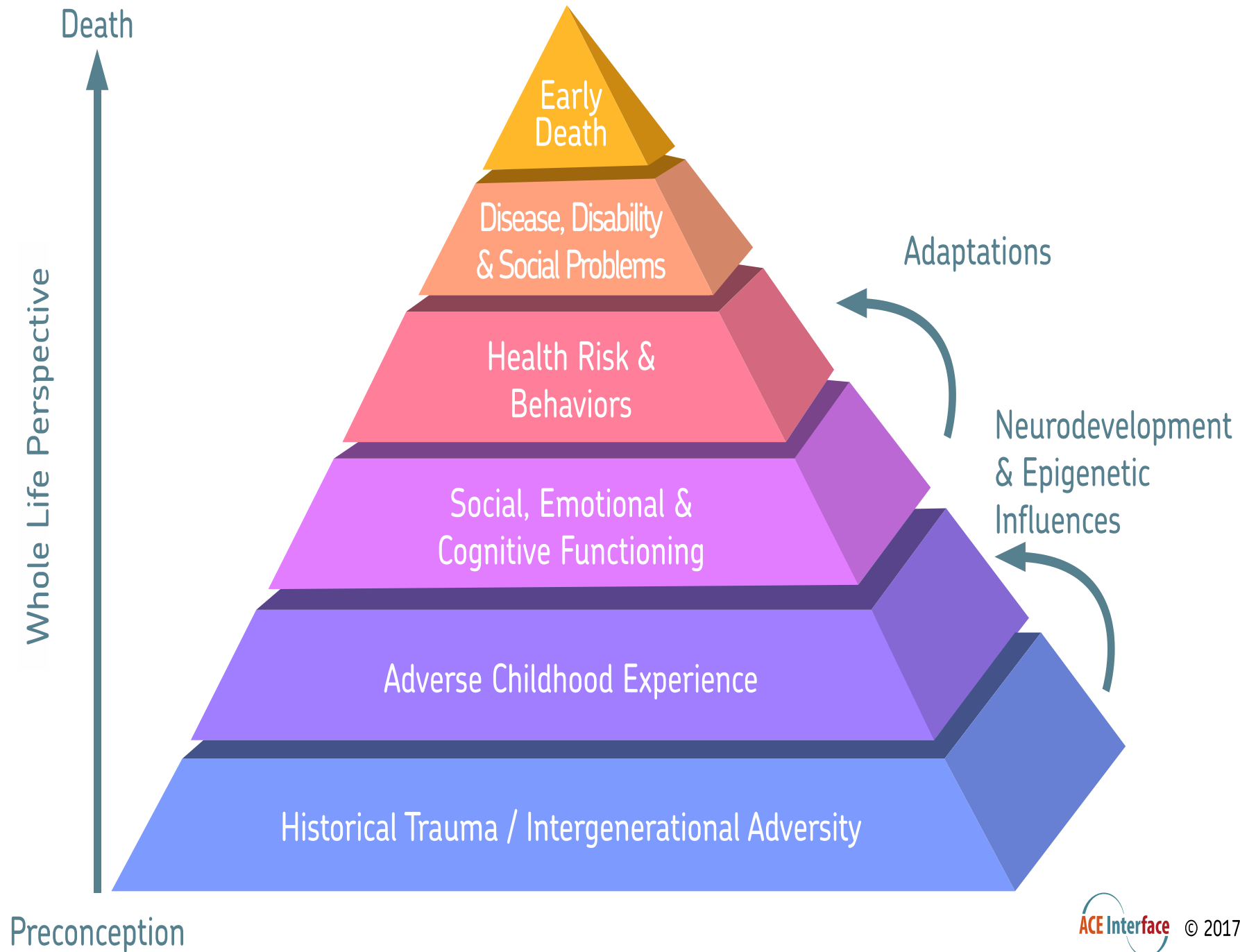
NEAR@Home is a toolkit that was developed by home visitors, for home visitors, and provides a framework for having sensitive conversations with families (including but not limited to ACEs).

