

The Value of Understanding ACEs:

The Impact of the Adverse Childhood Experiences Curriculum Training

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Executive Summary

Minnesota Communities Caring for Children (MCCC) conducted an evaluation of the ACE Interface curriculum training program. One of the goal of these interviews was to determine the value of the curriculum for interview participants and the ripple effects beginning to happen in their communities because of their work with the ACE Interface curriculum. Another purpose was to understand how trainers and presenters feel about MCCC's support and to identify areas for improvement. Twenty-nine interviews with trainers and presenters were conducted throughout May and June 2016. Through qualitative analysis, there were seven key themes and findings related to the value of the ACE Interface training. There were four key themes that emerged from participant's thoughts on support and are discussed in depth. An additional five themes related to support were identified and, although not as prevalent, were important to note. The themes and participants' suggestions were used to develop recommendations.

Key Findings Related to the Value of the ACE Interface Training:

- Participants have a better understanding of themselves, their families, and their communities. They are able to bring greater compassion to their work and to daily interactions with others.
- Participants found that audiences are very receptive to presentations on ACEs, and one presentation will often lead to another.
- Participants' audiences and communities are engaged in discovering what to do to prevent ACEs and build resilience.
- Participants are able to connect the information they have learned about ACEs to their own work and are eager to investigate and introduce this work in other fields as well.
- Participants recognize the importance of talking about historical trauma in relation to ACEs and incorporating that into their presentations.
- Participants are sharing the curriculum wherever they can: with family, with friends, at work, at church, and with other organizations.
- Participants acknowledge that communities had a sense of the effects of early adversity, but the training provides participants with language to talk about what they were already seeing in themselves and their work.

Overview of Recommendations Based on Participants' Thoughts on Support:

1. Create more opportunities for presenters to connect in the training and afterwards.
2. Foster networking between presenters using different media (Social Media, Webinars, etc.). Let presenters know what other presenters in the network are doing and connect presenters that are doing similar work.

3. Continue to disseminate resources, updates and new information related to ACEs to presenters.
4. Continue incorporating information on historical trauma and ensure trainings are culturally relevant.
5. Provide guidance around next steps to trainers.
6. Provide support moving from training to certification.
7. Provide guidance on adapting material while insuring fidelity to the program.
8. Give a comprehensive background of MCCC and the ACE Interface during training.
9. Continue to evaluate the program and collect feedback.

More information on each of the recommendations can be found in the recommendations section of this report.

Introduction

The ACE Presenter Certification Program

The ACE Interface curriculum was developed by Dr. Robert Anda (Co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study) and Laura Porter (Director of the Washington Families Policy Council) in 2012. The purpose of the curriculum is to share information about the ACE study, brain development, and resilience with communities. The ACE study was conducted during the 1990s by Dr. Robert Anda and Dr. Vincent Felitti. The study revealed overwhelming epidemiological evidence that early childhood adversity has major impacts on the physical, emotional, and social health of adults. This study has since been linked with brain science that establishes the effect that toxic stress has on the brain over time, which can explain why ACEs have so many short- and long-term effects on individuals and communities. A section on resilience rounds out the curriculum and empowers communities to think about and create solutions to address ACEs in order to build resilience and heal.

The ACE Interface “Theory of Change” describes a first wave of community members that receives ownership of this curriculum and a leadership position in sharing it. As the information spreads, more people become leaders in sharing about ACEs. Eventually, the information becomes common knowledge in communities—simply an accepted truth. At that time, communities will have the autonomy to organize themselves on how to best address the challenges created by widespread ACEs.

In Minnesota, the non-profit organization Minnesota Communities Caring for Children (MCCC) administers the program that trains and certifies community members as trainers or presenters of the ACE Interface curriculum. Since 2013, the organization has trained over 130 people from communities all over the state of Minnesota. Of those trained, 55 people have become certified. The role of these trainers and presenters is to disseminate information about ACEs, brain development, and resilience to their families and their communities. Today MCCC is working to establish community cohorts and provide support as community leaders develop strategies to build resilience in their communities.

“The Value of Understanding ACEs” Project

This project is a result of MCCC’s desire for a better understanding of the impact of its ACEs-related programming. MCCC staff had anecdotal evidence that ACE Interface trainings were having a significant effect on both the individuals who were trained and their communities. To formally collect stories of impact, I reached out to everyone had been trained through 2015 to ask them to participate in individual interviews. These interviews centered on the value of the curriculum for participants, the work they had done related to ACEs since the training, and how they saw their communities changing in response. Between May 24 and June 30, I carried out 29 interviews either in-person or by phone. During the course of the interview, I took notes that Corelle Nakamura and I later analyzed for key themes. From a qualitative analysis of interview notes, seven key themes emerged.

The Participants

I was able to conduct 29 interviews with trainers and presenters over the course of six weeks. Below, there is a breakdown of which cohort these participants belong to, whether or not they are certified, and where they are from in Minnesota. These breakdowns are in turn compared to breakdowns of the presenter population as a whole in order to determine whether the interviews were representative of presenters overall.

