

Four ways providers can assess positive childhood experiences handout

Inquiring about strengths, learning proxy measures for resilience, and promoting access to positive childhood experiences (PCEs) are key components of the HOPE framework. There are many evidence-based approaches that providers can use to ask about PCEs when interacting with children and families. This handout shares four research-informed methods to access PCEs including standardized and conversational methods.



The first two techniques are based on standardized, validated queries and will generate scores. Higher scores are associated with stronger resilience. The questions can be included in any standard intake form, paired with an adverse childhood experiences screen, or used as a stand-alone screening tool.

1

Positive Childhood Experiences Scale (Bethell et al, 2019)

First conducted in a 2019 population survey in Wisconsin, the Positive Childhood Experiences Scale consists of 7 PCE questions. A PCE score is calculated based on the number of questions the respondent agrees with.

Thinking back to your childhood, up to the age of 18, please indicate how often you:

- Felt able to talk to your family about feelings
- Felt your family stood by you during difficult times
- Enjoyed participating in community traditions
- Felt a sense of belonging in high school
- Felt supported by friends
- Had at least two non-parent adults who took genuine interest in you
- Felt safe and protected by an adult in your home

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 Sep 9. 173(11):e193007. DOI: 10.1001/jamapediatrics.2019.3007.

2

Benevolent Childhood Experiences Screener (Narayan et al, 2018)

The Benevolent Childhood Experiences Screener was developed for clinical use at the primary care clinic at the University of California, San Francisco. It has been validated in small studies conducted among high-risk populations. Similar to the Positive Childhood Experience scale above, a total score is generated by tallying the number of affirmative answers.

When you were growing up, during the first 18 years of life:

- Did you have at least one caregiver with whom you felt safe?
- Did you have at least one good friend?
- Did you have beliefs that gave you comfort?
- Did you like school?
- Did you have at least one teacher who cared about you?
- Did you have good neighbors?
- Was there an adult (non-parent/caregiver) who could provide you with support and advice?
- Did you have opportunities to have a good time?
- Did you like yourself or feel comfortable with yourself?
- Did you have a predictable home routine, like regular meals and a regular bedtime?

Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child abuse & neglect*, 78, 19-30.

The next two approaches are more conversational. They serve to better understand the child and family circumstances while forming a foundation for engaged, collaborative problem solving.

3

The Four Building Blocks of HOPE

The Four Building Blocks of HOPE, key types of PCEs can be adapted for use between any child-serving provider and the family. Research has shown that families, communities, and organizations that promote access to these PCEs help children and youth thrive, including those who have experienced trauma and adversity. This is not a formal screen and does not result in a score. It is up to each family to define what each Building Block means to them. The worksheet below can serve as a conversation starter between the provider and the family. This is part of a Building Blocks for Health tool developed by Gretchen Pianka, MD, MPH, FAAP in Lewiston, Maine and is reproduced with permission. The complete tool can be downloaded on the HOPE website.

Building Blocks for Health

These Four Building Blocks are important factors in growing up healthy. Share what is working and your provider will brainstorm with you for solutions to anything that is not working.

Engagement:

What is one thing you like to do as a family outside the home? Where do you feel the most connected to others?

Environment:

Describe a place you love to go or play. Where is your safe space?

Relationships:

What do you like to do at home with your family? Who is someone outside of your family that really cares about you?

Emotional Health:

What feelings do you talk about at home? Who can you talk to about feelings with? How can you take care of yourself when you have big feelings?

4

Narrative therapy techniques

Providers can use narrative therapy to draw out family and child strengths by asking questions like:

- Can you describe the last time you managed to get free of {the problem} for a couple of minutes?
- How have you handled {pressing concern} in the past?
- Can you share a bit about something you've done recently that you're proud of?

Explore with them the factors that enabled them to succeed. Listen for the Four Building Blocks of HOPE – relationships, environments, engagement, and emotional growth. Careful listening to a person's past successes places the provider in a position to better understand what resources to draw on to address current challenges. This approach may fit best when confronted with a challenging situation, or when a person feels helpless to approach a problem.