“Families have been responding really well, saying things like, ‘Oh wow, I never realized why all my siblings have had such a hard time, but this totally makes sense now!’ For every family I have done this activity with it was the first time they had heard about the ACE study, and for many it was the first time they have explored the idea of resiliency beyond looking at the definition of ‘bouncing back’ after hard things...

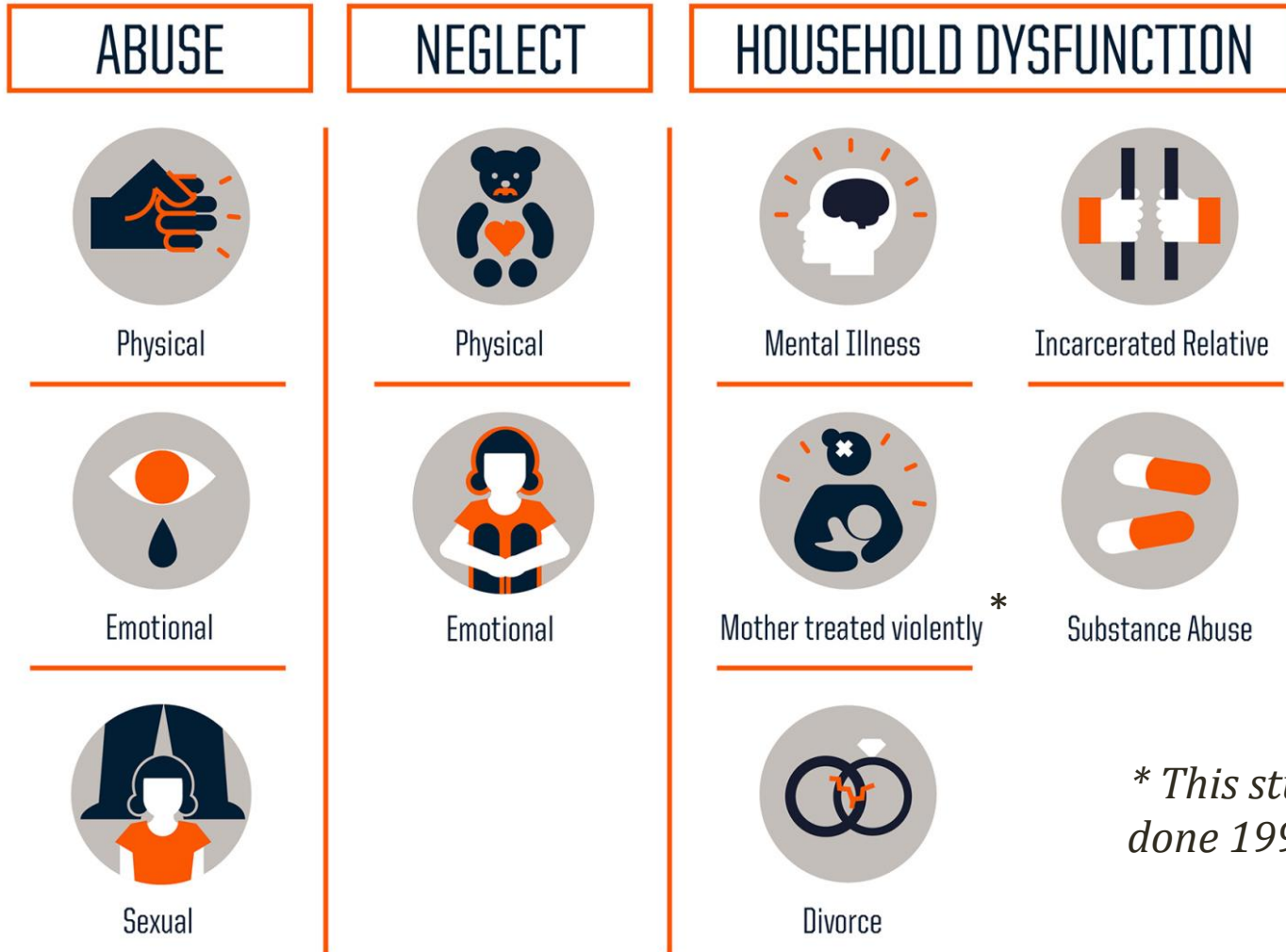
It has opened up discussions about how these things affect our parenting, and families have gotten to use their creativity to make a collage all about their resilience building blocks.”