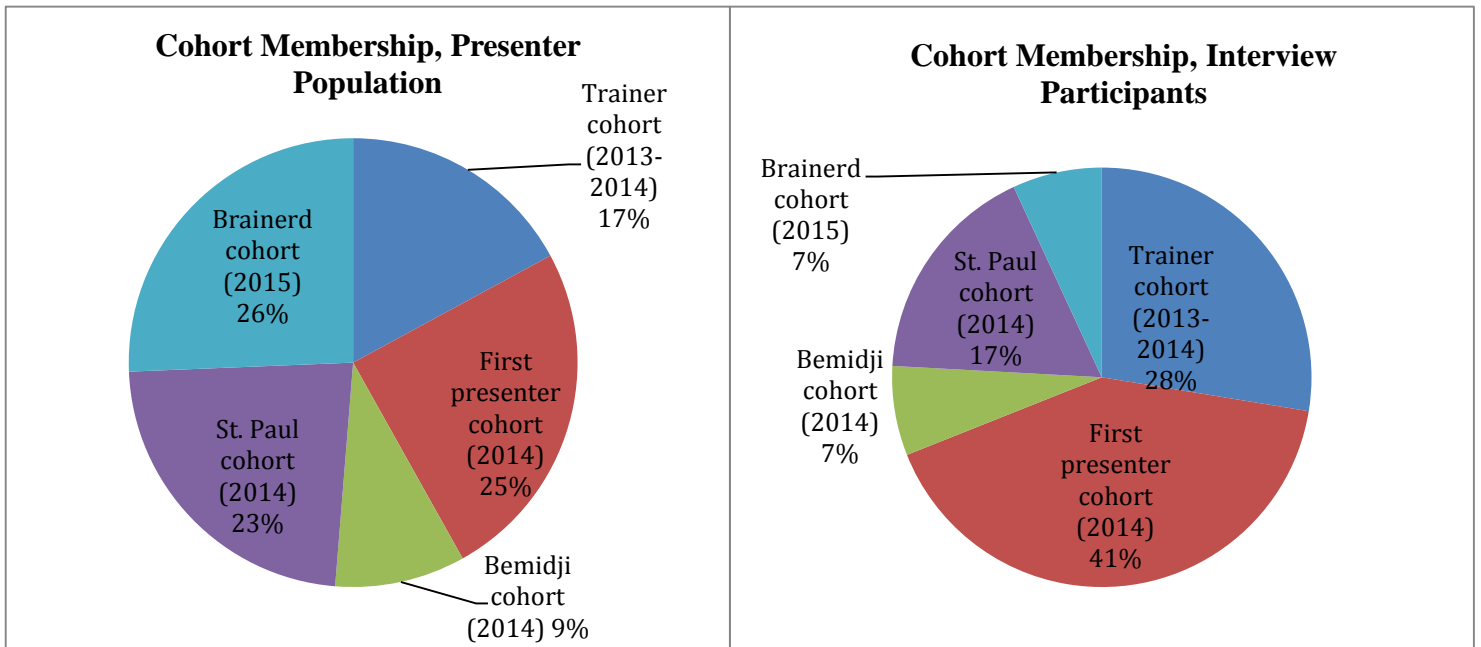


Figure 1: The figure on the left shows the breakdown of the presenter population by cohort. For example, 25% of all presenters belong to the first presenter cohort. In contrast to the population as a whole, the first presenter cohort and trainer cohort were significantly over-represented in the project, and the Brainerd cohort was underrepresented. This could be in part because the interview invitation was not extended to the entire Brainerd cohort given that the cohort was trained less than a year ago, and we determined that this cohort might not be experiencing as many effects of the training at this point.

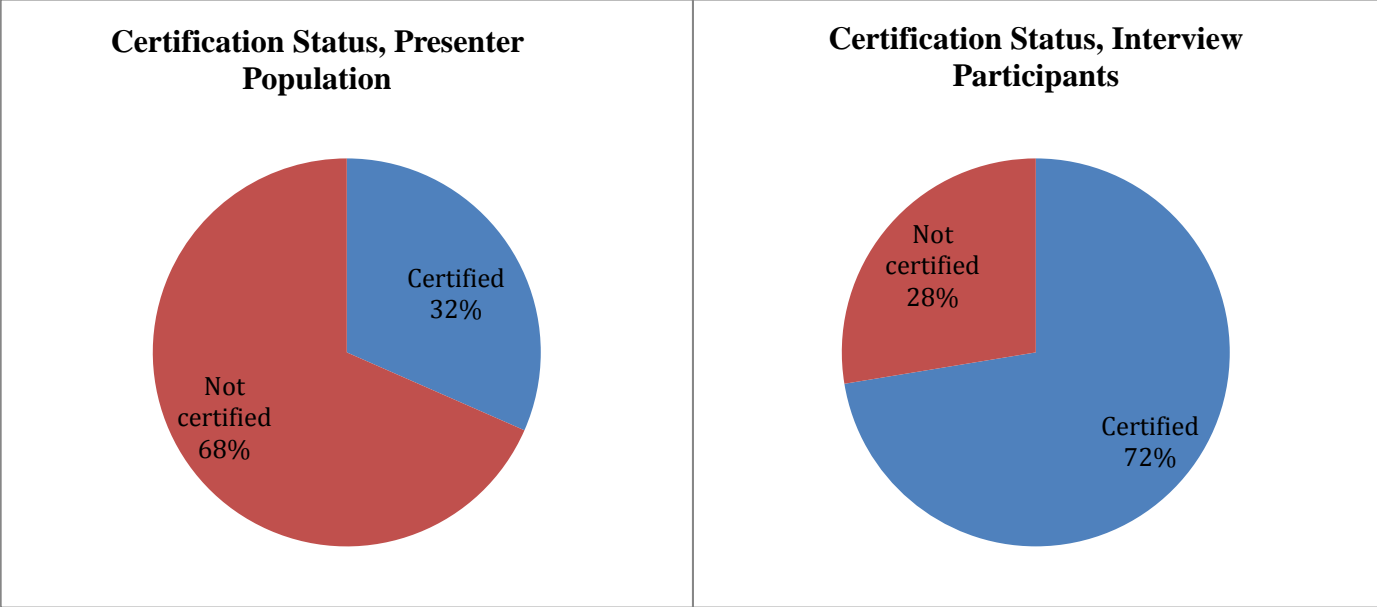


Figure 2: The figure on the left shows the breakdown of the presenter population according to whether or not they have been certified in the curriculum. More than two-thirds of people who have undergone the training have not become certified. Meanwhile, 72% of interview participants were certified. This bias is not surprising given that we would expect certified presenters to be more engaged and thus more likely to elect to be interviewed.

