

# Navigating Adversity with PACEs

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# Childhood Adversity

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Verbal Abuse

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Physical Abuse

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Sexual Abuse

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Emotional Abuse

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Neglect

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Witness Intimate Partner Violence

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Separated/Divorced Parents

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Substance Abuse in Home

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Family Member Mentally Ill or Suicidal

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Family Member Incarcerated



# ACEs lead to chronic illness

## ≥4 ACEs increase the risk

- 4 to 12 times for alcohol abuse, drug abuse, depression & suicide attempt, teen pregnancy, violence
- 2 to 4 times for smoking, poor self-rated health, STDs, cancer, cardiovascular disease, chronic headache
- 50% to 99% increase in diabetes, autoimmune disease, obesity

Bellis et al., 2019

Cause of ill health	Studies (n)*	Individuals (n)	1 ACE		≥2 ACEs	
			Pooled relative risk	Heterogeneity, I <sup>2</sup>	Pooled relative risk	Heterogeneity, I <sup>2</sup>
Alcohol use						
Europe	4	20 427	1.51 (1.22-1.87)	75.4% (0-89.1)	2.11 (1.13-3.95)	98.0% (97.1-98.5)
North America	5	85 745	1.44 (1.20-1.74)	80.1% (37.6-89.8)	1.81 (1.22-2.68)	96.7% (95.2-97.6)
Asia	4	21 365	1.69 (1.48-1.93)	45.7% (0-80.7)	2.89 (2.68-3.12)	0% (0-67.9)
North America	1	17 337	1.53 (1.36-1.72)	NA	2.64 (2.40-2.91)	NA
Europe	4	21 402	1.29 (1.21-1.38)	1% (0-68.2)	1.82 (1.71-1.95)	25.9% (0-75.5)
North America	7	113 339	1.23 (1.04-1.46)	93.1% (88.9-95.2)	1.74 (1.47-2.05)	95.1% (92.8-96.4)
Depression						
Europe	2	6 437	1.06 (0.99-1.15)	0%†	1.24 (0.85-1.79)	41.2%†
North America	5	78 004	1.08 (1.00-1.17)	69.9% (0-86.2)	1.23 (1.06-1.43)	93.8% (89.1-95.9)
Anxiety						
Europe	1	2 493	1.44 (1.17-1.77)	NA	2.56 (2.19-2.98)	NA
North America	3	30 859	1.08 (0.66-1.77)	94% (85.6-96.6)	2.25 (1.43-3.56)	96.1% (92.5-97.6)
Depression						
Europe	3	1 459 284	1.54 (1.51-1.57)	0% (0-72.9)	2.34 (2.19-2.50)	82.5% (0-92.5)
North America	7	91 112	1.34 (1.15-1.56)	88.6% (78.5-92.8)	2.69 (2.17-3.33)	96.8% (95.6-97.5)
Cancer						
Europe	4	21 593	1.08 (0.89-1.30)	39.6% (0-79.1)	1.58 (1.32-1.91)	25.6% (0-75.4)
North America	2	14 372	1.10 (0.95-1.28)	0%†	1.25 (1.10-1.43)	0%†
Cardiovascular disease						
Europe	3	15 742	1.11 (0.99-1.24)	0% (0-72.9)	1.57 (1.20-2.06)	59.9% (0-86.7)
North America	6	83 932	1.16 (1.04-1.29)	55.2% (0-80)	1.60 (1.41-1.81)	75.7% (26.9-87.4)
Diabetes						
Europe	3	15 733	1.02 (0.88-1.19)	0% (0-72.9)	1.43 (1.11-1.83)	58.7% (0-86.4)
North America	6	74 662	1.11 (1.02-1.22)	39.3% (0-74.7)	1.15 (0.97-1.37)	85.3% (66.5-91.5)
Chronic respiratory disease						
Europe	5	38 075	1.19 (1.04-1.35)	14.7% (0-69.1)	1.98 (1.42-2.76)	83.3% (53.1-91.1)
North America	5	67 417	1.29 (1.17-1.41)	0% (0-64.1)	1.90 (1.58-2.29)	77% (19.4-88.6)

†CI=95% CI. ACE=Adverse childhood experience. NA=not applicable. \*Included studies are shown in the appendix (p 9). †CI=not calculable.

Relative risks for risk factors and causes of ill health

# ACEs are costly

- ACEs cost North America **\$748 billion** per year—just from preventable health care costs.
- A 10% reduction in ACEs prevalence could save **\$105 billion** per year.

**Bellis et al., 2019**

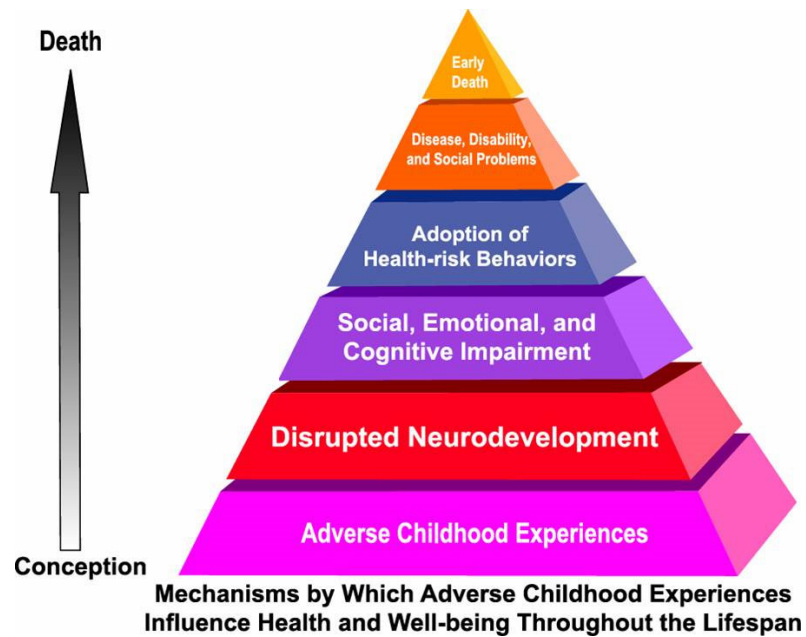
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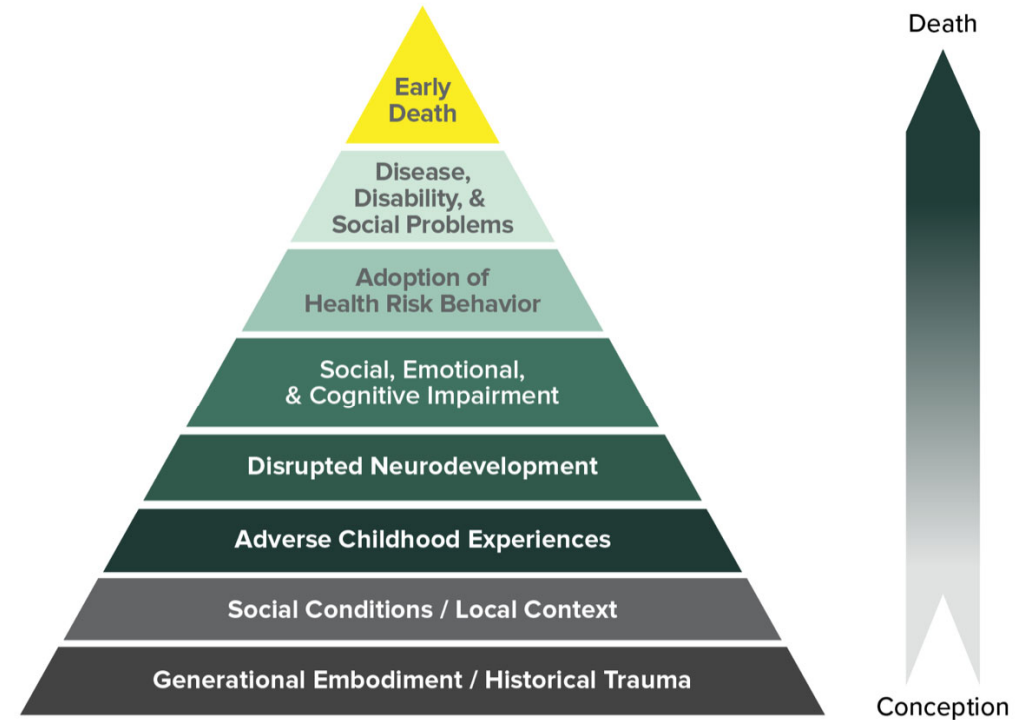
Relative risks for risk factors and causes of ill health



# ACEs Models



Felitti, Anda, et al., 1998 *Am J Prev Med*, 14(4), 245-258.



