Illinois HEALS:

Helping Everyone Access Linked Systems Improving Services for Young Victims of Crime

Training Program Facilitator's Guide

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Training Program Summary

Purpose: The training program module seeks to deliver more in-depth information on the Illinois HEALS project and its Recognize-Connect-Engage (R-C-E) model to assist Illinois's people-serving organizations, agencies and community members to better identify, refer, and serve children, youth, and families impacted by violence by:

1. Improving victim **recognition** through a better understanding of victimization and the ways it can be identified;
2. Developing and expanding the ability to **connect** youth with meaningful resources and services through intentional information sharing and coordination; and
3. **Engaging** victims in effective service delivery following victimization and harm.

Audiences: The module will likely be delivered to stakeholder groups, committees, or teams that will work together to implement changes across agencies. Audiences may include agency/organization leadership; partners and grantees; community members and organizations; direct and front-line service providers; and administrative and support staff (i.e., everyone who is working in the system and may have contact with a victim).

Impact: Improved responses across and among systems to child victims, their families, and their communities, and improved understanding of victimization, trauma, and the available services.

Goal: The goal of this training module is outreach and education on the Illinois HEALS project, the R-C-E framework, and the ability of individuals, community groups, and others to help create and sustain linkages resulting in better service provision to child victims, their families, and communities.

Training Program Design, Content and Use

This document consists of the outline and curriculum guide for facilitator(s) presenting and teaching the **Illinois HEALS: Helping Everyone Access Linked Systems - Improving Services for Young Victims of Crime** training program module. It includes objectives, step-by-step instructions, descriptions of exercises, references to handouts, references to case studies, PowerPoint slides, and other audio-visual aids.

The training program module is made up of this outline and guide, the core slides, the case study chart and handouts, the case study slides, and other handouts. All of the documents for the training program can be found ___.

The module contains three segments (plus an introduction and a conclusion) and the estimated timing for each of those segments. PowerPoint slides, referenced herein as **"[slide_],"** provide visual support of selected materials, such as factual summaries, discussion questions, and learning points.[1] Similarly, handouts for participants are referenced herein as **"[handout_]."**

The module incorporates flexibility and is designed to be used in a variety of ways. The module, using the core slides, is designed as an approximately two hour long stand-alone program presentation. Used as a stand-alone, it is designed to provide a broad overview of the Illinois HEALS project, its R-C-E framework, and the bases for that framework. It is designed to be appropriate for multiple audiences and knowledge levels and can be tailored to provide more general or in-depth information based on the audience.

It meets the learning objectives through the relaying of background and other information via lecture and the development of knowledge and skills through

[1] The slide numbers used for guidance and information may change with the insertion and use of any of the case studies. For clarity, the slide numbers provided in this guide are for the module without the insertion of case studies.

the use of media and interactive exercises. The module and its exercises may also be given either as a live in-person program or virtually, and the guide contains guidance on how to deliver those exercises based on the format.

The module can also be used with the insertion of any of the case studies that have been developed for incorporation into the training program. If used with a single case study, the module will be approximately 2.5 hours long. The case studies are designed as practical exercises to develop skills and knowledge in the R-C-E framework. Each case study is designed to highlight a different actor or observer who may interact with victims, either within or outside a system (e.g., neighbor, teacher, or child welfare worker) and may be chosen depending on the audience for the module. This guide contains the reference **"[case study __]"** where a case study may be inserted into the module. The notes contained on the slides in both the core slides and the case study slides contain additional guidance on their use.

Finally, the case studies are designed to be used independently from the module and can be inserted into existing trainings, other presentations, or workshops as they may be needed or appropriate. The case study chart contains summary information about the content and topics for each case study as well as the fact patterns to be used as handouts and is attached to this guide.

This guide and the module materials are developed with flexibility in mind, and it is perfectly acceptable for facilitator(s) to omit and add materials to meet the needs of participants in any particular setting and to conform to time constraints of each segment. The facilitator(s) may also choose to use only select portions of the materials based on relevance to any presentation or training they are planning.