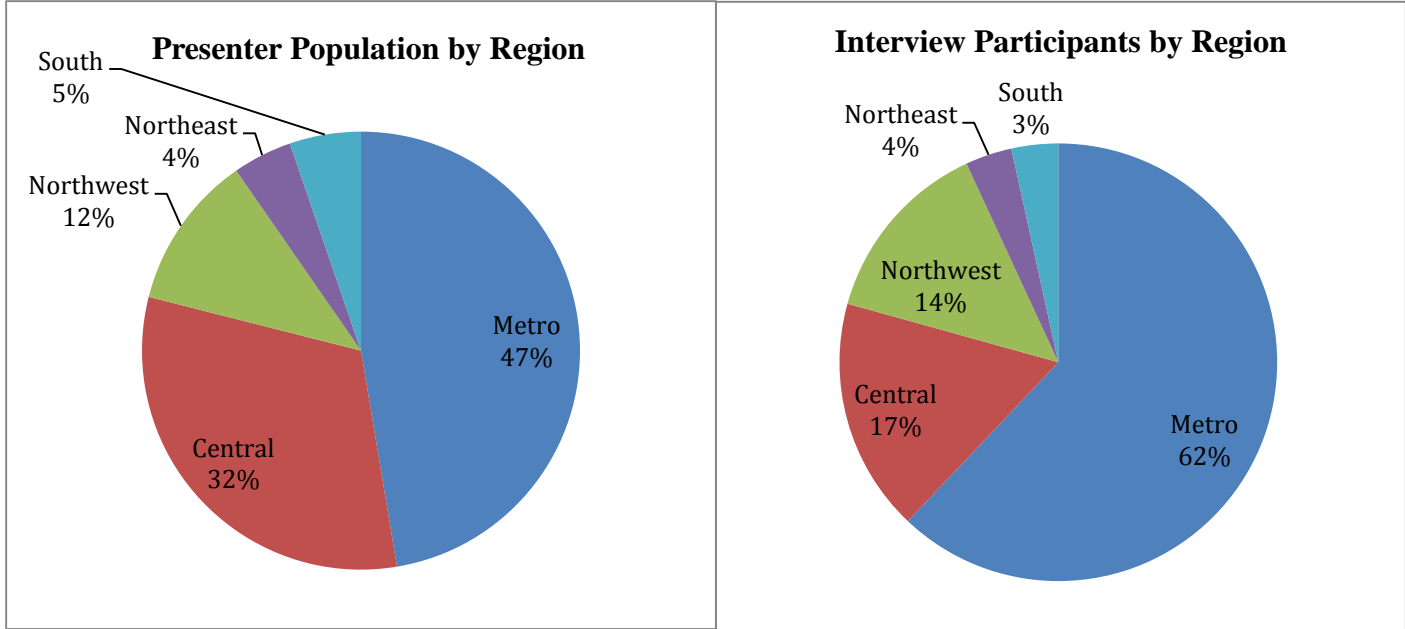


Figure 3: The figure on the left shows the breakdown of the presenter population by region. Almost half of presenters come from the Metro area, while another third come from central Minnesota. In the interview process, Metro area presenters were notably overrepresented and central Minnesota presenters were underrepresented. This bias is likely given that interviews were based in the Metro area.

Goals and Core Questions

There were three main goals for this project. First, MCCC wanted to understand the value of learning the ACE Interface curriculum for trainers, presenters, and their communities. Second, MCCC hoped to gain a better sense of what work presenters were doing directly related to ACEs and what ripples they were seeing from the work. Finally, MCCC was interested in understanding how trainers and presenters felt about the organization's support and whether there were any areas in which the organization could improve. Some of the key questions from the interviews included:

- What were three key takeaways/things that you learned through this training process or through becoming a presenter?
- Tell me a story of a time that you used your new knowledge in your personal or professional life.
- What has changed since you went through this training? Have there been changes or efforts related to this work even if they are not this work exactly?
- Tell me a story of how you have seen your training affect others around you (your family, your friends, or your community).
- What support have you been receiving from MCCC thus far?
- Do you have any recommendations for how MCCC could support you better?

For a full list of interview questions, please see Appendix A.

Key Themes Related to the Value of the ACE Interface Training

Key Theme #1: Understanding of self and others

- Participants explain that they have a better understanding of others, which leads them to greater compassion. (10 participants, 14 mentions)
 - “It’s made me a more understanding person because I’m more understanding of where people are coming from.”
 - “I have a more compassionate view of the situation. I tend to think more of the trajectory that got someone to that point rather than passing a judgment on their present action.”
- Participants discuss the importance of shifting the question from “what’s wrong with you?” to “what happened to you?” (10 participants, 12 mentions)
 - “There’s a shift from what’s wrong with this child to what happened to this child, which is a much more empathic approach without labeling or misunderstanding and thus causing more harm.”
 - “It’s essential to change the question from ‘why did you do this?’ to ‘what happened to you?’”
- Participants describe that they are better able to understand their own histories and behaviors. (8 participants, 12 mentions)
 - “I had this light bulb moment: I'm not crazy, there's nothing wrong with me, and everything I think is happening happens.”

- “I understand better where I come from, why I show up the way I do, why I respond the way I do, and how I can control the way I respond instead of being off-center sometimes.”
- Participants working in education or health care reference a better understanding of student and patient behaviors and an ability to think about what is going on in the lives of individuals rather than blaming them for their behavior. (8 participants, 11 mentions)
 - “I think about my students’ experiences and what skills they have or don’t have. People’s brains are different in how they’re wired for stress. I hope that knowing that I’m just a little bit kinder.
 - “Patients experience a breakthrough in the tremendous shame and pain they feel when they hear about this. It’s when they hear “what happened to you” not “what’s wrong with you”. It’s so important that people have their experiences honored and treated with compassion.”
 - “This means that how we understand students’ behavior can really shift. Misbehavior in school might be adaptive in another setting.”
- Participants mention the importance of removing the “shame and blame” when talking about ACEs with the people they work with and their communities. (5 participants, 8 mentions)
 - “The information doesn’t point fingers, and it puts people in a place of reflection and forgiveness of themselves and others.”
 - “We shifted the blame; kids were just doing what they knew to cope.”

Interpretation: Learning about ACEs gave participants a better understanding of their own experiences and led them to feel more compassion for others. Many referenced a paradigm shift in their lives and their work from “what’s wrong with you?” to “what happened to you?”. They mentioned employing this mindset in situations where they have been confronted with others who are behaving in a way they can’t understand, or when they have been triggered themselves. This has been professionally valuable in particular for people working in education or health care. They are able to move away from blaming their students or patients for their behavior and instead try to understand where those individuals are coming from.

Key Theme #2: Community interest in learning about ACEs

- Participants mention that one presentation will often lead to another as familiarity with ACEs spreads throughout the community. (14 participants, 17 mentions)
 - “People are interested in becoming trainers, bringing the information to schools, principals, parents, and students.”
 - “There are individuals interested in more trainings and more presentations on ACEs. They want that awareness coming to their buildings.”
 - “One presentation leads to another.”
 - “Some people have reached out and asked—can you do this?”
- Participants notice audiences trying to understand the content of the curriculum and how it connects to their families or their work. (10 participants, 13 mentions)
 - “When people become aware, they’re transformed in how they look at families and the people they’re working with.”

- “Sometimes individuals come up after and say, “you were talking about me.” One woman told me she’d been in and out of therapy for 10 to 15 years and now understood herself so much better.”
- Participants find that their audiences are very receptive to and interested in learning about ACEs. (8 participants, 9 mentions)
 - “People are really receptive to it and are always learning something new.”
 - “People who are suffering from ACEs are relieved. They welcome the information because it helps them make sense of the tremendous pain they’ve been struggling with for so long. It gives them hope.”
- Participants reference individuals, locations, or populations who were resistant to discussion of ACEs or were not interested in receiving a presentation. (6 participants, 6 mentions)
 - “Some people took this and ran with it, some were interested but hesitant, and some were not interested.”
 - “Some people are not so receptive. They’re not ready to look at their own stuff and are triggered.”

