



FACILITATOR GUIDE

THE PURPOSE OF THE FAMILY EMPOWERMENT PROGRAM

For Facilitators

For ~~more than 46~~ years, the National Black Child Development Institute (NBCDI) has been at the forefront of engaging leaders, policymakers, ~~professionals and parents and caregivers~~ around family advocacy and engagement efforts that ensure the success of Black children and their families. Significant gains have been made in local, state and national policy and practice, resulting in improved outcomes for families of color, especially families in low-income communities. Despite notable challenges, Black families have demonstrated an extraordinary level of resilience, courage, tenacity and capacity to learn, as evidenced in the “Points of Proof” highlighted in NBCDI’s “Being Black Is Not a Risk Factor” national and state reports. Research clearly indicates that building the capacity of parents as their children’s primary teachers is essential to ~~create~~ opportunities for families to fulfill their greatest potential (*Child Trends*). Two-generational approaches to family development have proven to be successful for Black children and families and other underserved populations (Lombardi, et al. , 2014).



In accordance with this research, NBCDI has developed the Family Empowerment Program (FEP), a 12-session program designed to build the capacity of parents as leaders of their families. **The Family Empowerment Program takes a holistic approach to building the capacity of families by educating parents and other caregivers on brain development, toxic stress, Adverse Childhood Experiences (ACEs) and the importance of building resiliency and developing protective factors in children and their families.** This comprehensive curriculum is designed to serve as a catalyst for family and community transformation by honoring the rich cultural and linguistic strengths of families of color through an action-oriented, strengths-based lens.

FEP CURRICULUM

As facilitators of NBCDI's Family Empowerment Program, you must ask yourselves why you have made the conscious decision to embrace this important work of empowering families. You must reflect on how well you understand what it means to be a bridge to knowledge and hope for so many families. Children and families will rely heavily on the integrity and enthusiasm of strong, professional facilitators. You must operate in a space that nurtures, supports, educates and empowers families while maintaining clear professional boundaries. You are charged with building the capacity of parents as leaders of their families so they are fully equipped to build the capacity of their children as learners and so they can effectively advocate for their children from birth. It is an exciting and rewarding role to embrace!

Highlighted features of NBCDI's Family Empowerment Program include the following:

- **Culturally Relevant and Responsive:** Infuses the social-cultural context of families lived experiences.
- **Trauma Sensitive:** Takes a holistic approach to building the capacity of families by educating families on brain development, toxic stress, Adverse Childhood Experiences (ACEs) and the importance of building resiliency and developing protective factors in children and their families.
- **Evidence-based:** Aligned with current research and best practices and evaluated by Child Trends, one of the nation's leading nonprofit research organizations.
- **Developmentally Appropriate:** Fosters children's learning and development while honoring their individual strengths, needs and culture.
- **Enhanced:** Designed with feedback from families with children birth through eight years old who participated during the pilot program and engaged in its focus groups.
- **Action-oriented:** Promotes active family engagement by connecting families with local resources that strengthen their capacity to succeed.
- **Strengths-based:** Honors cultural and linguistic strengths of families.

The program's foundation symbol is adapted from the Adinkrahene, a West African Adinkra symbol, which embodies the National Black Child Development Institute's holistic approach to family empowerment. The inner circle represents the child, encircled by the family, encircled by the community, creating interdependent layers of care and protection. It symbolizes greatness, charisma and leadership.



Consider how these three words – greatness, charisma and leadership – are defined in relationship to facilitators of NBCDI's Family Empowerment Program. Strong, effective and professional facilitators embody the following characteristics:

- **Greatness:** Extraordinary, remarkable, exceptional and committed to a purpose more important than themselves.



- **Charisma:** A spiritual calling or personal quality that gives an individual the ability to motivate and inspire families and communities to accomplish great things.
- **Leadership:** The position or function of a leader; a person who guides, nurtures and empowers children, families and communities to succeed.

~~Strong facilitators embody the following foundational concepts:~~

- ~~Strong facilitators cultivate~~ genius in participating families by implementing NBCDI's Family Empowerment Program with fidelity and pride.
- ~~Strong facilitators embrace~~ "Growing Genuine Genius" as a cultural philosophy, recognizing that all families possess tremendous potential.
- ~~Strong facilitators act~~ as if it is impossible to fail. Their determination is reflected in their work ethic.
- ~~Strong facilitators exude~~ hope while being caring, compassionate and committed to the empowerment and success of their families.
- ~~Strong facilitators are lifelong learners.~~ They recognize that knowledge is like a garden: "If it is not cultivated, it cannot be harvested."



Facilitator preparation consists of a comprehensive, outcomes-driven training designed to prepare the facilitator to implement NBCDI's Family Empowerment Program with confidence, enthusiasm and fidelity.

OUTCOMES FOR FACILITATORS

~~Following training, facilitators will be able to do the following:~~

- Develop a strengths-based lens to understand and build the rich and inherent assets that Black families possess.
- Implement culturally and linguistically relevant responsive strategies with parents and other caregivers.
- Build the capacity of parents and caregivers as lifelong advocates for their children, both at home and school.
- Develop a strong network of policy-informed parents and caregivers who actively advise, advocate for and elect policies and practices that are in the best interest of their children and families.
- Help parents and caregivers build a strong foundation of knowledge in early childhood development.
- Build resiliency in participating families and in themselves.
- Understand the effects of Adverse Childhood Experiences (ACEs) on children and their families and approaches to overcoming these experiences through safe, stable, nurturing relationships and communities.
- Use strategies that develop and strengthen protective factors in children and their families.

- Help ~~to~~ strengthen kinship bonds within families by building trusting, respectful relationships with parents and caregivers.
- Understand early childhood development and effective adult learning styles for Black families.
- Understand how to effectively teach family literacy strategies that can be easily and consistently implemented by parents and caregivers of young children, from birth to 8 years old.
- Understand how to effectively teach family math and numeracy strategies that can be easily and consistently implemented by parents and caregivers of young children, from birth to 8 years old.
- Facilitate conversations about difficult and challenging topics through culturally-relevant, trauma-sensitive practices that respond to the unique strengths and needs of Black children and their families.
- Build community amongst participating families by implementing culturally- and linguistically-responsive practices that skillfully engage and manage diverse adult learners in small and large groups.
- Support and encourage parents to facilitate and engage in family library experiences with their children.
- Practice effective time management skills throughout the implementation of the program.
- Help parents and caregivers as they set goals for their families and themselves.