Training Program Outline

I. Introduction. About the facilitator(s), about the training, the learning objectives, and a content warning (slides 1-5).

A. Illinois youth victimization data (slide 6).
B. The nature and impact of trauma. The "three Es" of trauma and the impact of victimization and trauma on the brain (slides 7-8).
C. Risk factors for trauma and traumatic stress (slide 9).
D. Protective factors and resilience (slide 10).
E. Introduction to Illinois HEALS: project background, Vision, Mission, Objectives, and Illinois HEALS R-C-E framework (slides 11-19).

II. Recognize.

A. What is Recognize (slides 21-22)?
B. Barriers to recognition (slide 23).
C. Signs and indicators of victimization: behavioral, emotional and other non-verbal indicators, and responses (slides 24-25).
D. Response to trauma: how to respond to trauma, including universal precautions (slide 26).
E. Strategies to support recognition: an exercise that can be used to highlight an Illinois HEALS demonstration site approach and institutional strategies that support recognition (slides 27-28).
F. Summary (slides 29-30).

III. Connect.

A. What is Connect (slides 32-33)?
B. Barriers to connection (slide 34).
C. Approaches for individuals and systems, Illinois HEALS program connections, and Illinois HEALS demonstration site approach, and other connections (slides 35-41).
D. Strategies for minimizing barriers to access and institutional strategies that support connections (slides 42-44).
E. Summary (slides 45-46).

IV. Engage.

A. What is Engage (slides 47-48)?
B. Barriers to engaging (slide 49).
C. Approaches to meaningful engagement: minimizing bias, cultural humility, needs assessment and case planning (with the emphasis on building relationships first, taking disclosure as it comes, while assessment and service planning comes second), and trauma-informed practice (slides 50-55).
D. Program strategies, examples of evidence-based programs in Illinois, and an Illinois HEALS demonstration site approach (slides 56-57).
E. Health and well-being of staff (slides 58-59).
F. Summary (slides 60-61).

V. Conclusion:

Wrap up, additional resources, additional reading, and contact information (slides 62-69).

I. Introduction to the Training & Background on Illinois HEALS [15 min.; slides 1-19].

Facilitator(s) introduce themselves and the training, providing a short introductory explanation of the training program's goals and learning objectives. They also provide a content warning to the participants as the training contains information about crime, victimization, and trauma.

Learning Objectives [slide 4]. As a result of this training, you will be better able to:

- Recognize and improve identification of victimization;
- Connect youth with services through intentional information sharing; and
- Engage with victims following victimization and harm.

A. **Background [slides 6-19; handout: Illinois Youth Victimization Data, Illinois HEALS Action Plan, and Resource Page Handout].** Facilitator(s) provide a summary of some of the data* available on youth victimization in Illinois, including the types of victimization and victimization-related system contact and will note that additional data has been provided to participants in the handouts.

*[*Data can be revised to provide a current view of victimization and can be found, accessed, or requested from the IL Department of Children and Family Services, Children's Advocacy Centers of Illinois, and other agencies who serve children and youth.]*

B. **The Nature and Impact of Trauma [slides 7-8].** Facilitator(s) move on to a discussion of trauma. Facilitator(s) provides an explanation of the "three Es" of trauma, explaining SAMHSA's guidance concerning "Events, Experiences, and Effects." Facilitator(s) then show a short video on the nature and effects of child trauma from the UK Trauma Council, called "Childhood Trauma and the Brain." The video is a generalized approach to the discussion of the impacts of trauma and can be used with audiences with no previous familiarity and/or the general public.

