Understanding the Power of Positive Childhood Experiences and Attachment in Promoting Resilience

June 5, 2025 | 18:30–20:00 PT



LAND ACKNOWLEDGMENT

We acknowledge that UBC CPD work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xwməθkwəyəm (Musqueam), and Səlílwəta?/Selilwitulh (Tsleil-Waututh) Nations.





What is your relationship to the territory or the land that you're on?

FUNDING ACKNOWLEDGEMENT

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LEARNING OBJECTIVES

1. Explore the neuroscience behind Adverse Childhood Experiences (ACES) and attachment, and their impact on brain development and physiological health.



2. Identify the buffering effects of Positive Childhood Experiences (PCES) on long-term health and well-being.



3. Apply principles of a trauma-informed approach at a practice level, community level and provincial level.

DISCLOSURES

Speakers

- Dr. Christine Loock: nothing to disclose.
- Dr. Hasina Samji: Has received grant funding from Canadian Institutes of Health Research/Social Sciences and Humanities Research Council. This funding has not influenced the webinar content.
- **Dr. Linda Uyeda:** Has received payments for educational events from Surrey School District and UBC Medical School. Has received grant funding from BC Mental Health & Substance Use Services. This funding has not influenced the webinar content.
- **Dr. Shirley Sze (moderator):** Has received payments from Shared Care Committees, Joint Collaborative Committees, UBC CPD, PHSA, ChildHealthBC, and the Thompson Region Division of Family Practice. This funding has not influenced the webinar content.

Planning Team

- Stephanie Din, Caldon Saunders: Are employees of UBC CPD.
- Dr. Bruce Hobson: Has received payments from UBC CPD, Doctors of BC, PHSA, PainBC, Cowichan Division of Family Practice and Qathet Division of Family Practice. This funding has not influenced the webinar content.









Unravelling the Neuroscience Behind ACES, PCEs and Attachment Theory How do early experience get under our skin?



Linda Uyeda MD CCFP FCFP ISAM(c)

Forensic Psychiatric Hospital

Surrey Youth Clinic



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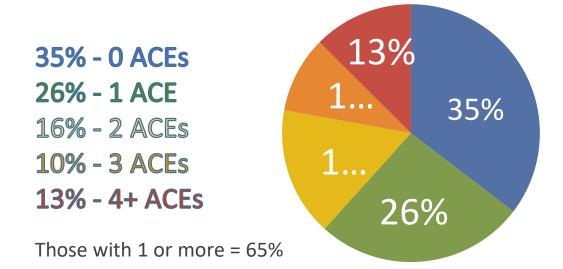
ORIGINAL LANDMARK STUDY - 1995 - 1997 Robert Anda, MD, MS; Vincent J. Felitti, MD; & David L. Corwin, MD

The biggest public health study that many healthcare providers have no knowledge about.



Prevalence of ACEs Original ACE Study 1998

- 17,337 participants from Kaiser Permanente in San Diego, CA
- Population was largely white, middle class and college educated (75.2% 'some college' or 'college graduate or higher')



ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical



Mental Illness



Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



Sexual



Divorce

Source: Robert Wood Johnson Foundation

Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD

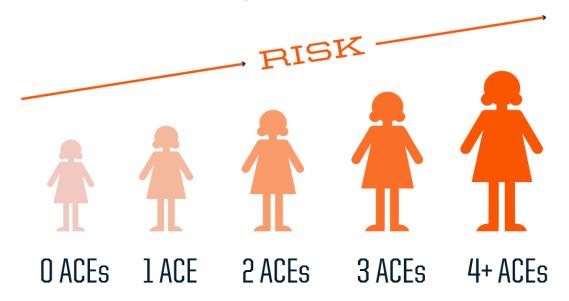


Broken bones

WHAT IMPACT DO ACEs HAVE?