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

<https://www.cdc.gov/violenceprevention/aces/about.html>



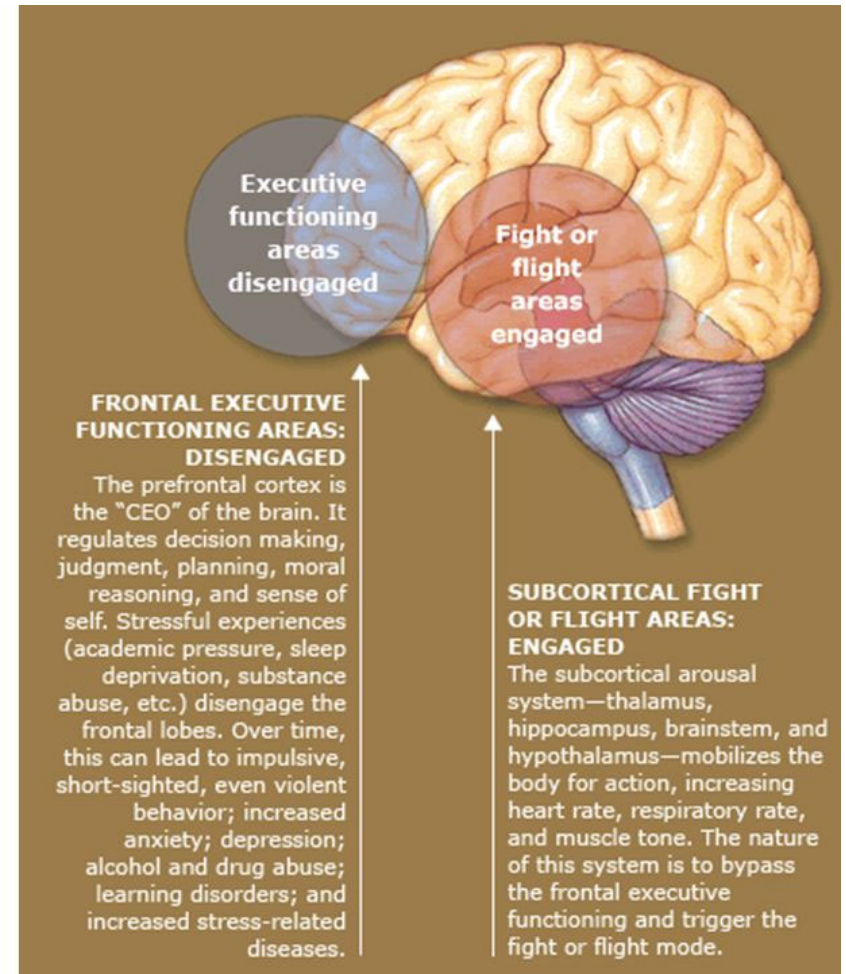
### Stress & the Brain

- Frontal executive functioning areas are disengaged
- Subcortical *fight or flight* areas are engaged

### Trauma:

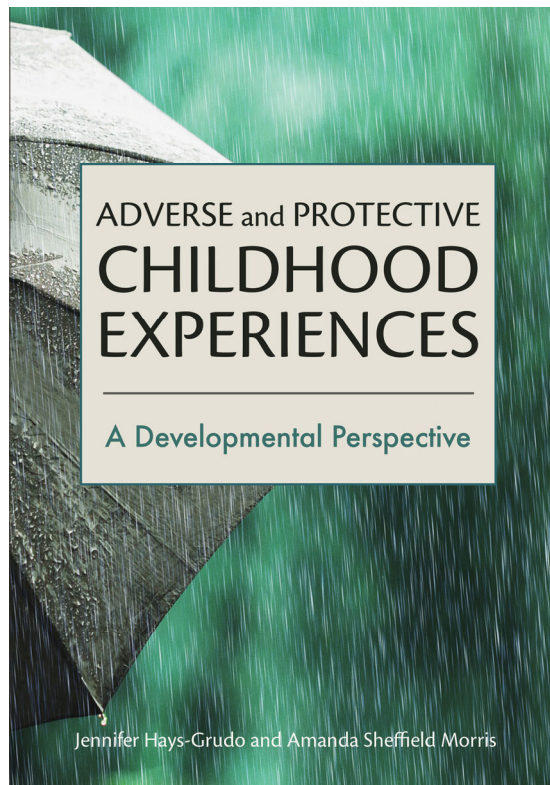
#### Allostatic load

The wear and tear that the body experiences due to repeated cycles of stressful events as well as the inefficient turning-on or shutting off of these responses



McEwen, 1998; Teicher & Samson, 2016

# Linking adversity with outcomes: Identifying biobehavioral adaptations to adversity and stress during development



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## Integrating and Synthesizing Adversity and Resilience Knowledge and Action: The ICARE Model

Jennifer Hays-Grudo<sup>1</sup>, Amanda Sheffield Morris<sup>2</sup>, Lana Beasley<sup>3</sup>, Lucia Ciciolla<sup>4</sup>,  
Karina Shreffler<sup>2</sup>, and Julie Croff<sup>5</sup>

<sup>1</sup> Department of Psychiatry and Behavioral Science, OSU Center for Health Sciences

<sup>2</sup> Department of Human Development and Family Science, Oklahoma State University, Tulsa

<sup>3</sup> Department of Human Development and Family Science, Oklahoma State University

<sup>4</sup> Department of Psychology, Oklahoma State University

<sup>5</sup> Department of Rural Health, OSU Center for Health Sciences

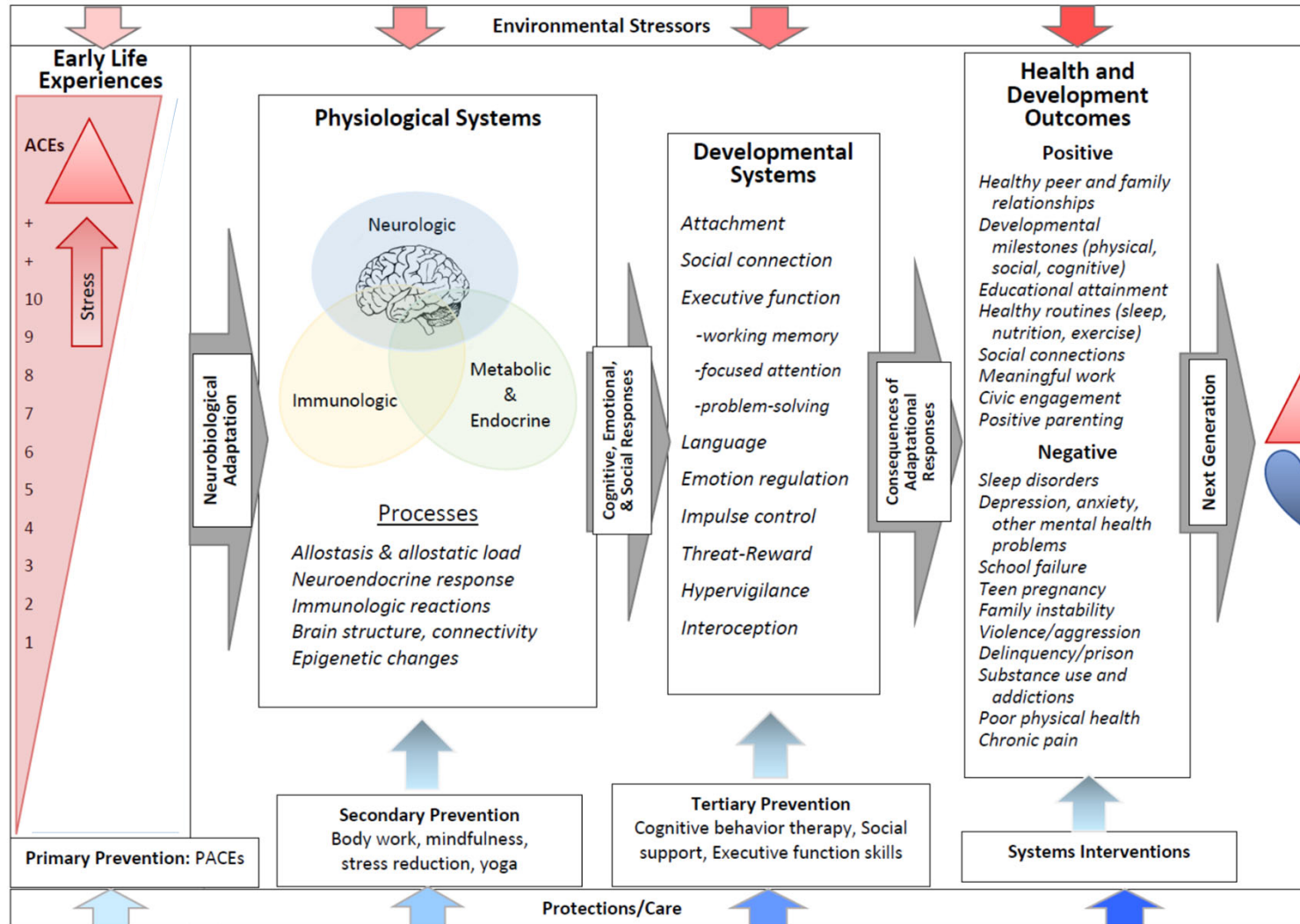
This article proposes a model for understanding the effects of adverse childhood experiences (ACEs) as dynamic and interrelated biobehavioral adaptations to early life stress that have predictable consequences on development and health. Drawing upon research from multiple theoretical and methodological approaches, the intergenerational and cumulative adverse and resilient experiences (ICARE) model posits that the negative consequences of ACEs result from biological and behavioral adaptations to adversity that alter cognitive, social, and emotional development. These adaptations often have negative consequences in adulthood and may be transmitted to subsequent generations through epigenetic changes as well as behavioral and environmental pathways. The ICARE model also incorporates decades of resilience research documenting the power of protective relationships and contextual resources in mitigating the effects of ACEs. Examples of interventions are provided that illustrate the importance of targeting the dysregulated biobehavioral adaptations to ACEs and developmental impairments as well as resulting problem behaviors and health conditions.



