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Positive Childhood Experiences/Benevolent Childhood Experiences (BCEs) in Primary Care Clinics to Prevent ACEs Sequelae, Child Maltreatment and Neglect

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Background: Positive or Benevolent Childhood Experiences (PCEs/BCEs) are experiences in childhood that build a child's sense of belongingness and connection. Past research has demonstrated that both positive and adverse experiences shape brain development and health across the lifespan. Just as adverse childhood experiences (ACEs) can negatively impact short and long-term physical and mental health; positive childhood experiences (PCEs) can mitigate ACEs and help support resilience. We will review what PCEs/BCEs are, why adding another screening tool matters, and how one site did so.

What are PCEs?

Research shows that PCEs/BCEs predict positive health outcomes and success in learning. Here are three examples of PCE research.

In the September 9, 2019 JAMA Pediatrics, Bethell et al. looked to determine if any protective childhood experiences (PCEs) could be correlated with positive outcomes as adults—increasing resiliency and offsetting some of the trauma or damage caused by ACEs. They concluded *“Positive childhood experiences show dose-response associations with D/PMH (adult Depression/Poor Mental Health) and ARSES (Adult reported social and emotional support) after accounting for exposure to ACEs.”*

There are seven experiences included in the positive childhood experience (PCE) psychometric analysis.

* Respondents were asked to reply “yes” or “no” to each prompt - *“Before the age of 18, I was ...”*

1. Able to talk with my family about my feelings.

2. Felt that my family stood by me 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 a genuine interest in me.
7. Felt safe and protected by an adult in my home.

*Source: 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. JAMA Pediatrics. 2019
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336>

Another screening tool for PCEs is the BCEs scale, a brief and culturally sensitive index of childhood experiences linked to long-term resilience. We like the addition of culturally sensitive screening. Check it out here: [Benevolent Childhood Experiences \(BCEs\) Scale](#).

And finally, Dr. Bob Sege has built on the basic PCEs research by creating HOPE, Healthy Outcomes from Positive Experiences. This project includes PCEs assessment and positive parenting skill training. His group has created the:

Four Building Blocks of HOPE:

1. Relationships within the family and with other children and adults through interpersonal activities.
2. Safe, equitable, stable environments for living, playing, learning at home and in school.
3. Social and civic engagement to develop a sense of belonging and connectedness.
4. Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

<https://positiveexperience.org/wp-content/uploads/2021/04/HOPE-1-pager.pdf>

Why another screening tool?

In pediatrics, we are trained to support our patients' and families' strengths and prevention is fundamental to all our work. Families identify that asking about both the good and the bad feels more balanced and less judgmental. Using the evolving tools created by ACEs and PCEs work will enhance our patients' lives. Per Dr. Bethell, "*Joint assessment of PCEs and ACEs may better target needs and interventions and enable a focus on building strengths to promote well-being. Findings support prioritizing possibilities to foster safe, stable nurturing relationships for children that consider the health outcomes of positive experiences.*" And one of our favorites - as Dr. Edward Machtinger (UCSF Physician and UCAAN Co-investigator) states, "*The pediatric well child visit can be a positive childhood experience PCE.*"

*UCAAN: UCLA-UCSF ACEs Aware Family Resilience Network of the CA OSG.

<https://ucaan.ucla.edu/>

Legislative changes: *The California's Families First Prevention Services Act* requires counties to create comprehensive plans to build proactive factors and mitigate risk factors for neglect and abuse. This aligns with our pediatric prevention work. Additionally, with the January 1, 2023

implementation of AB 2085 and the shift from mandatory reporting to mandatory supporting, **prevention** of risk for neglect and maltreatment in primary care is even more crucial as there is even less of a safety net provided by CPS. AB 2085 revises the definition of general neglect by narrowing it to circumstances in which the child is at substantial risk of suffering serious physical harm or illness and does not include a parent's economic disadvantage (poverty).