- Healthy Families MIECHV Home Visitor (Yamhill County)





# Adverse Childhood Experiences



*\* This study was done 1995-1997*





# Key Findings

## ACEs Are Common

- Two-thirds of the 17,000 study participants reported at least one ACE

## ACEs Tend to Occur in Groups

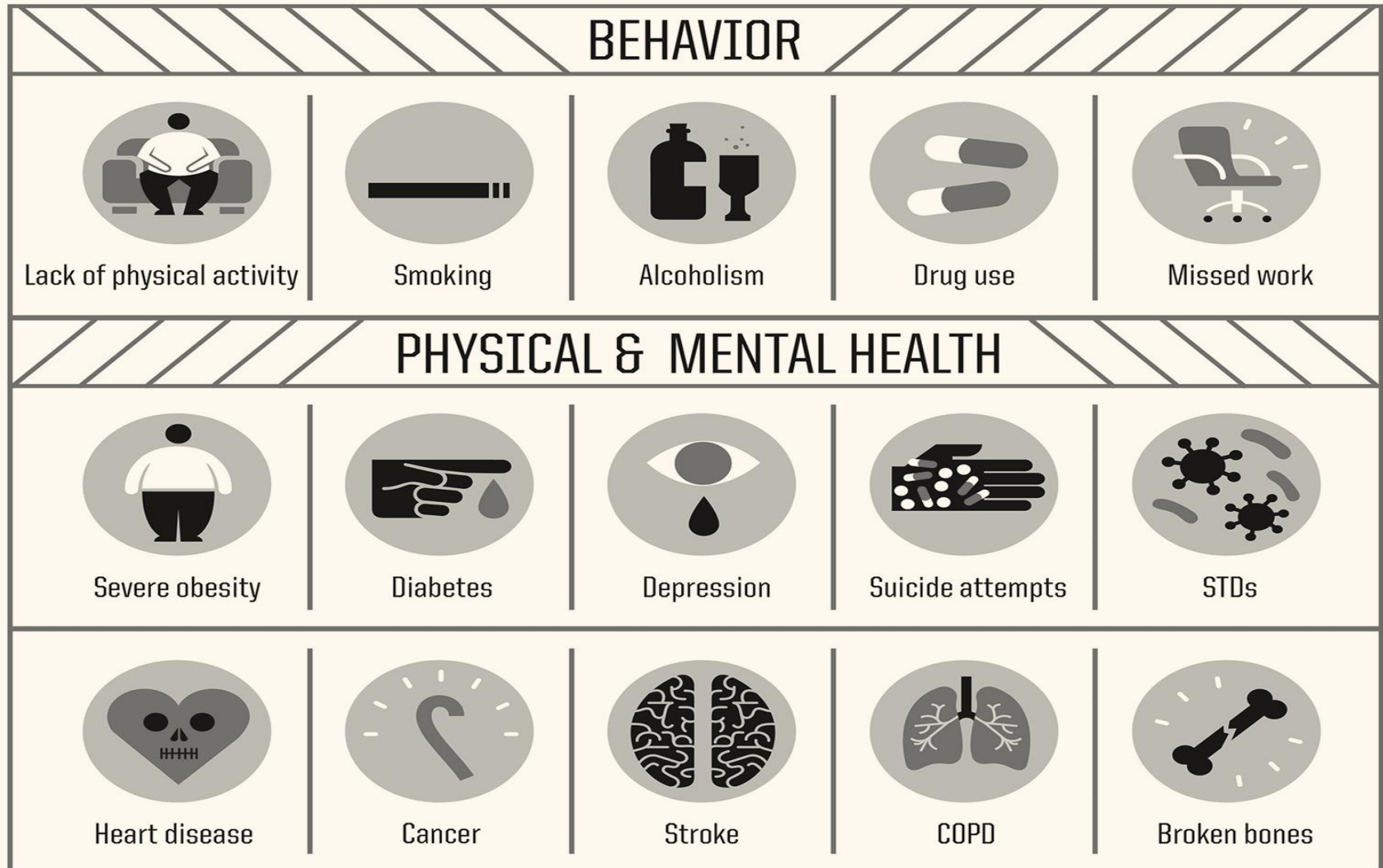
- Of persons who reported at least one ACE, 87% reported at least one other ACE
- 70% reported 2 or more ACEs, and more than half had 3 or more ACEs!

