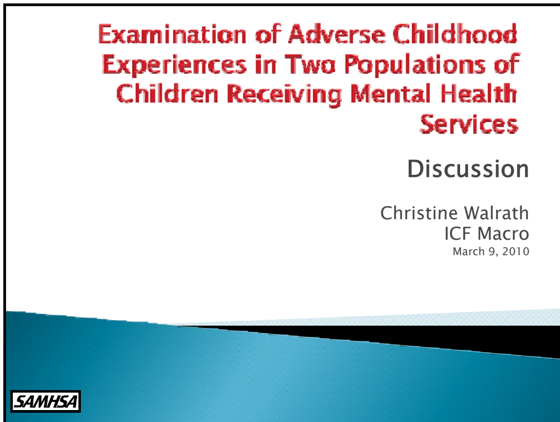
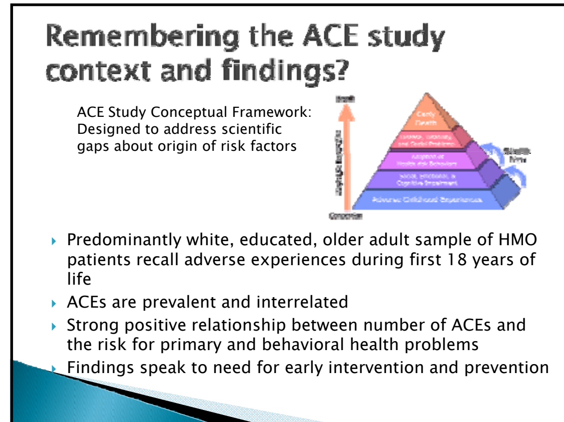




Remembering the current study context?

- Data gathered as a part of federally funded program evaluations
- Two *clinical* samples of children from “more” racially/ethnically diverse backgrounds, living at or below the poverty line who enter and receive mental health services/treatments
- Caregiver or self-reported recall of child adverse experiences

What did we learn from the current study ?

- Support for ACE Study results in mental health service/treatment samples
  - Even higher prevalence of ACEs in clinical samples
  - Higher proportion of samples with multiply occurring ACEs
  - Strong positive relationship between number of ACEs and the behavioral, emotional and physical health problems at intake into mental health service/treatment

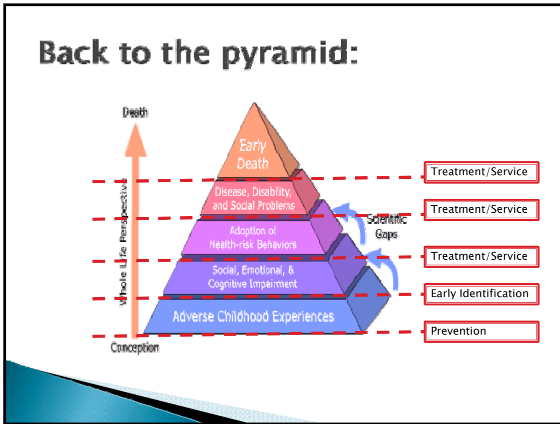
What did we learn from the current study? *continued*

Moving beyond ACE Study findings:

- What happens when treatments and services are provided?
  - Children improve (on clinical and functional measures)
  - Children improve at consistent rates regardless of level of ACEs

Thoughts and questions related to interpretation

ACE Study Findings and Directions	Related Current Study Questions & Statements
The impact of ACEs is enduring and life long *(effect of cumulative stress on neurodevelopment)*	While accumulation of stressors appear related to severity of problems, it does not seem to impact responsiveness to treatment in these clinical samples. WHY?
The interrelatedness of ACEs make single adverse event assessment illogical	Does this make single adverse event (or event type) treatment illogical?
Current and future directions of ACE Study will investigate service access and service utilization	What are the pivotal points of intervention in the pyramid that change the origin, trajectory and impact of risk behavior?



What to do next?

- Priorities for Programming :
  - Prevention (universal and selective)
  - Early detection, early identification, early intervention
- Priorities for Research:
  - Better understand the outcome trajectories related to intensity and type of ACE as it relates different types of treatment provided (CER?)
  - Prospectively investigate the pyramid relationships in clinical samples
    - Does reduction in behavioral and emotional impairment experienced through “early intervention” mitigate the adoption of health risk behaviors in later life?