



ACEs

- 1998 study of employed people in the Pacific Northwest
- Patients answered questions about their childhood
- Correlated with mental and physical health

PCEs

NEW

- 2015 population study in Wisconsin
- Part of the BRFSS
- Asked about ACEs
- Asked about Positive Childhood experiences
- Correlated with mental health



Positive Childhood Experiences (PCEs) questions asked how often respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home



- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 (“felt safe/home”) to 0.72 (“family stood by/difficult times”)



Research

JAMA Pediatrics | [Original Investigation](#)

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample

Associations Across Adverse Childhood Experiences Levels

Christina Bethell, PhD, MBA, MPH; Jennifer Jones, MSW; Narangerel Gombojav, MD, PhD; Jeff Linkenbach, EdD; Robert Sege, MD, PhD

[+ Supplemental content](#)

IMPORTANCE Associations between adverse childhood experiences (ACEs) and risks for adult depression, poor mental health, and insufficient social and emotional support have been documented. Less is known about how positive childhood experiences (PCEs) co-occur with and may modulate the effect of ACEs on adult mental and relational health.

OBJECTIVE To evaluate associations between adult-reported PCEs and (1) adult depression and/or poor mental health (D/PMH) and (2) adult-reported social and emotional support (ARSES) across ACEs exposure levels.

DESIGN, SETTING, AND PARTICIPANTS Data were from the cross-sectional 2015 Wisconsin Behavioral Risk Factor Survey, a random digit-dial telephone survey of noninstitutionalized Wisconsin adults 18 years and older (n = 6188). Data were weighted to be representative of the entire population of Wisconsin adults in 2015. Data were analyzed between September 2016 and January 2019.

MAIN RESULTS AND CONCLUSIONS The definition of D/PMH included adults with a depression

Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019;e193007.

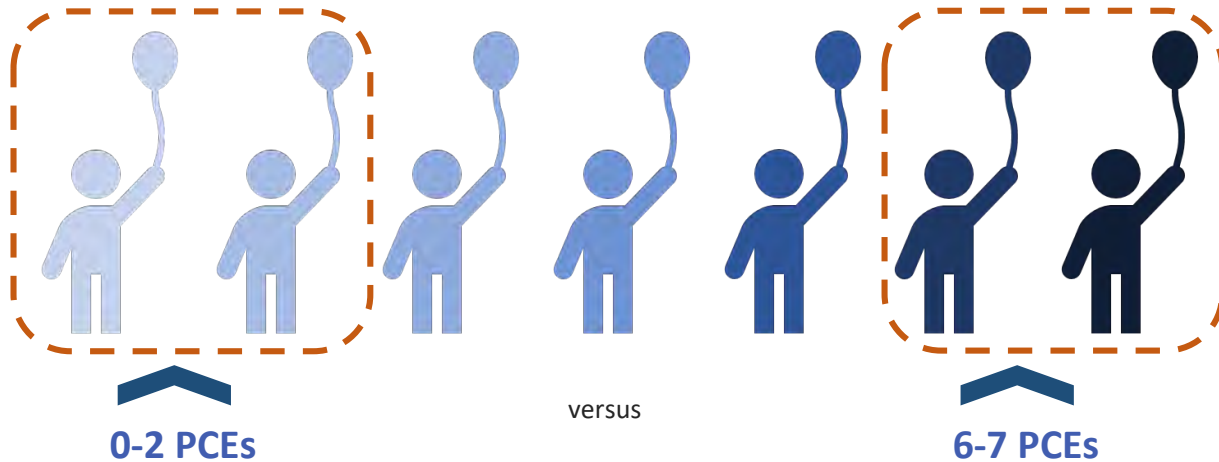


Positive Childhood Experiences (PCEs) Protect Adult Mental Health



6-7 vs. 0-2 PCEs: Adults reporting 6-7 PCEs have **72% lower odds** of having depression or poor mental health compared to those reporting 0-2 PCEs.

48% v. 12.6%, OR 0.28; 95% CI 0.21-0.39. 3.8x higher rate for 0-2 vs. 6-7 PCEs.



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.

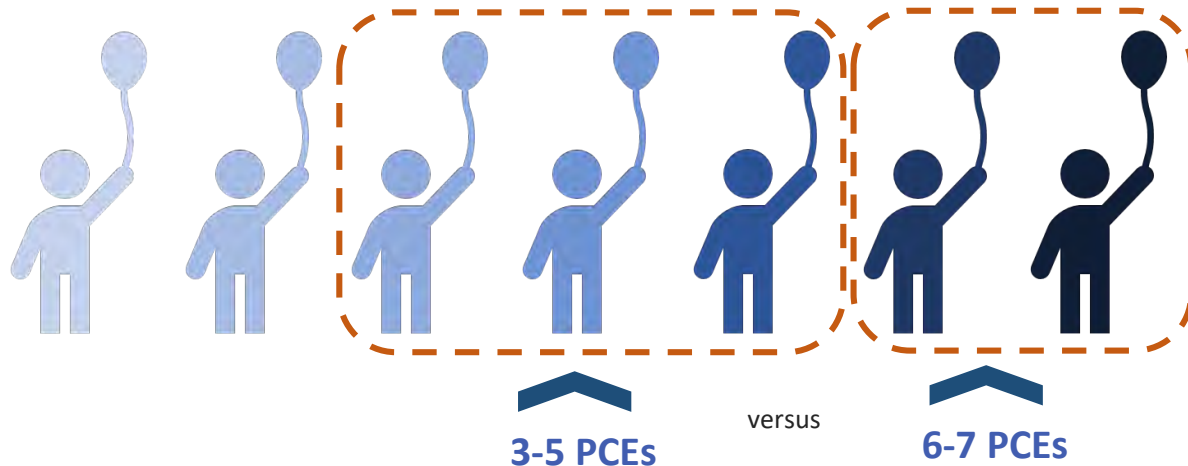


Positive Childhood Experiences (PCEs) Protect Adult Mental Health



6-7 vs 3-5 PCEs: Adults with 6-7 PCEs have **50% lower odds** of adult depression or poor mental health compared to those with 3-5 PCEs.

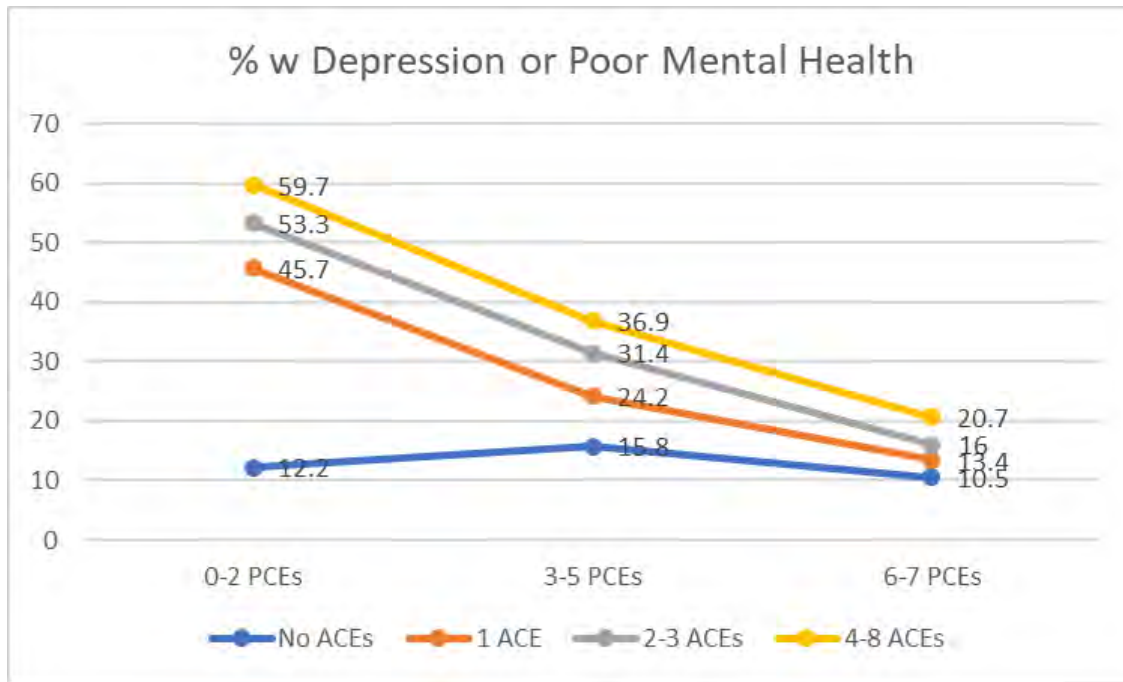
25% v. 12.6%, OR 0.50; 95% CI 0.36-0.69. 1.98x higher rate for 3-5 vs. 6-7 PCEs.



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.



Positive Childhood Experiences Mitigate ACEs Effects



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.



Biological mechanisms of action

Toxic stress model built on observed changes in brain architecture from adversity

Growing evidence of broader brain plasticity

Stroke recovery

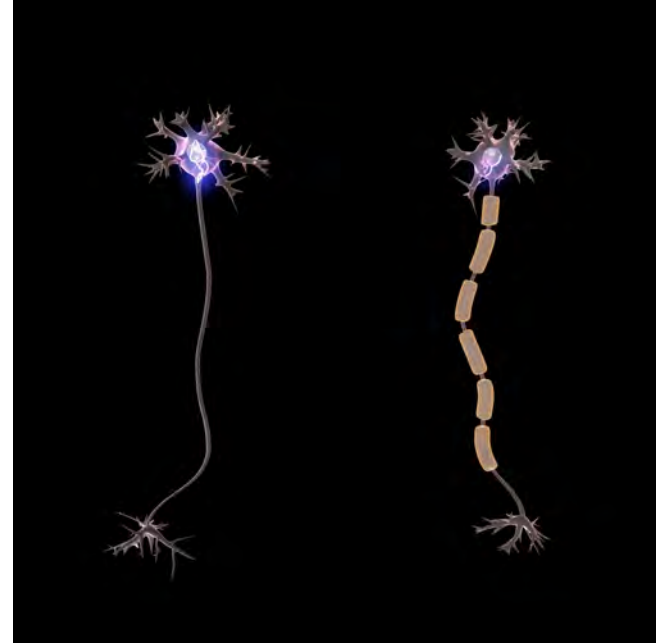
Brain changes observed with positive experiences

Post-traumatic brain growth

Role of oligodendrocytes in recovery



Superhighways in the brain



https://upload.wikimedia.org/wikipedia/commons/4/48/Saltatory_Conduction.gif



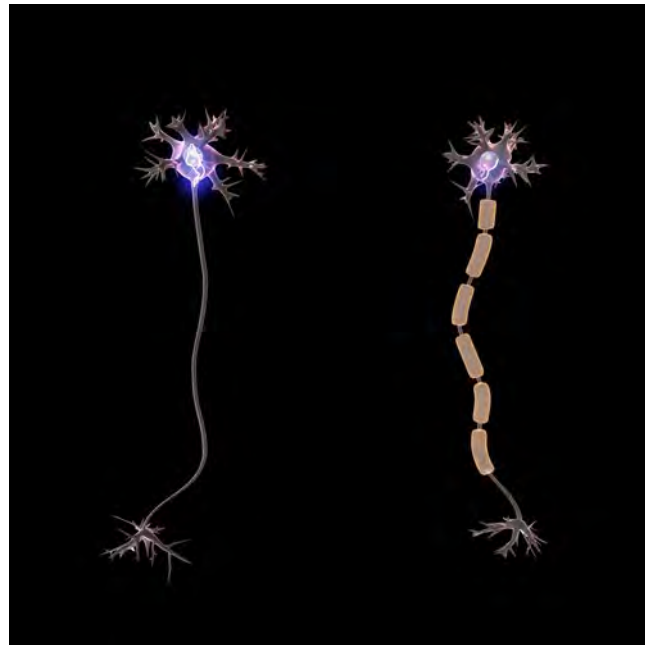
Experiences build brain super highways

Experiences that **promote** oligodendrocyte development:

- exercise,
- social interactions,
- environmental stimulation.

Experiences that **suppress** oligodendrocyte development:

- sedentary lifestyle,
- social isolation
- environmental deprivation.





- ✓ Prevent Abuse
- ✓ Block Toxic Stress
- ✓ Promote Healing

PCEs promote resilience

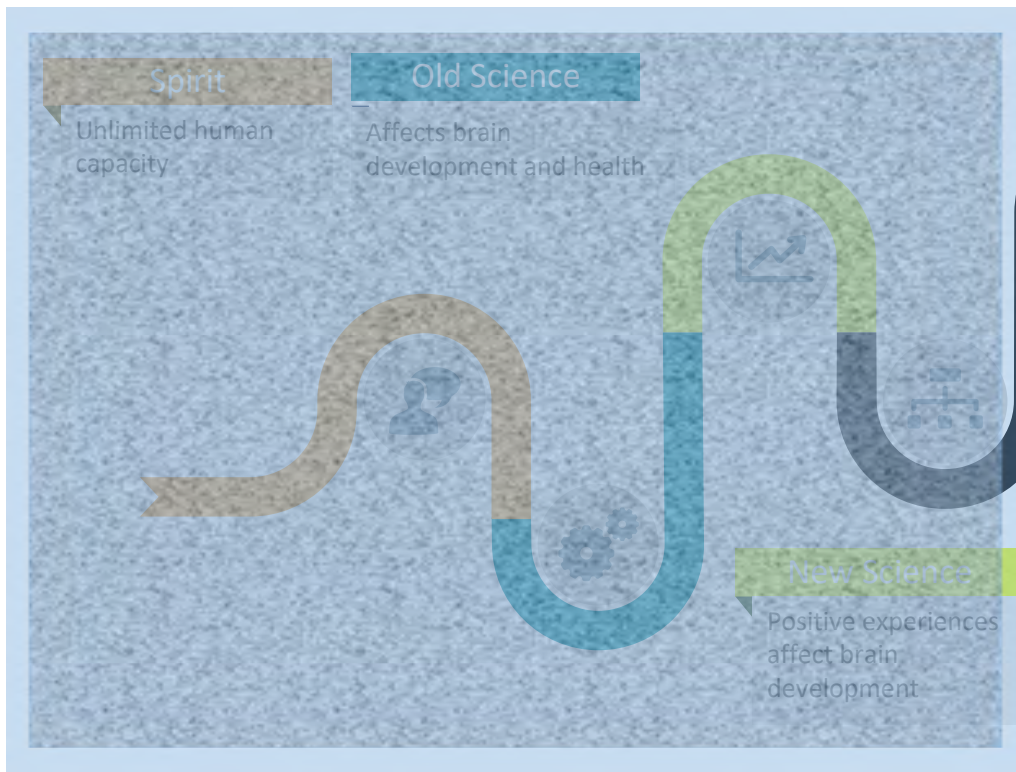


Temperature Check

1. I am good with this – I can begin to see how this fits with my work
2. Sounds good – I am looking forward to figuring out how this fits in my work
3. I have lots of questions
4. All of the above!



Experience Shapes Human Development



Action

HOPE – Healthy Outcomes from Positive Experiences









4

Building Blocks of HOPE

1



Relationships

- ...with other children
- ...with other adults
- ...through interactive activities

2



Environment

- Safe, equitable, & stable
- Living, playing, & learning
- Positive school & home environments

3



Engagement

- Develop a sense of connectedness
- Social/civic activities

4



Opportunities for Social Emotional Development

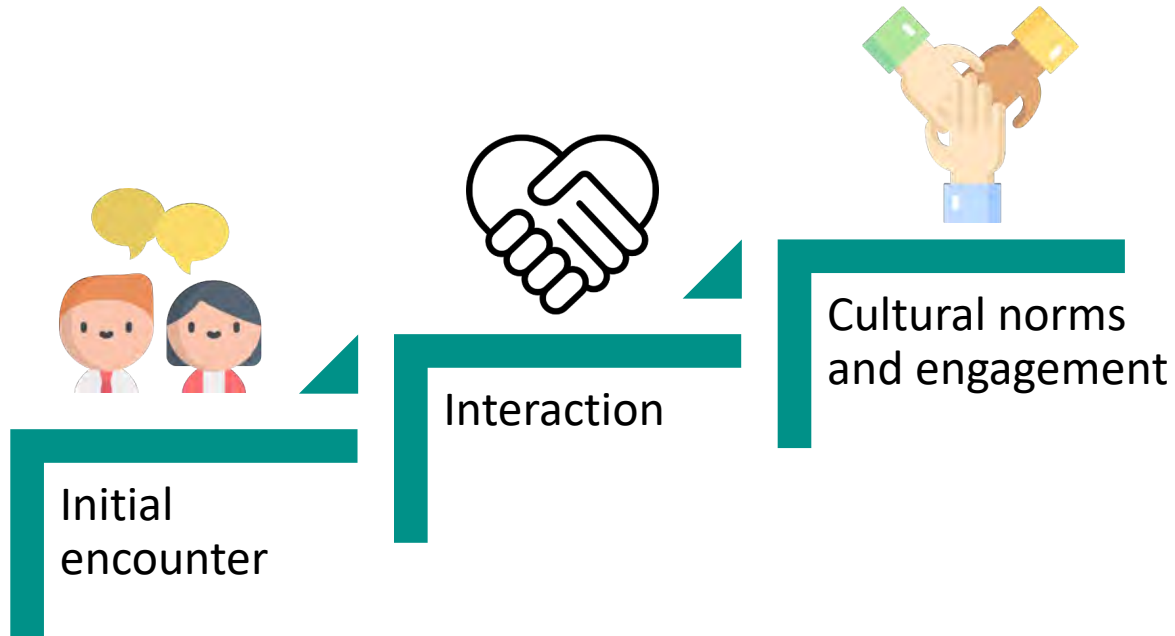
- Playing with peers
- Learning self-reflection
- Collaboration in art, sports, drama, & music

Sege and Browne.
Responding to ACEs
with HOPE: Health
Outcomes from
Positive Experiences.
Academic Pediatrics
2017; 17:S79-S85