# WHAT IMPACT DO ACEs HAVE?

*As the number of ACEs increases, so does the risk for negative health outcomes*



# (Some) Possible Risk Outcomes



# Shortcomings of ACEs

- Language of ACEs... (study is 20 years old)
- Focused only on trauma within the home (does not account for cultural trauma, community-based trauma, etc.)
- Does not consider trauma experienced as an adult
- Limited to HEALTH outcomes, not other risks
- **IS NOT predictive!!!!** → **Resilience**



*...Talking about ACEs helps to  
NORMALIZE trauma experience...  
Trauma is very isolating – “Not Crazy”*



# Being Trauma Informed

- ***Transparency*** –training information, risk factor assessments are not “secrets” (“we know something about you/your family that you don’t know”)
- ***Empowerment, Voice, & Choice*** – Knowledge is power! Parents are empowered to create resilience for themselves and their children
- ***Social Justice*** – Parents have the right to know the most powerful determinant of their children’s future health, safety, and productivity. (*NEAR@Home*)

# Why ACEs?

- Early childhood home visiting focuses on work with families
- NEAR@Home Toolkit focuses on family-based trauma





*“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing”*

- Vincent J. Felitti, M.D.

# Goals for Children

**Children reach their full potential** by growing and developing in relationships that are healthy and build resilience.

**The next generation of children has lower ACE scores** than this parenting generation.

**All ACE attributable problems are concurrently reduced** in the next generation.







# Goals for Home Visitors

**Home visitors** feel respected and safe in their work.

**Home visitors** build skills in having sensitive conversations.

**Home visitors** discover increased compassion, patience, and stamina in their work with families.



# Prepare

**Leadership is knowledgeable about and committed to bringing ACEs/NEAR into the program.**

**High quality, accurate education, coaching, and support** in ACEs/NEAR science provided for program supervisors and home visitors so they can be safe and effective in bringing ACEs/NEAR to families.

**Home visitors are supported by reflective supervision and agency policies on safety.**

**Community stakeholders and partners are knowledgeable about and committed to supporting ACEs/NEAR integration into programming.**



# Ask, Listen, Affirm, Remember

**Home visitors build trust and model safety with parents through the use of the ACEs/NEAR framework :**

- Educate about ACEs and associated health risks
- Offer the ACE questionnaire to all parents
- Focus on resilience while acknowledging trauma.

**Home visitors communicate with respect and curiosity:**

“How have these childhood experiences affected you?”

”How have you done so well with safe discipline when you have had such a difficult childhood?”

“How would you like your child’s life to be different?”



# Parents have Opportunity

**Parents have opportunity for a change moment:** the experience of feeling heard, understood, and accepted.

**Parents know about the most powerful determinate of public health.**

**Parents have a chance to talk** about how ACEs have affected their lives and to develop compassion for themselves in the context of a safe and capable relationship.

**Parents have the opportunity to identify and build on their core gifts** in terms of resilience – the ways they have managed to navigate a life with ACE-related challenges.