OUTCOMES FOR FAMILY EMPOWERMENT CURRICULUM

Throughout the program, participants will begin to ~~do the following:~~
~~following:~~

- Align their personal family/child goals with best practices in child growth and development.
- Learn parenting/caregiving methods with best practices in child growth and development.
- Strengthen communication skills with their children at home and school.
- Have a clear understanding of the connection between strong culturally-responsive parenting practices and healthy child and parent relationships.
- Direct important questions about their children's growth and development to caregivers, teachers, doctors, nurses and social workers.
- Establish and maintain strong home-school partnerships and pathways to learning for young children, from birth to eight years old.
- Understand how to access essential resources for their children and families.

- Cultivate the ~~tenants~~ of leadership in themselves for their families.
- Acquire tools to build the capacity of their families through goal setting.
- Become part of an informed network of parents and caregivers who advocate and vote for policies that are in the best interest of their children and families.
- Recognize the cultural and linguistic strengths of their children, their families and themselves.
- Understand how to build resiliency in their children and themselves.
- Understand how to nurture healthy relationships and prevent the cycle of anger, helplessness or trauma in their families.
- Understand how to develop a safe, nurturing circle of support in their parent group.
- Understand how to partner with and engage in conversations with caregivers, teachers and administrators in support of their children.

A SNAPSHOT OF LITERATURE (SSL)

Brain Development

The brain is an important organ that helps us regulate our body's functions. It begins developing soon after conception. The fastest rate of growth and development occurs during the early childhood period, from birth to 3 years old (Knudsen, 2004; Shonkoff & Phillips, 2000). This three-year period can provide experiences for a stable or unstable environment. According to Shonkoff (2011), "the foundation in educational achievement, health, [...] productivity, and responsible citizenship are formed during the early childhood period" (Shonkoff, 2011, p. 1).

Relationships between the genes, brain and culture are complex (Zhou & Fischer, 2013). Many factors may influence child growth and development. One important factor to consider is where a child grows up in our culturally diverse world (Zhou & Fischer, 2013). Cultural differences occur in many regions of the United States. According to Zhou & Fischer (2013), cultural, social, individual and biological differences interact, creating exciting differences. Adversity and multiple stressors in the economic and social environment play an important role in the child's life and development. The regulatory systems can easily be disrupted (Shonkoff, 2011; National Scientific Council on the Developing Brain, 2005). Shared differences and similarities are a part of our social identity. The experiences differ with many families, which must be viewed through a strengths-based lens.

Take Away: Economic challenges and social experiences play an important role in shaping a child's development.

Key Words and Phrases for Discussion:



Adversity, stressors, environment, development, plasticity, strengths-based lens

Adverse Childhood Experiences

Adversity in early childhood lasts a lifetime. Adversity includes exposure to abuse, neglect, violence and economic hardship. Toxic stress can occur without enough support from adults (*U.S. Dept. of Health & Human Services*). Children who are at higher risk for adversity or trauma include infants, toddlers and preschoolers. During this developmental period, they experience rapid growth with a limited scope of coping abilities and strategies. They depend on the primary caregiver for physical and emotional protection (DeYoung, Kenardy, Cobham, 2011). Long- and short-term negative health issues may occur, causing a disruption in brain development. These issues may lead to various health issues that impact the physical and emotional health of a child.

Because communities differ in the type of adverse situations that they may be affected by, current assessments may not accurately encompass the amount of children affected by adversity, particularly among low-income children of color (Hall, Porter, Becker-Green, Dreyfus, 2012; Wade, Shea, Rubin, Wood, 2014).

To decrease the effects that health disparities and insufficient diversity cause, focus groups have been conducted and partnerships have been developed between organizations in large metropolitan cities who work with at least 20% of the residents living at or below the federal poverty level (Wade, Shea, Rubin, Wood, 2014). Empowering community organizations is a way to share the responsibilities and help form a base of support for the child.

Adverse Childhood Experiences (ACEs) research has shown that high-risk behaviors, disabilities and workforce issues can be stressful or traumatic (Felitti et al., 1998). ACEs study groups have investigated families in need of support and their relationship to stressors in life (Felitti et al., 1998). Research has shown that early intervention and prevention are crucial to family success.

Take Away: Empowerment is the key to offset the negative impact on situations, especially in the lives of families of color.

Key Words and Phrases for Discussion:

Toxic stress, coping abilities, Adverse Childhood Experiences (ACEs), health disparities



Approaches to Parenting and Caregiving

Parenting styles differ in many families. According to Watkins-Lewis & Hamre (2012), a study exploring elements of African American parents and their relationships in early childhood examined associations between many factors, such as maternal beliefs, confidence and warmth; cognitive development; and early academic success. According to Gibson (2005), grandparents play an important role in a child's life. They are often the sole support for many children, saddling the grandparents with a tremendous responsibility.

Social-emotional factors were examined in a study conducted to determine if early parenting predicted African American children's social-emotional functioning in kindergarten. The areas studied were approaches to learning, self-control, interpersonal skills and externalizing behaviors. Mothers who had more frequent learning situations in the home raised children with more positive teaching approaches to learning, self-control and interpersonal skills and fewer externalizing behaviors (Baker & Rimm-Kaufman, 2014). Resilience theory has been found to benefit parents of color when they partner with educators in teaching their children toward the collaborative goal of academic achievement (West-Olatunji, Behar-Horenstein, Sanders & Mehta, 2010).

Take Away: Early positive parenting approaches and partnerships with educators are beneficial to supporting young children's academic achievement. Building resilience in parents matters.

Key Words and Phrases for Discussion:

Resilience, multi-generational, grandparents and kinship roles, beliefs, warmth, partnerships, collaboration

Supporting the Cognitive and Social-Emotional Development of Young Children

Many children throughout the United States are impacted by the effects of neglect (Perry, 1994). Without appropriate support, these children have a higher probability of developing cognitive, social-emotional and physical delays and disabilities.

