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A Review of the Clinical Utility and Psychometric Properties of the Positive Childhood Experiences (PCEs) scale: Scoring and Qualitative Descriptors

The Positive Childhood Experiences (PCEs) scale, developed by Bethell et al. (2019), is a 7-item self-report measure that assesses positive childhood experiences from birth to age 18 years. This technical review synthesises current research on the PCEs scale's psychometric properties and provides clinicians with comprehensive scoring frameworks and qualitative descriptors to enhance the clinical utility of the PCEs through evidence-based guidelines and practical implementation strategies.

View the PCEs on NovoPsych.com.au

March 2025

Developer

The Positive Childhood Experiences (PCEs) scale was developed by Bethell and colleagues (2019):

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

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Positive Childhood Experiences (PCEs) scale is a 7-item self-report measure designed to retrospectively assess positive childhood experiences from birth to age 18 years. Developed within a developmental psychopathology framework, the PCEs scale evaluates interpersonal experiences that serve as assets and resources for developing children (Bethell et al., 2019).

Positive experiences during childhood, including nurturing and responsive caregiving, and safe and equitable environments, are associated with happy, productive, and healthy lives throughout adulthood (Bethell et al., 2019). The PCEs scale measures positive childhood experiences in family relationships - assessing the presence of safe, supportive family interactions (e.g., being able to talk about feelings with family, family standing by during difficult times, feeling safe and protected by an adult at home), social connections - evaluating positive relationships outside the immediate family (e.g., having at least two non-parent adults who took genuine interest, feeling supported by friends), and community engagement - measuring sense of belonging and participation (e.g., enjoying community traditions, feeling a sense of belonging in high school).

For clinicians, the PCEs scale offers several distinct advantages, particularly in settings where understanding resilience factors is crucial for intervention planning. The measure is especially valuable for working with individuals who have experienced adversity, as it identifies existing strengths that can be leveraged in treatment. The PCEs scale can function as a strength-focused counterpart to adversity measures such as the Adverse Childhood Experiences (ACEs) scale, enabling a more balanced assessment of developmental influences.

In treatment planning, clients with few or no PCEs may benefit from a greater initial focus on establishing safety and trust in the therapeutic relationship before engaging in deeper trauma work. During therapy, understanding and exploring PCEs can foster hope and facilitates a strengths-based approach to meaning making and identity development. Additionally, PCEs can serve as existing strengths or resilience factors, which can be developed as internal resources for navigating trauma work in modalities such as EMDR and other trauma-focused therapies.

When using the PCEs scale in clinical practice, consider the following:

- Integration with adversity measures: The PCEs scale is designed to complement, not replace, assessment of childhood adversity. Optimal clinical practice involves assessing both positive and adverse childhood experiences. For example, using the PCEs in conjunction with the ACEs scale can provide a comprehensive overview of the individual's positive and adverse experiences. Research shows that individuals can have both high ACEs and PCEs, but higher PCEs scores predict more favourable outcomes.
- Interpretation context: PCEs scores should be interpreted in the context of the individual's full clinical presentation, including current symptoms, life circumstances, and reported adversity.
- Promotive versus protective effects: Research suggests that PCEs may have both direct promotive effects on wellbeing and protective (interactive) effects that buffer against adversity. Clinical interpretation should consider both mechanisms.

Psychometric Properties

The seven items in the PCEs scale were adapted from four subscales included in the Child and Youth Resilience Measure-28 (CYRM-28): (1) four items from the Psychological Caregiving subscale; (2) one from the Education subscale; (3) one from the Culture subscale; and (4) one from the Peer Support subscale (Bethell et al., 2019).

Principal components factor analysis confirmed that the PCEs scale has a unidimensional structure with a single eigenvalue greater than 1.0 (2.95) that explained 42.2% of variance. Factor loadings across the seven items ranged from 0.57 ("felt safe/home") to 0.72 ("family stood by/difficult times"), indicating good factor structure (Bethell et al., 2019). The scale demonstrates good internal consistency with a Cronbach's alpha of 0.77.