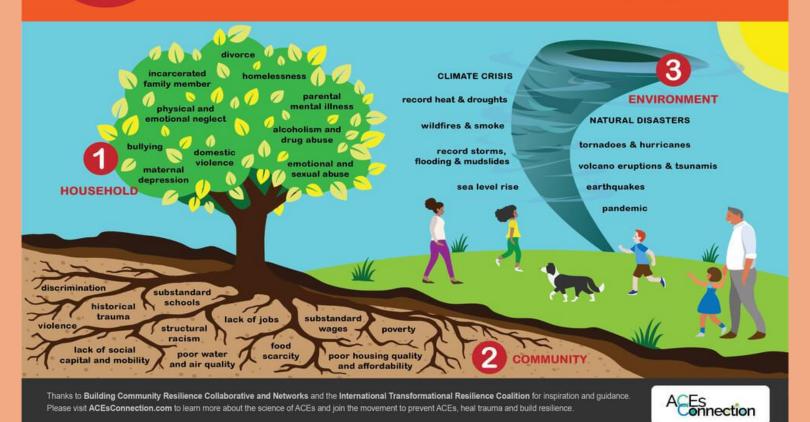
As the number of ACEs increases, so does the risk for negative health outcomes



Source: Robert Wood Johnson Foundation

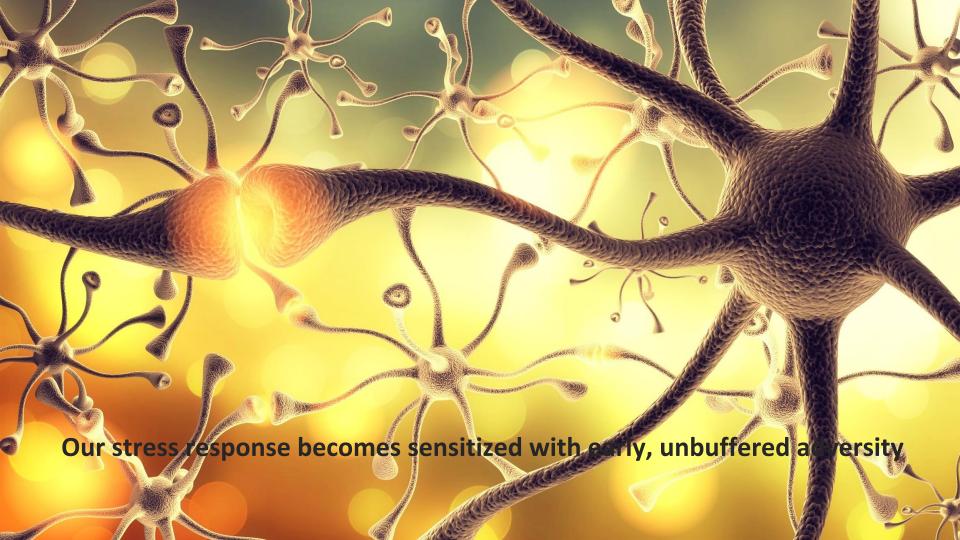
3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

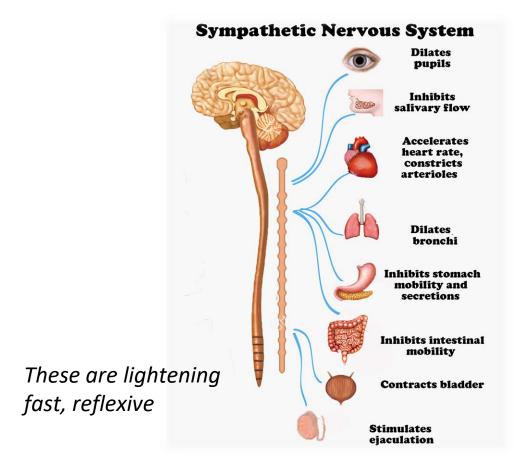




How does early advers ty get under our skin?



The Stress Response





The Kicker...

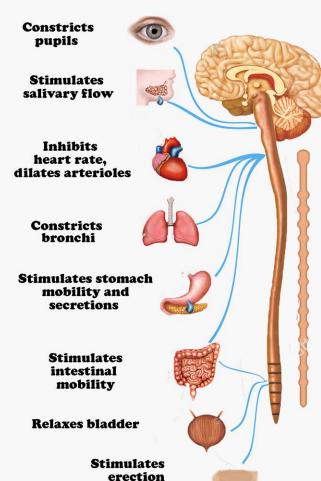








Parasympathetic Nervous System



Neurobiology of Adversity and Attachment Disruption in Childhood

Hippocampus – learning and memory (impaired))



 Amygdala – alarm/fear centre (increases)

"Protective mechanism" 1/12 – ¼ second



 Prefrontal Cortex – cognition, problem solving, rational thought





Having an ACE score of O does not mean there has been no adversity



John Bowlby (1907-1990) Attachment Theory is the Basis for the ACEs

Bowlby, J. (1958). The nature of the child's tie to his mother. *The International Journal of Psychoanalysis*, *39*, 350–373.