In an effort to improve long-term developmental outcomes for children, research studies that focus on different elements of our population have been conducted throughout the United States. Many of these studies focus on children in low socioeconomic communities. These research studies have been used to offer teachers relevant and effective strategies that support the cognitive and social-emotional development of young children. One of the studies that focused on early learners' cognitive and social-emotional development was conducted in the Salt Lake City School District (Bradley, Galvin, Atkinson, Tomasino, 2012). Using data from various resources, researchers studied how emotional reactivity in childhood, household chaos and household income impacted changes in children's behavior from early childhood through adolescence (Shapero and Steinberg, 2013).

Take Away: The effects of neglect adversely affect all children. Supportive, knowledgeable, culturally-responsive adults can make a positive difference in the lives of young children.

Key Words and Phrases for Discussion:

Social emotional competencies, emotional intelligence, neglect

Supporting Children who Experience Toxic Stress

Children's exposure to chronic stressors that are beyond their capacity to process may create toxic levels of stress and increased risk for developmental delays. Healthy relationships with safe, supportive adults play an integral role in young children's resilience and ability to overcome adversity. Although many young children's first relationships are with their family members, their relationships with early care providers, teachers and friends from their community are also important (Hawley, 2000; National Scientific Council on the Developing Child, 2015). Building on the capacities of parents and adult caregivers can foster protective factors that strengthen children's ability to positively cope with their living and learning environments (National Scientific Council on the Developing Child, 2015).

Children that make friends, have healthy relationships and thrive despite significant challenges in their lives develop strong relationships with important adults in family and community during their early childhood (National Scientific Council on the Developing Child, 2015). This strength or resilience is seen in brain development, the immune system and the genetic makeup of the child; therefore, chronic stress responses can interfere with the child's healthy development (Shonkoff & Phillips, 2000; Bernstein, 2002; National Scientific Council on the Developing Child). The "fight or flight" response triggered in the brain may be responsible for the emotional regulation. Sustained stress can consistently place the "fight or flight" response system on high alert, altering the brain's ability to respond appropriately. The child may be more sensitive to both negative and positive experiences. Children growing up with significant, ongoing stress may develop depression, anxiety disorders or engage in substance abuse (National Scientific Council on the Developing Child, 2015).

Take Away: Despite adversity, children can develop healthy and strong relationships with important adults in the family and community, thereby changing the trajectory of their lives.

Key Words and Phrases for Discussion:

Stress response systems, strong healthy relationships, strengths-based approach

Supporting English Language Learners

Dialects and other languages are often spoken at school and home. Many children entering preschool are English Language Learners (ELLs) or Standard English Language Learners (SELLs). These children often speak a home language that is not considered Standard American English or Mainstream English. Because linguistic diversity is common in many schools across the country, it is important to support the success of young Black children and other ELLs and SELLs in schools by providing them with positive, comprehensive support that honors their cultural and linguistic strengths and fosters their academic success. These positive partnerships between schools and families can help bridge children's home and school culture while promoting culturally responsive language instruction (Hollie, 2012; Cheatham, 2014).

Challenges currently exist on the most effective assessment methods for children who speak a dialect different from mainstream American English. Often, teachers misinterpret whether these children have a language disorder or whether these children simply have a home language that is different from Mainstream English (Benke & Cheatham, 2015). The speech pattern of African Americans is commonly referred to as African American Vernacular English or Black English (Dillard, 1972). However, African American speech patterns are more accurately described as African American language systems when the historical and cultural context of African Americans' language is considered (Smith, 1992). Geographic or regional differences also influence our speech. The term Ebonics has also been used to describe language variations among the African Diaspora (Smith, 1998). The relationship between cultural diversity, linguistic diversity and the written language has become a relevant and important topic among schools and families (Perryman-Clark, 2012).

Take Away: Home languages come in many different forms. Languages and dialects vary in the United States. Every family has a home language that must be honored and bridged to promote language instruction at home and school.

Key Words and Phrases for Discussion:

Home language, Standard English Learners, English Language Learners, language of instruction

Health and Wellness

Black and White health disparities are indisputable (Lo, Howell, and Cheng, 2013). Significant differences exist between health outcomes of White families and Black families as reflected in the higher rates of premature deaths of Blacks, in comparison to Whites, due to preventable diseases.

In 2015, researchers examined health outcomes among Black children born in the United States and children born outside of the country (Hendi, Elo, & Mehta, 2015). Results showed that children who were not born in the United States and had mothers who were also foreign-born had positive health outcomes and better school attendance rates in comparison to Black children born in the United States with mothers also born in the United States. Findings also indicated that Black children born outside of the United States had "significantly better health outcomes" than Black children born in the United States, regardless of the nativity of the mother (p. 4). Further analysis indicated that the longer the foreign-born child lived in United States, the poorer their health outcomes in comparison to foreign-born Black children that lived abroad regardless of the mother's place of birth (Hendi, Elo, & Mehta, 2015).

Take Away: Disparities in healthcare in the United States can adversely affect the health outcomes of Black children and families.

Key Words and Phrases for Discussion:

Health outcomes, socioeconomic status, healthcare access and policies

Cultural Relevance

When early childhood educators are not sufficiently trained in culturally responsive practices, experiences with children may occur in the classroom where the teacher may feel conflicted and unsure of how to respond. This lack of training often makes it difficult for the teacher to navigate certain behavior in children and the experiences of their families (Souto-Manning, Mitchell, 2010). The role of cultural relevance is more than “tourism” approaches to a child’s view of cultural relevance and appropriateness, but an effective approach seeks to positively shape curriculum and culturally-relevant teaching practices (Souto-Manning & Mitchell, 2010).

Take Away: Without appropriate professional development on cultural awareness, sensitivity and responsiveness, teachers can be ineffective in developing positive teacher-student relationships in their classrooms.