Interpretation: Once participants begin presenting in their communities, they find that they are connected with more organizations and groups interested in the presentation, and the information from the curriculum spreads. They also see the effects of information about ACEs on their audiences as their audiences begin to connect it to their own life and work. Overwhelmingly, they find that audiences are incredibly receptive to the presentations. Still, some participants have encountered obstacles in trying to present to some groups, have found some audience members who are resistant perhaps because of their own triggers, and have noticed that some people are not as interested in sharing about ACEs in their communities.

Key Theme #3: Community engagement in discovering next steps

- Participants mention that many audiences are most interested in discussing and discovering “now what?” after participating in an ACEs presentation. (14 participants, 16 mentions)
 - “People are trying to figure out what’s next—how do we support people who have experienced high ACEs? How do we stop these cycles?”
 - “They don’t necessarily need the information for their job, but still want to do something and ask, ‘what can we do?’”
- Participants incorporate strategies into their presentations so communities have a better sense of concrete actions to take in response to the ACE Interface curriculum. (13 participants, 18 mentions)
 - “I help communities develop a plan.”
 - “I talk about being trauma-informed as an individual, agency, or organization. How do you respond to individuals?”
 - “I spend more time teaching kids about their brains, self-management, mindfulness, and breathing.”
- Participants reference a need for more organizational support around the resilience section of the curriculum in order to help communities think about what to do next. (6 participants, 9 mentions)

- “MCCC needs to always be bringing to the forefront what’s next and what we need to do as a group and as collaboratives.”
- “It’s not just the ACEs; what can we do or change to make sure that we’re not retraumatizing people and that we’re being trauma-informed?”

Interpretation: After the presentations, participants find that community members are most interested in what action they can take to help mitigate the effects of ACEs and build resilience in their communities. In order to address this need, many participants have incorporated strategies for resilience into their presentation so they can give those concrete examples to their audiences of what to do next. Many participants wonder if MCCC can provide more structure and resources around answering the question: “what’s next?”

Key Theme #4: Connections to ACEs in participants’ work and work in other fields

- Participants present about ACEs in their workplace and incorporated their knowledge of ACEs into other aspects of their work as well. (16 participants, 19 mentions)
 - “I use it in almost every presentation I do and with my staff. It overlaps with philosophies we use, and we use it in community conversations.”
 - “We had the opportunity to present to local schools and were able to get social/emotional learning in all kindergarten classrooms.”
 - “A lot of times in my field of social work, we treat at the top level. ACEs gets you down about ten levels and allows for more effective treatment.”
 - “This connects to the work I do in public health. It provides the opportunity to talk about substance abuse prevention.”
- Participants connect the effects of ACEs and the prevalence of substance abuse in their communities. (5 participants, 9 mentions)
 - “ACEs are a huge piece of our ongoing problems with substance abuse, which seem to be intensifying.”
 - “Unless we mitigate ACEs, we’ll never make a big impact on preventing substance use and abuse, because the two things are so connected.”
- Participants find that ACEs are a common thread that they can use to connect with everything. (5 participants, 5 mentions)
 - “When I learned about ACEs, it became the thread that tied all of the work together.”
 - “Everything is connected because of ACEs.”
- Participants use an ACEs-informed approach in crafting policy. (4 participants, 7 mentions)
 - “ACEs training has helped me shape practices related to creating better policy and procedure for alternatives to suspension.”
 - “We were writing a report on incarceration, and my colleagues and I included a lot about trauma.”
- Participants apply for and receive Bush Fellowships to study brain development, neurobiology and the effects of historical and intergenerational trauma, particularly on African American and American Indian communities. (3 participants, 3 mentions)
 - “I wanted to become a Bush Fellow. As a Fellow, I studied neurobiology, brain research, and the impact of trauma. In particular, I studied historical,

- intergenerational, and multigenerational trauma for African-American women and girls and Indian-American women and girls.”
- “I got a Bush Fellowship the second time I applied because I now know what the focus of my work will be for the rest of my life—ACEs, trauma, and resiliency.”
- Participants credit learning about ACEs as the inspiration for their dissertation topic. (2 participants, 2 mentions)
 - “I’m going to write my dissertation on the connection between ACEs and ministry.”
 - “I’m writing my dissertation on indigenous mindfulness, with a focus on how we can incorporate it into all facets of life. That focus is part of the resilience piece. ACEs work has helped inform my dissertation topic.”

Interpretation: Participants are able to connect their knowledge of the ACE Interface curriculum to their work in many respects. Some present the curriculum as part of their work, some use it as a vehicle to further their work (as when it was used to get social/emotional learning taught in local schools), and others use it in crafting policy and procedure in their work. Participants find that ACEs connects to everything and becomes the thread that ties their work together. Several participants mentioned connecting ACEs to work on substance abuse. Finally, participants are interested in going beyond the ACEs study through Bush Fellowships and dissertations that are related to ACEs, brain science, and resilience.

Key Theme #5: ACEs, historical trauma, and cultural sensitivity

- Participants talk about ACEs as a backdrop for presenting on historical trauma. (7 participants, 11 mentions)
 - “I use ACEs as an introduction to historical trauma.”
 - “I add in a cultural component. I touch on the Native American experience and African American experience and show the difference in how people develop.”
- Participants acknowledge the importance of grounding ACEs research in a cultural and historical context. (6 participants, 8 mentions)
 - “It’s good to add those cultural pieces. There’s no way to look at things color blind in the US. Many people are working with students of color that don’t look like them and don’t take the time to understand. Some people are not comfortable presenting that because they’re white, but they have the responsibility to at least start that conversation or provide resources in order to present a well-rounded curriculum.”
 - “With tribes, there’s the other historical trauma layer to heal from as well.”
 - “I’m proud that as a district, we’re willing to talk about not just day-to-day ACEs but also acknowledge the historical piece.”
- Participants are more aware of the impact of historical trauma on brain development, health disparities, and African-American and American Indian communities. (5 participants, 9 mentions)
 - “I would not know what historical trauma was and have had the opportunity to have conversations with people from many different backgrounds.”
 - “An important part of the training for me was discussion about race, historical trauma, and intergenerational trauma.”

- Participants were frustrated by the lack of historical trauma material in the original ACE Interface curriculum and training and encouraged and led its incorporation into the training. (5 participants, 6 mentions)
 - “The original study was very narrow culturally. There needs to be additional information to couple with the original study that incorporates communities of color.”
 - “The original presentation had maybe one shaky slide on historical trauma. I’ve been working with MCCC and them, and they’re open to incorporating it.”