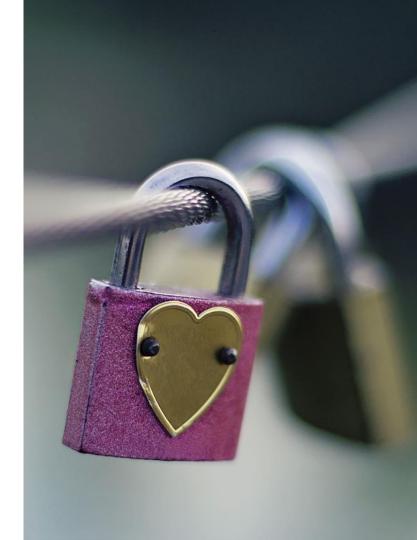
Attachment Theory and Patterns of Attachment

In times of stress infants use their caregiver as a source of comfort to provide security in order to *co-regulate* their emotions:

• 1. Secure

(Insecure)

- 2. Ambivalent/anxious turning up emotions
- 3. Avoidant/dismissive turning down emotions
- 4. Disorganized caregiver is a source of fear



Ainsworth, M. D., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern.



"The antidote to trauma is security."

~Dr. Sue Johnson







Balancing ACES & PCES: Focusing on relationships (SSNRs) and childhood resiliency in clinical practice Childhood experiences matter! ©



Christine A. Loock MD FRCPC DABP

Developmental & Social Pediatrician

University of British Columbia

BC Children's Hospital

Nothing to Declare







Acknowledgements



We would like to acknowledge that we work, live and play on the traditional, ancestral and unceded territory of the Coast Salish peoples – Skwxwú7mesh (Squamish), Stó:lō and Səlílwəta?/Selilwitulh (Tsleil-Waututh) and x*məðk*əyəm (Musqueam) Nations.













Synopsis: Wave 3- QI Study Positive Childhood Experiences & ONTRAC Transition Readiness



Aim: Engage and empower youth in health spaces to share perspectives on transition to adult services.

Hypothesis: Promoting youth voice (UNCRC Article 12) and identifying positive childhood experiences (PCEs) may support youth in their transition to adult health care.

Background: This QI study builds on 2 recent studies where we asked parents about SDOH and ACES. 1,2

Recent literature has shown how positive childhood experiences (PCEs)
have an inverse, dose-response relationship with adult depression/mental
health and mitigate against adverse childhood experiences (ACEs).^{3, 4}

Results:

• Youth appreciated being asked. And PCEs are correlated with youth perception of readiness for transition to adult health care vices. 5

Who is in Your Waiting Room? 3 SDOH QI Studies



BC Children's Hospital Ambulatory Clinics

Objectives

Describe SDoH & ACEs [& PCEs] in pediatric ambulatory patients in BC, Canada

Subjects

Wave 1: 851 families 13 clinics

Wave 2: 290 families (CLP)

Wave 3: PCEs 90 youth (CLP)

Results

Barriers [

1/3rd have no regular healthcare provider



1/6 had trouble affording health care Rx





1/10 had an ACE >4



1/3 of families inadequate social supports

90% of youth completed PCEs guestions

Conclusion

S

Screening for SDoH, ACEs, & PCEs in clinical practice is:

Feasible Important Actionable



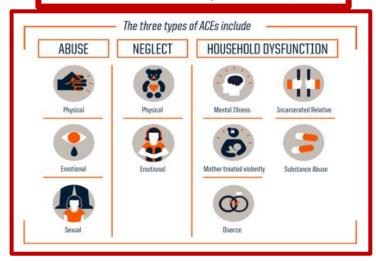


https://pubmed.ncbi.nlm.nih.gov/38744639

June 2025

Balancing ACES & PCES: Childhood experiences matter!

Adverse Childhood Experiences (ACEs)



Felitti VJ, et al, The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998

https://pubmed.ncbi.nlm.nih.gov/9635069/

Positive Childhood Experiences (PCEs)













Bethel et al, 2019. PCEs and Adult Mental and Relational Health, JAMA Pediatrics https://pubmed.ncbi.nlm.nih.gov/31498386/

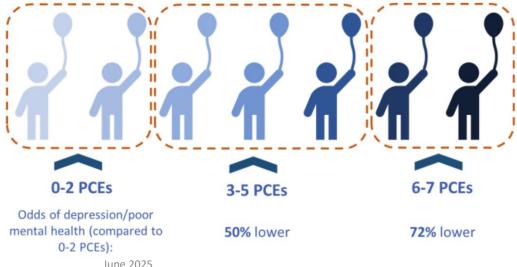
PCEs have an inverse, dose-response relationship with depression and poor adult mental health.