Facilitator(s) close out the discussion with a brief lecture on trauma, depending on the audience and the amount of time available, touching on aspects of the nature and impact of childhood trauma, including:

- Trauma can be caused by several things, e.g., losing your home from a tornado is traumatic.
- The differences between positive, tolerable, and toxic stress and their impacts.
- The intrinsic (internal) factors such as age, gender, and developmental level that can affect a child's responses to trauma, and how traumatic experiences at different ages can affect long-term behavioral, emotional, and functional responses.
- The extrinsic (external) factors such as social support, poverty, racism and micro-aggressions, and community characteristics that can affect a child's adaptation to trauma.
- While some behavioral and emotional reactions are adaptive, many may be maladaptive and impede children's growth and development.
- Trauma symptoms can re-emerge across the lifespan, and unaddressed traumatic stress can manifest in later health and have intergenerational consequences.
- A child's previous exposure to traumatic events and adaptations to them can influence their reactions and adaptations to subsequent trauma experiences. This may include in utero exposure to drugs, alcohol, and domestic violence.
- A child's culture and background may influence their reactions and adaptations to trauma or exposure to trauma, and societal inequities and racism affect the likelihood of exposure to trauma.

C. **Risk Factors [slide 9].** Facilitator(s) provides an explanation and examples of risk for trauma and traumatic stress, including parental mental health, substance use, personal trauma history (of the parent as well as any child abuse and neglect) and societal/environmental factors such as poverty, unemployment, community violence, and historical trauma.

Facilitators stress that the identified characteristics and indicators discussed are not all inclusive and that additional information can be found on the **Resource Page Handout**.

Facilitators can adjust based on the audience and their level of experience and can provide as much additional information and elaboration as time and audience allow. They can also provide additional resources on trauma-related responses and characteristics or direction to specific trainings on trauma response recognition.

D. **Protective Factors & Resilience [slide 10].** Facilitator(s) then discuss the meaning of "protective factors" and "resilience" and what those mean for children, within families, and within communities in addressing existing trauma and helping prevent further trauma, highlighting known protective factors and their impact on child and family resilience, such as:

- Healthy relationships (the most important protective factor);
- Concrete support systems for children and parents such as opportunities for employment, safe and affordable housing, access to affordable nutritious food, access to affordable medical and mental health care and support, available hotline and warm-line resources;
- Culture, community and access to competence-enhancing and cultural experiences;
- Safe and supportive schools, communities and work environments that include anti-discriminatory practices;
- Strong communities and concrete resources in supporting healthy development in children and families, and their role in preventing family stress and family and community violence; and
- Other key protective and promotive factors that enhance the well-being of children, caregivers, and their parents include: empathic attunement, nurturing, and secure attachment behavior between parents and children, knowledge of parenting skills and realistic

expectations of child development, parental resilience and social/emotional competence, social and emotional competence of children, and supportive extended family and social networks.

E. **An Introduction to Illinois HEALS [slides 11-19; handout: Illinois HEALS Action Plan].** Facilitator(s) starts with a short video **[slide 12]** on the Illinois HEALS Project, which includes some background on its development and an explanation of R-C-E. Facilitator(s) then provide a lecture on the project, including its goals, vision, mission and objectives **[slides 13-16]**. Some possible talking points include:

- Illinois was awarded a Linking Systems of Care for Children and Youth demonstration grant from the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice, as one of four demonstration sites.
- The Illinois Criminal Justice Information Authority (ICJIA) is the project coordinator, and its goals are to identify and promote healing for victims of crime, provide or coordinate prevention and intervention services to youth and families experiencing trauma and victimization, and build capacity within communities to meet the needs of youth exposed to violence.
- The ICJIA engaged experts, service providers, community groups, and victims and survivors with lived experiences in a strategic planning process and developed a state-wide implementation plan to implement a multi-system effort to improve outcomes for children, youth, and their families.
- The vision and mission of Illinois HEALS developed during the planning process, including the concept of relational linkages - a common theme that emerged.
- Victims emphasized that a meaningful system response is centered in relationships founded on trust and respect.
- Providers discussed how relationships with systems and agencies built upon accountability and resource sharing were crucial to

comprehensively serving clients whose needs often extended beyond their own capacity.