We recommend that PCEs/BCEs work should be documented and tracked in the EMR and follow up arranged. The EPIC (EMR) Trauma Informed group is working on improving ACEs, PCEs and BCEs tools. Behavioral Health support may enhance the pediatricians' PCEs work. This work is more sustainable with recent billing changes. For MediCal patients, billing for CHW (Community Health Workers), Peer Counselors, and Dyadic Support began 1/1/23. Billing for primary care and behavioral health on the same visit/day begins 4/1/23 and billing for ECM (Enhanced Care Management) or navigation begins 7/1/23.

School-based Implementation example: SHC (School Health Clinics) in Santa Clara County began ACEs work in August 2020 and integrated behavioral health into primary care. The impact of trauma work on staff including Medical Assistants created a request for positive patient care tools. All clinics became "No Hit Zones" as a prevention strategy in 2021 ([No Hit Zone](#)). We trained all staff to understand No Hit Zones, Positive Parenting, and the use of de-escalation techniques. The skills staff use are the skills of Positive Parenting: Prevent conflict, Respond, Monitor and Model. Tools include a SHC trifold to hand out to interrupt escalating behavior, HOPE family activity Handout, and Positive Parenting Tip sheets by age which are located on the SHC web site: <https://nohitzone.com/>.

More screening?! SHC staff communicated that they could not add another screening tool to the clinic workflow. We provided several trainings on HOPE and PCEs for all staff and encouraged them to use what worked for them. This helped everyone add it in a way that felt best and doable for them. We added unique questions to the traditional family greeting such as sports, cultural activities, travel, etc. (Notes in the EPIC Snapshot helped with recall). Providers added a third S for Strengths in their adolescent screening HEADSSS. <https://www.heardalliance.org/wp-content/uploads/2011/04/HEADSS.pdf>

For staff resilience, SHC established Moments of HOPE after our traditional 5 minute YouTube meditation at the beginning of meetings. This helped everyone model and experience positive experiences.

Next steps: SHC is working with UCSF to implement the Behavioral Health Wellness Visit (well childcare with behavioral health during the visit) or Dyadic services, also called the two-generation approach. This supports the child, caregiver(s), and caregiver(s)-child relationship. Positive parenting and PCEs are part of this type of well child visit.

Additional Resources:

From the CDC: The great news is that parents and caregivers can control most of the PCEs, which are shown to improve resiliency and reduce the likelihood of depression in adulthood.

Parents and caregivers:

Parenting is hard work! There are many things you can do to create positive childhood experiences.

- **Establish a routine.** Children feel secure and thrive when the environment is structured for them.
- **Praise your child** when she does something right. The more you praise a behavior, the more likely it is that your child will behave the same way again.
- **Pay attention** to your child when he is trying to communicate with you. Giving him your full attention will make him feel like you care about what he has to say.
- **Set aside time** each day to talk and play with your child. Creating a special time lets your child know she is important and strengthens the bond between the two of you.
- **Check out** CDC's site *Essentials for Parenting Toddlers and Preschoolers*. This resource can help you handle common parenting challenges and improve skills so you can enjoy helping your child grow:

<https://www.cdc.gov/parents/essentials/toddlersandpreschoolers/index.html>.

We know that every child and every parent is unique. You may face many different situations and challenges every day. **It's ok to ask for help.**

- Reach out to babysitters, family members, or close friends.
- Discuss your concerns with your child's doctor.
- Find out if your community offers support groups or programs for parents and caregivers.

Friends, family, and neighbors:

As a friend or neighbor, you can develop nurturing, supportive relationships with the children in your life. Offer to babysit, make a meal, or drive a parent or child where they need to go.

Everyone:

We can all recognize challenges that families face and offer support and encouragement to reduce stress. Everyone can promote social norms that discourage violence and help ensure the safety of all members of a community.

- Let people know that violence is unacceptable, and steps will be taken to protect the victim of violence.
- Encourage people to stand up and speak up, if they can safely do so, when a person is being harassed or hurt or needs support.

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