# Aspire: Goals for Parents

**Parents make decisions and are able to take actions** in their lives that protect their children.

**Parents engage with available community and professional supports** to continue to develop parenting skills, manage stress, and build health and resilience.

**Parents take steps to develop their capacity** to be more sensitive and responsive to their child's needs.

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# CORE ELEMENTS OF A NEAR HOME VISIT

*Preparing (p. 17, E. What):*

The home visitor needs to feel calm and self-regulated, and able to be fully present with the client. If the home visitor is having a bad day, is not feeling well, or the home environment doesn't feel safe, consider postponing the NEAR discussion. Consider balancing the day's schedule so that some visits are likely to be lighter in content.

# CORE ELEMENTS OF A NEAR HOME VISIT

*Preparing (p. 17, E. Why):*

The home visitor's state of mind is critical for a safe and respectful NEAR visit. People with a trauma history, whether ACEs or other trauma, will be very sensitive to a home visitor who is not fully present.

As many home visitors themselves contend with significant ACEs history, they too are sensitive and may have unintentional emotional responses to the discussion if they are engaging in it while under personal stress.



# CORE ELEMENTS OF A NEAR HOME VISIT

*Asking (p. 20):*

*“Thank you for thinking about these difficult questions. Did these questions make sense to you? I see you have had many of these difficult childhood experiences. How do you think these experiences have affected you?”*

*“Thank you for thinking about these difficult questions. Many of us who have had these experiences find we have to work harder at just about everything in life: staying healthy, quitting smoking, being a good mom.”*

*“As your baby grows we will keep talking about how brains work, how to manage stress. We will talk about things you can do to make sure your child has a lower ACE score.”*

# CORE ELEMENTS OF A NEAR HOME VISIT

*Asking (p.21, Considerations):*

This is also an opportunity for reducing shame by normalizing having ACEs as part of one's life story. The home visitor can choose to make a joining, normalizing statement by subtly sharing that she has ACEs in her life story. Of course, it would be inappropriate to share details of either the home visitor's ACE score or specific experiences. Consider discussing as a team how you can develop a shared peer culture of openness about ACE scores. As with clients, the details do not need to be shared; it is the cumulative load of ACEs that has power.

*“Many of us with high ACE scores have found we have to work harder to achieve our goals but we get there!”*

*“You might not have known this, but many people, all kinds of people, have high ACE scores: doctors, teachers, and others.”*

# CORE ELEMENTS OF A NEAR HOME VISIT

*Listening (p. 21, A. What):*

After you have asked, “How have these experiences affected you?” Wait, wait, wait. 30 to 60 seconds of waiting for her response can seem like forever. Focus on keeping yourself calm, receptive and present. Notice how your body feels. You can count your breaths or pulse your feet into the floor to stay calm and alert.

# CORE ELEMENTS OF A NEAR HOME VISIT

*Listening (p. 21, A. Why):*

Listening is the critical intervention!

You honor her life story through your spacious listening.

Self-regulation and being fully present is vital at this moment. Home visitor responses such as chattering to fill the silence, flipping papers or changing the topic suggest a need for support and reflective supervision.

## *Remembering:*

### WHAT:

- If during the NEAR home visit you didn't respond to her in the way you wished you had, you can revisit it. It is better to repair than avoid talking about NEAR because you feel you don't have the skills.

### WHY:

- Messing up presents a golden opportunity for repairing and strengthening the relationship. Acknowledge that everyone can mess up. This is an opportunity to model healthy relationships.

### CONSIDERATIONS:

- Even the most skilled, experienced home visitor will have an opportunity to practice repairing the interaction or relationship. Reflective supervision is a crucial support.

*"In our last visit when we talked about your ACEs history, I wish I had given you more time to talk. I'm sorry I rushed you. Would you like to talk about it some more now?"*



# Workshop Evaluation

- Please complete an index card with the evaluation questions:



1. What is one key thing that you learned from this session?
2. What is one key action that you can apply to your work as a Home Visitor/Supervisor?
3. Any other comments, observations or suggestions you would like us to know?