

A DELPHI STUDY TO IDENTIFY INTERVENTION PRIORITIES TO PREVENT THE OCCURENCE AND REDUCE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES

BACKGROUND

Adverse Childhood Experiences (ACEs) are stressful and potentially traumatic events during childhood that can have lasting negative effects on physical and mental health.

At present, there is a lack of a systematic, coordinated approach to reducing the occurrence and impact of adverse childhood experiences (ACEs). Being able to identify feasible intervention priorities in this field will help to guide policy and improve ongoing service delivery.

AIMS OF STUDY

This study aimed to identify expert consensus-driven priority interventions for reducing the occurrence and impact of ACEs in children under 8 years of age in Australia.



METHODS

The **Delphi method** is a technique for systematically collecting expert opinions through a series of step by step surveys. It aims to arrive at an informed group consensus on a particular topic and is a preferred method to establish consensus among experts especially where there is a lack of evidence available to support decision making.

A three-round online Delphi survey was conducted to establish consensus on 34 interventions for ACEs that were identified through a literature search.

Of these:

- 6 were general categories of interventions;
- 6 were broad intervention programs; and
- 22 were specific interventions.

Participants included:

- 17 health practitioners;
- 15 researchers;
- 9 policy experts;
- 7 educators; and
- 3 consumer advocates with expertise in ACEs or child mental health.

Consensus was defined as an intervention being rated as ‘very high priority’ or ‘high priority’ according to its importance and feasibility by $\geq 75\%$ of all experts.

KEY FINDINGS

Seven of the 34 interventions were endorsed as priority interventions for ACEs. These included four general categories of interventions: community-wide interventions, parenting programs, home-visiting programs, and psychological interventions. Two broad intervention programs were also endorsed: school-based anti-bullying interventions and psychological therapies for children exposed to trauma. Positive Parenting Program (Triple-P) was the only specific intervention that achieved consensus.

CONCLUSIONS

This is the first study to identify stakeholder perspectives on intervention priorities to prevent the occurrence and negative impacts of ACEs. Prioritisation of effective, feasible and implementable intervention programs is an important step towards better integration and coordination of ongoing service delivery to effectively prevent and respond to ACEs.

NEXT STEPS...

Further research is needed to better understand the needs, priorities or implementability of programs for children from these families.

CITATION

Sahle BW, Reavley NJ, Morgan AJ, Yap MBH, Reupert A, Jorm AF. A Delphi study to identify intervention priorities to prevent the occurrence and reduce the impact of adverse childhood experiences. *Aust N Z J Psychiatry*. 2021 Jul 7:48674211025717. [doi: 10.1177/00048674211025717](https://doi.org/10.1177/00048674211025717). Epub ahead of print. PMID: 34231407.



Centre of Research Excellence in

**Childhood Adversity
and Mental Health**

Email: Childhoodadversity@mcri.edu.au
Website: www.childhoodadversity.org.au/