Key Words and Phrases for Discussion:

Culturally responsive, culturally relevant, trauma sensitive practice

Supporting Adult Learners

Teaching strategies for adult learners assume that instructors treat them as the adults they are while considering and acknowledging possible gaps in basic skills and education. Adults may return to a learning environment many years after formal education (Goddu, 2012). As professional, responsive leaders in their field, educators must learn and implement effective and innovative approaches to engaging and motivating their students in class (Doherty, 2012). It is essential that facilitators understand the importance of best practice models and patterns of adult learning styles (Gom, 2009). Recognizing these approaches can help teachers (facilitators) effectively apply this valuable information to adult learning. It is important to have high expectations for adult learners, regardless of their educational background. Facilitator attitudes about anticipated outcomes can influence the self-perceptions of participants’ capacities to learn and succeed (Wolter, 2012).

Take Away: Adult learning is multi-dimensional. Facilitator expectations influence participants’ self-perceptions of their capacity to learn.

Key Words and Phrases for Discussion:

Adult learners, self-perceptions, capacity

Additional Recommended Reading:

Shonkoff, J.P. and Phillips, D. (editors) From neurons to neighborhoods. National Research Council, Institute of Medicine, The National Academy Press.

Session-By-Session Lesson Sequence




Session	Lesson
1  	<p>African Proverb “You must act as if it is impossible to fail.”</p> <p>Theme – Resilience</p> <p>TOPIC: Reflections (Section 1)</p> <p>Activity 1: What Hat Am I Wearing?</p> <p>or</p> <p>Activity 2: The Gifts of Parenting</p> <p>Affirmation – Closing</p> <p>“I am a leader in my family. I take pride in planning for my family’s future.”</p> 
2  	<p>African Proverb “A family tie is like a tree. It can bend, but it cannot break.”</p> <p>Theme – Cultural Strengths</p> <p>TOPIC: Reflections (Section 2)</p> <p>Activity 1: Family Connections</p> <p>or</p> <p>Activity 2: Be a Positive Role Model</p> <p>Affirmation – Closing</p> <p>“I am aware of my emotions. I respond appropriately to my emotions. I help my children understand their emotions with care and patience.”</p>

Session	Lesson
3  	<p>African Proverb “Wealth, if you use it, comes to an end. Learning, if you use it, increases.”</p> <p>Theme – Validating and Affirming TOPIC: Health and Wellness (Section 1)</p> <p>Activity 1: Family Culture or Activity 2: What My Elders Taught Me</p> <p>Affirmation – Closing “I fully approve of who I am, even as I get better.”</p>
4  	<p>African Proverb “Through others, I am somebody.”</p> <p>Theme – Love and Compassion TOPIC: Health and Wellness (Section 2)</p> <p>Activity 1: Healthy Solutions or Activity 2: Partners in Health</p> <p>Affirmation – Closing “Love and forgiveness is at the foundation of all of my relationships.”</p>

Session	Lesson
5  	<p>African Proverb “Children of the village are rewards to the lives of all villagers.”</p> <p>Theme – Protective Factors TOPIC: Child Growth and Development (Section 1)</p> <p>Activity 1: Yes, Your Baby Can Talk or Activity 2: Conversations with Your Child</p> <p>Affirmation – Closing “I fill my day with hope and face it with joy, modeling this attitude for my children.”</p>
6  	<p>African Proverb “Before healing others, heal yourself.”</p> <p>Theme – Protective Factors TOPIC: Child Growth and Development (Section 2)</p> <p>Activity 1: How Do Your Children Grow? Birth-4 or Activity 2: How Do Your Children Grow? Ages 5-8</p> <p>Affirmation – Closing “I am more than good enough, and I get better every day. My child is more than good enough, too.”</p>

Session	Lesson
7  	<p>African Proverb “There can be no peace without understanding.”</p> <p>Theme – Family Strengths and Personal Power TOPIC: Positive Guidance (Section 1)</p> <p>Activity 1: Put Yourself in My Place or Activity 2: I Am Lovable and Capable</p> <p>Affirmation – Closing “My personal power to act, live in the moment, and follow my dreams is one of my greatest assets.”</p>
8  	<p>African Proverb “A man who uses force is afraid of reasoning.”</p> <p>Theme – Empathy and Emotional Intelligence TOPIC: Positive Guidance (Section 2)</p> <p>Activity 1: From Your Parent’s Discipline to Your Discipline or Activity 2: Firm Foundation for Positive Behavior</p> <p>Affirmation – Closing “Everything I give to others is a gift to myself. As I give, I receive. Today, I give the gift of patience to my child.”</p>

Session	Lesson
9  	<p>African Proverb “Knowledge is like a garden. If it is not cultivated, it cannot be harvested.”</p> <p>Theme – Linguistic Strengths and Exuberance TOPIC: Literacy and Numeracy (Session 1)</p> <p>Activity 1: Literacy-Rich Home</p> <p>or</p> <p>Activity 2: Word Cup: Supporting Language and Literacy Development</p> <p>Affirmation – Closing “I press on, because I believe in my path. I am destined to thrive. I validate and affirm my child every day.”</p>
10  	<p>African Proverb “Instruction in youth is like engraving in stone.”</p> <p>Theme – Mathematical Genius and Tenacity TOPIC: Literacy and Numeracy (Session 2)</p> <p>Activity 1: The Rhythms and Patterns in Daily Life</p> <p>or</p> <p>Activity 2: Creating Excitement Around Numbers</p> <p>Affirmation — Closing “I love and respect my child as much as I love and respect myself. I tell my child how much I love him/her every single day.”</p>

Session	Lesson
11  	<p>African Proverb “Sticks in a bundle are unbreakable.”</p> <p>Theme – Circle of Support</p> <p>TOPIC: <i>Transitions to Early Care and Education Programs and School</i> (Session 1)</p> <p>Activity 1: Who Can I Turn To?</p> <p>or</p> <p>Activity 2: How Do I Advocate for My Child?</p> <p>Affirmation – Closing</p> <p>“I trust in my ability to provide well for my family and me.”</p>
12  	<p>African Proverb “Unity is strength. Division is weakness.”</p> <p>Theme – Family Achievement – Family Graduation!</p> <p>TOPIC: <i>Transitions to Early Care and Education Programs and School</i> (Session 2)</p> <p>Activity 1: Supporting Your Child in an Early Care and Education Program</p> <p>or</p> <p>Activity 2: The Home-School Bridge</p> <p>Affirmation – Closing</p> <p>“Today, I choose hope, peace, love, and joy in my life. I choose hope, peace, and joy for my family.”</p>

The Griot: Did You Know?