- Viewing essential components through the lens of relationships, strong linkages involve recognizing victimization has occurred, assessing its impact, connecting victims to needed resources, and providing services that meaningfully engage victims and their families.

Facilitator(s) wrap up by explaining that the result of the ICJIA planning process was the creation of the Recognize, Connect, and Engage (R-C-E) framework **[slides 17-19]** for improving the responses to youth victims and their families. The implementation of R-C-E is based on a foundation of trusting relationships between victims, families, providers, and the larger community. It is a relational approach to addressing victimization and can go back and forth - while a victim is engaged with services, provider(s) may recognize signs or symptoms in that victim or with others in the victim's family that need connection to a different system/service and engage them in parallel responses.

II. Recognize [30 min. w/o case study; slides w/o case study: 20-30; case study insertion after slide 29 and before slide 30; handout: Resource Page].

A. **What is Recognize?** Facilitator(s) start the segment by first asking questions to the participants of their understanding of the term Recognize offering the participants an opportunity to respond and offer their input (either verbally or via chat functions) **[slide 21]**. Facilitator(s) then offer some explanation of Recognize from the Illinois HEALS Action Plan, stating that it is focused on the identification of trauma **[slide 22]**. Approaches to Recognize can look different in different spaces; however, it is based on forming trusting relationships with children, youth, and their families and appropriate responses following identification.

B. **Barriers to Recognizing Trauma & Victimization.** Facilitator(s) first offers the audience the questions: What are some challenges to the recognition of trauma and victimization? For individuals? For systems? After providing time for the audience to share out (either verbally or via chat function), facilitator(s) then provides some examples of those barriers (both for individuals and organizations) to recognizing trauma and victimization **[slide 23],** including that the signs of victimization or trauma can manifest in ways that can sometimes be missed and/or be hidden. In order to effectively address victimization, victimization and/or the resulting trauma must first be identified, and to do that it is important that everyone be aware of and understand some signs and symptoms and risk factors.

C. **Signs & Indicators of Victimization.** Facilitator(s) then move on to the different types of victimization a child may experience **[slide 24].** This includes types of abuse that may be hidden or harder to see. Facilitator(s) points out that although victimization/trauma may be witnessed first-hand (typically by police, firefighters, or EMTs), it is far more likely that individuals and systems will only learn about it later through disclosure or referrals. Facilitator(s) asks the audience to share out (either verbally or via a chat function) ideas on the signs of and types of victimization and trauma. Facilitator(s) then discusses some of the behavioral and emotional signs of trauma **[slide 25]**, pointing out that:

- **There are long- and short-term responses to and characteristics of children exposed to trauma**. Facilitator(s) provides some examples such as physical and mental health impacts and response, behavioral impacts and response and long-term future orientation, and economic impacts.
- **The indicators of trauma/victimization.** Facilitator(s) discusses some of the ways in which trauma may be shown to co-workers, neighbors, community members, friends, families, and others and well as to those who work within the linked systems.

D. **Response to Trauma.** Once trauma is recognized, it is important to respond appropriately **[slide 26].** Facilitator(s) provides the participants tools for responding to possible trauma based on a trauma-informed approach, which focuses on avoiding re-traumatizing a victim and is more likely to solicit additional information and trust from the victim. This includes safety as a first consideration and using a "universal precautions approach" avoiding victim blaming and engaging without judgement by asking:

What happened TO you?
NOT
What's wrong with you?

A "trauma-informed" response to those recognized as potential victims of trauma:

- Realizes the widespread impact of trauma and understands potential paths to recovery;
- Recognizes the signs and indicators of trauma in clients, families, children, staff, yourself, and others involved in the system;
- Responds by integrating knowledge of trauma into policies, practices, and procedures; and
- Seeks to actively prevent re-traumatization.

