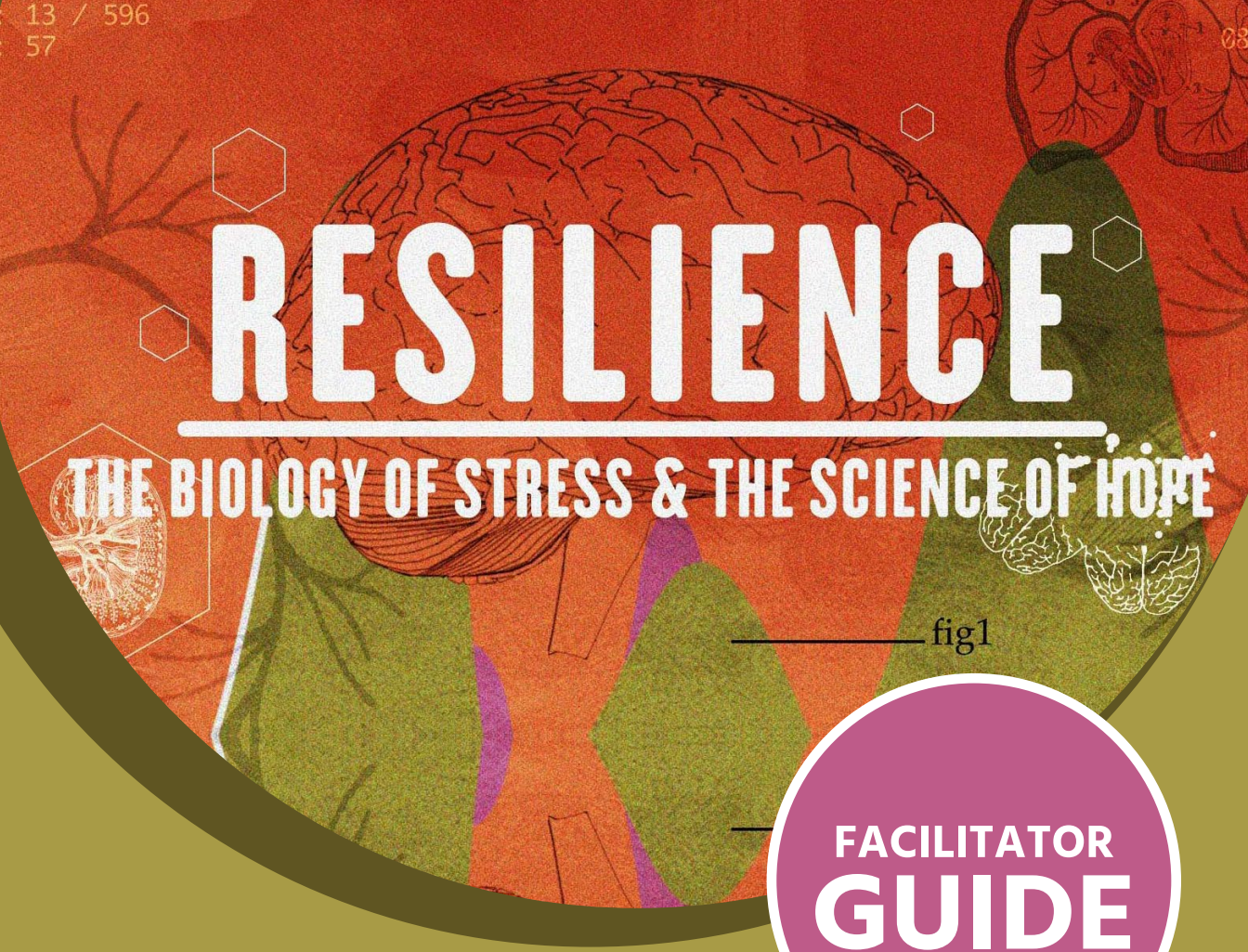

FACILITATOR GUIDE

WESTCHESTER RESILIENCE COALITION
ACEs informed and aligned

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Empowering libraries. Empowering communities.

About this Publication

The work of the Westchester Resilience Coalition began in 2018. Our goal was to foster a dialogue among service providers and community members about the impact of childhood trauma on youth development and adult physical and mental health. Our core tool has been the screening of the film **RESILIENCE: The Biology of Stress and the Science of Hope**. Hundreds of screenings and discussions later, we have been happy to engage so many in a new understanding of trauma and what we can do as individuals and communities to heal.