Interpretation: The original curriculum did not recognize the impact of historical and intergenerational trauma, particularly on African-American and American Indian communities. Over the past three years, MCCC, along with its presenter network, has worked to find ways to incorporate and pair information about historical trauma with the ACE Interface curriculum. Many participants acknowledge the importance of presenting the study with a cultural context and claim that their awareness of historical trauma and health disparities for communities of color increased as a result of the ACE Interface curriculum training.

Key Theme #6: Participants’ desire to share the curriculum

- Participants share about ACEs with their families and experience familial healing from past trauma. (8 participants, 12 mentions)
 - “I’m having my children look at the questions and talk about the stuff that we as a family went through.”
 - “I educated my mother on this information, and now she shares with others that you don’t need to take on stress you don’t need to.”
- Participants share about ACEs recreationally with friends or in church. (7 participants, 8 mentions)
 - “I share this information with my family, children, relatives, people I just happen to sit down next to or be in a conversation with at a store, religious groups, business people, legal peoples, educators, young people, people of other ethnicities, human services professionals, people across the country, in writing, through webinars, and in other groups.”
 - “I bring it up at church and with friends.”
- Participants share about ACEs in their workplace with their coworkers. (5 participants, 8 mentions)
 - “I share the information at work, in trainings, and in presentations.”
 - “I tell my coworkers that it isn’t okay and empower them to say they’re having a hard time and need to step away. They are now better able to recognize when they’re getting triggered, ask for support, and support each other.”
- Participants share the film *Paper Tigers* with their communities. (5 participants, 5 mentions)
 - “Hundreds of people were reached with the screening of Paper Tigers.”
 - “We’re having a small group showing of Paper Tigers later this year.”

Interpretation: Participants are finding diverse venues where they can present about ACEs and often bring it up in casual conversations or in their personal lives. Participants share the effects of

ACEs with their families and experience healing as a result. They share it recreationally and at work. They screen the film *Paper Tigers* as another means to disseminate information about ACEs and resilience.

Key Theme #7: Community knowledge of ACEs before the training

- Participants discussed how the ACE Interface curriculum training confirmed what they already knew or suspected. (8 participants, 9 mentions)
 - “I was led to believe what I already knew. This confirmed the things I felt intuitively.”
 - “From a Christian perspective, ACEs is nothing new. We’ve always asked, ‘what kind of family environment did you grow up in?’”
- Participants use the ACE Interface curriculum to supplement presentations they were already doing on brain development or historical trauma. (4 participants, 6 mentions)
 - “I added this to presentations I was already doing on child development.”
 - “I integrate knowledge of ACEs with all other knowledge and training I have to bring those messages to other people working in the trenches with the people with mental illness affecting their lives and family.”
- Participants find that their presentations are incredibly validating for many of their audiences, who were already working with or experiencing trauma themselves but didn’t necessarily have a name for what they were seeing. (3 participants, 5 mentions)
 - “It gave recognition that even if they’re hearing about ACEs for the first time, they have been working with them for years.”
 - “There is so much resilience and knowledge held by communities. If systems left them alone, they would be fine.”

Interpretation: Participants and their communities consider the content of the ACE Interface curriculum to be common sense based on their own experiences and work. They find that the evidence from the curriculum is incredibly validating of that knowledge and provides a useful tool to continue sharing about the effects of trauma and stress.

Key themes Related to Support:

Key themes are ordered by the number of participants mentioning the theme and number of mentions of the theme. Themes with more mentions and more participants mentioning are at the top. Trends and variations within each theme are noted and illustrated by the selected participant responses.

Key Theme #1: Social Support and Networking (11 participants, 15 mentions)

Selected Participant Responses:

[The Program and Administrative Manager] is great; she keeps us together...

MCCC has been fabulous with the initial training and cohort support. It is continuing to lead this work in Minnesota, continuing to stay connected to Rob and Laura and get the updated curriculum and slide decks, and continuing to get the group together to connect. I want them to continue to do that.

Presenters are interested in opportunities to get back together...

Connect the trainers and cohorts better for conversations. For example, I need help getting into clinics to present, and I would love support and suggestions around how to do that.

Two days is not long enough to get to know someone well enough to present with them; it's difficult to become certified because of the co-presenter requirement.

Summary: Many participants had responses related to social support and networking. Some participants thought that MCCC was doing a great job in this area and would like to see efforts continue. Other participants would like to see MCCC connect the trainers and cohorts better. Participants expressed interest in opportunities for sharing experiences, resources, upcoming events or connections. Participants also mentioned wanting to connect for support, collaboration and learning purposes. A few participants wanted opportunities to get to know their cohort members better in order to find co-presenters. One participant mentioned wanting to collaborate with trainers in a neighboring state and another mentioned wanting to connect with trainers on a national level.

Key Theme #2: Overall Support from MCCC (11 participants, 13 mentions)

Selected Participant Responses:

I think MCCC does a great job supporting us. For example, there have been these coaching sessions every other week, and I've missed the last two or three... [the Chief Operating Officer] checked-in with me personally to make sure everything was okay.

MCCC has been more supportive of me than I have of them. They've supported me 110%, and I've learned a lot from the things they've asked me to be involved in. I get new opportunities because I now have the language to share and participate.

MCCC has been supportive and honest...

I feel that MCCC tries to support us the best they can, but there needs to be more understanding of what that looks like in a rural community. It seems to be structurally missing—we're kind of on our own out there. I do feel very personally supported. It just sometimes takes a long time to get things done.

Summary: Many participants expressed that they feel supported by MCCC. Some participants mentioned how easy it is to reach out to staff and how responsive staff are. One participant

expressed interest in receiving more guidance from MCCC around their community cohort and also mentioned a particular person who needs more trained presenters helping in her area. Another participant would like more support from MCCC in her rural community context.

Key Theme #3: Connecting with Resources/Updates/New Information (9 participants, 10 mentions)

Selected Participant Responses:

Regular outreach and check-ins from MCCC, resources about people in the community, and sharing other publications/links/videos helps me to still feel part of the presenter network even though the training is over.

I want more details of the Minnesota data and Minnesota study. I would reshape presentations to make that connection and add more evidence and validity to it.

It's been awesome in the last year around sharing updates of new research or new opportunities. It's not every day; it's every once in a while, so it feels very intentional. There used to be more opportunities shared to get it out there, but I know it ebbs and flows. It would be great if they could share recent data with us like the Minnesota Student Survey.

Summary: Many participants had responses related to connecting with resources, updates and new information. Most of the participants had positive feedback about the resources that were shared in the past and said they were helpful. Two participants mentioned wanting more information about Minnesota data and studies. One participant would like more information about trauma-informed communities and agencies.