Construct validity of the PCEs scale is supported by its demonstrated associations with mental health outcomes. In the original study, Bethell et al. (2019) found that the adjusted odds of depression and/or poor mental health (D/PMH)

were 72% lower (OR, 0.28; 95% CI, 0.21-0.39) for adults reporting high levels of PCEs (6-7) versus those reporting low levels (0-2). The adjusted odds were 50% lower (OR, 0.50; 95% CI, 0.36-0.69) for those reporting moderate PCEs (3-5 PCEs).

The scale also demonstrates predictive validity for relational health outcomes. Bethell et al. (2019) found that the adjusted odds that adults reported "always" on the adult-reported social and emotional support (ARSES) variable were 3.53 times (95% CI, 2.60-4.80) greater for adults with high versus low PCEs. These relationships between PCEs and adult outcomes remained stable across all levels of adverse childhood experiences (ACEs), providing strong evidence for the scale's validity in diverse contexts of childhood adversity.

Cross-cultural validity is supported by findings from the Wisconsin Behavioral Risk Factor Survey (Bethell et al., 2019), which demonstrated that PCEs were associated with positive outcomes across diverse racial, ethnic, and socioeconomic groups.

Three distinct qualitative descriptors are presented for scores on the PCEs, providing clinically meaningful thresholds that reliably differentiate between outcome groups:

- Low scores (0-2 PCEs) indicate limited protective childhood experiences and are associated with increased vulnerability to mental health concerns, particularly in the context of childhood adversity. In the Bethell et al. (2019) study, approximately 48.2% of adults with low PCEs met criteria for depression and/or poor mental health, and only 33.0% reported consistently receiving needed social and emotional support.
- Moderate scores (3-5 PCEs) represent an intermediate level of protective experiences; individuals in this range have access to some positive childhood experiences but may benefit from additional support or resources. About 25.1% of individuals with moderate PCEs met criteria for depression/poor mental health, and 43.6% reported always receiving needed support.
- High scores (6-7 PCEs) indicate robust protective childhood experiences and are associated with significant resilience even in the face of adversity. Only 12.6% of adults with high PCEs reported depression/poor mental health, and 67.9% reported always receiving needed social and emotional support.

These categories demonstrate a clear dose-response relationship between PCEs and adult outcomes (Bethell et al., 2019).

Scoring & Interpretation

The PCEs provides a single total score where scores range from 0-7. The PCEs uses a Likert response format but only response options of "Most of the time" or "All of the time" are indicative of a positive experience being present (a score of 1) whereas all other response options represent an absence of the positive experience (a score of 0). The total score represents the sum of all positive childhood experiences endorsed, providing a comprehensive measure of protective factors that research links to enhanced resilience and better mental health outcomes even in the presence of childhood adversity.

For clinical interpretation, PCEs scores are categorised into three qualitative descriptors:

1. Low (0-2 PCEs): Indicates fewer protective childhood experiences than average. Research suggests individuals in this range may benefit from building additional positive experiences and supportive relationships in current life. Each new positive experience can contribute to improved resilience and wellbeing.
2. Moderate (3-5 PCEs): Represents a moderate level of protective childhood experiences. Individuals in this range had access to some positive experiences that likely provide a foundation for resilience. Building on these existing strengths may further enhance wellbeing and coping capacity.
3. High (6-7 PCEs): Indicates a robust collection of protective childhood experiences. Research shows that individuals with high PCEs demonstrate significant resilience and typically report better mental health and social-emotional outcomes, even when faced with adversity.

These descriptors offer clinically meaningful categorisations that facilitate interpretation and communication of results.

Upon first administration a plot is displayed showing the PCEs total score with qualitative descriptors presented in the background for ease of translation. If administered on multiple occasions, an additional plot is presented showing the total score over time.