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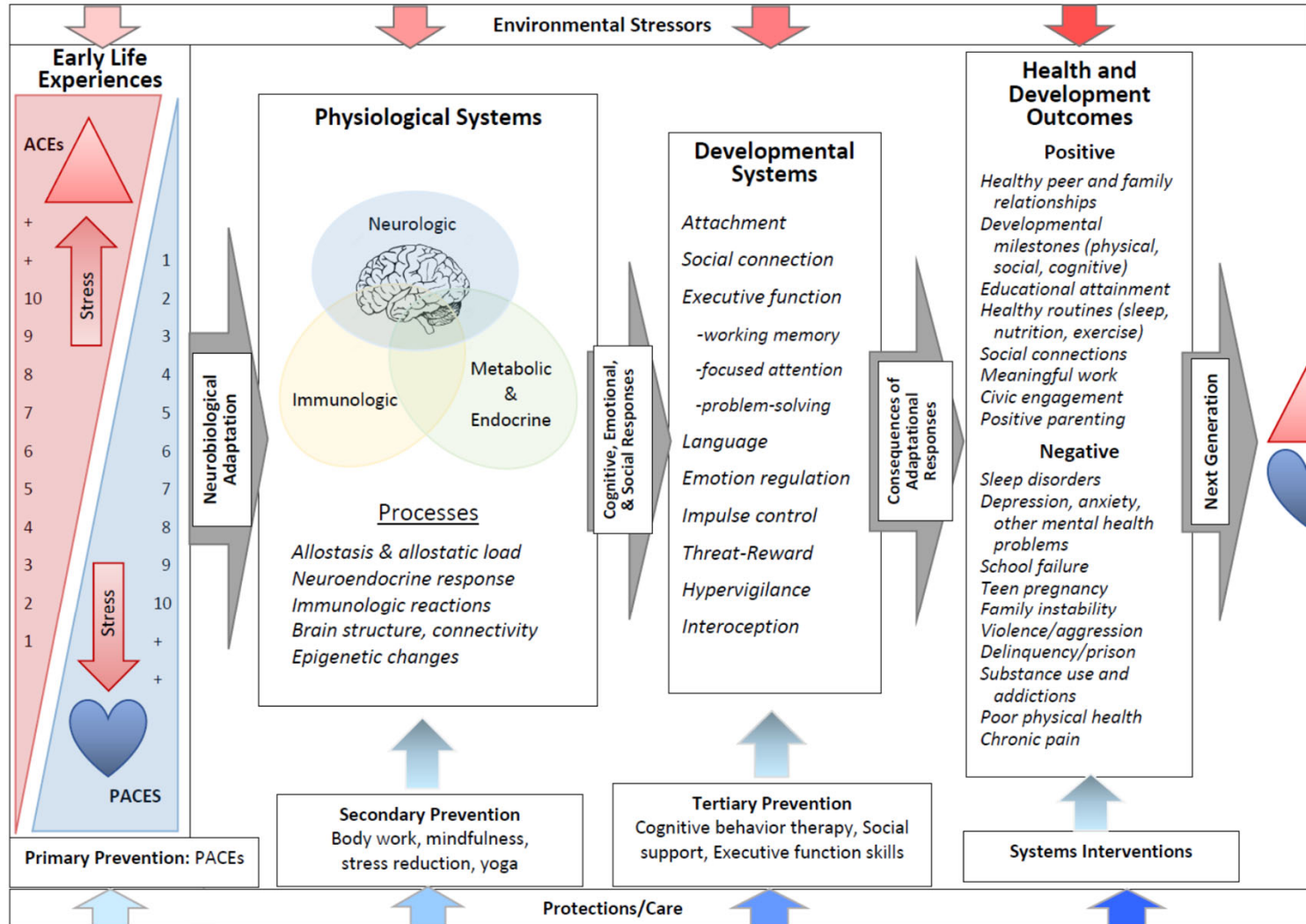
### The Multiple Effects of ACEs Over a Lifetime and Across Generations





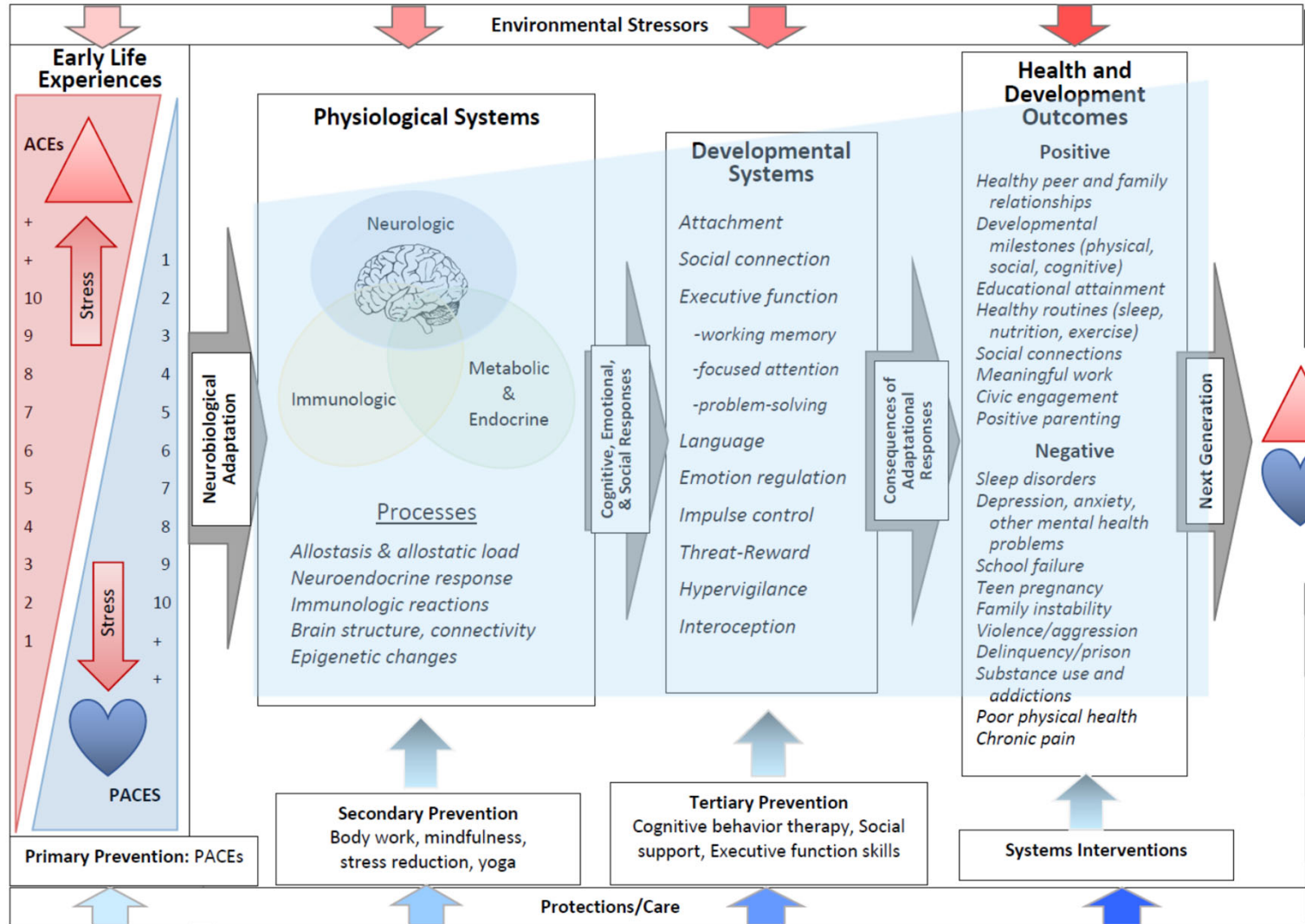
ACEs are only part of the story

### Intergenerational and Cumulative Adverse and Resilient Experiences (ICARE) Model



And PACEs can be lifelong

### Intergenerational and Cumulative Adverse and Resilient Experiences (ICARE) Model





# Adverse and Protective Childhood Experiences and Parenting Attitudes: the Role of Cumulative Protection in Understanding Resilience

Amanda Sheffield Morris<sup>1</sup> · Jennifer Hays-Grudo<sup>1</sup> · Martha Isabel Zapata<sup>1</sup> · Amy Treat<sup>1</sup> · Kara L. Kerr<sup>1</sup>

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## Abstract

Theory and research indicate that adverse childhood experiences (ACEs) are linked to negative parenting attitudes and behaviors. We posit that protective and compensatory experiences (PACEs) in childhood buffer the negative effects of ACEs on later parenting. To test this premise, the present study examined associations between ACEs, PACEs, and attitudes towards nurturing and harsh parenting in an ethnically diverse sample of parents with children of various ages ( $N = 109$ ; 65% mothers, 35% fathers;  $M$  age = 38). Parents completed a widely used parenting attitudes questionnaire and the ACEs and PACEs surveys. PACEs were negatively correlated with ACEs and positively correlated with nurturing parenting attitudes and parent income and education



# Importance of Cumulative Protective Experiences for Children and Teens

Animal models have found that exposure to **enriched environments**, (novelty, stimulation, and social opportunities), limit or reverse effects of early adversity on the HPA axis (Kentner et al., 2018).