Key Theme #4: Cultural Relevance/Historical Trauma (6 participants, 7 mentions)

Selected Participant Responses:

How can the curriculum incorporate trauma within the Latino community? The presentation incorporates the collective trauma of African American and Native American communities. Latinos face family separation because of deportation and crossing a border can be very traumatic. There is a huge population of Latinos/Hispanics in the Twin Cities, so this is necessary to incorporate.

People are making the presentation their own...—it was missing the historical trauma piece, so he added it.

It's good to add those cultural pieces. There's no way to look at things color blind in the US. Many people are working with students of color that don't look like them and don't take the time to understand. Some people are not comfortable presenting that because they're white, but they have the responsibility to at least start that conversation or provide resources in order

to present a well-rounded curriculum. Fear will always be a part of why things don't get done. If we want to recognize everyone, it doesn't help to have one representative group of people. Historical trauma research has been around since the 1970s, but it's not mainstream because it does not affect the group in power.

How do we get the more cultural piece or historical trauma piece to the families they're working with?

Summary: Several participants had comments related to historical trauma and cultural relevancy. Two participants had positive comments about MCCC's and certain presenter's efforts to incorporate more historical trauma pieces and cultural pieces in the trainings. Two participants would like to see more of this done and would like to see other presenters using a more well-rounded curriculum. One participant would like to see the curriculum translated into other languages, especially Spanish, and had questions about how to incorporate trauma within the Latino community into the curriculum.

Other Themes to Note Related to Support:

The themes in this section were mentioned by fewer participants than the themes above, but are still important to note. These responses may echo thoughts or feelings of other participants who did not explicitly state them or those of presenters who were not a part of the sample interviewed.

Challenges to Staying Engaged and Moving Forward using ACEs Information (6 participants, 6 mentions)

- One participant expressed concerns that ACEs is the hot topic and that in general we are not going deep enough in ACEs work to really understand community needs.
- Two participants mentioned that momentum in their cohort has fizzled.
- Another participant would like to see MCCC give presenters more direction in terms of what's next and what they need to do as a group. They would also like to see MCCC make state and national initiatives related to ACEs more visible.

Challenges with Immediate Next Steps after Receiving Training (4 participants, 7 mentions)

- A few participants had difficulties getting certified and expressed confusion about what they could present without being certified or while having a non-certified co-presenter.
- A few participants had logistical issues with the certification process, like not being able to present until much later because of a scheduling conflict or not being able to find a co-presenter.
- One participant expressed interest in having trainings in public speaking for those who could use more information, practice and support.

Given that the vast majority of those interviewed were certified and two-thirds of the broader presenter population is not, these responses could shed light on why other presenters are not becoming certified.

Curriculum Changes/Adaptations (4 participants, 5 mentions)

- Participants would like to see specific adaptations to the curriculum made by MCCC/ACE Interface or would like help integrating new material into their existing curriculum.
- Two participants expressed concerns about taking away from the fidelity of the program by adapting the curriculum.
- Two participants are particularly interested in integrating current information or concepts related to ACEs.
- Other participants would like to tailor their presentations more to certain groups of people, for example educators.

Unclear about MCCC/ACE Interface Organizations (2 participants, 2 mentions)

- One participant was not sure who these entities are and what they do.
- Another participant was unclear about the focus of MCCC, the other programs MCCC has and how ACEs fits in to the work of the organization.

Diversity and Inclusion (2 participants, 2 mentions)

- One participant would like to see more trainers of color, particularly from the Hmong, Somali and Latino communities.
- Another participant would like to see more parents trained in ACEs.

Recommendations

The participant's comments and the themes that emerged were used to develop the following recommendations. We have proposed concrete ideas for addressing the recommendation as a starting point to generating next steps and action items (See Bulleted Items).

1. Create more opportunities for presenters to connect in the curriculum training session and afterwards. (Related to Social Support and Networking Theme)
 - Allow more time for icebreakers or networking between presenters so they have greater ease identifying and exchanging contact materials with potential co-presenters. This could be especially important in community cohorts.
 - Coordinate events that bring cohorts back together.
2. Foster networking between presenters using different media (Social Media, Webinars, etc.) Let presenters know what other presenters in the network are doing and connect presenters that are doing similar work. (Related to Social Support and Networking Theme)
 - Develop webinars where presenters have a space to share about their work.
 - Share stories or encourage presenters to share stories of initiatives their taking related to ACEs through Facebook or the newsletter.
 - Target emails to specific presenters to make introductions when they could connect in a specific sector or around a specific initiative.
3. Continue to disseminate resources, updates and new information related to ACEs to presenters. When possible, be sure to include new information about Minnesota studies as well as examples of how communities and agencies have become more trauma-informed. (Related to Connecting with Resources/Updates/New Information Theme)

- Notify the network that new Minnesota Student Survey data will be available this year.
 - Be as transparent as possible about what information MCCC does or does not have. Perhaps encourage presenters to seek information for themselves and, if it could be useful to other presenters, share the information with the network.
4. Continue incorporating information on historical trauma and ensure trainings are culturally relevant. As needed, provide support for presenters that need help incorporating historical trauma or cultural contexts into their presentations. (Related to Cultural Relevance/Historical Trauma Theme)
 - Make sure that historical trauma and cultural contexts are a key component of every training. When possible, include Sam Simmons or other presenters on historical trauma in trainings.
 - Encourage presenters to include information on historical trauma in their presentations and provide specific suggestions or guidelines about how to do that for those presenters that may be less familiar with the information.
 5. Provide guidance around next steps to help generate solutions that would create individual-level, community-level and systems-level changes that foster healing from ACEs and preventing ACEs in future generations. (Related to Challenges Staying Engaged and Moving Forward using ACEs Information Theme)
 6. Provide extra support to those who have just received the training to help ensure they get certified. (Related to Challenges with Immediate Next Steps after Receiving Training Theme)
 - When possible create individual connections between new presenters and experienced co-presenters.
 - Reach out to new presenters after 3 months to check-in about their certification process and whether they need further support.
 7. Provide presenters with information from ACE Interface about how to adapt the curriculum in a way that will not detract from the fidelity of the program. As needed, provide presenters with fidelity checks and refresher trainings as well. (Related to Curriculum Changes and Adaptations Theme)
 - Create guidelines as an organization about how to appropriately adapt the curriculum and what does or does not qualify as an ACE Interface presentation. Disseminate this widely to the network.
 - Develop a half day or daylong refresher program for presenters who have not been trained for a certain amount of time.
 8. Incorporate a more comprehensive background of MCCC and the ACE Interface organizations into the training. (Related to Unclear about MCCC/ACE Interface Organizations Theme)
 - Explain how the ACE Interface curriculum training program fits into the other programs at MCCC.
 - Explain the mission, vision and goals of MCCC and the ACE Interface Trainer Network program as well as the role of MCCC in ACE Interface work in Minnesota.