The facilitator(s) stresses that the purpose of this program is not to provide an in-depth training on abuse and trauma recognition, but instead to provide some general tips and tools. If the audience are members of the general public, the facilitator(s) provides a short lecture on how they can respond if they suspect that trauma or victimization is occurring - pointing to generally available public information **[handout: Resource Page]** that can provide additional resources (e.g., local or national hotlines, and the resource guide and/or other trainings on trauma recognition that have been developed and are available from the Illinois HEALS program) for more information.

E. **Strategies to Support Recognition**. The facilitator(s) then engages the audience with an exercise focused on what recognition looks like in practice, asking the questions: "What does Recognize look like in our community?" and "What could it look like?" **[slide 27]** Depending on the audience and where the training is being conducted, the facilitator(s) provides participants the opportunity to respond. If there is an Illinois HEALS program demonstration site or program being implemented, the facilitator(s) can then highlight what those program(s) have developed in order to increase the ability to identify child victims and trauma. If there is not a program being implemented in that community directly, Facilitator(s) can then move to talk about some strategies that can help existing programs, organizations, and systems overcome barriers and improve their ability to recognize trauma and victimization **[slide 28]**.

F. **Summary of Recognize**. The facilitator(s) closes out this section by first focusing on the tools discussed in the segment to assist with recognizing trauma **[slide 29].** If there is no case study being used* or after the case study exercise is complete, the facilitator(s) then ties the discussion back to R-C-E: the increased ability to recognize trauma and victimization, together with knowledge of connections to make and how to engage, can assist child victims of crime and improve outcomes for those victims and their families **[slide 30]**.

***WITH CASE STUDY**

Where a case study is being used, the materials should be inserted **after slide 29 and before slide 30**. The facilitator(s) informs participants that they will practice Recognize using a case study. Depending on the audience and the particular goals for any program, the facilitator(s) can choose from among the various case studies available. Please see the attached chart, which explains the available case studies and contains the fact-pattern handouts for the participants. For each of the case studies, the notes in the slides will provide the suggestions for guiding the participants through the exercise and discussion. The facilitator(s) can also decide how to structure the input from the audience based on the nature of the program, i.e., in-person or virtual. If in person, the case studies can be discussed by table, group, or individually by

asking the audience for a response directly. If virtual, the case studies can be discussed through chat, breakout room, or verbally depending on the platform, the audience, and the time available.

III. **Connect. [30 min. w/o case study; slides w/o case study 31-45; case study slides insertion after slide 44 and before slide 45; Handouts: Illinois HEALS Roster; Resource Page Handout].**

A. **What is Connect?** The facilitator(s) starts the segment by asking questions of the participants regarding the concept of Connect as it is used in the R-C-E framework, such as what is meant by the term? They provide an opportunity for the participants to respond and offer their input (either verbally or via chat functions) **[slide 32].** The facilitator(s) then explains based on the Illinois Action Plan discussion of Connect that, once abuse and/or trauma is recognized, service providers, community members, and others can connect child victims of trauma and violence with appropriate responses, services, interventions, treatment, and other assistance for children and families **[slide 33].** The reason to make these connections is to try to mitigate further traumas and the victim's trauma responses.

B. **Barriers to Making Connections.** The facilitator(s) first offers the audience the questions: What are some challenges to connecting victims to services? For individuals? For systems? After providing time for the audience to share out (either verbally or via chat function), the facilitator(s) provides some examples of those barriers (both for individuals and organizations) **[slide 34],** including the lack of communications and coordination across systems, which makes connections hard for both victims and providers.

C. **Approaches for Individuals and Systems to Making Connections.** The facilitator(s) offers some examples of how individuals and systems/organizations can make connections, including individuals

learning about available resources in their communities and systems implementing organization-wide planning and practices [slides 35-36]. The facilitator(s) discusses how individuals and agencies can increase their ability to connect children and families to programs that address trauma through:

- Early and regular child and family screening and treatment;
- Training on trauma informed response, resilience, and protective factors and crisis response for individuals, law enforcement, medical personnel, schools, and other systems that may reduce the effects of childhood traumatic stress;
- Organizational planning on prevention/minimization of the effects of trauma by identifying appropriate and effective trauma interventions for the survivor and coordinating treatment among the various providers in the systems of care;
- Organizational planning on prevention/minimization of the effects of secondary traumatic stress in their staff that are exposed to the traumatic experiences of children and families;
- Working with medical programs to increase caregiver awareness of invasive procedures potentially causing traumatic stress to children; and
- Awareness of available local resources and referrals for child victims and their families.

