



Positive Childhood Experiences

Building the Other Half of Prevention

Craig C. Corp, MD · Fall 2026 Summit

For decades we mapped
the geography of harm —
the protective half of the
map is still blank.

WHAT HAS CHANGED

Since this group last met, Positive Childhood Experiences (PCEs) have advanced into a precise science, yielding validated metrics and clear dose–response findings.



We've measured only half of childhood — and the other half is buildable and countable.

By the end, you'll be able to:

- 1 Describe the seven PCEs — how protection and risk accumulate independently
- 2 Identify a validated PCE-screening tool (PCEs Scale, BCEs Scale, DAP)
- 3 Apply two role-specific practices that build PCEs in a clinic, classroom, or system
- 4 Identify one measurement or policy lever (e.g., BRFSS PCE-module adoption)

The ACE study built a precise map of how adversity accumulates.

Felitti 1998 dose-response

Adults with 4+ ACEs vs 0 had higher risk for:

Suicide attempt



Alcoholism



Illicit drug use



Depression



Each bar = risk vs. adults reporting 0 of these categories.

Kaiser Permanente, N=9,508 · Felitti 1998, Tables 4–5

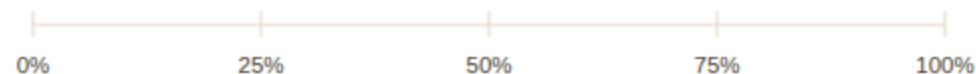
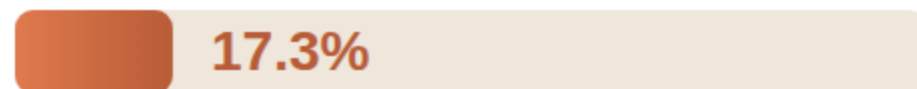
Swedo 2023 shows surveillance grew

U.S. adults reporting adverse childhood experiences:

Report ≥1 ACE



Report ≥4 ACEs



BRFSS 2011-2020, all 50 states + DC
n=264,882

Sources: Felitti 1998 (Am J Prev Med); Swedo 2023 (MMWR 2023;72(26):707-715).

A harm-only frame leaves us stuck

Four practical problems — and trauma-informed care alone doesn't solve them.



Over-screening

1

A wider net can become a label without enough support behind it.



Deficit framing

2

The story narrows to what went wrong, not what can be built.



Blame

3

A score can be heard as fault instead of context and care.



No clear intervention pathway

4

Identification alone does not say what to do next.



Trauma-informed care: necessary, still half the work

It addresses the wound — but doesn't measure or build the protective half. We need a promotive companion.

The seven PCEs are felt experiences of safety, belonging, support, and connection.

- ✓ adult made you feel safe
- ✓ belonged in high school
- ✓ supported by friends
- ✓ at least 2 non-parent adults took interest
- ✓ family stood by you
- ✓ community traditions
- ✓ could talk to family about feelings

6-7 vs 0-2 PCEs

72% lower odds of depression/poor mental health

Adjusted odds ratio

0-2 PCEs reference



adjusted OR 0.28 for depression

● stable across ACE levels

Always have adult emotional support

0-2 PCEs 1× (reference)

6-7 PCEs 3.53× more likely

Source: Bethell 2019 (JAMA Pediatrics; Wisconsin BRFSS 2015, N=6,188). Depression adjusted OR 0.28 (95% CI 0.21–0.39).

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We count the harm everywhere and the protection almost nowhere.

What we count, we build.

ACE module: counted everywhere

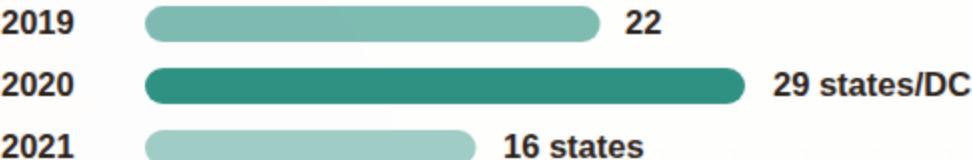
All 50 states + DC have fielded it at least once since 2009