Bethell et al. (2019) **Positive childhood experiences** reduced risk of mental and relational health problems, even with ACEs (7 items measuring belongingness/relationships)

Narayan, Atzl, Merrick, Harris, & Lieberman (2020) **Benevolent Childhood Experiences**. 10 items reflecting positive emotional/relational family climate predict less psychopathology and stress in pregnant women


Yamaoka & Bard (2019) **Positive Parenting Practices** (6 items from NSCH) reduced negative effects of ACEs on both soc-emo deficits and developmental delays in early childhood.

Morris, Hays-Grudo, Zapata, Treat, & Kerr (2021) **Protective and Compensatory Experiences (PACEs)** mitigate effects of ACEs on harsh parenting attitudes.



## Special Issue Article

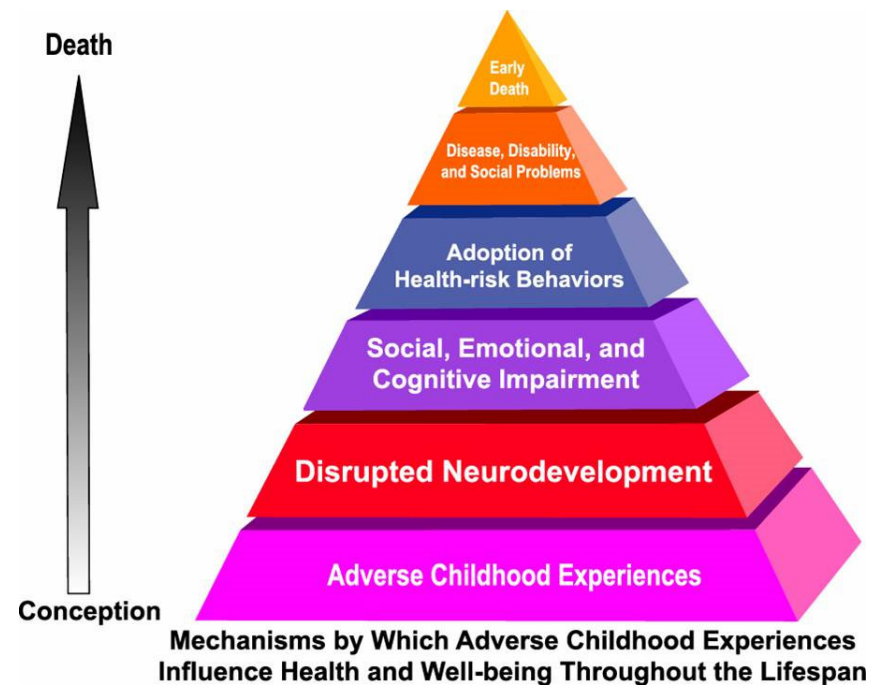
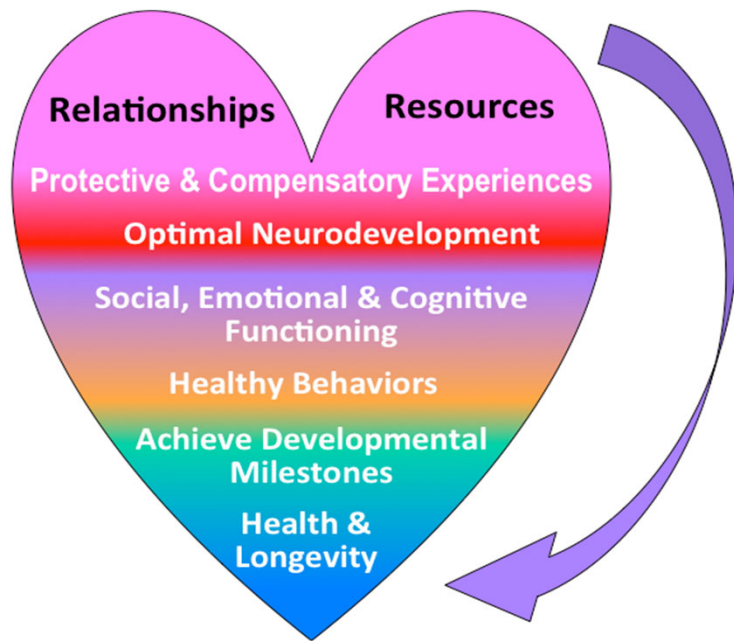
# The heart of the matter: Developing the whole child through community resources and caregiver relationships

Amanda Sheffield Morris , Jennifer Hays-Grudo, Kara L. Kerr and Lana O. Beasley  
Oklahoma State University, Tulsa, OK, USA

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### Abstract

Numerous developmental scholars have been influenced by the research, policies, and thinking of the late Edward Zigler, who was instrumental in founding Head Start and Early Head Start. In line with the research and advocacy work of Zigler, we discuss two models that support the development of the whole child. We begin by reviewing how adverse and protective experiences “get under the skin” and affect developmental trajectories and risk and resilience processes. We then present research and examples of how experiences affect the whole child, the *heart* and the *head* (social, emotional, cognitive, and physical development), and consider development within context and across domains. We discuss examples of interventions that strengthen nurturing relationships as the mechanism of change. We offer a public health perspective on promoting optimal development through nurturing relationships and access to resources during early childhood. We end with a discussion of the myth that our current society is child-focused and argue for radical, essential change to make promoting optimal development for all children the cornerstone of our society.



# PACEs: The Antidote to ACEs



## Relationship PACEs

### **Unconditional Love**

- Children need to feel loved and know that they are cared about.
- Attachment research and research on authoritative parenting supports the importance of unconditional love, warmth, and nurturance.

### **Having a Best Friend**

- Having a best friend protects children from peer rejection, bullying, and victimization.
- With friends, children can try out new skills and learned behaviors among equals.
- Friends also reduce stress, provide social support and acceptance.

### **Having a Mentor**

- A trustworthy adult provides support, advice, and comfort when parents are not available or in other areas of life.
- A coach, teacher, or relative can protect children and make up for much of the negative outcomes associated with poorly functioning households.





# Relationship PACEs

## **Being Part of a Group**

- Membership in a group fosters a sense of belonging and community.
- Being part of civic or faith-based group means that children are spending time in positive activities.
- Group membership can also help with identity development, and aid children in developing their own values and morals.

## **Volunteering**

- Helping others provides us with a sense of connection to the broader world.
- It helps children learn about the needs of others and fosters empathy, altruism, and perspective taking.
- Research shows the positive effects of volunteering, particularly when children volunteer with their parents.





# Environment & Resource PACEs

- **Having the opportunity to be physically active**

- Being physically active is important for health and helps children handle the physiological effects of stress on the body.
- Organized sports can provide both security and connection.
- Sports can help develop goal-setting, self-regulation, and self-esteem.

- **Having a hobby**

- Having a hobby teaches discipline and self-regulation in the context of fun. It can lead to a sense of mastery, competence, and self-esteem.
- Creative hobbies provide an outlet for expression and identity exploration and allow children to have a voice and be recognized for the abilities.



# Environment & Resource PACEs

## Clean, safe home with enough food

- Children who live in homes that are cluttered and unclean, have worse outcomes even when things like parenting and resources are equal.
- Good nutrition is important for brain health and development.
- Mealtimes can be part of the home routine, and a time for family communication and sharing.

## Clear & fair rules and predictable routines

- Fair rules and predictable routines create a sense of safety.
- Children who have no rules or limits often grow up to be irresponsible adults, engage in risky behavior as teens, and do not do well in school.
- Adolescents whose parents monitor their activities are less likely to engage in risky behavior and do better in school. As children grow older it is important for them to have a say in the rules.