This guide was written by Dr. Andrew Bell, Program Director at Westchester County's Department of Community Mental Health, and Elena Falcone, co-chair of the Westchester Resilience Coalition, and Director of Planning, Innovation and Community Engagement at the Westchester Library System. Joseph Glazer, Esq., Deputy Commissioner of Westchester County's Department of Community Mental Health, conceived of the idea for this guide and served as editor. And Daniella Jackson, Chief of Planning, Research and Staff Development at the Westchester County Department of Probation, brought this guide to scale via her role as the project lead of the Mid-Hudson Regional Youth Justice Team's Resilience Initiative.

September 2021

Resilience Film Workshop Facilitator's Guide

Dear Facilitator,

Thank you for stepping forward to support a dialogue about trauma, toxic stress, and resilience in your community. A primary goal of the Resilience Film workshops is to inspire change in practices, policies, and systems toward becoming more trauma informed and resilience oriented.

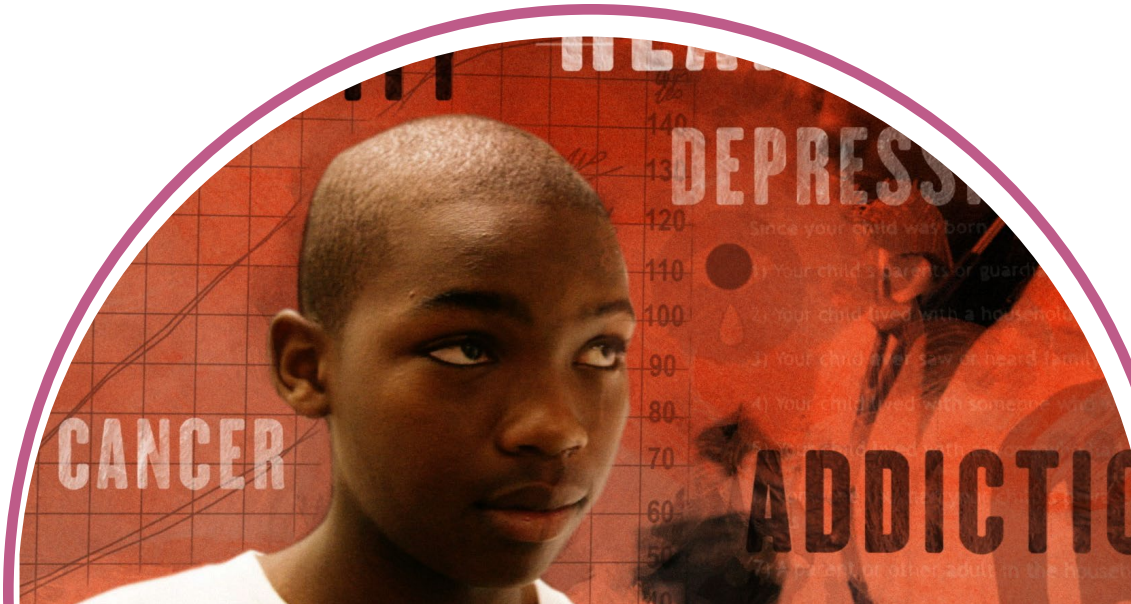
You are encouraged to review materials available at the Westchester Resilience Coalition website (**conversations.westchesterlibraries.org**). This site inlcudes articles, event handouts and more.

The typical flow of a Resilience Film Workshop includes a welcome, film screening, wellness activity, anonymous and voluntary **Adverse Childhood Experiences survey (ACEs)**, facilitated discussion, and next steps/wrap up. At minimum, this event requires two hours.

An expanded workshop of 3-4 hours might include more detail about the mechanisms of trauma and resilience, group exercises, breakout groups, panels, and strategic planning.

What follows is an outline for the core two-hour event. Each component of the outline has its own section, which goes into greater detail for those who are interested. Toward the end of this guide is an appendix that includes facts about the ACEs survey. Feel free to use this guide in whatever way you find most helpful.

Table of Contents and Outline



Preparation

Resilience Workshops can have lots of moving parts; addressing them up front allows facilitators to be more present and less anxious.

1. **Clarify goals and needs of your audience with the workshop organizer.**
   Ask the organizer ahead of time...
   - What they would like to accomplish.
   - What issues participants face around stress and trauma.
   - What take-home messages should be emphasized.