The facilitator(s) then moves on to focus on how the Illinois HEALS program has implemented some of those examples for systems to make connection, first showing a short video highlighting Illinois HEALS' resource connections, such as resource coordinators and roster information. They then describe the Illinois HEALS program process of resource mapping and referral networks [slides 37-38; Handout: Illinois HEALS Roster].

Finally, the facilitator(s) does a short share exercise and asks participants for other examples [slide 39] of connections available in their community or in Illinois. This can be done the same virtually and in-

person. The participants are asked to share out to the larger group any connection resources they know of, either nationally or locally, for trauma services and victims (child, adult, or family). The facilitator(s) then discusses other types of publicly available resources using the **Resource Page Handout** for connecting victims to services and assistance, such as hotlines, local shelters, and services.

D. **Strategies for Minimizing Barriers and Supporting Connections.** The facilitator(s) then engages the audience with an exercise focused on what Connect looks like in practice, asking the questions: "What does Connect look like in our community?" and "What could it look like?" **[slide 40]** Depending on the audience and where the training is being conducted, the facilitator(s) provides participants the opportunity to respond. If there is an Illinois HEALS program demonstration site being implemented, the facilitator(s) can then highlight what those programs have developed in order to increase the ability to connect child victims to services. If there is not a program being implemented in that community directly, the facilitator(s) can then move to talk about some strategies that can help existing programs, organizations, and systems overcome barriers and improve their ability to connect victims to services, discussing the types of connections that can and should be made and how they are made – shifting the burden of connecting to the system, direct ties to service, quickly, safely and comfortably for the victim **[slide 41].**

   The facilitator(s) explains to participants that an organization's use of trauma-informed response **[slides 42-43]** can inform efforts to respond appropriately to trauma and connect child victims and their families to resources that mitigate further trauma and/or trauma responses.

E. **Summary.** The facilitator(s) closes out this section by first discussing the tools for making connections **[slide 44].** If there is no case study being used* or after the case study exercise is complete, the facilitator(s) then ties the discussion back to R-C-E: **[slide 45]** the increased ability to recognize trauma, together with knowledge of trauma-informed

response, resilience factors, and available local resources help build and make connections to systems assist child victims of crime and improve outcomes for those victims and their families.

***WITH CASE STUDY**

Where a case study is being used, the materials should be inserted **after slide 44 and before slide 45**. The facilitator(s) informs participants that they will practice Connect using a case study. (This can be a continuation of the case study used for Recognize and focusing on the connection portion of that discussion or a different case study. Depending on the audience and the particular goals for any program, the facilitator(s) can choose from among the various case studies available. Please see the attached chart, which explains the available case studies and contains the fact-pattern handouts for the participants. For each of the case studies, the notes in the slides will provide the suggestions for guiding the participants through the exercise and discussion. The facilitator(s) can also decide how to structure the input from the audience based on the nature of the program, i.e., in-person or virtual. If in person, the case studies can be discussed by table, group, or individually by asking the audience for a response directly. If virtual, the case studies can be discussed through chat, breakout room, or verbally depending on the platform, the audience, and the time available.

IV. Engage. [30 min.; slides 46-61 w/o case study; case study slides insertion after slide 59 and before slide 60; handout: Bias Self-Assessment Card].