9. Continue to evaluate the program and collect feedback to ensure those who have been trained have the support, information and tools they need to be successful trainers.

Conclusion

The interview data collected corroborates MCCC's anecdotal evidence: learning about ACEs has a significant impact on trainers, presenters, and their communities. Many trainers and presenters are personally using the content of the curriculum to better understand themselves and their families and to begin to heal from past traumas. They share about ACEs in their workplaces and across their communities and find overwhelmingly that people are able to connect to the information and want to learn how to move it forward. Although many presenters and trainers mentioned that they were already familiar with the ideas in the ACE Interface curriculum before the training, they thought that the curriculum was a useful tool for talking about the effects of childhood trauma.

Many participants were frustrated by the lack of cultural and historical context in the original curriculum. They also cited a need for more specific strategies on how to move beyond ACEs. To address these perceived gaps in the curriculum, many trainers and presenters are finding their own resources and materials to incorporate into their presentations.

Many of the participants expressed that overall they feel supported by MCCC and that they would like these efforts to continue moving forward. Some of the participant's responses have illuminated important areas for program improvement. The recommendations based on two of the most prevalent themes should be given special attention. MCCC should continue to focus on fostering social support and networking among ACE interface presenters as well connecting presenters with relevant resources and new information as they become available.

Appendix A:

Interview questions

Tell me about yourself, how did you get involved in this work? What drew you to be trained as an ACE presenter?

What were three key takeaways/things that you learned through this training process or through becoming a presenter?

What is the importance of learning those things?

Tell me a story of a time that you used your new knowledge in your personal or professional life.

How have you shared this information with others? Has it been mostly through formal presentations, one-on-one meetings, or in conversations?

What has changed since you went through this training? Have there been changes or efforts related to this work even if they are not this work exactly?

Tell me a story of how you have seen your training impact others around you (your family, your friends, or your community).

Is there anything you are proud to share from this effort?

Did you make new connections with other people or organizations?

Do you feel like you've seen systems changing in response to this work?

How has your understanding of ACEs evolved since you were trained in this curriculum?

What are you doing with your presenter certification? Have you presented? Where?

What support do you need from us? What support have you been receiving from the organization thus far? What other sources of support have you used during this process? Are there areas in which you feel like you haven't received enough support? Which ones? Do you have any recommendations for how the organization could support you better?

Is there anything you want to talk about that I haven't asked you?

Appendix B:

Stories of Value

The first time I ever presented, it was a short presentation and the information was new to the audience. When we shared the ACE questionnaire, a woman was triggered and had to step out of the room. She returned and at the end of the presentation expressed that she was grateful to have heard the information. I saw her again later and she told me that she had shared the information with her family, and the whole family wanted to do better and raise their kids differently. The presentation led to a behavior change for this family, and that was very validating as a presenter. – Kate Bailey

I saw a crying woman at my favorite coffee shop, and I asked her how she was. She came and sat down with me and told me that there were bad things happening with her kids and with her boyfriend--her relationship was falling apart. It became an ACEs dialogue, and I found myself diagramming the ACEs pyramid. I meant to get my own work done and get away from the office for a bit, but she ended up staying for two hours. At the end, I told her, “I don't know you, but if you want to talk, here's my card.” – Dave Ellis

ACEs training has helped me shape practices related to creating better policy and procedure for alternatives to suspension. It impacted my preparation for meetings and helped me explain the need for alternatives to suspension as well as show examples of ways people are using compassionate accountability. In one school, students elect to come to Saturday school to make up work and earn credits. This practice holds students accountable to attendance and the material. It's a good alternative to suspension, and I'll present it to other schools and people. – Ronald Lake

Communities have been experiencing this trauma for a long, long time. Now we have a tool to talk about it in community in a way that's simple and accessible. I was presenting to a group of Somali fathers, and they were responding saying, “so this could help my child do better in school, right?” They were able to conclude themselves that a better environment for the child contributes to their well-being. – Antonia Wilcoxon

I'll talk about ACEs during pre-marital counseling. I was with a couple the other day, and I brought it up, and the bride said that she didn't have any ACEs. Her husband-to-be was shocked. They had never talked about it before, but it's so important to have those conversations before you enter a marriage. – Tom Gonzalez

This information has changed the way I interact with people daily. As a teacher, I respond differently now. I think about my students' experiences and what skills they have or don't have. People's brains are different in how they're wired for stress. I hope that knowing that I'm just a little bit kinder. – Sharleen Zeman-Sperle

I've been in conversation with one of the tribal cohorts, and they're incorporating this into their work and what they're doing with families. It's informing their work in powerful ways. People are

trying to figure out what's next—how do we support people who have experienced high ACEs? How do we stop these cycles? It's spurring the right kind of conversations in communities. – Susan Beaulieu

I am able to use my own examples of personal experiences when I'm talking to youth so they feel like it's not bad—he got through it, see? My father was very verbally and sometimes physically abusive. I learned that this is how he was raised, this is what was done to him; it was all he knew. ACEs helped me understand that more. What I have done is seeing myself acting ways based on my experience as a young person, so I work to be loving, caring, and not so aggressive. When my children have outbursts, I think, that's from me. I share my experience with my children. My dad wouldn't do that, and you couldn't ask him questions. We'll shut down others because we don't understand our own emotional state. I utilize that knowledge when I've emotionally hurt my children's feelings, and I practice that. Hopefully we can change the behaviors, although I see it with some of my older ones. I believe the genetic piece—my grandma wasn't no joke, and I see that aggression from generation to generation. There's love from that, too, though, and the mixed messages can be confusing. I practice and admit my faults and have those conversations with my kids to explain my upbringing. – Damone Presley

The African-American community initially starts questioning it if you do just ACEs. They might be like—so what? But I make them really connect with the historical trauma piece. Young people respond because of the way I do it. Specifically young people in urban communities under the age of 39 were raised by institutions and then end up in institutions. I give them a framework to say you can be angry, but you need to figure out how to use that anger to get things you want and need. People 40+ are more uncomfortable because they have to see the role they played in this generation's trauma. It leads to changes in conversation, and I hope to see change in behavior, although change in conversation is an important piece. There's a difference between playing the victim and being victimized. People have to ask, 'what can I do?' – Sam Simmons