Positive Childhood Experiences & Adult Mental Health

Bethel et al, 2019. JAMA Pediatrics

2015 Wisconsin Behavioral Risk Factor Survey of adults; N=6188

Added the Child & Youth Resilience Measure (CRYM-28)



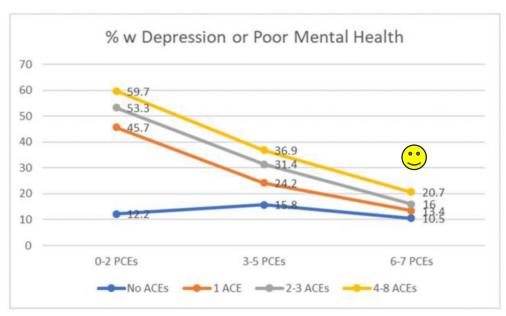
And PCEs can mitigate ACES.

Positive Childhood Experiences & Adult Mental Health

Bethel et al, 2019. JAMA Pediatrics

2015 Wisconsin Behavioral Risk Factor Survey of adults; N=6188

Added the Child & Youth Resilience Measure (CRYM-28)



We must promote PCEs, particularly for those already dealing with adversity!

How to ask about PCEs:

(What's your score?)

6 | Childhood Experiences

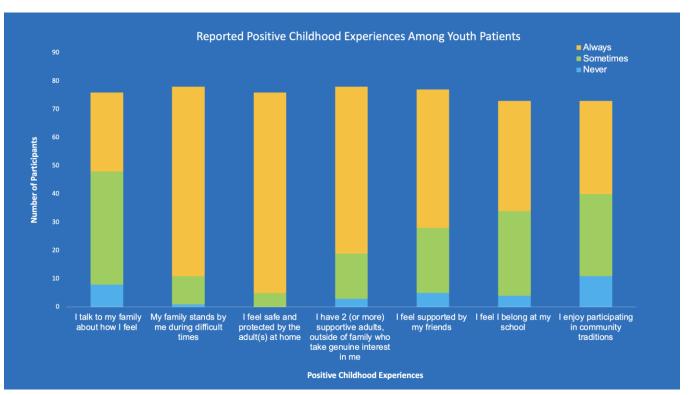
I talk to my family about how I feel	□ Always	□ Sometimes	□ Never
My family stand by me during difficult times	□ Always	□ Sometimes	□ Never
I feel safe and protected by the adult(s) at home	□ Always	□ Sometimes	□ Never
I have 2 (or more) supportive adults, outside of family, who take genuine interest in me	□ Always	□ Sometimes	□ Never
I feel supported by my friends	☐ Always	□ Sometimes	□ Never
I feel I belong at my school	□ Always	□ Sometimes	□ Never
I enjoy participating in community traditions	□ Always	□ Sometimes	□ Never



Bethel et al, 2019. PCEs and Adult Mental and Relational Health, JAMA Pediatrics https://pubmed.ncbi.nlm.nih.gov/31498386/



Results- "Always"



ON TRAC Transition to Adult Care Timeline

☐ Learn about educational grants, bursaries and scholarships

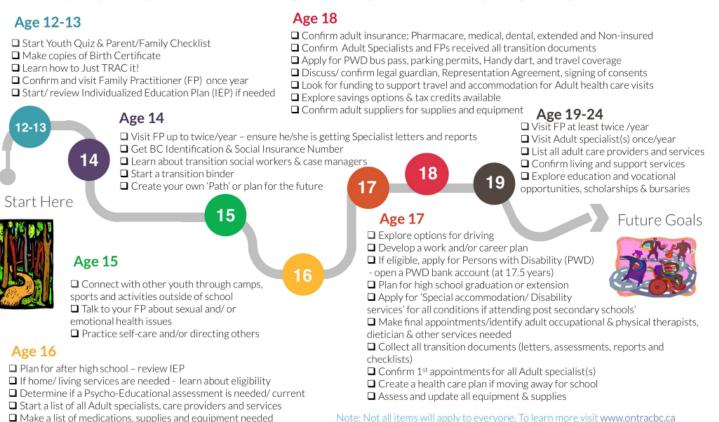


Family and Youth Toolkit for explanations, tips, handouts and resources.