A. **What is Engage?** The facilitator(s) starts the segment by asking questions of the participants regarding the concept of Engage as it is used in the R-C-E framework, such as what is meant by the term? **[slide 47].** The facilitator(s) provides an opportunity for the participants to respond and offer their input (either verbally or via chat function). The facilitator(s) then explains based on the Illinois Action Plan discussion of Engage that, once trauma is recognized, service providers, community members, and others can engage with children and families in order to connect them to

services, interventions, treatment, and other assistance **[slide 48]**. The facilitator explains that victims and their families often interact with systems after experiencing several forms of victimization and with their own history of past system interactions, both positive and negative. This makes engagement more complicated. The goal is to provide support and connections through awareness, empathy, and avoidance of bias (including victim-blaming) in engagement directly with victims and their families and with the systems that can provide services.

B. **Barriers to Engaging.** The facilitator(s) first offers the audience the questions: What are some challenges to engaging with victims and engaging victims in services? For individuals? For systems? After providing time for the audience to share out (either verbally or via chat function), the facilitator(s) then provides some examples of those barriers (both for individuals and organizations) **[slide 49],** including limitations on services available in communities.

C. **Approaches to Engaging**. The facilitator(s) begins discussion of some of the key components to effectively engaging with victims for both individuals and agencies providing services to victims of crime, which include: cultural humility/responsiveness; needs assessment and case planning (with the emphasis on building relationships first, taking disclosure as it comes, while assessment and service planning comes second); program strategies; and trauma-informed practices **[slide 50].**

- **Cultural Humility/Responsiveness**. The facilitator(s) begins by explaining that the recognition of and minimization of bias is part of all of the components of effective engagement **[slide 51]**. They explain the differences between prejudice and bias, the different types of biases that exist and are relevant to our discussion, and how those biases can affect the recognition and response to child victims of crime and their families. The facilitator(s) should emphasize that **everyone** has implicit biases, and the goal is to heighten awareness of those biases in order to better address trauma and serve victims. Biases include assumptions, biases, and beliefs about victims,

cultural norms, gender-based stereotypes and role expectations, and misuse/misapplication of "cultural explanations" to justify inequality, problematic attitudes, etc.

The facilitator(s) introduces a short video and then will lead a short sharing exercise with the audience. The "Cracking the Code" video is played **[slide 52]**. The facilitator(s) then asks **[slide 53]** the participants the following:

1. What forms of bias were discussed in this video?
2. What significance if any is there to the fact that the speaker had to think about what her reaction should be? Does that have any parallels in your work with families?
3. What are your thoughts about the video? Is it applicable to your experience? Why or why not?

The facilitator(s) moves the discussion to focus on cultural biases and how to address and minimize those biases in response to victims through the concept of cultural humility, which is explained as the process of introspection and awareness of one's own biases and how they affect our interactions with others. The facilitator(s) discusses this as a process of moving toward access, inclusion, and fairness that includes challenging your own assumptions, awareness of inclusivity of language, considerations of access barriers such as language and disability, and the related consideration of different ways resources can be accessed **[slide 54].**

The facilitator(s) closes out this section by providing participants the **Bias Self-Assessment Card handout** and explaining how to use the card and its questions as a way to recognize our own biases and take steps to minimize the impact of those biases on our interactions with youth victims and their families. The facilitator then asks the participants to engage in a think exercise, asking: What do you do to minimize bias and account for culture in your interactions with the community, at your jobs, and/or in responding to victims of trauma

and violence? Participants are given two minutes at their seats, tables, or online to think about and consider the question.

- **Needs Assessment & Case Planning.** Facilitator(s) explain some of the basic elements of needs assessment and case planning as part of the tools that organizations have for effectively engaging with victims and engaging those victims in services. Depending on the audience (e.g., members of the public, system professionals, et al.) the facilitator(s) can provide additional details on how the assessment and case planning work and what is involved. The facilitator(s) summarizes by highlighting some of the approaches that are consistent with trauma-informed practice **[slide 55].**