   You may want to ask additional questions such as:
   - What are the day to day struggles of this audience?
   - What are the struggles faced by those they serve?
   - What are some of the systems issues and stressors they face?
   - What makes the work worthwhile for them?
   - What's the one point you'd like the audience to leave with?

2. **Audio-Visual Equipment.**
   - DVD player with projector and sound, and a laptop with an internet connection.
   - *If the organizer is providing equipment, make sure their laptop has a built-in DVD player or a peripheral device. Make sure the DVD itself is clean.*

3. **How to Create a Mentimeter ACEs survey (to anonymously capture the experiences of those in the room):**
   - Create a free Mentimeter Account by going to "mentimeter.com" and signing up.
   - Click on "**New Presentation.**" Name presentation by date and/or audience

- Select "**Multiple Choice**" under "**Popular Question Types**" on the right hand side
- Under "Your Question," type in "What is your ACE Score (0-10)?"
- Under "Options," type "0", "1", "2", "3", "4 or more"
- Under "Extras" click the option "**Show results in % for this question**"
- Click "**Present**" on upper right, and note the code
- *Create a separate presentation for each workshop. This allows raw data to be retained which can later be aggregated.*

4. **Handouts. Links to handouts are located on Westchester Library System's Resilience Coalition page under the heading "Event Handouts"** (**conversations.westchesterlibraries.org/**).

Some frequently used handouts:

- Sign In Sheet
- Double-Sided ACEs and Resilience Questionnaires (for survey)
- 3 Pillars of Resilience and Take-Home Messages about ACEs
- A Call to Action: Healing Through Equity and Resilience
- Healing Centered Engagement

Facilitators can either request the workshop organizer to make copies or can make copies themselves.

Welcome and Introduction (5-10 minutes)

The purpose is to describe objectives and frame the event as part of a larger movement within Westchester County. This part should be kept as short as possible.

1. Announce Breaks (or lack thereof). Let audience know that there will be no breaks but they are free to come and go as they please. We've found that scheduling a break immediately after the film loses momentum as people process privately with each other. Sometimes organizers have good reason to schedule a break however.
2. Ask participants if they want subtitles. Subtitles are useful for Spanish-speaking audiences, workshops with poor sound, or people who are hard of hearing. A drawback is that subtitles sometimes overlay text on the screen.
3. Normalize the emotional impact of the film and give participants explicit permission to step out during the film if necessary. You may say, "some may find the film emotionally impactful; in the spirit of being trauma informed, it's okay to step out and take a break." Certain groups may want to have a dedicated space with trusted people on hand to help audience members feel better.

Film (58 Minutes)

The film has five segments clearly indicated by a shift in the music. If the DVD stops in the middle, try to clean it with a lint-free cloth. Then go to menu to jump to appropriate chapter.

1. If you haven't set up the Mentimeter survey yet, this can be a good time to do so on your smart phone.
2. Film plays upbeat music about 11 minutes from the end.

Wellness Activity (5-10 min)

Activities such as breathing, meditation or stretching help participants become more calm and regulated, and more present and engaged. They also offer an example of self-regulation, which can be alluded to in the discussion. Describing these activities as "**wellness exercises**" or "**neural exercises**" rather than "yoga," etc. may help minimize religious connotations for some groups. This section is sometimes omitted when time is limited or when facilitators don't feel comfortable leading the group.

- Do activity immediately after the film (no break).
- Invite people to participate, but don't pressure or insist. This can be triggering and is not trauma informed.
- Gauge to audience's physical and emotional needs. Those with physical limitations can benefit from breathing or chair yoga. Some audiences may prefer more vigorous exercises.

Anonymous and Voluntary ACE Survey (7-10 minutes)

1. **Ask if group wants to do this and honor consensus.** No one should feel pressured into taking the survey.
    - For groups of 15 or more, always offer this option; don't assume audience is not interested or too fragile.
    - For groups of 10 to 15, ask but give them an out. If only a few hands go up, ask "how many want to skip this and go right into a discussion?"
    - Not recommended for groups of less than 10
2. **Give instructions including timing**
    - Instruct people to turn to the ACEs survey in their packet and add up the number of items that are true for them. Advise them that their score can range from 0-10.
    - Let them know they will have roughly **seven minutes** to complete this,

since we want to have enough time for a good discussion.

- Tell them once they are finished to follow the instructions which will soon be on the screen. They can use their smart phone to go to "menti.com" (NOT "mentimeter.com)
- When entering the 8-digit code, there are no spaces between numbers.