The role of the Griot, in a historical context, was to preserve history by orally sharing vitally important information to generations of families. This section provides an opportunity for facilitators to infuse historical context into the strength-based capacity building processes when working with families of color. Reclaiming self-sustaining power through understanding “Did You Know” facts are vitally important to developing a sense of pride in their language, culture and ways of being. Facilitators should select a “Did You Know” fact for each session. These interesting facts can be used at any point during the interactive session. “Did You Know” facts can be used as a transition after group work, after the opening proverb or closing affirmation or any other time during the session when infusing a burst of positive energy is valuable. These “Did You Know” facts should be shared with great enthusiasm and creativity. Bridge all participating families to this strength-based approach by immediately following a “Did You Know” fact with an invitation for all families to go to the library and look up another interesting fact about their families’ cultural historical contributions to the building of America to share with their children.

Sample “Did You Know?” Facts

The first documented African to travel to North America was a conquistador named **JUAN GARRIDO**. He was born in West Africa around 1480, and traveled to Portugal as a child, where he took the name Juan Garrido. Later, he moved to Spain, and eventually arrived in Santo Domingo in about 1503 as a member of a Spanish expedition. He is credited with the first cultivation of wheat in the New World.

Source: http://www.theroot.com/articles/history/2012/10/who_was_the_first_african_american_100_amazing_facts_about_the_negro.html

JOHN MERCER LANGSTON passed the bar examination in 1854 and was the first Black man to become a lawyer in Ohio. He became one of the first African Americans to be elected to public office in America. He was also the great-uncle of poet and Harlem Renaissance leader Langston Hughes.

Source: <http://www.history.com>

DR. MAE JEMISON became the first African American female astronaut in 1992 when she flew into space aboard the space shuttle Endeavour for an eight-day mission. She conducted experiments on weightlessness and motion sickness.

Today, she teaches at Dartmouth College, and she is the Director of the Jemison Institute for Advancing Technology in Developing Countries.

Source: <http://www.history.com>

THE AFRICAN KINGDOM OF AKSUM was an important military power and trading nation from approximately 100-940 A.D. It was one of four international superpowers of its time, along with Persia, Rome and China. They developed a written language, minted their own coins, and developed an irrigation system. The city of Axum still exists in northern Ethiopia.

Source: <http://whc.unesco.org/en/list/15>

THE EMPIRE OF MALI existed from 1235-1600 A.D. The Mali Empire controlled important trade routes to Europe and the Middle East. Timbuktu, one of Mali's most important cities, was considered a center of education and learning. At the height of power, Mali was one of the largest empires in the world, only surpassed by the Mongol Empire.

Source: <http://www.blackpast.org/gah/mali-empire-ca-1200#sthash.ZdQgnlqk.dpuf>

BENJAMIN BANNEKER was a Black astronomer and mathematician. He developed America's first functional clock.

Source: <http://www.famousscientists.org/list/>

CHARLES DREW invented the blood bank. A medical school in California is now named after him.

Source: <http://www.famousscientists.org/list/>

DANIEL WILLIAMS became one of the earliest doctors to perform open-heart surgery. He subsequently became the first Black man to be inducted into the American College of Surgeons.

Source: <http://www.famousscientists.org/list/>

JAMES WEST is credited with helping invent the modern-day microphone in the 1960s and holds more than 200 U.S. and foreign patents. West is currently a research professor in the department of Electrical and Computer Engineering at Johns Hopkins University.

Source: <http://www.black-inventor.com/James-E-West.asp>

GEORGE WASHINGTON CARVER was a former slave-turned-scientist who designed more than 100 products made from peanuts, sweet potatoes and soybeans. His work benefited the agriculture of the South.

Source: <http://www.enchantedlearning.com>

NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE

SHIRLEY JACKSON became the first Black woman to receive a doctorate from the Massachusetts Institute of Technology (MIT). Her work is responsible for many telecommunications developments connected to the touch-tone telephone, the portable fax, caller ID, call waiting and fiber optic cables.

Source: <http://www.black-inventor.com/Dr-Shirley-Jackson.asp>

MARIE VAN BRITTAN BROWN was the first individual to develop the patent for closed circuit television security. Her invention was patented in 1969 and became the blueprint for the modern closed circuit television system that is widely used for surveillance, crime prevention and traffic monitoring.

Source: <http://www.black-inventor.com/Marie-Van-Brittan-Brown.asp>

PATRICIA BATH invented the Laserphaco Probe, which was used primarily to remove cataracts. Her laser probe made cataract surgery faster and more precise, and has been credited with saving thousands of people from losing their sight.

Source: <http://www.black-inventor.com/Dr-Patricia-Bath.asp>

HERMON GRIMES received a patent for his creation of the folding wing aircraft used in combat for takeoff aircraft carriers. The invention of the folding wing aircraft is credited with shortening World War II and saving many American lives. It was the forerunner of the modern technology that is used in the designing of the fighter aircraft. Former President George H. W. Bush flew the Avenger Bomber, also a folding aircraft, during World War II.

Source: <http://blackinventions.org/featuredinventors.htm>

PERCY JULIAN earned a bachelor's degree from DePauw University, a master's degree from Harvard University and a Ph.D. from the University of Vienna. His most noted achievement is his synthesis of cortisone, which is used to treat arthritis and similar diseases.

Source: <http://www.biography.com/people/percy-julian-9359018>

DR. ALEXA CANADY became the first female Black neurosurgeon in the United States in 1981. She worked as a pediatric neurosurgeon and as chief of neurosurgery at the Children's Hospital in Michigan from 1987 to 2001.

Source: <http://www.biography.com/people/alexa-canady-21333715>

EDWARD ALEXANDER BOUCHET became the first Black man to earn a doctorate degree in the United States. He then taught at the School for Colored Youth in Philadelphia for more than 25 years.