# Environment & Resource PACEs

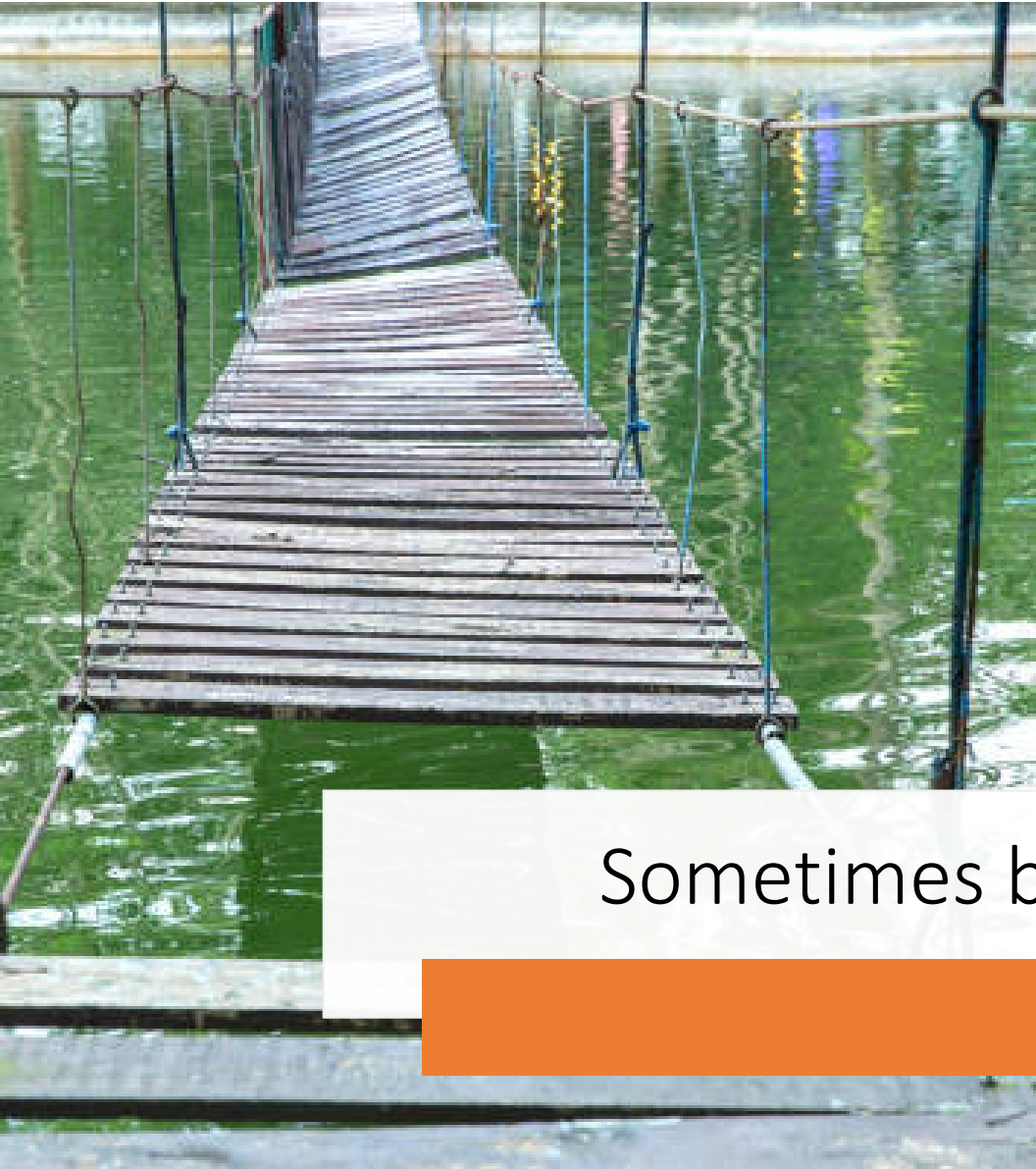
## Good Schools/Opportunities to Learn

- Early Childhood Education – 7 to 1 return on investment.
- Attending a school that provides the resources and opportunities to have positive academic experiences helps children facilitate mastery of knowledge.
- When children attend a good school, they are typically among peers who do well in schools and families who value education. Being among such peers amplifies students' performance, as students tend to fall or rise in performance, based on those around them.
- Evidence across many disciplines (psychology, economics, sociology) finds that quality education is one of the best predictors of later life success and happiness.









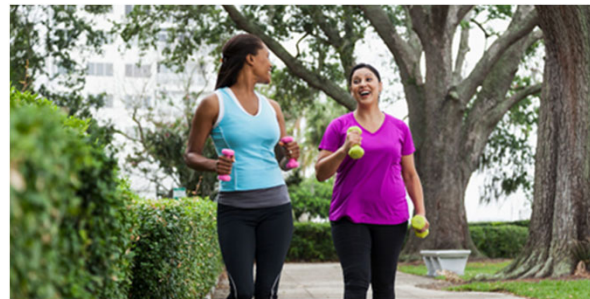
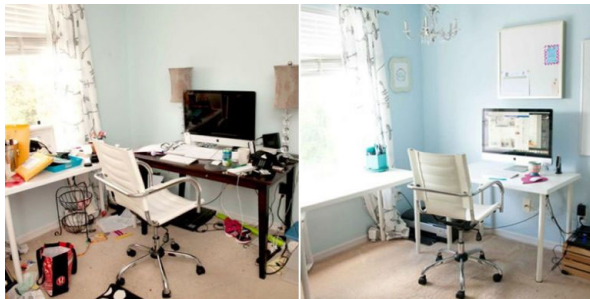
Sometimes bridges break







# Adult PACEs





## Protective and Compensatory Experiences in Adulthood

### (Current Adulthood PACEs)

When answering these questions, think about the last 12 months. On a scale of 1 to 5, fill the circle of the number that best describes how often each of the items occurred.

Never	Rarely	Sometimes	Often	Very Often
1	2	3	4	5

		1	2	3	4	5
1.	I felt loved and did not doubt that I was cared for.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
2.	I had someone I trust that I could turn to for advice, mentorship, or support.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
3.	I had at least one best friend, someone I could count on and had fun with.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
4.	I was engaged in at least one social or faith-based group.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
5.	I did things to benefit others or participated in community helping projects.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
6.	I had regular routines for things like sleeping, eating, and exercising.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
7.	I lived in a space that was clean, safe, and uncluttered.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
8.	I had opportunities to learn and grow as a person or in my work.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
9.	I was physically active, either alone or with others.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
10.	I enjoyed at least one hobby or leisure activity.	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>

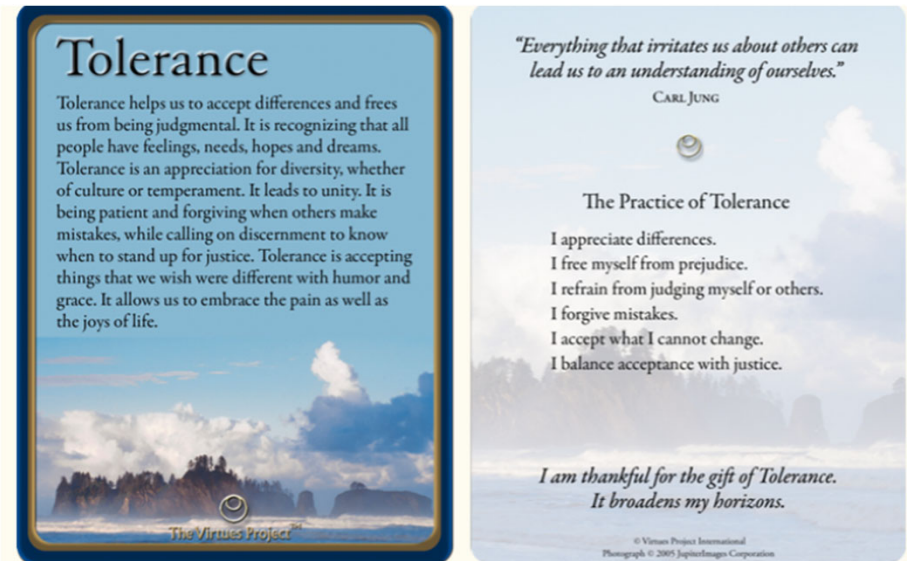
<b>Universal Needs</b>	<b>PACEs - Birth to 18</b>	<b>Virtues</b>
<b>Love</b>	Felt unconditional love; Knew you were cared for	<b>Trust</b>
<b>Guidance</b>	Had a trusted adult as a mentor for advice and support	<b>Wisdom</b>
<b>Friendship</b>	Had at least one best friend – someone you trusted, had fun with	<b>Compassion</b>
<b>Affiliation</b>	Belonged to at least one social group	<b>Cooperation</b>
<b>Benevolence</b>	Regularly volunteered or did projects to help others	<b>Gratitude</b>
<b>Stability</b>	Had regular routines and rules were fairly enforced	<b>Self-control</b>
<b>Comfort</b>	Lived in a clean, uncluttered home with enough food to eat	<b>Contentment</b>
<b>Knowledge</b>	Had appropriate opportunities and resources to learn	<b>Curiosity</b>
<b>Movement</b>	Regularly participated in organized sports or physical activity	<b>Vitality</b>
<b>Recreation</b>	Had an engaging hobby, artistic, or intellectual pastime	<b>Creativity</b>

Morris & Hays-Grudo, in press; Hays-Grudo & Morris, 2020


# PACEs create virtues

- Virtues are character strengths that build the capacity for resilience
- PACEs begin as external (relationships and environmental) but become internalized (ICARE)
- PACEs create new habits and cultivate positive approaches to everyday problems
- These habits and responses cultivate strengths of character, or virtues

See: <https://www.virtuesproject.com/>





A group of people are in a blue inflatable raft on a river. The river is surrounded by rocky banks and dense green forest. The water is clear and greenish. In the background, there are mountains and more trees. A white circular callout with a gold border is on the left side of the image.

Couldn't we  
all use a  
new life raft  
or two?