50 states + DC

51 filled dots represent complete reach



Participation varies by year



PCE module: counted almost nowhere

Only 4 states ever

4 states

Kansas · Montana · South Carolina · Wisconsin



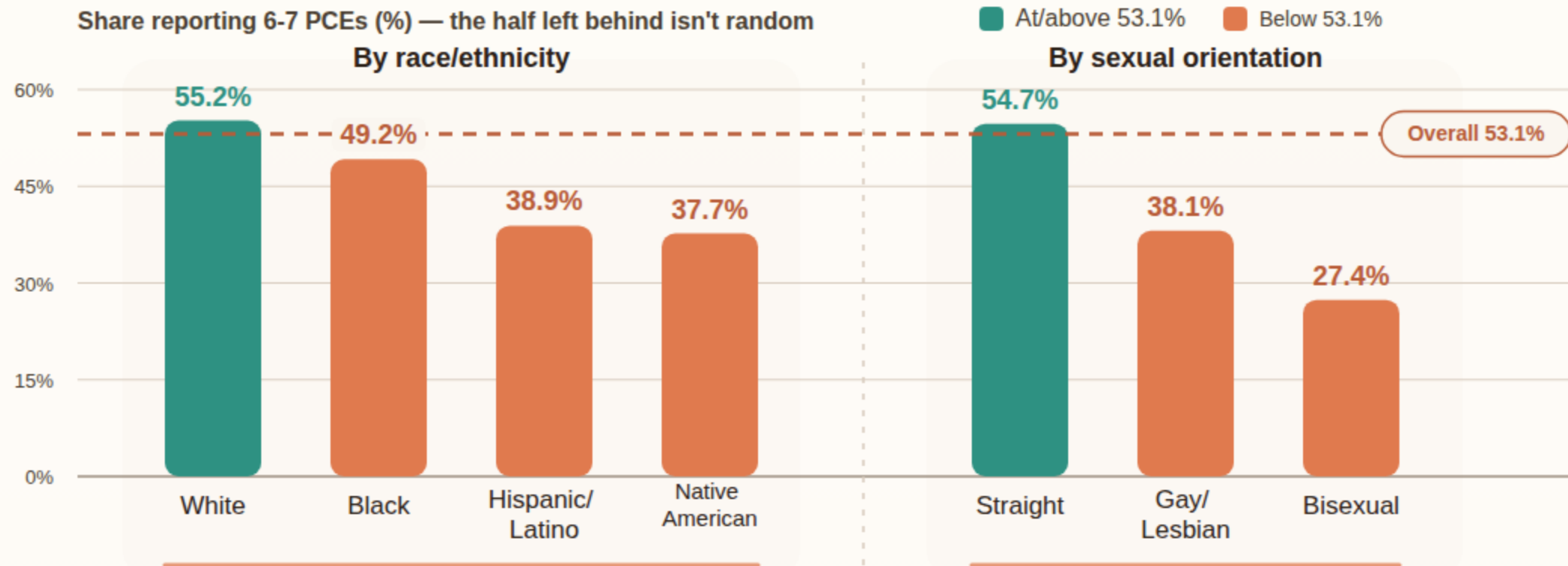
Fielded PCE module Other jurisdictions

Sources: CDC BRFSS ACE Data page; Sege 2024 (MMWR) for the 4 PCE states.

How common is a high PCE score — and for whom?

53.1% report a high PCE score (6-7 of 7)

Item range: 90.5% (felt safe at home) → 59.5% (community traditions) · adult retrospective BRFSS, 4 states

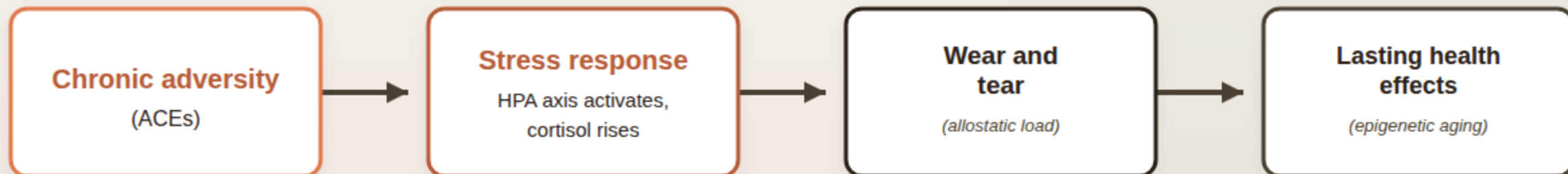


Sources: Sege 2025 (JAMA Network Open) · Sege 2024 (MMWR 2024;73(17):399-404). Scope: adult retrospective, not current child prevalence.