3. Set up Mentimeter

- See Preparation Section to create a Mentimeter Survey beforehand.
- While group is completing survey, navigate to "mentimeter.com" (NOT "menti.com") and sign into your account. Pull up your presentation for this group. Everyone will be able to watch the graph change as people enter their scores.
- Subtly count the number of people in the room and compare with the number of responses on lower right of screen. Usually 75-90% respond. When you get close, ask if everyone is done.
- Then give a 2-minute warning. Avoid asking "who hasn't done this" since it may reveal their ACE scores as they appear on the screen.

4. Review Results (in percentages)

- Compare percentages to national averages
- 0 = 34%, 1=26%, 2=16%, 3=10%, 4 or more=12.5-16%
- If means are just a few points off, especially with a small group, they can be regarded as roughly similar.
- Mentimeter results typically show more high-ACE scores in the room and fewer low-ACE scores than the national averages. If this is the case, it can be useful to note when discrepancies are double or triple.
- If they don't differ, this can still be pointed out as an anomaly in comparison to most Resilience Film Workshops. Either way, results are fertile ground for rich post-film discussions (see next section).

Special Considerations

- If someone doesn't have a smart phone, you can offer them yours. However, only one response per device is allowed
- If people ask questions, remind them that each item is either yes or no. Advise them to give their best answer and not overthink it.
- If people start critiquing items or ACEs survey, ask them to hold onto these thoughts for discussion.
- If group is slow and still doing survey after 10 minutes, let them know that you'll start interpreting anyway and that they can still add their scores.
- If there is no internet access, low-tech workarounds are possible. For example, in a jail, staff wrote their ACE score on post-its, dropped them in a hat, and then facilitators affixed them on a wall to create a distribution plot.

Post-Film Discussion (20–40 minutes)

Below are some sample questions to encourage a good discussion. Only a few need to be asked. The questions should ideally reflect the immediate conversation while also steering the discussion to some key take-home messages.

1. **Exploration about the meaning of the Mentimeter results**
   - What do you make of the Mentimeter results? Are you surprised or not at all shocked?
   - How do you make sense of these results? What might they mean?
   - What might the results say about this group's trauma and resilience?
2. **Exploration of the film's impact and the ACEs study**
   - What stood out for you or struck you about this film?
   - Is "Resilience" a good title for this movie? Why or why not?
   - What are some limitations of the ACEs questionnaire? How well does it capture the range of childhood adversity? What does it miss?
   - Are people with high ACE Scores necessarily traumatized?
   - What might be some of the pros and cons of universal ACEs screening?
3. **Exploration of what resilience is and how it works**
   - What does resilience mean to you?
   - What are some examples of resilience in your life or among people you know or help?
   - Is resilience a trait? A skill? Is it limited to individuals?
   - How do people learn and develop resilience?
   - Is it possible to have trauma and resilience at the same time?

4. **Take home messages.** Take-home messages articulate a shared language and lens while also framing next steps and "wise actions." Sometimes group members convey these messages; sometimes the facilitator does. Here are some of the headliners:

- Resilience is the capacity to shift into a state of safety, connectedness and self-regulation, by engaging both internal skills and external supports.
- If we as helpers can remain safe, connected and regulated even when someone else is not, they will experience and learn resilience.
- All it takes is one connected adult to counteract trauma and build resilience.
- ACEs are not diagnostic of trauma. The potential traumatic effects of ACEs are counteracted by a safe, connected, and regulating environment.
- Stress becomes toxic when it is not acknowledged or responded to.
- Adversity becomes traumatic when experiences can't be shared or talked about.
- Our own self-care and support are critical to our effectiveness as helpers and caregivers.
- When we no longer feel safe, connected or regulated, we begin shift into primitive survival states of fight/flight or freeze/shut down.
- Trauma happens when we get triggered into these states and can't get out; when we don't have the internal skills or external supports to restore safety, connectedness and self-regulation.
- We often mistake people in these states as oppositional or difficult.
- It is possible to have both trauma and resilience at the same time. Many highly accomplished people develop amazing strengths but also have significant vulnerabilities. Relationships, organizations, systems, and communities can also have both trauma and resilience.

- Racial and social inequities create toxic conditions that undermine resilience at all levels. Addressing these inequities builds resilience at all levels.
- Creating external conditions of resilience in our relationships, service systems and communities is critical to strategic planning.
- Bottom-up, mind-body interventions are critical for helping individuals develop implicit skills of resilience. These complement top-down therapeutic approaches and are especially important for people who experience trauma.
- Preventing ACEs in children means addressing the effects of ACEs among caregiving adults. Helping parents address the impact of trauma and ACEs in their own lives prevents trauma and ACEs in children.

