



# WOOD'S HOMES

WORKING FOR CHILDREN'S MENTAL HEALTH

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## Wood's Homes | Research Brief

Issue 13 : June 2019

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# The Relationship between Adverse Childhood Experiences and Anxiety Disorders in Wood's Homes Health Programs 2017-2018

## Introduction to the Health Programs and the Adverse Childhood Experience Measure

The Exceptional Needs Program and the Community Psychiatric Unit are both short-term campus based residential crisis programs for youth with complex mental health needs. Both programs are part of a partnership between Wood's Homes and Alberta Health Services. The Community Psychiatric Unit provides treatment for youth aged 9 to 17 for up to 14 days. The focus of the Community Psychiatric Unit is to provide support and safety planning, and establish clear goals to move clients and families out of a crisis situation. The Exceptional Needs Program provides treatment to youth aged 12 to 17 and involves a 30 day stay. The focus of the Exceptional Needs Program is to successfully transition youth with complex mental health needs home from the hospital or a community facility and to intervene with families to prevent hospital admission/readmission. Both programs also provide in-home follow up support after discharge.

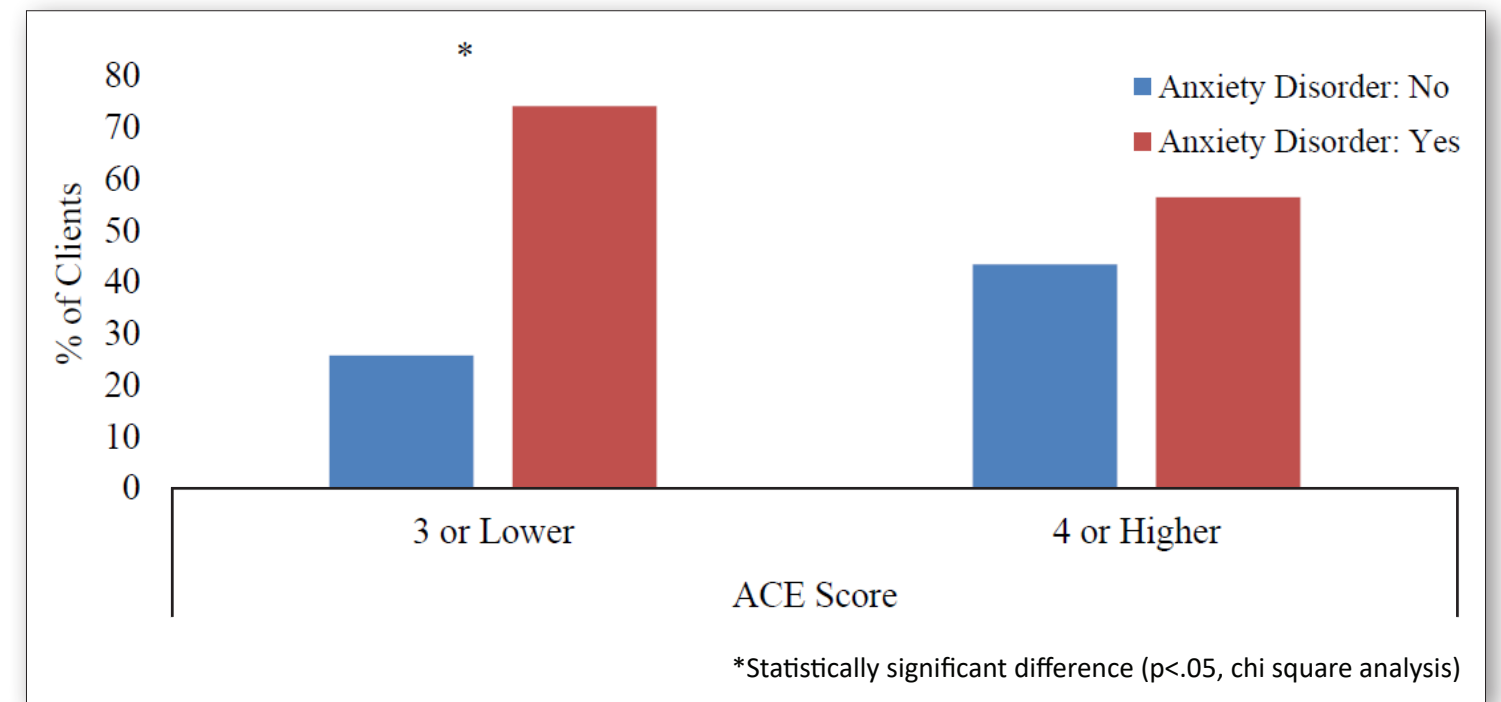
The Adverse Childhood Experience (ACE) Questionnaire is a 10-item measure to identify childhood experiences of trauma. In the Exceptional Needs Program and the Community Psychiatric Unit an ACE score for each client is determined by a clinician based on referral source and on information gathered about that client. ACE scores can range from 0 (representing the lowest level of trauma) to 10 (representing the highest level of trauma). A score of 4 or higher is considered 'significant', as it greatly increases the risk for later health and developmental problems (Felitti et al., 1998). At Wood's Homes ACE scores are used to guide treatment planning and ensure trauma informed care is being provided to clients.

## Methodology

This report is based on data from 128 clients discharged from the Exceptional Needs Program and the Community Psychiatric Unit at Wood's Homes between January 1, 2017 and September 30, 2018. Clients were split into two groups based on their ACE score: low ACE (ACE score of 3 or lower; 66 clients) or high ACE (ACE score of 4 or higher; 62 clients). A chi-square analysis was conducted to determine if there is a relationship between ACE score group and diagnosis of an anxiety disorder. Anxiety disorder diagnosis was chosen because this was the most prevalent diagnosis for clients in these two programs during this time frame.

## Findings

The chi-square analysis was statistically significant ( $p < .05$ ), which indicates that there is evidence of a relationship between ACE score and diagnosis of an anxiety disorder. As seen in Figure 1 below, clients with a high ACE score were fairly evenly split with regards to whether or not they had an anxiety disorder (high ACE, anxiety disorder = 56%; high ACE, no anxiety disorder = 44%); however, for clients with a low ACE score, a much higher proportion had an anxiety disorder (74%) compared to clients who did not (26%).



**Figure 1.** The relationship between ACE score and anxiety disorder diagnosis for clients in the Exceptional Needs Program and the Community Psychiatric Unit.

## Conclusions and Considerations for Future Research

Overall, the results indicate that having a low ACE score (that is, having relatively few adverse childhood experiences) does not "protect" adolescents from being diagnosed with an anxiety disorder, as almost 75% of clients in the Community Psychiatric Unit and the Exceptional Needs Program with a low ACE score had an anxiety disorder. While these clients did not have a large number of adverse childhood experiences, the kinds of experiences they experienced provide some insight into these findings. Of the clients with a low ACE score and an anxiety disorder diagnosis, 51% had divorced/separated parents and 47% had parents with mental health issues. Caregivers with mental health and/or family relationship issues can negatively impact their child's emotional regulation abilities and responses to stress, which in turn can contribute to child mental health issues.

These findings emphasize the importance of working on parent-child relationships and addressing caregiver mental health in the Community Psychiatric Unit and the Exceptional Needs Program. These findings indicate that interventions and strategies that focus on families as a whole should continue to be an emphasis in these programs, and training and education for program staff on the particular adverse child experiences their clients are likely to have experienced could be useful. Clients may come in to these programs at Wood's Homes with relatively few adverse childhood experiences, but they may still experience complex mental health issues.

## Citations

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14, 245-258. doi: 10.1016/S0749-3797(98)00017-8

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**Suggested citation:** Wood's Homes. (2019). The Relationship between Adverse Childhood Experiences and Anxiety Disorders in Wood's Homes Health Programs 2017-2018. Wood's Homes Research Brief #13.

We never say no  
We never give up  
We never turn anyone away