"Take it step by step, moment by moment - break it into small manageable pieces. Pat yourself on the back for steps accomplished" ...a parent who has been there.



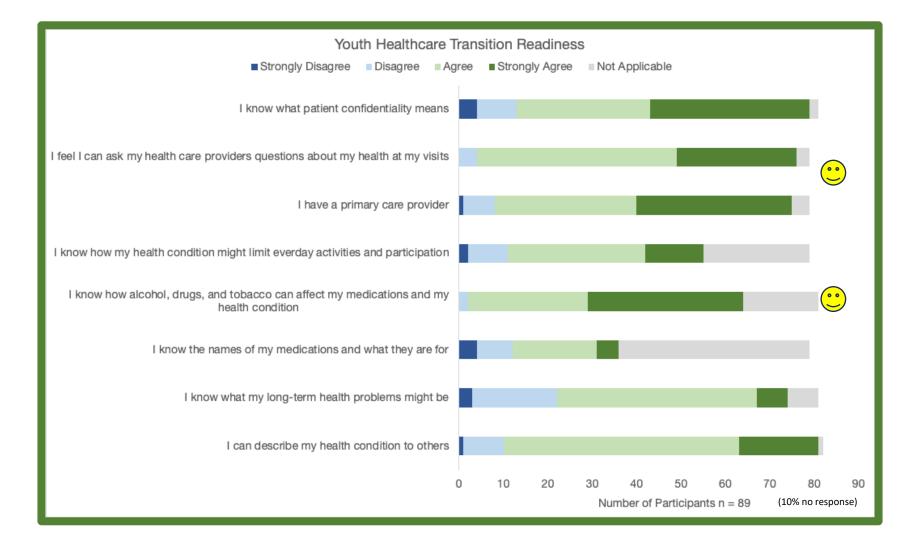
How to ask about Transition Readiness:

Real Life Example:

9 Yes/No
Open-ended
questions
&
8 OnTrac Transition
Indicators

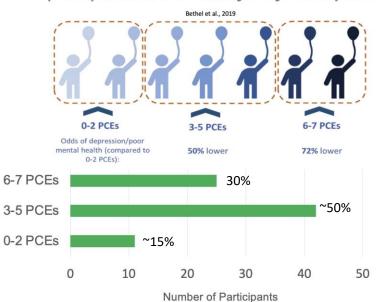
https://www.bcchildrens.ca/sites/g/files/qpdaav156/files/2025-01/on-tracyouth-quiz.pdf

Transition Indicators	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
I can describe my health condition to others				X	
I know what my long- term health problems might be				X	5 # 5 * 5 * 6
I know the names of my medications and what they are for	(e.g. not on any medications)		Working		- N
I know how alcohol, drugs, and tobacco can affect my medications and my health condition			on H.	X	00
I know how my health condition might limit everyday activities and participation				X	Vdr., yr. p
I have a primary care provider			-	X	
7. I feel I can ask my health care providers questions about my health at my visits	. W			X	
I know what patient confidentiality means					



Results

Number of Positive Childhood Experiences (PCEs) Identified as "Always" by Participants



Associations of PCEs and Transition Readiness

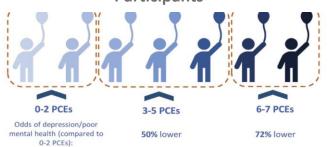
Predictor Variable	N	Odds Ratio (OR)	95% CI					
I talk to my family about how I feel								
Never	8	(ref)	-					
Sometimes	40	0.40	0.02, 3.72					
Always	28	1.16	0.05, 12.2					
I have 2 (or more) supportive adults, outside of family who take genuine interest in								
me								
Never	3	(ref)	-					
Sometimes	16	0.45	0.03, 5.51					
Always	59	5.28	0.52, 55.0					
I feel supported by my friends								
Never	5	(ref)	-					
Sometimes	23	7.70	0.75, 180					
Always	49	21.9	2.20, 509					
I feel I belong at my school								
Never	4	(ref)	-					
Sometimes	30	0.84	0.03, 10.9					
Always	39	1.19	0.05, 14.8					
I enjoy participating in community traditions								
Never	11	(ref)	-					
Sometimes	29	1.13	0.17, 6.71					
Always	33	1.61	0.27, 8.43					