Next Steps and Wise Actions. (5-10 minutes, or longer)

Once participants incorporate take-home messages, concrete ideas start to emerge.

1. Here are some questions that might help further actionable next steps:
   - What are you doing well that you want to do more of?
   - What would you change or do differently?
   - Who else needs to see this film?

2. At the end of the discussion, ask individuals to complete a satisfaction survey.

3. If your sign-in sheet has email addresses, remind participants to check a box if they would like to be on the Resilience Coalition's email list.

Special Considerations

1. One thing to ensure is that wise actions are aligned with take-home messages. For example, if the discussion is limited to implementing trauma-specific clinical treatments, it might be worthwhile to also mention prevention, mind/body interventions and expressive arts as complementary. If the discussion is focused exclusively on service mapping, it might make sense to remind the group of the importance of community voice and natural supports.

2. If the group gets stuck, remind them that wise actions are already there, they just need to be recognized and perhaps refined. Examples might include

- Individual Actions: therapy, trauma-specific treatment, trauma-informed yoga and mindfulness, dance, art, drama, sports, nature, community involvement and connections, spirituality.
- Collective Actions: Time banks, organizational change, policy change, community planning, advocacy, collective wellness efforts.

APPENDIX. Some Facts about the ACEs Study

1. ACEs are an extremely crude measure of trauma and toxic stress. They don't assess
    - Age of onset
    - Frequency
    - Duration
    - Intensity or severity
    - Presence or absence of protective factors

    They only assess how many of 10 different events were experienced prior to age 18.

2. Additional limitations of the ACEs measure are listed below
    - *Separation or divorce* is not as predictive as it once was. The median respondent in the initial ACEs study was a child between 1940 and 1958, when divorce and separation were more likely to reflect greater household conflict and less parental contact than in today's age of co-parenting and more involved fathers.
    - *Domestic violence* item is limited to females as victims. Participants regularly bring this up.

- Exposure to ACEs doesn't stop at 18. Children's brains are still developing up to the late 20s. Adults can also be profoundly affected by trauma.
- There are more than 10 ACEs. The Philadelphia ACEs study showed that the original item set may not be as relevant for urban minority youth. For example, racism and community violence were rated as more relevant to this population, and some items showed stronger correlations with health outcomes than the original 10 ACEs.

3. These limitations notwithstanding, the fact that such a crude measure can predict our health, mental health, and well-being decades later speaks to the destructive power of toxic stress and trauma in childhood.

4. The power of these effects is further underscored by the fact that the correlations hold even when mediating factors are statistically controlled, such as substance misuse, obesity, reckless behavior, relationship abuse, and poor health habits.

5. The ACEs Study initially received heavy criticism. The principal investigators themselves initially felt there was an error in their analyses and spent two years verifying their results. Because it asks people to *retrospectively* recall childhood events, some suggested that it measures current mood or memory biases rather than actual childhood adversity. This has been put to rest, as ACEs prevalence rates have been replicated at a population level many times over.

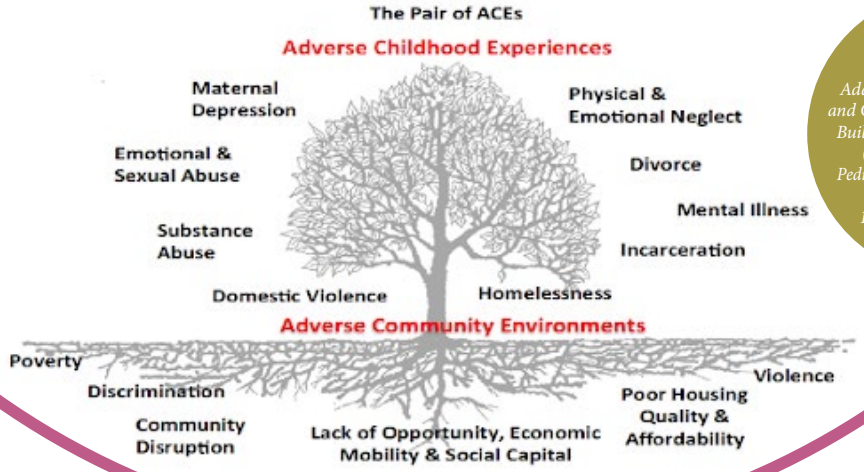
6. The ACEs study shows that trauma cuts across demographic categories of gender, race, income, and geography. The commonalities far outweigh the differences, which are nonetheless intriguing. For example in NY State those living in rural counties making less than 13,000 a year have significantly higher ACE scores.