Categories are non-Hispanic except Hispanic/Latino; "Native American" = American Indian/Alaska Native, as categorized in the source data.

Why protection is buildable

The same stress systems adversity damages are responsive to protective input, too.



** Pathway shown illustratively — protective input acts upstream, on the same systems.*

Positive Childhood Experiences — especially a trusted, reliable adult — dampen this same stress response, upstream.

A secure attachment literally down-regulates a child's cortisol reactivity — that's why "protection is buildable" isn't just a metaphor.

≥2

non-parent adults
who take genuine interest

PCE ITEM 4

Sources: McEwen 1998 (allostatic load, foundational) · Green M 2025 (epigenetic age acceleration, Am J Med Genet B).

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When children were moved from institutions to families, the gains were real and lasting.

Bucharest Early Intervention Project

Randomized trial · Adaptive functioning at age 12

- Foster-care group
- Care-as-usual

All BEIP placements

Foster-care group

56%

Care-as-usual

23%

Placement before 20 months

Foster-care group

79%

Care-as-usual

46%

0 25 50 75 100%
Percent meeting adaptive functioning threshold

Lasting effects, with timing as the hinge.



EEG normalized by age 16
to never-institutionalized levels

7,088

OBSERVATIONS

Effects stable
across ~20 years

ERA scope caveat

English & Romanian Adoptees · natural experiment

6 months

Under 6 months:

approached normal

More than 6 months:

durable effects

Timing matters: prevention and early protection beat remediation.

Sources: Humphreys 2018; Debnath 2020; King 2023; Sonuga-Barke 2017 (ERA).

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Adult evidence: two designs, same direction

Zhang 2025 (41 studies, N=74,492, cross-sectional) & Kallapiran 2025 (5 cohorts, N=16,451, longitudinal) — same direction, two designs.

Across many studies at once

(Zhang 2025 — pooled analysis of 41 studies)

41

studies

74,492

adults studied

4/4

outcomes,
same direction

Same protective pattern in every outcome tested:

✓ Overall

✓ Depression

✓ Anxiety

✓ PTSD

A consistent, medium-strength protective link —
this isn't limited to one symptom or one study.

Technical detail: correlation $r = -.24$ to $-.27$ for every outcome
(Cohen's small-to-medium benchmark).

Followed forward, over time

(Kallapiran 2025 — longitudinal, 5 cohorts)

PCEs measured in childhood, then tracked forward — this design
gets closer to answering whether PCEs actually help.

5

longitudinal
cohorts

16,451

children
followed forward



↓ depression risk

↓ substance use

↓ delinquent behavior

↓ inflammatory markers

Experimental (Bucharest) + longitudinal (this) + pooled (Zhang) — all pointing the same direction.

Sources: Zhang 2025 (Development and Psychopathology) · Kallapiran 2025 (Child Psychiatry & Human Development).

