Facilitator's Guide
for ACEs/ Resilience Film Showings

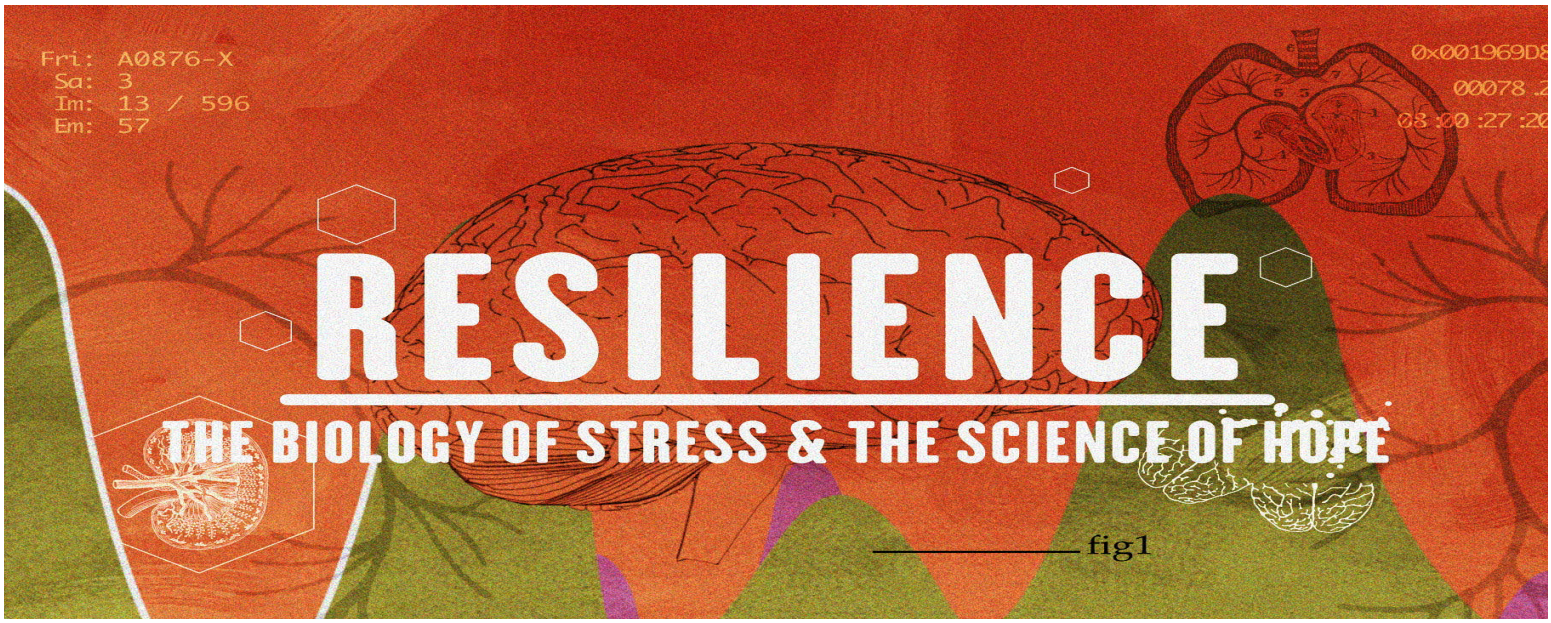

fig1

Suggested Materials

- Sign-in Sheet (to capture contact information)
- Post Evaluations (to assess the impact of seeing the film)
- Behavioral Health Professional (strongly suggested to provide support for anyone who has challenging emotions stirred up by the film or discussion)
- Signs directing to the location, if within a larger building
- ACEs Survey Handout (suggested, see page 8)
- 7 Cs Resilience Handout (suggested, see page 9)
- Brochures or educational materials from area support services, positive youth development opportunities, etc.
- Technology to show the film
    - Laptop or DVD player
    - DVD or ability to stream the film
    - Projector
    - Speakers
    - Cables, dongles, etc.
- Microphone (suggested for facilitating discussions in large rooms/auditoriums)
- Refreshments (suggested if the space and your budget allows)
- Folding table for signing in, placing resource materials

Before the Film

If possible, it's strongly recommended that you watch the film in advance to familiarize yourself with it. Seeing it in advance of a public showing will let you think about how the audience might process it, including what parts of the movie might trigger strong emotions. Facilitating a discussion after the movie will also be easier if you've seen the film more than once.

When the film is shown to an audience, be sure to introduce yourself and provide a little context for the film. Be sure to include the following in your introduction:

- Welcome the audience and thank them for being there
- Introduce yourself and the group bringing the film to the audience
- Thank any partners who made the showing possible
- Provide very brief context for the film, what themes it touches on.
    - Mention that the film may trigger strong emotions
    - Identify the behavioral health professional in the room that can offer support to anyone who might need it. Offer to make connections to supports for people who may find that they need support after leaving.
    - Announce that following the film, there will be a brief discussion about what it means for our communities, and about where we go from here.
    - If a survey is to be collected, remind people where these surveys can be left before they leave.

During the Film

During the parts of the film that may be provocative or stir up strong emotions, keep an eye on the audience. Look for people who may need help, and offer to connect them with the support of the on site behavioral health professional, or to talk with them outside of the room that the film is being shown in, if possible.

After the Film: Facilitating a Discussion

There may be some strong emotions in the room as the film ends. Acknowledge that by reflecting back to the audience what you're sensing.
Decide how you want the audience to participate (raise their hands, shout out, etc).
Choose the format to best fit the size and mood of your audience.
Things to keep in mind as you guide a discussion:

- Always repeat individual comments or questions so all can hear. You don't need to comment on each but simply repeat or summarize so there is no frustration about others not hearing and so the speaker knows they were heard.
- Be prepared to be flexible—the conversation may move in ways you don't anticipate. Try to steer the conversation away from "naming and blaming" (expressing concern about something going wrong and blaming a specific person or group) by acknowledging the concern but moving on to allow other people to provide their perspectives. If an outspoken person continues to name and blame, invite them to speak with you afterwards to continue the conversation and so you can find an opportunity for them to participate in being a part of the solution to the issue they are concerned about.
- If you are speaking to an audience outside of your own profession, consider getting a perspective on the ACE studies from a member of that profession before the event.
- Be mindful of time, especially with evening events. Try to allow for a healthy, inclusive discussion that doesn't stretch on and on. If people are talkative, assure them that there are ways to continue to be involved and put their passion to work.

Be mindful of the energy in the room. If attention spans are shrinking, move things along quickly and end on a positive note. If people are engaged, allow a bit more time for discussion.

Here are some questions you might consider using to support a brief discussion after showing a film. Please note that while they are suggested for one film, a question might be appropriate for several films. A discussion may move along organically without questions to prompt the audience. If this happens, try to ensure the conversation covers the important themes and ideas raised in each film, especially how these relate to the community.

Possible questions for: *Paper Tigers*

- What are some different feelings the film raised in you?
- What stood out?
- What are you going to do now that you know this information?
- What do you believe the key messages in the film were?
- What is one thing you heard or saw that touched you?
- What one thing surprised you the most?
- How did learning about ACEs and the changes made by the people and organizations in the film impact how you look/feel about your work or life?
- How might we inspire community members to stand up and be an ally for children with high ACE scores?
- What do you think you can do to play a role reducing ACEs and supporting healthy child and family development?

Possible questions: *Resilience*

- What gives you hope and strength during hard times?
- How can we help children who have been exposed to trauma?
- What is a health or social issue you noticed in the film that you were surprised tied back to ACEs and other toxic stressors?
- What other supports or resources can we provide to build resilience in children and strengthen families?
- How do we ensure that community members offer help or support even when parents don't ask, but obviously need it?
- What can we do, with the resources we have, to build resilience in the ways we just saw in this film?

Reflect on the reason for showing the film. For *Paper Tigers* or *Resilience,* the following script can help:

"One of the reasons we showed this film is to show the incredible value that loving, caring and nurturing relationships can have on kids who have experienced ACEs. We hope every viewer leaves feeling inspired to think about the role that they can play, as a citizen, a parent, a professional, a member of a civic or faith–based organization to ensure that every young person has access to safe stable nurturing relationships."

Highlight and compliment ideas for action mentioned in response to questions you posed earlier in the discussion, add others that you may recall from past discussion groups.

Closing: explain….

- Where to get more information in your community.
- The content of the handouts you're providing
- Who to contact to get involved.
- That you have their email addresses on the sign-in sheet to keep them in the loop about work in your community/state.

And remind them that they can…

- Advocate for investments in prevention and treatment to build resilient communities.
- Be part of the solution in your personal and professional life.
- Speak up for children.
- Shape our future.
- Make a difference
- More information can be found at http://preventchildabuse.org/resource/paper-tigers/ as well as MRBN http://maineaces.org

DEALING WITH DIFFICULT AUDIENCES (from the Resilience Facilitators Guide)*

Audience members may come to an event with a personal or political agenda that may not match your goals. These tips can help you keep the discussion focused!

Stuck / Repeated Point

If someone is stuck on a point that is not helpful to the discussion, acknowledge you've heard them but need to move on. Consider inviting them to continue the discussion with you after the event.

Dominator

If someone is dominating the discussion. "Okay, we've heard from you before. I'd like to hear from more people here. Are there others who have a question or a point to make?"

Anger / Intense Emotion

If someone is really angry or expressing another strong emotion: "I can see/hear that you are really _____. These issues can tap into really strong feelings. (If the person is combative)... I respect your feelings and your point of view, but I want to make sure this is a space where everyone feels safe and respected so we need to move on.

Left Field

If someone came to make a certain point that has little or nothing to do with the film and/or discussion, remind them that people came to watch - and discuss - and you need to bring the discussion back to the point. If you want or feel a need, offer to meet with the person later.

Disclosures

If someone says, "That happened to me too" acknowledge the courage it takes to speak up and how difficult it can be to talk about. There are likely others who've also experienced traumatic events who haven't mentioned it. Depending on the situation saying one or more of the following may help:

- "There are people here who you can talk to more *(note the information in preparing for the discussion on identifying helpers)*."
- "I'm here for a while after the discussion if you want to talk more."
- "Thank you for acknowledging your truth. There is no shame in experiencing childhood trauma and speaking about it can help people understand that we can move beyond the effects."

**This section on Dealing with Difficult Audiences was prepared by Cordelia Anderson, Sensibilities, Inc. for use by Prevent Child Abuse America.*

Finding Your ACE Score

092406RA4CR

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**…
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**…
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 _____

4. Did you **often or very often** feel that…
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often or very often** feel that…
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

The 7 Cs: The Essential Building Blocks of Resilience

Bottom Line #1: Young people live up or down to expectations we set for them. They need adults who believe in them unconditionally and hold them to the high expectations of being compassionate, generous, and creative.

Competence: When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.

Confidence: Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.

Connection: Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.

Character: Young people need a clear sense of right and wrong and a commitment to integrity.

Contribution: Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good, and may therefore more easily turn to others, and do so without shame.

Coping: Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick-fixes when stressed.

Control: Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

Bottom Line #2: What we do to model healthy resilience strategies for our children is more important than anything we say about them.

[The 7 Cs are an adaptation from The Positive Youth Development movement. Rick Little and colleagues at The International Youth Foundation first described the 4 Cs of confidence, competence, connection, and character as the key ingredients needed to ensure a healthy developmental path. They later added contribution because youth with these essential 4 characteristics also contributed to society. The additional two C's – coping and control – allow the model to both promote healthy development and prevent risk.]

Adverse Childhood Experiences and Health and Well-Being Over the Lifespan

This chart shows the sequence of events that unaddressed childhood abuse and other early traumatic experiences set in motion. Without intervention, adverse childhood events (ACES) can result in long-term disease, disability, chronic social problems and early death. 90% of public mental health clients have been exposed to multiple physical or sexual abuse traumas. Importantly, intergenerational transmission that perpetuates ACES may continue without implementation of interventions to interrupt the cycle.

Adverse Childhood Experiences (Birth to 18) →	**Impact of Trauma and Adoption of Health Risk Behaviors to Ease Pain of Trauma** →	**Long-Term Consequences of Unaddressed Trauma**
Abuse of Child • Emotional abuse 11% * • Physical abuse 28% * • Contact sexual abuse 22% ***Trauma in Child's Household Environment*** • Alcohol or drug user by household member 27% • Chronically depressed, emotionally disturbed or suicidal household member 17% • Mother treated violently 13% • Imprisoned household Member 6% • Not raised by both biological parents 23% (Loss of parent by separation or divorce, natural death, suicide, abandonment) ***Neglect of Child*** • Physical neglect 19% • Emotional neglect 15% *Above types of ACEs are the "heavy end" of abuse. Eg., Emotional: recurrent threats, humiliation, chronic criticism; Physical: beating vs spanking; Neglect: Lack of basic needs for attachment, survival/growth **One ACE category = score of 1.** **List is limited to ACE study types.** Other trauma may include: combat, poverty, street violence, historical, racism, stigma, natural events, persecution etc.	***Neurobiologic Effects of Trauma*** • Disrupted neuro-development • Difficulty controlling • Anger – Rage • Hallucinations • Depression *(and numerous other mental health problems – see below)* • Panic reactions • Anxiety • Multiple (6+) somatic problems • Sleep problems • Impaired memory • Flashbacks • Dissociation ***Health Risk Behaviors*** • Smoking • Severe obesity • Physical inactivity • Suicide attempts • Alcoholism • Drug abuse • 50+ sex partners • Repetition of original trauma • Self-injury • Eating disorders • Perpetrate interpersonal violence (aggression, bullying, etc.).	***Disease and Disability*** • Ischemic heart disease • Cancer • Chronic lung disease • Chronic emphysema • Asthma • Liver disease • Skeletal fractures • Poor self rated health • Sexually transmitted disease • HIV/AIDS ***Social Problems*** • Homelessness • Prostitution • Delinquency, violence and criminal behavior • Inability to sustain employment • Re-victimization: by rape; DV, bullying, etc • Compromised ability to parent • Negative alterations in self-perception and relationships with others • Alterations in Systems of Meaning • Intergenerational transmission of abuse • Long-term use of multi human service systems **At Annual Cost of: $103,754,017,492.00**

Multiple studies reveal the origin of many mental health disorders may be found in childhood trauma, including Borderline Personality Disorder BPD, Anti-Social Personality Disorder, PTSD, Schizophrenia, Bipolar Disorder, Dissociative Identity Disorder DID, Anxiety Disorders, Eating Disorders including severe obesity, Attention Deficit Hyperactivity Disorder ADHD, Oppositional Defiant Disorder ODD and others.

Sources: *Adverse Childhood Experiences Study* (CDC and Kaiser Permanente, see http:// www.ACEstudy.org) *The Damaging Consequences of Violence and Trauma* (see http://www.NASMHPD.org) and *Trauma and Recovery* (J Herman). Cost data: 2007 Economic Impact Study (PCAA). Chart created by Ann Jennings, PhD. http://www.TheAnnaInstitute.org Revision: April 6, 2010