7. ACEs extend across generations and history. A child's ACE is also the effect or outcome of a parent's ACE (such as incarceration, depression, substance misuse, physical abuse). ACEs thus represent an intergenerational inflection point between the effects of prior trauma on a parent and the future trauma of their child. ACEs are relationally situated, and not solely a function of a child or a parent. Preventing ACEs in children thus means mitigating the effects of ACEs among their parents too.

8. Trauma and resilience typically co-occur under the crucible of adversity, which means people can have trauma and resilience at the same time. Trauma and resilience are not always opponent processes. Everyone has resilience; many of us have had trauma.

9. **Post Traumatic Growth (PTG)** describes a heightened capacity for empathy, joy, connectedness, spirituality and meaning as a result of having navigated and negotiated trauma. People with PTG are better able to tolerate and remain present with a wider range of experiences, which may explain why so many in the helping profession seem to have high ACE scores.

10. ACEs research focuses primarily on the child and family matrix. However, Dr. Wendy Ellis' concept of **Adverse Community Environments** complements and expands this view. She depicts a tree in which social determinants of health such as poverty, discrimination, lack of economic opportunity, community disruption, housing insecurity and violence comprise the soil in which ACEs take root. The leaves of the tree represent the outcomes of the ACEs. Ignoring the social conditions in which ACEs occur disregards the external pressures families face when raising their children, and runs the risk of blaming and stigmatizing families.



Ellis. W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

11. The **Community Loss Index (CLI)** similarly assesses six factors that are toxic to communities. Like individual stress, these factors are overwhelming, uncontrollable, and unwanted, and they undermine safety and connectedness. They include:

- Housing Insecurity and Foreclosures
- Foster Care Placement,
- Incarceration
- Long Term Hospitalization (asthma, diabetes, psychiatric care)
- Untimely Death (suicide, homicide, heart attack, stroke, accidents)
- Unemployment and Underemployment

Individuals living in communities with high CLI scores experience more toxic stress and adverse health outcomes. High CLI communities have disproportionate numbers of children under age five and people of color. **Preventing ACEs therefore means addressing racial and social inequities.**

12. Creating a trauma-informed system of care requires consideration of social determinants of health, racism, and poverty in order to reverse the prevalence and impact of ACEs. Failure to do so simply reinforces the institutional non-responsiveness that already triggers and compounds trauma and toxic stress.

The Three Pillars of Resilience

WELLNESS
HAPPENS WHEN WE FEEL SAFE, CONNECTED AND REGULATED

ADVERSITY
HAPPENS WHEN THOSE PILLARS ARE SHAKEN

TRAUMA
HAPPENS WHEN WE DON'T HAVE THE INNER RESOURCES OR EXTERNAL SUPPORTS TO RESTORE THE PILLARS

Resilience
HAPPENS WHEN WE FIND NEW WAYS TO SHIFT INTO FEELING SAFE, CONNECTED AND REGULATED.

notes

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Adverse Childhood Experiences survey:

Listed below are the questions in the Adverse Childhood Experiences survey. This is a version provided to adults. For each positive answer, record a point. The number of points is your score. **Please remember:** *ACE scores don't tally the positive experiences in early life that can help build resilience and protect a child from the effects of trauma. This is an additional piece of information that may inform your own exploration and lead you to talk to your health care providers and others about what is challenging to you now and what supports you may need.*

Prior to your 18th birthday…

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?

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?

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?

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?

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?

6. Were your parents ever separated or divorced?

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 over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Did a household member go to prison?

Mid-Hudson Regional Youth Justice Team

This guide is provided to you through the Mid-Hudson Regional Youth Justice Team, made possible by the NYS Division of Criminal Justice Services. The Mid-Hudson Regional Youth Justice Team (MHRYJT) is comprised of juvenile justice stakeholders including representatives from local government agencies, service providers, the judiciary, community organizations and youth and families who have been justice involved. Teams all around NY were created to further implement New York State's strategic plan for juvenile justice. The MHRYJT meets on a quarterly basis to share best practices, identify areas for practice improvement and provide input to state policymakers. The seven counties in the MHRYJT are as follows: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester.