

DISRUPTING GENERATIONAL TRAUMA THROUGH ADVOCACY, SUPPORT, AND CONNECTION.

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Background: Adverse childhood experiences (ACEs) are linked to significantly higher rates of substance-use. ACEs can lead to long-term impacts on physical and mental health, which persist across generations. The Parent-Child Assistance Program (PCAP) is a three-year, trauma-informed intervention that provides support, advocacy, and service connection to birthing people who use substances (BPWUS). The current study examines trends of trauma and ACEs across three generations of PCAP families.

Methods: This retrospective, observational study of PCAP clients describes psychosocial factors of clients, their parents/grandparents, and their children. Data are collected at intake and at 6-month intervals over three years. Key constructs include family history of psychiatric diagnoses, alcohol- and substance-use; client ACE score, relationship history, involvement of child protective services, and an ACE risk score for clients' children, based on known ACE risks (i.e., family separation, incarceration, domestic violence, substance-use, housing insecurity). Correlations will identify associations of constructs across generations.

Results: Among 71 clients, most report a family history of problematic alcohol-use (95%), substance-use (85%), and psychiatric diagnoses (86%). PCAP clients' mean ACE score is 6.44 (SD =3.44) out of 10. The mean ACE risk score of their children is 3.23 (SD=.944) out of 5. There was a strong association between child protection being involved with the client as a child, and again when they were a parent (chi-square=13.535, df=1; p<0.01).

Conclusion: Study findings demonstrate the pervasive generational cycle of trauma and adversity of BPWUS in PCAP. There are no simple solutions to quickly reverse this cycle, but PCAP Advocates attempt to disrupt it. This is achieved through the role modelling of positive and supportive relationships, building community connections to mitigate isolation and stigma, and through the promotion of positive childhood experiences, the best antidote to ACEs. Further research is needed to understand the effectiveness of this approach.

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