Supporting Information

The scoring categories for the PCEs (Low: 0-2, Moderate: 3-5, High: 6-7) were derived from empirical research demonstrating meaningful differences in adult outcomes across these ranges (Bethell et al., 2019). These categories represent clinically significant thresholds that correlate with important differences in adult mental health and relational outcomes.

Research by Bethell et al. (2019) found that adults reporting 6-7 PCEs had 72% lower odds of depression and/or poor mental health compared to those reporting 0-2 PCEs, and this relationship remained consistent across all levels of adverse childhood experiences. The following table summarises key outcome differences by PCEs category:

PCEs Category	Depression / Poor Mental Health	Always Getting Social / Emotional Support
Low (0-2)	48%	33%
Moderate (3-5)	25%	44%
High (6-7)	13%	68%

Note. Reproduced from eTable 5 in supplementary online content (Bethell et al., 2019)

These findings provide a strong empirical basis for the categorical interpretation framework, allowing clinicians to communicate meaningful differences in risk and resilience based on PCEs scores.

Interpretive Text

The interpretive text for the PCEs is generated using a structured approach that adapts content based on the client's score category. The text consists of multiple paragraphs providing context, implications, and specific absent experiences for clients with low or moderate scores.

The first paragraph provides an interpretation of the client's total PCEs score, contextualising it within normative data and explaining its clinical significance. The text varies based on the client's score category:

- Low (0-2): "The client's Positive Childhood Experiences (PCEs) score is [score] out of 7, which falls in the Low range. This indicates a limited number of protective childhood experiences. In the general population, 13% of individuals score in the low PCEs range (0-2) and they represent a vulnerable group with fewer protective factors that buffer against adversity. Research suggests that fostering positive experiences in current relationships may help build resilience and improve mental health outcomes. Each additional positive experience contributes incrementally to better mental health outcomes."
- Moderate (3-5): "The client's Positive Childhood Experiences (PCEs) score is [score] out of 7, which falls in the Moderate range. This indicates a moderate number of protective childhood experiences. In the general population, 35% of individuals score in the moderate PCEs range (3-5). Individuals scoring in this range have some protective factors but may benefit from additional support or resources. Research suggests that fostering positive experiences in current relationships may help build resilience and improve mental health outcomes. Each additional positive experience contributes incrementally to better mental health outcomes."
- High (6-7): "The client's Positive Childhood Experiences (PCEs) score is [score] out of 7, which falls in the High range. This indicates a robust number of protective childhood experiences. In the general population,

approximately 52% of individuals report 6-7 PCEs. This profile suggests the client had access to substantial protective factors in childhood."

For clients with low or moderate scores, the report provides an optional additional paragraph identifying specific protective experiences that were absent in childhood. This section begins with: "The following key positive experiences were absent in the client's childhood:" followed by a formatted list of items that were not endorsed (answered "No"), providing clinicians with targeted information for intervention planning.

Developer

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

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Assessment Questions

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Positive Childhood Experiences (PCEs)

Instructions:

The next questions refer to the time-period before you were 18 years of age.

Now, looking back before you were 18 years of age...

		Never	A little of the time	Some of the time	Most of the time	All of the time
1	For how much of your childhood was there an adult in your household who made you feel safe and protected? (This could be any adult in the household, not just a parent)	0	0	0	1	1
		Never	Rarely	Sometimes	Often	Very often
2	How often did you feel that you belonged at your high school? (If you attended multiple high schools, then respond about the high schools in general)	0	0	0	1	1
3	How often did you feel supported by your friends? (If some friends did/didn't, answer more about friends in general)	0	0	0	1	1
4	How often were there at least two adults, other than your parents, who took a genuine interest in you?	0	0	0	1	1
5	How often did you feel that you were able to talk to your family about your feelings?	0	0	0	1	1
6	How often did you enjoy participating in your community's traditions?	0	0	0	1	1
7	How often did you feel your family stood by you during difficult times? (If some family members did/didn't, answer more about family in general)	0	0	0	1	1