# PACEs Plan

PACEs Plan		Month _____
<b>Relationship PACES</b>		
<b>Love.</b> I know that am love and love someone unconditionally. I do not doubt that I am cared for.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Friendship.</b> I have at least one best friend, someone I can count on and have fun with.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Volunteer.</b> I do something regularly to benefit others or participate in community helping projects.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Mentor.</b> I have someone I can look to for advice, information, or support.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Community connection.</b> I am an active member of at least one civic, social, or faith-based group.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		

Notes:

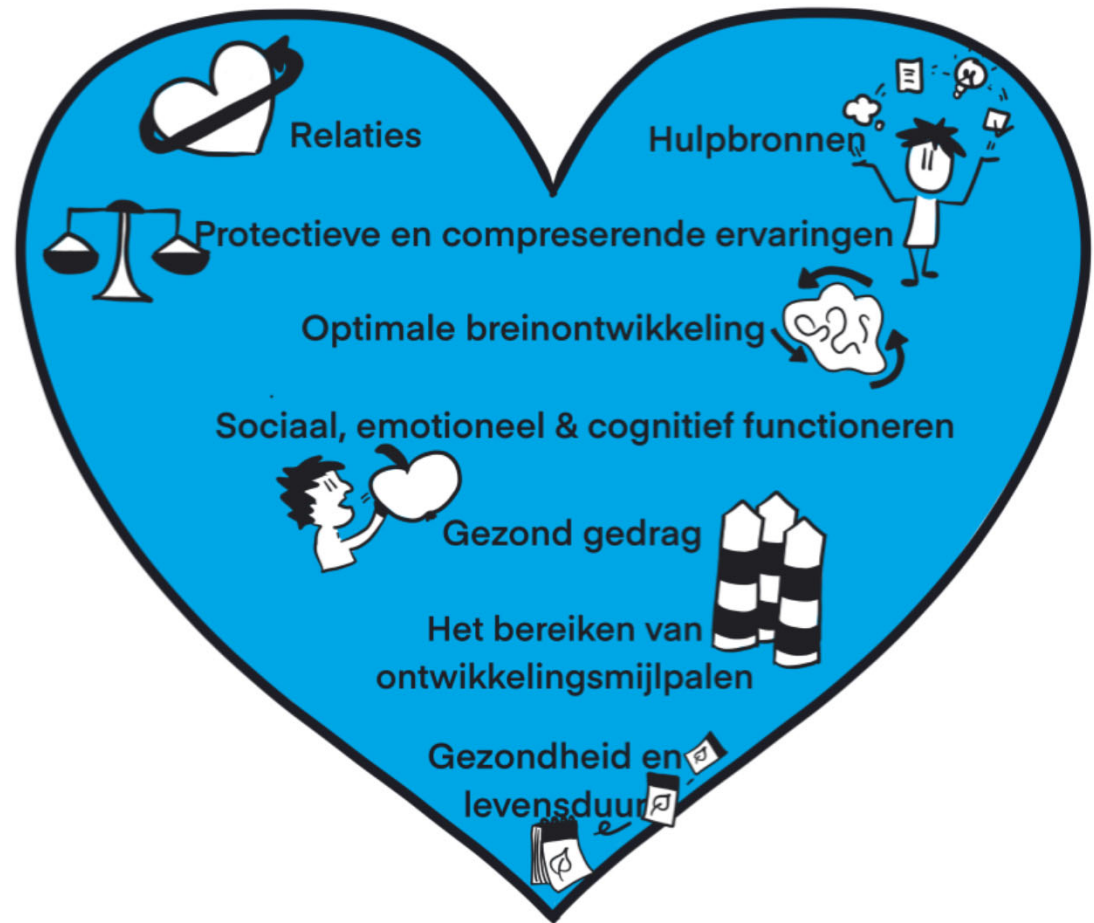
		Month _____
<b>Environment and Resources PACES</b>		
<b>Home.</b> I live in a home that is clean, uncluttered, safe, with healthy food to eat.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Learning.</b> I make opportunities for lifelong learning, and have the resources I need to learn and grow in my work and as a person.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Physical activity.</b> I get some type of physical exercise every day, either alone or with others.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Hobby.</b> I have a hobby that gives me pleasure and allows me to be creative and productive and feel proud of my accomplishments.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		
<b>Routines and rituals.</b> I make a point to get enough sleep, eat regular meals with family and friends and have other opportunities to spend time with others.		
<i>Current status:</i>	<i>Actions taken:</i>	
<i>Goal:</i>		

Notes:

# PACEs are global

---

- Dutch translation (Jessica Vervoot, U of Amsterdam)
- Japanese translation
  - PACEs (Ryu Takizawa, Clin Psy, U of Tokyo)
  - Book (Satoko Matsumoto, Masumi Sugawara, Ochanomizu University, Tokyo)
- Portuguese translation (Telma Almeida, Instituto Universitário Egas Moniz)
- Canadian podcast (Agnes Chen, *Rise Resilient*)
- Child & Family blog (Duncan Fisher, UK, international distribution)
- Spanish translation (Catholic Charities)







## Phase 1 (2016-2022): Five major projects



Julie Croff, MPH, PhD  
OSU-CHS Rural Health



Ron Cox, PhD, HDFS



Karina Shreffler, PhD, HDFS



Amanda Morris, HDFS



Misty Hawkins, Psychology

And 10 pilot projects!

## Phase 2 (2023-2028): Three initial projects plus CIRCA common database



Lucia Ciciolla, PhD  
Psychology



Bart Ford, PhD OSU-CHS  
Pharmacology & Physiology

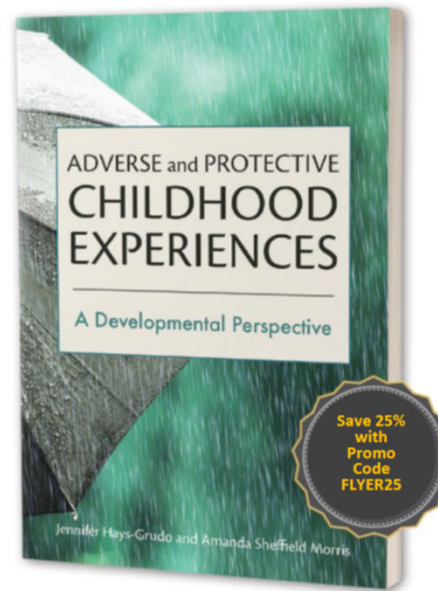
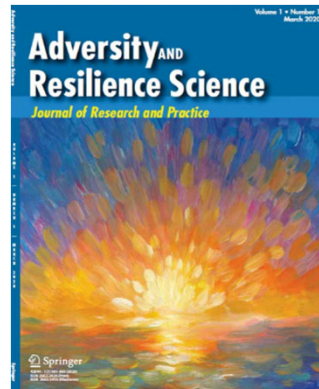
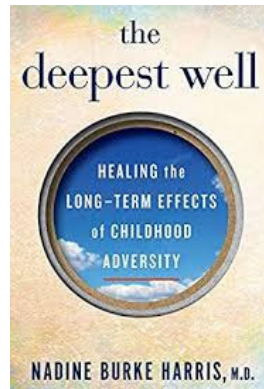
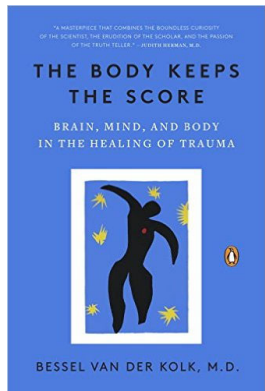
**Behavioral  
Immunology  
Lab of Tulsa**



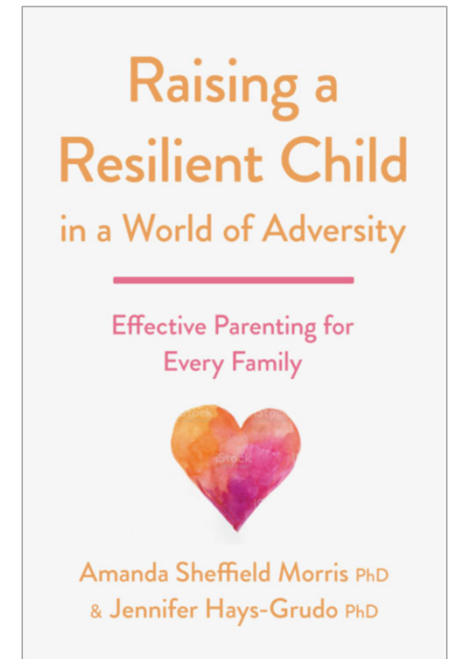
**Laboratory for the  
Adolescent Brain**

PROJECT REY

Kara Kerr, PhD  
Psychology



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November 2023

## Readings and Resources

[www.acesandpaces.com](https://www.acesandpaces.com)

<https://www.springer.com/journal/42844>

<https://childandfamilyblog.com/how-to-protect-your-child-against-adversity-pace-methods/>

[jennifer.hays.grudo@okstate.edu](mailto:jennifer.hays.grudo@okstate.edu)

# Thank You PACEs Lab Team!



Amanda  
Morris, PhD



Lana Beasley,  
PhD



Erin Ratliff,  
PhD



Devin  
Barlaan, PhD



Jenny  
Watrous  
M.S.