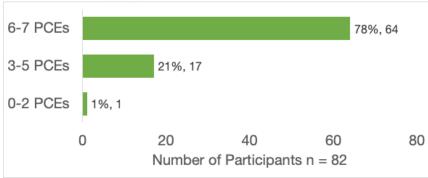
On TRAC

https://www.bcchildrens.ca/health-information/transition-adult-care

Results

Number of Positive Childhood Experiences (PCEs)
Identified as "Always" or "Sometimes" by
Participants





Associations of PCEs and Transition Readiness

Predictor Variable	N	Odds Ratio (OR)	95% CI
I talk to my family about how I feel			
Never	8	(ref)	-
Sometimes	40	0.40	0.02, 3.72
Always	28	1.16 (😬)	0.05, 12.2
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Always	49	21.9 (😬)	2.20, 509
I feel I belong at my school			
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Sometimes	30	0.84	0.03, 10.9
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Always	33	1.61 (🔥)	0.27, 8.43

On TRAC

https://www.bcchildrens.ca/health-information/transition-adult-care

UNCRC Article 12: Youth Voices

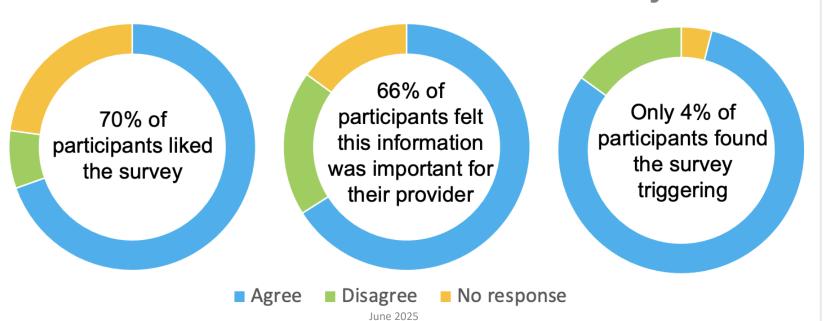


Results- Social Capital

Over an 12-month period:

- 89 youth completed the survey, with a response rate of 90%. The mean age was 16.7 yrs; median 17 years old.
- 61% identified ≥ 4 supportive adults in times of need.
- 78% had access to a family doctor (but ~1 in 5 did not)!
- 10% have experienced unstable housing.
- 39% self-identified as a "minority" e.g. "race, culture of origin, color, religion, age, gender, LGBTQ status, disability, etc."
- 15% self-identified as Indigenous: First Nations, Inuit or Métis.

Feedback on Youth Transition Survey



ACES-2-PCES STUDY TEAM

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Better. Together.

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BCCHR Research E2i Theme

OPSEI Surgery & Society UBC CUES Fund & Community Partners YWCA & RayCam

UBC Faculty of Medicine Department of Pediatrics

Department of Surgery

BCCH

BCCH Cleft Palate Craniofacial Program

BCCH Plastic Surgery

RICHER Social Pediatrics Program BCCH Social Work

BC Children's Youth Advisory Council (YAC)

BC Women's Indigenous Health

MASES Engagement Fund

Doctors of BC Shared Care Committee (Jiwei Li) ACES Working Group-CYMHSU Collaborative (Shirley Sze)



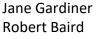


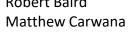


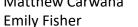


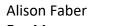










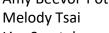






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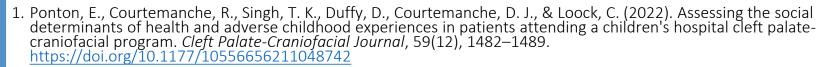


Catherine Binda

Lauren Bondi Kathryn Ughart



References



- 2. Ponton E, Singh T, Carwana M, Duffy DJ, Courtemanche R, Courtemanche DJ, Loock CA, Baird R. Who is in Your Waiting Room? Social Determinants of Health and Adverse Childhood Experiences in Pediatric Surgery Clinics. J Pediatr Surg. 2024 Sep;59(9):1828-1834. doi: 10.1016/j.jpedsurg.2024.04.001. Epub 2024 Apr 10 https://pubmed.ncbi.nlm.nih.gov/38744639/
- 3. Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, 173(11), e193007. https://doi.org/10.1001/jamapediatrics.2019.3007
- 4. Samji, H., Long, D., Herring, J., Correia, R., & Maloney, J. (2024). Positive childhood experiences serve as protective factors for mental health in pandemic-era youth with adverse childhood experiences. *Child Abuse & Neglect*, 106640. Advance online publication. https://doi.org/10.1016/j.chiabu.2024.106640
- 5. BC Children's Hospital. (2020, January 13). What else matters? The BEARS-Youth Survey (Version 3.3). https://www.bcchr.ca/sites/default/files/group-opsei/bears-y.pdf
- 6. <u>Sanya Grover, Will Lau</u>, Kathryn McDermid, Alison Faber, Emily Fisher, Rebecca Courtemanche, Eva Moore, Douglas Courtemanche, Sara Jassemi, Matthew Carwana, <u>Christine Loock</u>, Assessing the Social Determinants of Health and Positive Childhood Experiences in Youth Patients Transitioning to Adult Care: A Cross-Sectional Survey, CPS Poster, Pediatrics Child Health Supplement, Presented, Quebec City, June 2025





Promoting Positive Childhood Experiences in School Communities: The Role of Social Connection

June 5, 2025

Dr. Hasina Samji

Associate Professor, Simon Fraser University

Senior Scientist,
BC Centre for Disease Control

Director,
Capturing Health and Resilience Trajectories
(CHART) Lab

Nothing to declare









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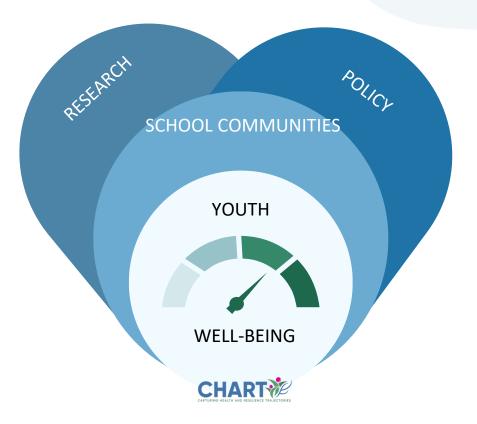


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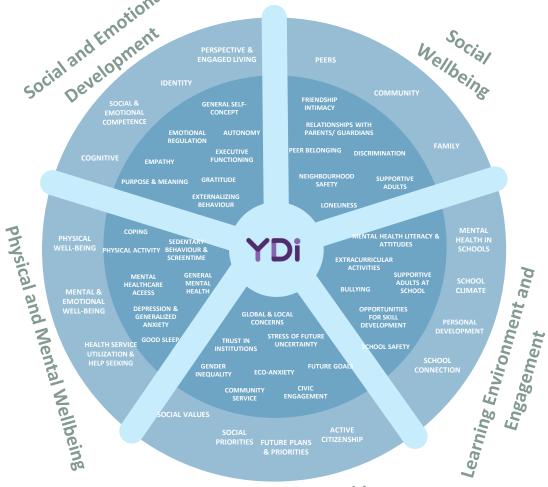


WORKING COLLABORATIVELY TO MOVE THE NEEDLE ON YOUTH WELL-BEING

Measuring Positive Childhood Experiences among BC Youth

Youth Development Instrument (YDI)

- Self-report survey to measure youth wellbeing among Grades 10-12 students in BC
- Identify key assets developed during adolescence that create foundations for positive mental health and wellbeing trajectories



Navigating the World



YDI 2026 HIGHLIGHTS



- Free for all interested school and SDs.
- Fast-Tracked Results: schools will receive their reports within 6-8 weeks of survey completion
- School Administrators Survey: contextual information on schools and SDs
- YDI Evaluation Module: measuring the impact of strategies underway in school communities
- YDI 2026: streamlined version of the survey
- Customizable option for a fee

WE ARE RECRUITING FOR THE YDI 2026

Please share the news in your networks!

Please use this link to share your thoughts on the survey and your interest in participating



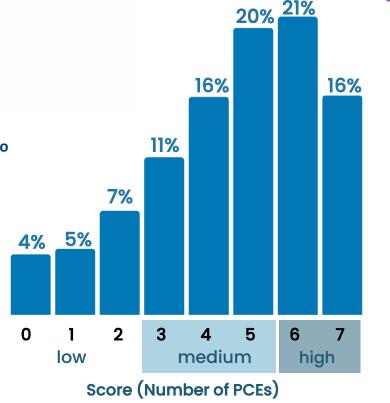
Positive childhood experiences serve as protective factors for mental health in pandemic-era youth with adverse childhood experiences

Hasina Samji ^{a,b,*}, David Long ^{a,c}, Jillian Herring ^a, Rachel Correia ^a, Jacqueline Maloney ^a

PCEs: Beneficial experiences before the age of 18 that are thought to promote resilience

Bethell et al. (2019) PCEs:

- 1. Able to talk to family about feelings
- 2. 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 a genuine interest in them
- 7. Felt safe and protected by an adult in their home



Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatrics, 173(11), e193007. https://doi.org/10.1001/jamapediatrics.2019.3007

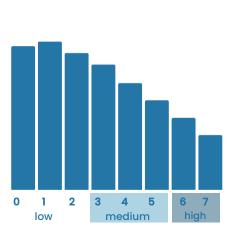
Samji, H., Long, D., Herring, J., Correia, R., & Maloney, J. (2024). Positive childhood experiences serve as protective factors for mental health in pandemic-era youth with adverse childhood experiences. Child Abuse & Neglect, 106640. https://doi.org/10.1016/j.chiabu.2024.106640



Positive childhood experiences serve as protective factors for mental health in pandemic-era youth with adverse childhood experiences

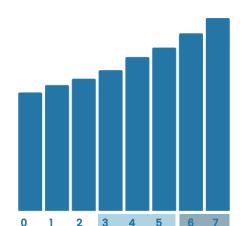
Hasina Samji ^{a,b,*}, David Long ^{a,c}, Jillian Herring ^a, Rachel Correia ^a, Jacqueline Maloney ^a

- PCEs were related to greater mental well-being and life satisfaction and fewer symptoms of depression and anxiety.
- PCEs were more strongly related to MHW outcomes than ACEs.
- Having six or seven PCEs protected against moderate-to-severe depression in youth with ACEs.



Depression (PHQ-8)

Number of PCEs



Mental Well-being

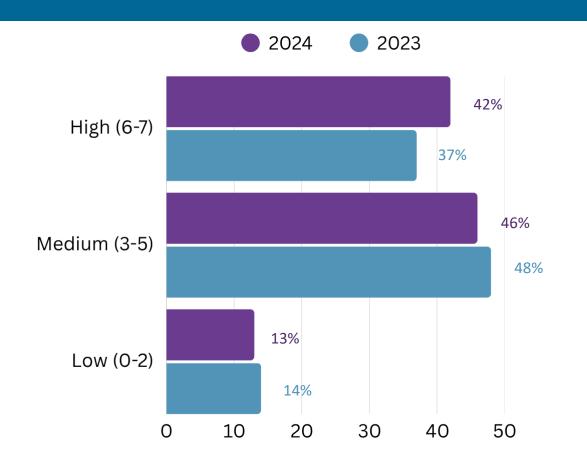
Number of PCEs

medium

low



YDI: Positive Social Experiences



- The ability to discuss feelings with family
- Having family support during difficult times
- Participating in community traditions
- Having a sense of belonging in schools
- Feeling supported by friends
- Having two invested nonparental adults
- · Feeling safe at home



Fostering PCEs: CHART Social Connection Toolkit Project



Co-creating the Social Connection Toolkit

We are developing a toolkit of strategies and initiatives that foster social connectedness in school communities.

Focus on 4 PCEs:

Peer

support

Examples:

- Interest-based lunch groups
- Letter to incoming student

School

g

Non-

ps

parental relationshi

belongin

Examples:

- School challenges
- Cultural celebrations

3

Examples:

 Meet-the-Community fairs Community belonging

Human library

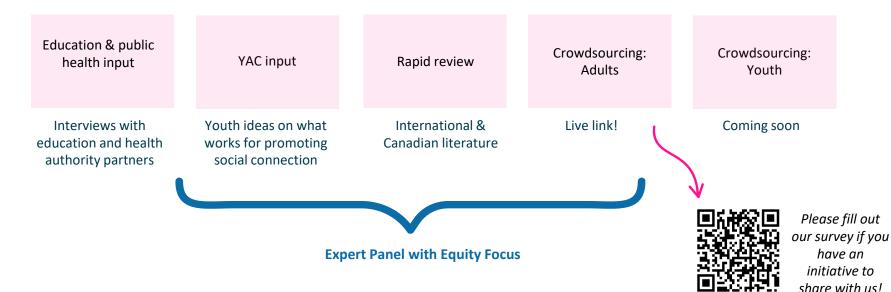
Examples:

- Multi-generational activities
- 2:2 lunch connections



Co-creating the Social Connection Toolkit

Project Components:



- Toolkit will be **piloted in 3 school districts** in BC in 2025-2026
 - **Evaluation:** implementation & student outcomes

Thank you!

QUESTIONS?



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