Developer Reference:

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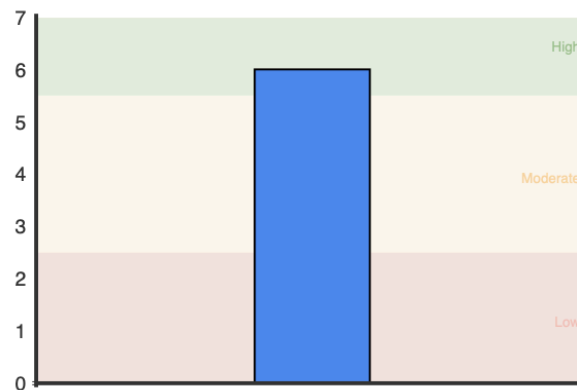
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Positive Childhood Experiences (PCEs)

Client Name	Generic Client	Date administered	20 Mar 2025
Date of birth (age)	14 Dec 1975 (49)	Time taken	50s
Assessor	Dr David Hegarty		

Results

	Score	Category
Positive Childhood Experiences (PCEs)	6	High

Positive Childhood Experiences (PCEs) Score

Interpretation

The client's Positive Childhood Experiences (PCEs) score is 6 out of 7, which falls in the High range. This indicates a robust number of protective childhood experiences. In the general population, approximately 52% of individuals report 6-7 PCEs. This profile suggests the client had access to substantial protective factors in childhood.

Scoring and Interpretation Information

For comprehensive information on the PCEs scale, see here.

The PCEs provides a single total score where scores range from 0-7. The PCEs uses a Likert response format but only response options of "Most of the time" or "All of the time" are indicative of a positive experience being present (a score of 1) whereas all other response options represent an absence of the positive experience (a score of 0). The total score represents the sum of all positive childhood experiences endorsed, providing a comprehensive measure of protective factors that research links to enhanced resilience and better mental health outcomes even in the presence of childhood adversity.

For clinical interpretation, PCEs scores are categorised into three qualitative descriptors:

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Client Name	Generic Client

Scoring and Interpretation Information (cont.)

- Low (0-2 PCEs): Indicates fewer protective childhood experiences than average. Research suggests individuals in this range may benefit from building additional positive experiences and supportive relationships in current life. Each new positive experience can contribute to improved resilience and wellbeing.
- Moderate (3-5 PCEs): Represents a moderate level of protective childhood experiences. Individuals in this range had access to some positive experiences that likely provide a foundation for resilience. Building on these existing strengths may further enhance wellbeing and coping capacity.
- High (6-7 PCEs): Indicates a robust collection of protective childhood experiences. Research shows that individuals with high PCEs demonstrate significant resilience and typically report better mental health and social-emotional outcomes, even when faced with adversity.

These descriptors offer clinically meaningful categorisations that facilitate interpretation and communication of results.

Upon first administration a plot is displayed showing the PCEs total score with qualitative descriptors presented in the background for ease of translation. If administered on multiple occasions, an additional plot is presented showing the total score over time.

Client Responses

		Never	A little of the time	Some of the time	Most of the time	All of the time
1	For how much of your childhood was there an adult in your household who made you feel safe and protected? (This could be any adult in the household, not just a parent)	0	0	0	1	1

		Never	Rarely	Sometimes	Often	Very often
2	How often did you feel that you belonged at your high school? (If you attended multiple high schools, then respond about the high schools in general)	0	0	0	1	1
3	How often did you feel supported by your friends? (If some friends did/didn't, answer more about friends in general)	0	0	0	1	1
4	How often were there at least two adults, other than your parents, who took a genuine interest in you?	0	0	0	1	1
5	How often did you feel that you were able to talk to your family about your feelings?	0	0	0	1	1
6	How often did you enjoy participating in your community's traditions?	0	0	0	1	1
7	How often did you feel your family stood by you during difficult times? (If some family members did/didn't, answer more about family in general)	0	0	0	1	1