**Remembering the ACE study context and findings?**

ACE Study Conceptual Framework: Designed to address scientific gaps about origin of risk factors

- Predominantly white, educated, older adult sample of HMO patients recall adverse experiences during first 18 years of life
- ACEs are prevalent and interrelated
- Strong positive relationship between number of ACEs and the risk for primary and behavioral health problems
- Findings speak to need for early intervention and prevention

**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**

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