We had the opportunity to present to local schools and were able to get social/emotional learning in all Kindergarten Center classrooms. Administrators see the need; the ACE study proves how students are coming in, and teachers want to be able to help them. We're trying to get an SEL curriculum into K through 5. – Sharleen Zeman-Sperle, Peacemaker Resources

We were writing a report on incarceration, and my colleagues and I included a lot about trauma. More than half of people in prison have a mental illness. People ask, Why are they in prison in the community? Why aren't they getting treatment? What we learned from the research is that Mental illness is not a predictor of incarceration; trauma and poverty are predictors. Many people living with mental illness are not incarcerated. Changing that story will affect what we actually do. The State is investing in more mental health treatment. We need to also invest in prevention—ACEs helps us leverage more attention to the importance of prevention. It can help change the conversation. – Anna Lynn

Crow Wing Energized provides comprehensive health improvement services for Crow Wing County. They promote healthy diet and exercise, workplace wellness, etc. They have a mental fitness goal group, and Susan and I connected to that and came to work under its umbrella. In November 2015, an ACE Interface training was done here. There were 30 people in attendance, mostly from Crow Wing County. We're a pilot of whether it's easier to organize a regional community to bring the messages forward. So far, it's looking pretty good. We have done over 30 presentations and reached over 500 people. – Lowell Johnson

Through the presenter network, I learned about historical trauma from Sam Simmons and invited him to do a series of presentations in my community. Participants in Sam's series have a greater understanding of ACEs, the impact of trauma, social history, and the effect of historical and generational trauma. His ideas of compassion and accountability have challenged us to hold students accountable but do it compassionately. He was able to share a message that parents, teachers, administrations, and staff needed to hear in a way they could understand. – Ronald Lake

My background is with kids in residential treatment who have faced the deepest end issues, like abuse, neglect, and adversity. They had been kicked out of school, and their parents couldn't manage them. Our response to the kids was traditional, but they weren't working, and the kids weren't responding. We didn't talk about trauma, and we were retraumatizing the kids. We were using physical interventions like physical holds, which were likely very harmful. We began doing research around best practices, which programs didn't know. We learned to focus on relationships and used strengths-based approaches, giving kids tools and skills. We committed to stop putting our hands on kids. We shifted the blame; kids were just doing what they knew to cope. I've become an advocate for what's behind the behaviors and under the surface. I do work around getting to real trauma-informed principles. ACEs began popping up. It takes the shame and blame away and destigmatizes the experiences. – Tracy Hilke

I learn more every time I do it from the people I'm talking to. I don't like being the expert. After I gave a training, a group came up to ask questions. One gentleman social worker ran a group in a prison setting for people with addiction. He said that all the guys have a trauma history which comes out as they're talking about their addiction. He tries to figure out how to balance addressing the early childhood stuff while working with what he's supposed to be doing in terms of addiction. I think about how it all plays together in my own work. – Sarah Fuerst

I feel so fortunate to be able to be part of this work. Everything aligned; I was at the right place at the right time. Everyone can do this work, but it is really important for me because of my background and life experience. There's an urgency to it that I understand because of my background. I've felt really supported by MCCC. They saw something in me that maybe I didn't see and I'm able to share what I'm thinking about and what I need without hesitation. When triggered, I've called ... to talk, and been supported personally. MCCC respectfully engages with tribes and communities in an inclusive process that is not top-down. They have a real commitment to their work in tribal communities. – Susan Beaulieu

We were approved for a Bush grant to increase community engagement with the agency. We're having seven events to bring people together for conversations that matter to them in a way in which the solutions to the problems they identify emanate from their own voices. One of the events held this past June was in Native communities who came together to talk about Cultural Historical and Current Trauma – Its relational impact with DHS and American Indian Urban Communities and Tribes. The discussion entailed conversations about the relationship between the state of Minnesota and the sovereign nations and how that relationship has a history of trauma. The group who came together decided that the conversations need to continue over the course of a year: the group will come together at the beginning of each season: Fall, Winter, Spring and Summer. The event was planned by an elder Lakota man who is an employee of DHS and the staff in his division attended, he chose this topic because he thought it could be both informative for the work that happens in his division and to provide healing for all involved. It's not directly about ACEs, but it's largely about ACEs. – Antonia Wilcoxon

I gave 80 early childhood educators from a northern Minnesota reservation the ACE survey. They each had one post-it with their ACE score and one with their years of experience working in early childhood. Their total years of experience were 745 years, and they felt proud of that. I worry about just giving more bad news, so that was a really cool experience. It gave recognition that even if they're hearing about ACEs for the first time, they have been working with them for years. They have a whole cadre of tools—calming strategies, diversion strategies. Even if they don't say this is to lessen the impact of ACEs, that's what they're doing. – Jamie Lee

Acknowledgments

Thank you to ACE Interface LLC, Laura Porter, and Dr. Rob Anda for the use of their amazing curriculum. Without their dedication to this material, none of this work would be possible.

Maxine:

Thank you to Minnesota Communities Caring for Children for hosting me as a Fellow this summer and being such a wonderful community. Thank you to Becky Dale for your helpful insights, advice, and extensive knowledge of the curriculum that made this project possible. Thanks in particular to Kate Bailey for being such an incredible source of support throughout this project. I could always come to you with any questions I had or anything that was on my mind, and your thoughtful responses were invaluable in helping me to complete this project.

Thank you to the Chuck Green Fellowship for providing the infrastructure and financial support for this project. Thank you to all of the Fellows for your support throughout this process. Thank you to my advisor Paul Dosh for everything from giving me feedback on a project proposal to calling me on a rough day just to check-in. Thank you to Professor Lisa Mueller and Jackie Aman at the Wilder Foundation for all of your advice on how to carry out a qualitative research project.

Finally, thank you to my family, Audrey, Dave, and Sophie, for answering calls in the middle of the night, helping me move twice, and always having my back no matter what.

Corelle:

Thank you to the Community Health Initiative (CHI) Program for the resources and the funding support for this summer internship. Thank you to Nedy Windham and Amanda Swygard for thoughtfully linking me to this incredible opportunity at MCCC, which perfectly matches my interests and career goals.

About the Authors



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Corelle Nakamura recently completed her Masters of Public Health degree at the University of Minnesota in Community Health Promotion. She became interested in trauma awareness and resiliency through her work with the Sex Trafficking and Community Well-Being initiative at the Urban Research and Outreach-Engagement Center. The Community Health Initiative Program connected her with Minnesota Communities Caring for Children (MCCC). With passions in Public Health, Community Development and advancing Health Equity, MCCC is the perfect fit and she is grateful for this amazing opportunity. Corelle grew up in Hawai'i and loves learning new things, exploring, and outdoor adventures.