Source: <http://www.biography.com/people/edward-alexander-bouchet-21317497>

W.E.B. DU BOIS was the first Black American to earn a doctorate degree from Harvard University in 1895. He went on to be recognized as one of the foremost intellectuals of the 20th century.

Source: Horne, Gerald (2010), W.E.B. Du Bois: A Biography, Greenwood Press

JACK JOHNSON became the first Black Heavyweight Champion of the World in 1908. His successful title defense against former champion Jim Jeffries sparked widespread rioting across the country.

Source: <http://www.pbs.org/unforgivableblackness/rebel/>

HATTIE MCDANIEL was the first Black actress to earn an Academy Award in 1940. She won it for portraying Mammy in the 1939 blockbuster hit "Gone with the Wind."

Source: <http://www.biography.com/people/hattie-mcdaniel-38433>

JAMES BASKETT was the first Black man to earn an Academy Award in 1948. He received an honorary award for his portrayal of Uncle Remus in the Disney film "Song of the South."

Source: <http://www.blackpast.org/aah/baskett-james-1904-1948>

RALPH BUNCH was the first Black American to receive the Nobel Peace Prize in 1950. He was awarded it for his mediation in Israel.

Source: <http://www.pbs.org/ralphbunche/>

THURGOOD MARSHALL was the first Black man appointed to the United States Supreme Court in 1967. Thirteen years prior, he successfully argued to the Supreme Court for the overturn of the "Separate but Equal" Doctrine in education.

Source: http://www.pbs.org/wnet/supremecourt/rights/robes_marshall.html

BARACK OBAMA was elected the first Black President of the United States of America in 2008. He was re-elected in 2012.

Source: <https://www.whitehouse.gov/administration/president-obama>

MICHELLE OBAMA became the first Black American First Lady of the United States. Prior to that, she graduated from Princeton University and Harvard Law School.

Source: <http://www.biography.com/people/michelle-obama-307592>

Difficult Conversations



I. CRISIS MANAGEMENT WHEN ONE MEMBER IS AFFECTED

Summary

1. CHECK-IN

A short check-in should be conducted at the start of the group in the Sankofa Circle. The purpose of the check-in will encourage each person to be present and open to learning by acknowledging and letting go of whatever emotions or challenges they are bringing with them.

2. PROBLEM

A member comes to the group having experienced a personal crisis, such as the death or serious illness of a loved one, loss of a job, eviction or domestic violence.

3. PLAN

Increase time spent in the Sankofa Circle

- Everyone checks in briefly
- Facilitator spends group time with person in crisis
- Transition to planned agenda
- Planned agenda
- After group ends, facilitator may spend brief time with person in crisis

4. RATIONALE

- Provide immediate short-term support for person in crisis
- Fulfill mission of group, i.e. planned agenda
- Model empathy for the individual and the group as a whole
- Offer extra support and referrals for either practical resources or more therapeutic resources, such as a support group and/or a therapist

Detailed Description

CHECK IN

Begin Sankofa Circle.

Facilitators may use the following sample dialogues. It is expected that the facilitators will use the principles underlying the dialogues and change the wording to fit the group.

Facilitator: *"For us to be able to fully benefit from our family empowerment session this evening, let's take a moment to renew our minds, letting go of any challenges, or other things occupying our minds. Let's prepare to feel renewed and empowered. To do so, I would like each of us to share a few words about our feelings right now."*

Facilitator should go first: *"Right now, I am feeling a little nervous and also excited. This is the first night of a new group, and I am always a little nervous at beginnings."*

The idea is that the facilitator shows that he/she also has challenging emotions, but is not overwhelmed by them. If there are co-facilitators, one should begin and the other ends.

This is a sample check-in to illustrate a crisis situation with a group of five parents with the following names: Annie, Berta, Cara, Deanna and Eddie. Cara is the person in crisis. With a larger group, use a shorter check-in, but it is important that each person has a chance to say something, no matter how brief. This makes it clear that all members are important whether or not they are having a problem.

Problem

Annie: *"I had a normal week, and I'm doing okay."*

Berta: *"Not so great - kind of sad. My little girl just started pre-school, and it is very hard to leave her. She cried so much I feel guilty."*

Cara, almost in tears: *"I'm a disaster. I was fired this week, and I don't know how I'll pay my bills."*

Plan

Facilitator says gently: *"We will make some time to hear more about this crisis in the circle after everyone checks in."*

Cara has a hard time stopping.

Facilitator - gently and reassuringly: *"We first need to check in with Deanna and Eddie, and then I want to give you time to talk about what's happened."*

The facilitator notices that Cara is holding her breath and suggests that everyone take a few deep breaths and then checks in with Deanna who looks at Cara, not sure if she should take time.

Facilitator - giving her permission: *"It's important that everyone check in."*

Deanna: *"I'm okay. My son had a hard time also with pre-school the first day, but he's fine now."*

Eddie: *"I had a very easy week, and I've been looking forward to this group."*

IMPORTANT: Everyone has a chance to check in before the facilitator spends additional time with the parent in crisis. Otherwise, the others will not have the

opportunity to check in and the facilitator will lose control of the group and give the message that only people in crisis are important. This is a common challenge in a group, but the facilitator does not want a runaway group.

Facilitator - goes back to Cara: *"Cara, I would like you to have a chance to talk about what happened."*

Cara starts crying. She talks about what happened and gets increasingly upset.

The facilitator around the group and reminds everyone to notice their breathing as a way to calm down.

Facilitator: *"I see that we all are empathic with Cara, and we're all getting stressed. Let's take a few moments to take several deep breaths and place our feet on the floor. Noticing our feet and even wiggling our toes helps ground us and calm us."*

The facilitator sees that the group members are very tuned into Cara and suggests that Cara look at everyone so she can take in their support. Cara's head is down, suggesting she is feeling shame over being fired and also being the center of attention. If the facilitator feels that the group is not supportive, the alternative is to gently suggest that Cara look at her. Looking means making eye contact and increasing social connection.

Facilitator: *"Cara, I see that everyone is really listening to you. I suggest you take a look around so you can see how the members care about you."*

Cara quietly looks around and is calmer.

The facilitator offers to take a few minutes after the group meeting to talk to Cara and see what resources she needs. Group members are also encouraged to offer suggestions after the group if Cara is open to that.

Facilitator: *"Cara, I would be fine with staying a few minutes after the group. There is a list of resources that we all have in our packet, and we could look over them and see what might be helpful. If other group members have suggestions, check with Cara and see if that would be helpful. Sometimes in a difficult situation, a person might easily be overwhelmed by too much information."*

This gives Cara a way to turn down help if she feels overwhelmed.

Facilitator – saying this will help prepare the group to move on: *"Even though it is hard to move on and we may feel that we are abandoning Cara, we will be moving to our topic of the evening in a few minutes..."*

If Cara continues to talk, Facilitator can say:

"I know that you are extremely stressed, and it is very hard for you to stop telling us how scared (or any other emotion) you are for yourself and your family. I would like to talk with you for a few minutes after the group so together we can look at what resources are available."

Turning to the group and acknowledging what is going on: *"It is very difficult when Cara is having such a hard time, and I hope that each of us in our own way will let her know how much we care about her and what she is going through. Right now, though, we are going to go on with the group's agenda for the night which is....."*

This is a time to move and use the transition that is already part of the plan.

Alternative Transition Suggestion: Using the theme of the night, ask each member to close their eyes for a moment, and come up with an image or perhaps a song title related to the theme and then to share it with the member in crisis.

Facilitator: *"First, we have a transition that I think will be helpful. I would like you to close your eyes for a moment, if you are comfortable doing that. Think of our theme 'resiliency,' and come up with an image or a song title and then share it with Cara. Cara, I'd like you to be in the center of the group as we are doing this so that you can take this in."*

Annie: *"A weed being pulled, and a seed being planted."*

Berta: *"Falling off a bike and getting back on."*

Deanna: *"Lighting a candle that has blown out."*

Eddie: *"A rainbow after a storm."*

The group then moves on to the main agenda.

End of Group

Facilitator: *"Cara, would you like to take a few minutes to check in and also look over the resources? Or, we could make a time to talk on the phone."*

Talking at the end might be a challenge because of the children and the activity of leaving the group, so an alternative is to offer brief phone contact. If offering phone contact, make a specific date and time.

Remember, the facilitator is offering support, not therapy.

Points To Remember

1. The facilitator should remind everyone to notice their breathing, which will calm the group, including the member in crisis.
2. The goal is to offer some individual time in the group and then to make a transition to the agenda.
3. The facilitator is using the skill of empathy, not the skill of problem solving during the check-in. Having people present to listen when in crisis is healing. Problem solving can easily take a group in a different direction and may not be helpful unless it is requested.

4. The facilitator needs to be aware of the energy level of the group and lead the group back to topic. The facilitator needs to be understanding, kind, persistent and firm and can use body posture, standing up, a skin drum, a Tibetan ringing bowl, etc. to help with transitions. Humor can also help.
5. DO NOT GO INTO THE DETAILS OF THE CRISIS. This will not be helpful and may destabilize the person or other group members. The goal is resiliency and coping skills, but not trauma resolution.
6. Pay attention to time. Aim for 15 to 20 minutes for the crisis check-in, but do not go over 30 minutes.
7. Limit a member who is talking too long by making eye contact, moving closer and being kind and firm. Check to see if the member would like to talk to you or someone else after the group.
8. If a member seems very angry, spaced out or frozen, stay with that person after the group until the person seems to be functioning. Also, contact a support person or ask a group member that the member is close with to sit with him or her.
9. If a group member offers to pray for the person in crisis, suggest a moment of silent prayer or meditation so that everybody can participate in their own way.

Difficult Conversations



II. GROUP CRISES MANAGEMENT DURING A COMMUNITY CRISIS

Summary

1. ASSUMPTION

There will always be a short check-in at the start of the group in the Sankofa Circle. The purpose of the check-in ~~will be~~ to allow members to be present and open to learning by acknowledging and letting go of whatever emotions or challenges they are bringing to the group.

2. PROBLEM

The facilitator is made aware there is a community crisis, such as the death of a community figure; neighborhood violence or national violence based on racism; large-scale loss of housing; the closure of neighborhood schools; natural disasters resulting in displacement of families; or loss of important family and neighborhood resources.

3. PLAN

Increase time spent at Sankofa Circle and at the end of the group

- Facilitator names the crises during check-in
- Facilitator divides large group into small groups of three to four people
- Small groups discuss problems and report back to large group
- Ritual or transition to planned agenda
- Group ends discussion of talking to children about the situation.
- Group ends with closing affirmation as a way to connect crises and homework

4. RATIONALE

- Provide immediate short-term support for group members
- Complete planned agenda
- Build skills of group connection and empowerment
- Promote skill of group support and problem solving
- Offer extra support and discussions of actions, practical resources or more therapeutic resources, such as a support group or a therapist
- Provide example of talking with children about crises

Detailed Description

Facilitator begins Sankofa Circle by acknowledging the community crises. In this example, a police officer killed an unarmed African American adolescent boy.

Facilitator: *"I want to acknowledge that a police officer killed a neighborhood boy, a 14-year-old who was unarmed. We don't know the details yet, but we do know that it is a horrific situation. We also know there have been nightly protests. Tonight, I want to give us an opportunity to discuss this, express our thoughts and feelings, as well as follow our regular agenda.*

I want to make sure that everyone has the chance to express their thoughts and feelings. Since we are a large group, the best way to do this is to break into small groups of 3 or 4 for about 10 minutes. You can choose to speak about the situation in any way that works but here are a few guidelines."

1. Use "I" statements to directly express your feelings rather than make blaming statements. For example if your spouse forgot your birthday, an "I" statement would express your feelings, the reason and what you want.

"I feel sad when you forgot my birthday and I wish you would remember dates that are important to me." On the other hand a blaming statement would have the effect of starting an argument "You're an idiot and I don't know why we are even together."

2. We acknowledge that we may have different thoughts and feelings and that is normal. We practice listening to each other with empathy. The idea is I accept that you feel or believe the way you do, even if I disagree. I am not trying to change your mind.

3. One way to have the conversation is to start "I feel _____ about what happened; I believe that _____; One thing that I or if there is an agreement, we can do is _____.

