You must submit your workshop proposal online at www.zarrowsymposium.org. For questions, please contact JoBeth Hamon at 405.898.8704 or jhamon@mhaok.org.

1) In addition to completing the Request for Proposals application, prospective presenters will be asked to submit the following:

 Presentation Description, which must include the following:

 b) Presentation title (Concise, interesting, memorable - 6 words or less);

**Understanding ACEs- The NEAR Science**

 c) No less than three learning objectives (Upon completion of this workshop, participants will be able to…);

**1) Participants will understand the key concepts of the nervous system and how it interrelates with experiences and how people adapt.**

**2) Participants will understand key components of the Adverse Childhood Experiences study and how to utilize the data to support communities.**

**3) Participants will become familiar with core protective systems and the importance of communities and support.**

d) Presentation Summary: This brief summary/description should detail what attendees can expect to take away from your session and will be used on the conference website and in marketing materials (700 characters, approximately 100 words);

**The NEAR Science explores the Neurobiology, Epigenetics, ACEs Study and Resilience. We know that adverse childhood experiences can increase risks of long-term physical, emotional and social disparities, however we also know that protective factors can support children, adults and families and decrease those risks. This training explores how life experiences impact our biological nervous system. It takes a deeper dive into the ACEs Study and how to interpret the results to find best fit practices to increase the Core Protective Factors of building capabilities, increasing attachment and belonging, and fostering the growth of community, culture and spirituality.**

#  e) Sources/references of content (presenters are expected to include evidence-base and best-practice guidelines as appropriate);

**Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258.**

**Judy Hall, Laura Porter, Dario Longhi, Jody Becker-Green, Susan Dreyfus (2012)**

[**Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483862/)

***J Prev Interv Community*, 40(4): 325–334.**

**Teicher, M.H. (2002) Scars That Won't Heal: The Neurobiology of Child Abuse** [***Scientific American***](https://www.researchgate.net/journal/Scientific-American-1946-7087)***,* 286(3):68-75**

 f) A brief summary of what makes you (and your co-presenters) uniquely qualified to present on your selected topic (1750 characters, approximately 250 words).

**The presenters are a part of a 31-member team from across Oklahoma trained in *Understand ACEs- The NEAR Science*. The presenters have completed a three-day training with their cohort facilitated by Laura Porter and Dr. Rob Anda of ACE Interface. The training included detailed, in-depth information about the key concepts of Neurobiology, Epigenetics, the Adverse Childhood Experiences study, and Resilience. The training included conversations about expanding our state’s community capacity to respond to adversities and build individual, family, and community capabilities and connections to help people thrive. The trainers remain on a team that convenes regularly to ensure standards are maintained regarding the fidelity and integrity of the science they present. The training and continuing team coordination is sponsored by the Potts Family Foundation with additional funding awarded through a grant from Blue Cross Blue Shield Healthy Kids Healthy Families program to help sponsor the three-day training.**

2) Presentation narrative inclusive of topic to be presented, key points that will be addressed, and alignment with the conference theme/area of interest.

**The presentation begins with a broad overview of the importance of the Adverse Childhood Experiences Study (ACEs). To better explain the importance, the participants are led through key components of the human nervous system and how it orchestrates our internal body functions and our perceptions of the world around us. Toxic stress generates predictable patterns in the brain and causes us to have adaptations to the world around us. The brain has sensitive periods in which adverse or positive experiences have a greater effect. Experience can be hard-wired into biology- behavior, affect, mood, etc. may not be a choice- they may be a normal response to earlier adversity. Before we assume that a person’s behaviors are a rebellious choice, let’s think about the possibility that adversity may be at the heart of the challenges we see. We do have the choice of actively developing skills and accommodations that enable everyone to contribute to community and thrive.**

**The history, hypothesis and data of the ACEs Study will be explained. The higher the ACE score the higher the likelihood of different physical, social or emotional health problems- this supports a dose/response relationship. ACEs are common, interrelated, and have a cumulative impact. ACEs are a major determinant of homelessness, unemployment, incarcerations and days when people can’t do their usual activities due to some disability or health issue. A key point is that the use of the ACE score is a practical way to summarize the cumulative impact of ACEs on health and well-being of a population. When we reduce ACEs, a large proportion of many health and social problems can be prevented.**

**When people hear about the impact of ACEs they are motivated to learn about resilience. We build resilience through three protective systems: capabilities, belonging, and community-culture-spirituality. Relationships with caring and competent people are vital contributors to resilience and recovery. Building community capacity is about helping people learn, manage and improve their efforts systematically. Fostering thriving communities is about empowerment. It is about investing in the people who have the most at stake so they can be the expert leaders of their own community’s change. High-capacity communities systematically use a four-phase process for engaging everyone in child, family and community betterment. Those phases are: come together around issues that matter, learning together, making decisions based on the world we want for our future, and making room for everyone to co-lead community efforts. Building community capacity improves population-level results. Change is up to us. It is shaped by our thoughts, our conversation, the way we relate with one another in relationships, in families, and in communities.**

3) Name, inclusive of academic/professional credentials for each presenter, as it should be listed in conference-related materials (ex. - James W. Smith, Ph.D., LPC).

4) A brief biography for each presenter for use in conference materials with an emphasis on relevance to presentation/conference theme (700 characters, approximately 100 words).

5) A resume or vita for each presenter.

6) Please describe your past presentation experience (ex. conferences you’ve previously presented at).

APPLICATION MUST BE SUBMITTED VIA THE ONLINE PORTAL FOUND AT WWW.ZARROWSYMPOSIUM.ORG, NO LATER THAN WEDNESDAY, MARCH 31, 2021 TO BE ELIGIBLE FOR CONSIDERATION.

250 word summary

**The presentation emphasizes the importance of the Adverse Childhood Experiences Study (ACEs). To better explain the importance, the participants are led through key components of the human nervous system and how it orchestrates our internal body functions and our perceptions of the world around us. Toxic stress generates predictable patterns in the brain and causes us to have adaptations to the world around us. Before we assume that a person’s behaviors are a rebellious choice, let’s think about the possibility that adversity may be at the heart of the challenges we see. We do have the choice of actively developing skills and accommodations that enable everyone to contribute to community and thrive.**

**The history, hypothesis and data of the ACEs Study will be explained. The higher the ACE score the higher the likelihood of different physical, social or emotional health problems- this supports a dose/response relationship. When we reduce ACEs, a large proportion of many health and social problems can be prevented.**

**When people hear about the impact of ACEs they are motivated to learn about resilience. We build resilience through three protective systems: capabilities, belonging, and community-culture-spirituality. Relationships with caring and competent people are vital contributors to resilience and recovery. Building community capacity is about helping people learn, manage and improve their efforts systematically. Building community capacity improves population-level results. Change is up to us. It is shaped by our thoughts, our conversation, the way we relate with one another in relationships, in families, and in communities.**