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\$782,000

Estimated lifetime value per adult

of a high positive-childhood-experience score

\$215.9B

total annual value

4 states · adults with 3+ PCEs

\$28,132

per adult, per year

\$3.1B

lower medical spending

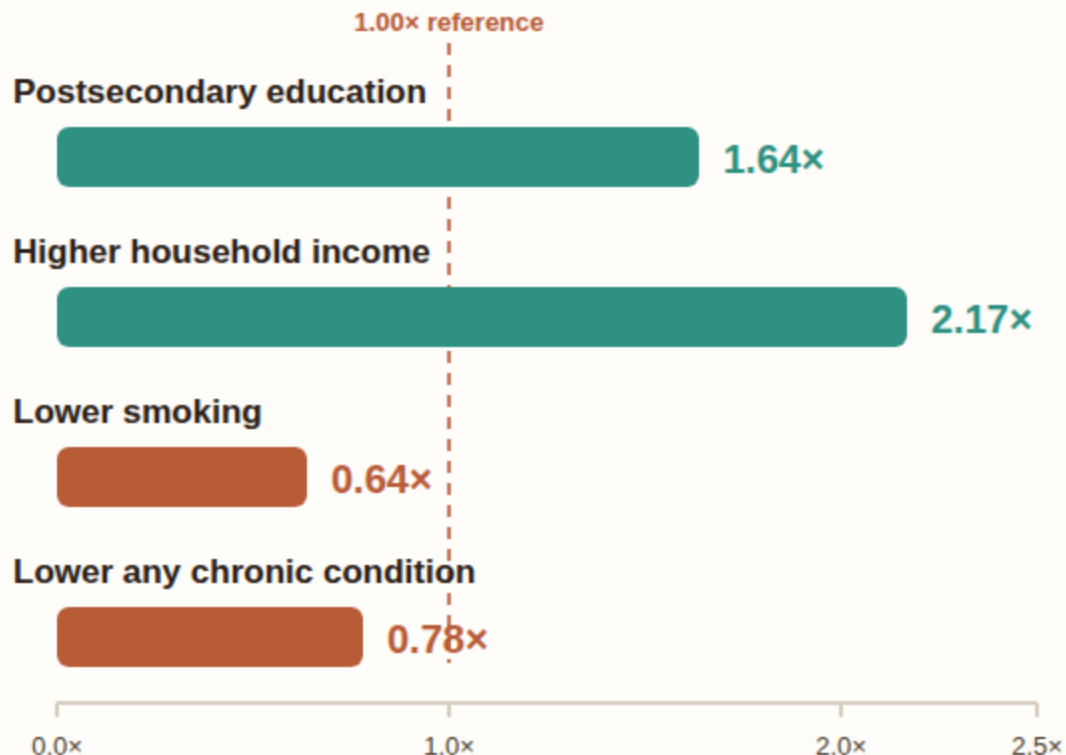
+

\$212.8B

added healthy life-years

Adjusted prevalence ratios

Adults with 6–7 PCEs vs. the 1.00× reference



Higher PCEs track with more education and income, less smoking and chronic illness.

PCEs help kids now, not just decades later.

A systematic review found higher Positive Childhood Experiences associated with better outcomes across mental health, psychosocial, academic, and some physical-health domains.

Systematic review

30 studies
reviewed

Each dot = 1 study



The review synthesized findings across mental, psychosocial, academic, behavioral, and physical-health outcomes.

Outcome evidence map



Better mental health

Less depression, anxiety, self-harm, substance use, and suicidal ideation

associated



Better psychosocial and academic outcomes

Higher PCEs were associated with better outcomes in both domains

associated



Some physical-health benefits

The review reported some benefits for physical-health outcomes

associated



Behavioral outcomes were mixed

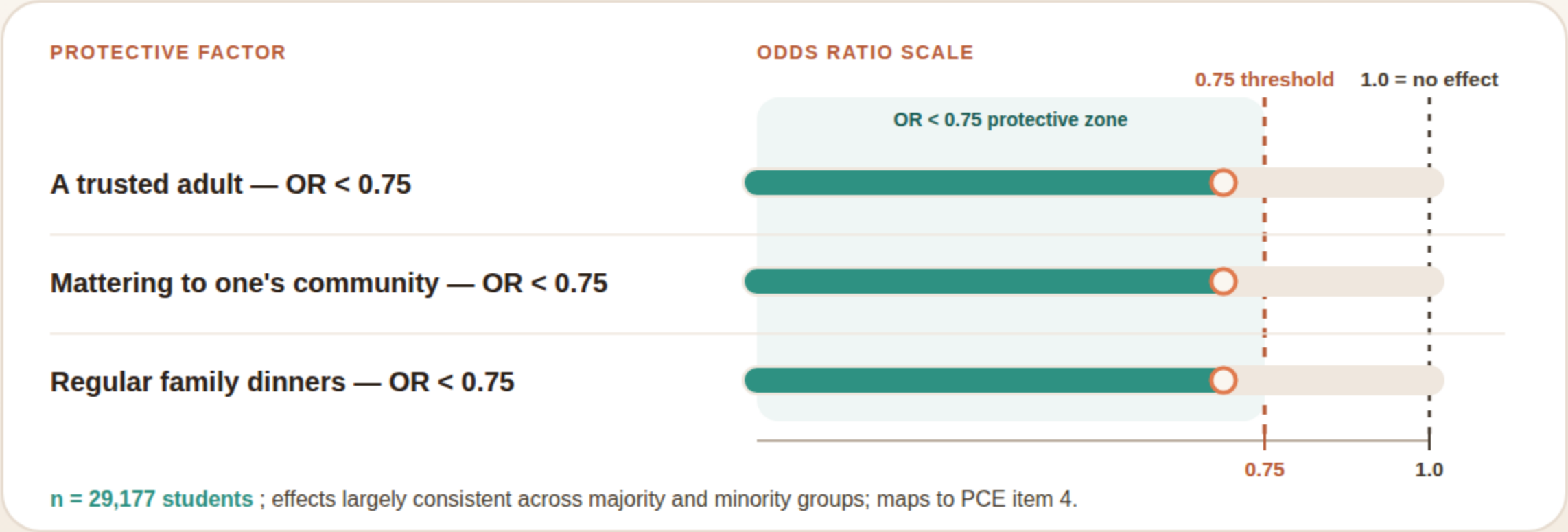
Caveat: findings were not consistently positive for behavioral outcomes

mixed

A trusted adult is one of the strongest protections against youth suicide.

Maps to PCE item 4
trusted adult connection

Protective odds ratios reported below 1.0; all three fall below the 0.75 threshold.



Source: Harder 2023 (Vermont Youth Risk Behavior Survey). Historical anchor: Resnick 1997 (Add Health).

HOPE names the four building blocks of the protective half.

A shared framework, not a screening tool — the four categories the validated instruments on the next slide actually measure.

1 Relationships

Nurturing, supportive relationships with parents, other adults, and other children.

2 Environment

Safe, stable, equitable settings to live, learn, and play — home, school, community.

3 Engagement

Social and civic engagement that build a sense of belonging and connectedness.

4 Emotional Growth

Developing self-awareness, self-regulation, and relationship skills, over time.

You can screen for protection, not just risk.

Three validated tools can turn screening into a strengths-based planning conversation.



PCEs

Positive Childhood
Experiences Scale

7 items · Bethell 2019 ·
population PCE screening.



BCEs

Benevolent Childhood
Experiences Scale

10 items · Narayan 2018 ·
validated adult recall.



DAP

Developmental Assets
Profile

58 items · grades 4-12,
Search Institute · CASEL.



When a child screens low:

It's a planning signal, not a diagnosis — document supports/gaps and link to community.

The trusted-adult item has held up under randomized testing for 30 years.

30 YEARS
randomized
testing arc

Five randomized trials and a meta-analytic synthesis, 1995–2023.

see references 19–25



Hattie $d \approx 0.72$

Turn “trusted adult” into concrete behaviors.



TEACHERS

Make connection visible.

- Greet by name; notice strengths.
- Repair ruptures quickly.
- Be the dependable adult.



MENTORS

Be predictably present.

- Keep commitments; follow through.
- Let youth goals shape activities.
- Show up over the long haul.



SCHOOLS / PROGRAMS

Create named access.

- Pair students with a named adult.
- Use SEL routines; warm handoffs.
- Make access visible and routine.

Systems decide which protective experiences survive.

Examples create the path; policy determines whether PCE practice is visible, fundable, and measurable.

SYSTEMS

where practice survives



King County

system example



California ACEs Aware

system example



Wisconsin OCMH

HOPE adoption

POLICY

what keeps it in place

1115

Medicaid 1115 waivers

policy lever



CPT / promotive-factor

billing advocacy



Adopt the BRFSS PCE module

so your state isn't a blank

PRELIMINARY

Chen 2025 (RESTORE)

PCE-promoting trauma-informed care works even in the highest-acuity residential settings.

Sources/notes: King County; California ACEs Aware; Wisconsin OCMH HOPE adoption; Chen 2025 (RESTORE), preliminary.

Four asks — one for each seat in this room.



CLINICIANS

Also ask:

“Who, besides parents, takes genuine interest in this child?”

Document it.



EDUCATORS

Pick one routine that makes every student known,

and measure belonging in local data.



ADMINISTRATORS

Treat community traditions and belonging as budgetable capacity;
fund and track them.



ADVOCATES

Translate the **7 items** into practice and **push your state to field the BRFSS PCE module.**

CLOSING

**We've measured only half of childhood —
and the other half is buildable and countable.**

Let's complete the prevention picture by counting what protects children, too.

Thank you — with gratitude to families, partners, and colleagues.

References & further reading

1 of 2

All sources verified against PubMed or the issuing agency. Full DOIs/PMIDs in the project reference library.

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