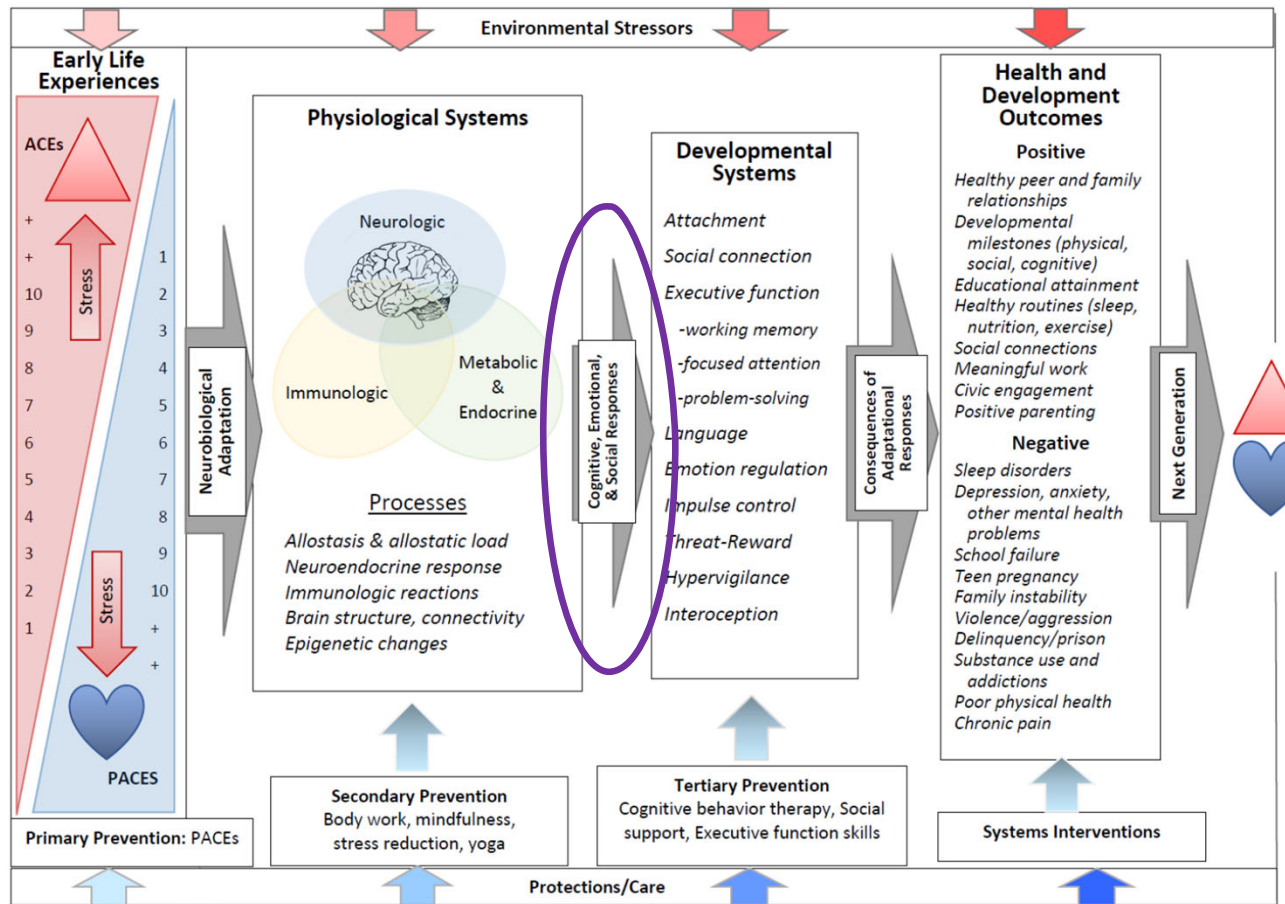


Salena King  
M.S.



Haley  
Billings  
M.S.

## Intergenerational and Cumulative Adverse and Resilient Experiences (ICARE) Model

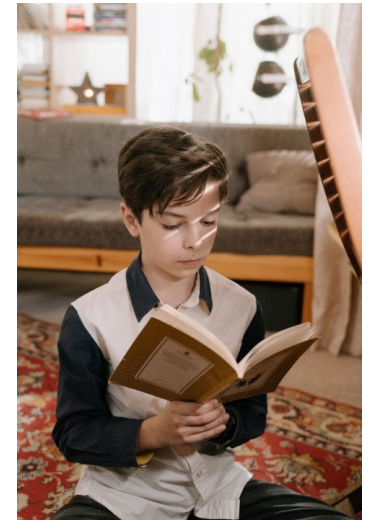




As a child (6-18) when bad things happened to me or others in my home, I often (circle all that apply)

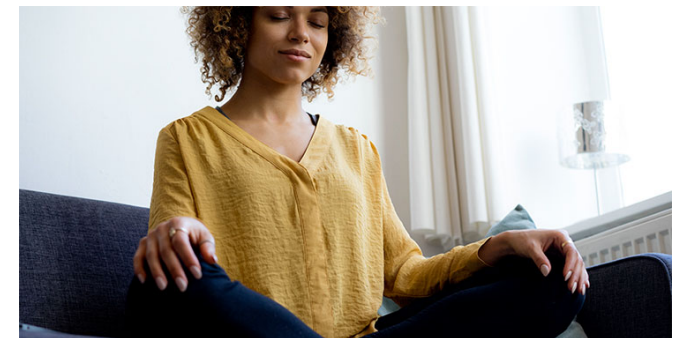
1. Pretended that nothing bad had really happened.
2. Denied having negative thoughts or feelings.
3. Refused to believe it had happened.
4. Avoided being around other people.
5. Made sure no one knew about the situation.
6. Took my negative feelings (anger, fear, frustration) out on others.
7. Fought back verbally or physically.
8. Distracted myself with video games, TV, food, sleep.
9. Was preoccupied with physical aches and pains.
10. Came up with possible solutions to the problem.
11. Talked with someone who could help, such as a relative, teacher, police.
12. Asked someone I respected for advice and followed it.
13. Blamed myself for the situation.
14. Avoided my home and those within it who caused the problem(s).
15. Worried about what to do.
16. Told myself it wasn't really happening to me.
17. Did things to reduce the stress I felt (was physically active, practiced breathing exercises).
18. Believed that something good that would come out of the situation.
19. Changed something about myself so that I could deal with the situation better.
20. Tried to make things better by having a plan and following it.
21. Accepted sympathy and understanding from someone.
22. Criticized or lectured myself.
23. Hoped or prayed that a miracle would happen.
24. Daydreamed or imagined a better time or place than the one I was in.
25. Had specific fantasies (perfect revenge, finding lots of money) that made me feel better.
26. Focused on schoolwork, sports, creative interests, or other activities.
27. Tried to make everything okay by acting more like a parent (caring for younger siblings, doing housework).
28. Blamed myself for not knowing what to do.
29. Asked for advice from a school or other counselor and did what they recommended.
30. Talked with others who had gone through similar situations.

## Childhood Adaptations to ACEs (CHAACEs)



As an adult, when bad things happen to me, I sometimes (circle all that apply)

1. Pretend that it's not really so bad.
2. Deny having negative thoughts or feelings.
3. Refuse to believe it happened.
4. Avoid being around other people.
5. Make sure no one knows about the situation.
6. Take my negative feelings (anger, fear, frustration) out on others.
7. Fight back verbally or physically.
8. Distract myself with video games, TV, food, drink, drugs, sleep.
9. Become preoccupied with physical aches and pains.
10. Come up with possible solutions to the problem.
11. Talk with someone who can help, such as a relative, clergy, police.
12. Ask someone I respect for advice and followed it.
13. Blame myself for the situation.
14. Avoid being with those who caused the problem(s).
15. Worry about what to do.
16. Tell myself it isn't really happening.
17. Do something healthy to reduce stress (be physically active, practice breathing exercises).
18. Concentrate on finding something good that could come out of the situation.
19. Change something about myself so that I can deal with the situation better.
20. Try to make things better by having a plan and following it.
21. Accept sympathy and understanding from someone.
22. Criticize or lecture myself.
23. Hope or pray that a miracle will happen.
24. Daydream or imagine a better time or place than the one I am in.
25. Have specific fantasies (getting the perfect revenge) that make me feel better.
26. Focus on work, sports, creative interests, or other activities.
27. Try to make things better by being extra responsible and caring for others around me.
28. Blame myself for not knowing what to do.
29. Get professional help and follow their recommendations.
30. Talk with others who have gone through similar situations.