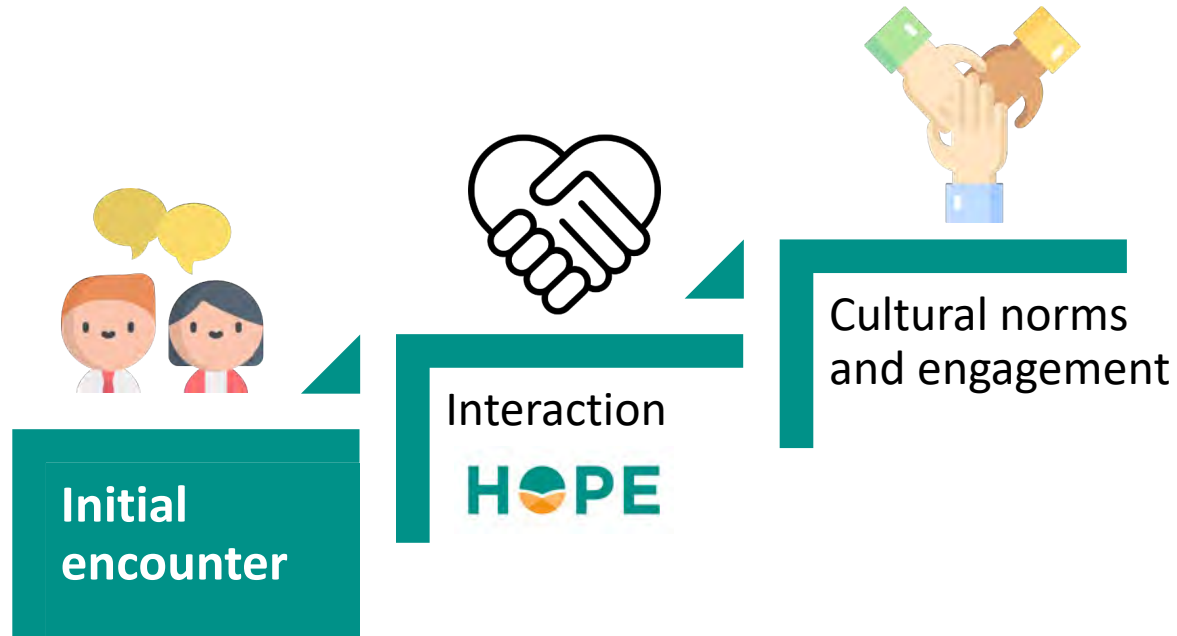


Integrating HOPE into our work





Integrating HOPE into our work





Change in Mindset Exercise



HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES
© Devereaux, adapted with permission

alli arnold



What RISK
factors do
you see?

Share in Chat Box



HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES
© Devereaux, adapted with permission

alli arnold



What
PROTECTIVE
factors do
you see?

Share in Chat Box



HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES
© Devereaux, adapted with permission



Which was easier
to see—RISK or
PROTECTIVE
factors?

Zoom
Poll



HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES
© Devereaux, adapted with permission

alli arnold



Type 1 vs. Type 2 thinking

Type 1 thinking

- ✓ Fast, intuitive, unconscious thought
- ✓ Everyday activities
- ✓ Effortless
- ✓ Training and experience



Type 2 thinking

- ✓ Slow, calculating, conscious thought
- ✓ Solving a problem
- ✓ Takes more effort!
- ✓ Something novel



Bringing HOPE into our work

Changing our own
professional norms

From:

Screen and refer

To:

Understand and
support

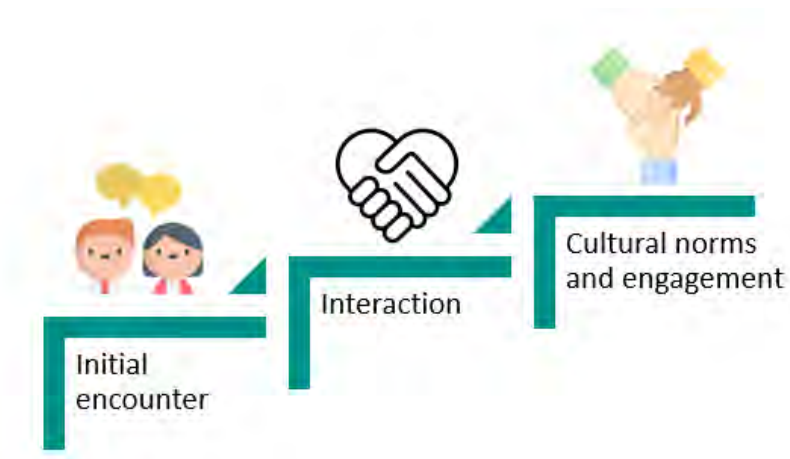
Screen and refer

Understand and support



Two Sessions after Break:

1. Providers: Bringing HOPE into Direct Service



2. Policy -makers: Organizational transformation with HOPE





Poll: Which do you plan to attend?

1. Providers: Bringing HOPE into Direct Service

2. Policy -makers: Organizational transformation with HOPE