4. Each person in the group should have a turn but ~~no one has to speak~~.

Facilitator: ~~"When 10 minutes is up,~~ I will give a two-minute warning so each group can come to a close. When we gather together again, each group can decide what they would like to share."

While the small groups meet, the facilitator should check in on each group.

Facilitator: *"I will be checking in with each group."*

~~When the small groups are over and reform the large group,~~ the facilitator is in charge of ~~the~~ sharing and may choose to set a time limit ~~on the sharing~~.

Facilitator: *"Now that we are together again, I would like a spokesperson from each group to summarize what was discussed. We have about three minutes for each group."*

Each group shares.

Facilitator: *"After sharing, I suggest we form a circle, and in silence, a member from each group will light a candle as a way to express our grief at what has happened to (the boy's name). Even though this is a very difficult time, we will now move ahead with the agenda. It is important that even in times of crises that we work on our mission of empowering ourselves and our families."*

Group transitions to the agenda.

The facilitator makes it clear that the agenda will be followed even if it is abridged. This helps to bring a sense of relative calm to a very difficult situation. Structure has a way of keeping a group (and individuals) from falling apart.

Considerations

If the facilitator knows in advance that there is a crisis that will affect the group, an additional facilitator should be brought in. As an alternative, the facilitator should consider the strengths of the members. In most groups, there are usually members who can be counted on to help with difficult situations. The facilitator could ask such members to spread themselves out so that each small group will have such a member.

The facilitator is in charge of timekeeping for both the small groups and the larger circle.

Talking to Children about Crises

The question of how to talk to children may come up earlier during the group, but can be tabled until the end.

Facilitator: *"Before we end for the evening, let's spend some time talking about the best way to explain this event to our children. One thing we know about children is that if we don't give them information, they will make up a story which will be worse than anything that actually happened."*

The concept to keep in mind is called "the simple truth." Depending on the age of the child, we can tell them that something very sad happened, and that people have very big feelings about it. As parents, we want to give them a chance to express their feelings, and most of all, we want them to feel they are safe. As parents, our job is to protect them.

It is best for us as adults to use friends, family and the group to express your own feelings so that we can be as present as possible for the children. Talking about such a horrible event, it is normal for us as parents to show our feelings. However, children will often hide their own feelings if they think that the adults can't handle them. Children under the age of 12 express themselves much better in drawing, play or music, rather than in words.

A Few Dos and Don'ts in Difficult Conversations With Children

- DO let them know what has happened in a clear and simple way.
- DO NOT describe in detail what has happened, even if they ask, because children can be easily retraumatized.
- DO answer questions simply.
- DO NOT let them watch continued graphic news coverage.
- DO provide simple activities for children when you are talking to them, such as crayons, markers and paper or pipe cleaners or other fidgets.
- DO NOT expect them to sit quietly and look directly at you. If you ask a child how they feel about something, they will often say "fine," but if you ask them to draw a picture, you will get a much better idea of what they are really thinking.
- DO expect that their play may reflect what has happened, including aggression. Only set limits if the child does something unsafe, such as hurting themselves, the parent or property.
- DO accept their feelings.
- DO NOT tell them how they should feel.
- DO expect them to tell you how they feel at unexpected times, such as during bathing, while eating or bedtime.

Points To Remember

1. Reminding everyone to notice their breathing will calm the group, including the facilitator as well as the member in crisis.
2. The goal is to offer time in the group to discuss trauma and then to make a transition to the agenda.
3. The facilitator is using the skill of empathy, and small groups should be encouraged to listen to each other and may also come up with practical ideas.
4. The facilitator needs to be aware of the energy level of group and lead the group back to the topic. The facilitator needs to be understanding, kind, persistent and firm. The facilitator may use body posture, standing up, a skin drum, a Tibetan ringing bowl, etc., to help with transitions.
5. Try to steer the group away from details of the trauma. This will not be helpful and may destabilize some group members. The goal is resiliency and the use of coping skills, but not trauma resolution.
6. Pay attention to time. Aim for 10-15 minutes for the small groups to meet, and 10-15 minutes for sharing in large group.

7. ~~The facilitator may need to limit a member who is talking too long by making eye contact, moving closer, being kind and firm and checking to see if the member would like to talk to you or someone else after the group.~~
8. ~~If the member seems very angry, spaced out or frozen, stay with them after the group until either the person seems to be functioning. Also, contact a support person or ask a group member he or she is close with to sit with them.~~
9. ~~If a group member offers to pray, suggest that a moment of silent prayer or meditation so that everybody can participate in their own way.~~

Links for Resources for Parents/ Caregivers



- **Child Development—Centers for Disease Control and Prevention**
<http://www.cdc.gov/ncbddd/childdevelopment/freematerials.html>
- **Community Action Agencies (By state)**
http://www.needhelppayingbills.com/html/community_action_agency.html
- **Healthy Children—American Academy of Pediatrics**
<https://www.healthychildren.org/english/healthy-living/pages/default.aspx>
- **Healthy Eating Worksheets (Guidelines Only) Meal Planning Exercise**
<http://www.choosemyplate.gov/print-materials-ordering/MultipleLanguages.html>
<http://www.choosemyplate.gov/supertracker-tools/daily-food-plans.html>
- **How Children of Different Ages Respond to Disasters**
<https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-Children-of-Different-Ages-Respond-to-Disasters.aspx>
- **Individual with Disabilities Act (IDEA)**
<http://idea.ed.gov/>
- **My Plate in 18 Different Languages (downloadable PDF)**
<http://www.minorityhealth.hhs.gov/Blog/BlogPost.aspx?BlogID=84>
- **Office of Civil Rights—How to File a Complaint with the Office for Civil Rights (available in other languages)**
<http://www2.ed.gov/about/offices/list/ocr/docs/howto.html?src=rt>
- **United States Election Assistance Commissions (Voter Registration)**
http://www.eac.gov/voter_resources/register_to_vote.aspx

FACILITATOR SHOULD ALSO INCLUDE A LIST WITH THE FOLLOWING LOCAL RESOURCES:

- libraries
- schools
- family support services
- food banks
- emergency housing services
- health care services

