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A review of primary care interventions to improve health outcomes in adult survivors of adverse childhood experiences

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HIGHLIGHTS

- This review examines interventions for adults with adverse childhood experiences
- CBT has the most evidence for management of health problems in this population
- Expressive writing and mindfulness-based therapies also show promise
- Intervention trials primarily focused on social, cognitive, and emotional outcomes
- Few trials examined neurobiological/physical health outcomes; more research is needed

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ABSTRACT

Research has consistently demonstrated a link between the experience of adverse childhood experiences (ACEs) and adult health conditions, including mental and physical health problems. While a focus on the prevention or mitigation of adversity in childhood is an important direction of many programs, many individuals do not access support services until adulthood, when health problems may be fairly engrained. It is not clear which interventions have the strongest evidence base to support the many adults who present to services with a history of ACEs. The current review examines the evidence base for psychosocial interventions for adults with a history of ACEs. The review focuses on interventions that may be provided in primary care, as that is the setting where most patients will first present and are most likely to receive treatment. A systematic review of the literature was completed using PsycInfo and PubMed databases, with 99 studies identified that met inclusion and exclusion criteria. These studies evaluated a range of interventions with varying levels of supportive evidence. Overall, cognitive-behavioral therapies (CBT) have the most evidence for improving health problems – in particular, improving mental health and reducing health-risk behaviors – in adults with a history of ACEs. Expressive writing and mindfulness-based therapies also show promise, whereas other treatments have less supportive evidence. Limitations of the current literature base are discussed and research directions for the field are provided.

Contents

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1. Introduction

Adverse childhood experiences (ACEs) exert an enduring effect on child development and later life health outcomes, including psychosocial problems, health-risk behaviors, and disease. Research findings emphasize the importance of shifting our understanding of health and social problems to recognize the significant role of ACEs in the development and maintenance of these problems (Anda et al., 2006; Felitti & Anda, 2010). Relatedly, growing research highlights the benefits of a comprehensive biopsychosocial evaluation and intervention to support medical care. The significant need for effective psychosocial interventions to support individuals who have endured ACEs is increasingly evident, with potential to improve well-being and reduce healthcare costs.

1.1. Adverse childhood experiences

ACEs are stressful and/or traumatic experiences endured in childhood that are typically associated with inadequate and/or inappropriate quality of care. ACEs are often defined as exposure to one or more of 10 categories of childhood abuse, neglect, and household dysfunction: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, domestic violence, household substance abuse, mental illness in the household, parental separation or divorce, and/or a criminal household member (Anda et al., 2006; Dong, Anda, et al., 2004). Other definitions of ACEs include low socioeconomic status, low parental education, and social isolation (e.g., Chartier, Walker, & Naimark, 2010; Danese et al., 2009).

ACEs are highly prevalent across a range of populations. For example, 52% of 9508 adult patients in the seminal Kaiser Permanente health maintenance organization (HMO) study reported experiencing at least one of seven categories of ACEs that were surveyed (Felitti et al., 1998). The most prevalent ACEs were substance abuse in the household (25.6%), sexual abuse (22.0%), and mental illness in the household (18.8%). A revised questionnaire consisting of 10 ACEs categories was administered to 8629 adult members of the Kaiser Permanente HMO, 67.3% of whom reported having been exposed to at least one ACE (Dong, Anda, et al., 2004). The most prevalent ACEs were substance abuse in the household (28.2%), physical abuse (26.4%), domestic violence (24.1%), sexual abuse (21.0%), and mental illness in the household (20.3%).

Researchers at the Centers for Disease Control and Prevention (CDC) also examined the prevalence of ACEs in a larger, randomly selected sample of 26,229 adults in five U.S. states. Prevalence rates of ACEs were consistent with those reported among HMO members: 59.4% of respondents had been exposed to at least one ACE (CDC, 2010). The Ontario Health Survey reported a similar prevalence of ACEs: 72% of a representative population sample of 9953 respondents reported exposure to at least one ACE (Chartier et al., 2010). Notably, the ACE categories used in the latter study differed slightly from those used in the aforementioned studies. Outside North America, similarly elevated prevalence rates