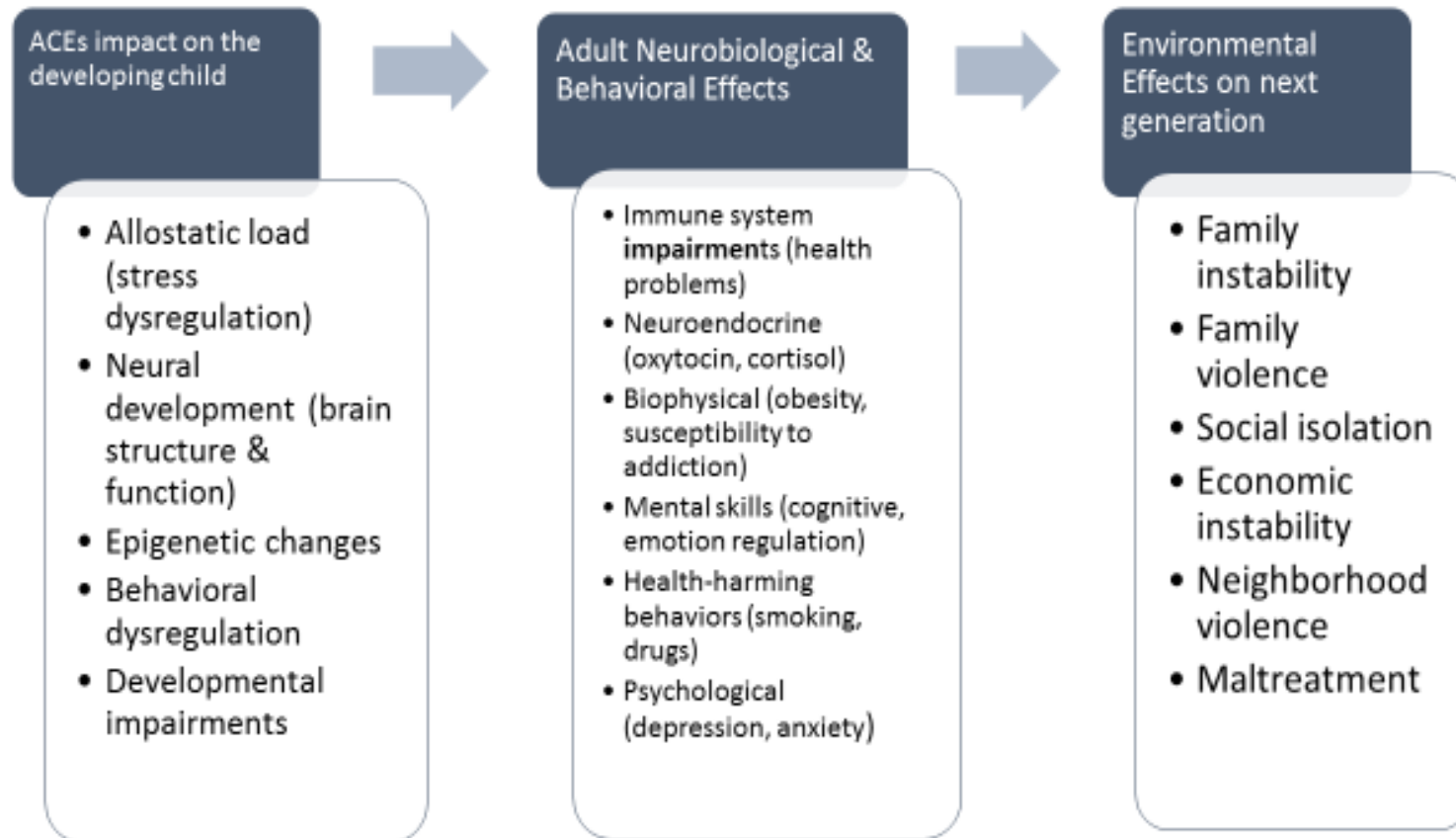






- Reflection – how aware of my coping strategies am I?
- What strategies would I like to change?

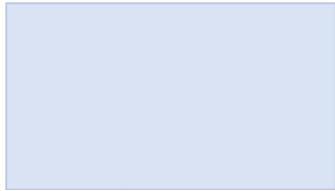
# Intergenerational Transmission of Adversity





### ACEs Genogram

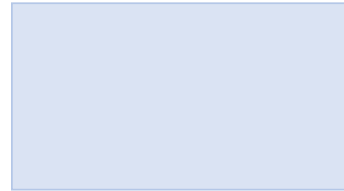
Father's father's ACEs



Father's mother's ACEs



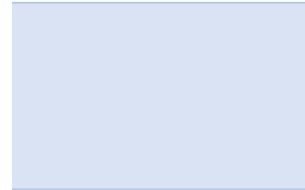
Mother's father's ACEs



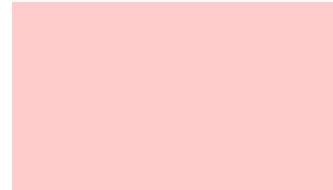
Mother's mother's ACEs



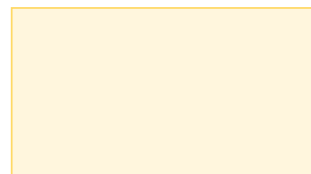
Father's ACEs



Mother's ACEs

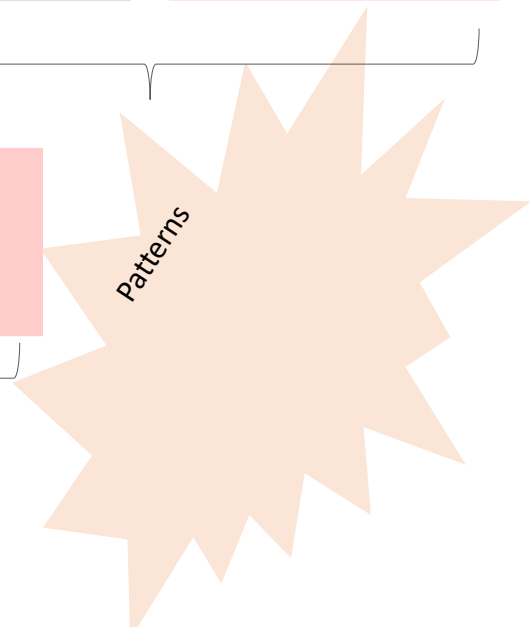
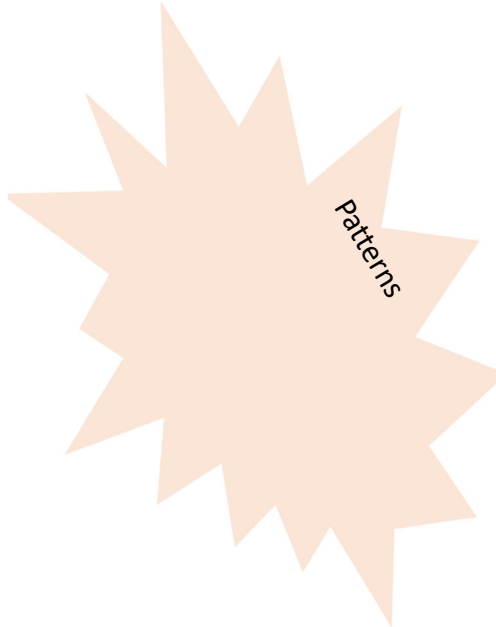


My ACEs

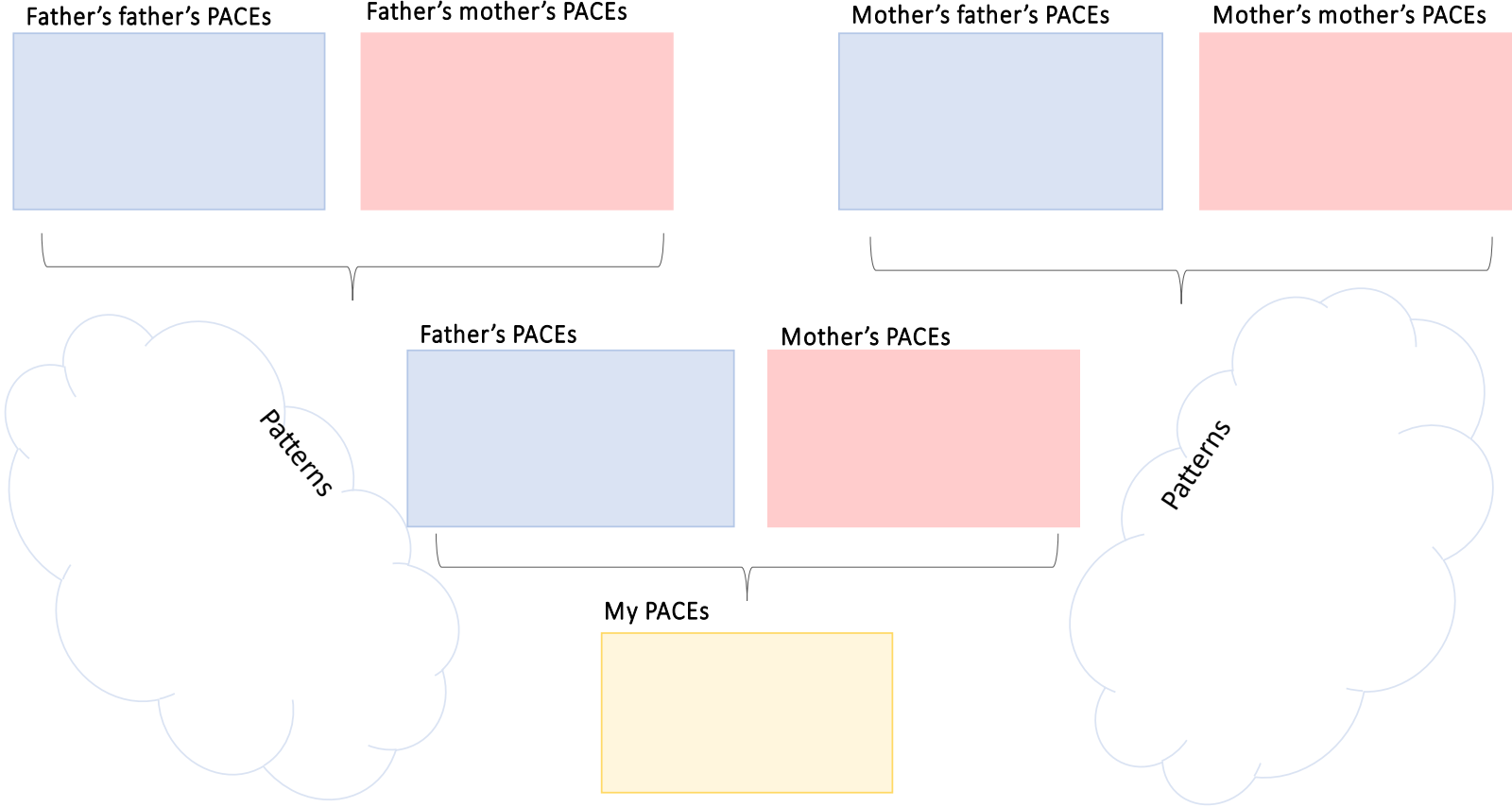


Patterns

Patterns



**PACEs Genogram**





## *Questions for Reflection*

- Did you find any patterns of adversity in your family history?
- Are there patterns of PACEs in your family?
- How might you use ACEs/PACEs genograms in your work? In your personal life?