D. **Program Strategies for Successfully Engaging Victims**. The facilitator(s) then engages the audience with an exercise focused on what Engage looks like in practice, asking the questions: "What does Engage look like in our community?" and "What could it look like?" **[slide 56].** Depending on the audience and where the training is being conducted, the facilitator(s) provides participants the opportunity to respond. If there is an Illinois HEALS program demonstration site being implemented, the facilitator(s) can then highlight what those programs have developed in order to increase the ability to connect child victims to services. If there is not a program being implemented in that community directly, the facilitator(s) can then move to talk about some strategies that can help existing programs, organizations, and systems overcome barriers and improve their ability to engage victims, and offer an explanation of some additional system-based (as opposed to individual knowledge based) tools to effectively engage children and families affected by trauma and victimization **[slide 57]**, including:

- Evidence-based best practice interventions and interactions to support the parent/caregiver/child relationship when both have experienced trauma.

- Strategies within program and system structures (policy, procedures, protocols, training, human resources) to support parents and caregivers who have experienced trauma, such as including parent/caregiver voice in programming, supporting staff in work with adults, and to share power by identifying their own strengths and needs.

- Needs assessments and case planning that are designed around strategies and practices that normalize the child's responses and avoid re-victimization.

- Resources and referrals to improve interactions and interventions in communities, including resource mapping and referral networks.

- The facilitator(s) reminds the audience about the tools previously identified and discussed throughout the program and discusses the tools identified regarding trauma-responsive practice, recognition of and minimization of bias, and the knowledge of local systems of care for providing access to linked systems and services for victims.

E. **Health and Well-Being of Staff.** The facilitator(s) discusses with participants that effective engagement with child victims and their families also includes consideration and awareness of the health and well-being of those involved in system services, including understanding of vicarious trauma and implementing best practices for self-care **[slide 58]** "Vicarious trauma" is commonly described by such terms as burn-out, stress, compassion fatigue, and vicarious traumatization. There are steps that individuals and organizations can take to ensure that vicarious trauma is considered and addressed, including:

- Developing strategies, guidelines, and procedures for recognizing physical, emotional, and behavioral symptoms of these various reactions to indirect trauma exposure. This includes inclusion of the understanding that cultural backgrounds and values may impact their

work with children, youth, and families from similar and different cultures.

- Developing policies that utilize reflective supervision to prevent and/or lessen the impact of indirect trauma exposure to self and/or staff and that encourages professional assistance for you or other colleagues who are re-experiencing personal trauma, have increased arousal or avoidance reactions, memory and perception changes, low levels of energy, increase anger or fear, and/or overwhelming guilt or hopelessness.

- Learning, teaching, and implementing methods to prevent stress reactions through self-care, such as building adaptive capacities and reducing daily stressors.

- Learning, teaching, and implementing methods on how to use thoughts and feelings to deepen empathy and understanding of oneself and other colleagues.

F. **Summary.** The facilitator(s) closes out this section by first discussing the tools discussed during the segment for engaging victims **[slide 60].** If there is no case study being used* or after the case study exercise is complete, the facilitator(s) then ties the discussion back to R-C-E: **[slide 61]** the increased ability to recognize trauma, with knowledge and resources to make connections, and the tools and skills to appropriately engage with children and families who have been impacted by trauma helps improve outcomes for those victims and their families.

***WITH CASE STUDY**

Where a case study is being used, the materials should be inserted **after slide 60 and before slide 61. The** facilitator(s) informs participants that they will practice Engage through the use of a case study. (This can be a continuation of the case study used for Recognize and/or Connect and focusing on the

connection portion of that discussion or a different case study.) Depending on the audience and the particular goals for any program, the facilitator(s) can choose from among the various case studies available. Please see the attached chart, which explains the available case studies and contains the fact-pattern handouts for the participants. For each of the case studies, the notes in the slides will provide the suggestions for guiding the participants through the exercise and discussion. The facilitator(s) can also decide how to structure the input from the audience based on the nature of the program, i.e., in-person or virtual. If in person, the case studies can be discussed by table, group, or individually by asking the audience for a response directly. If virtual, the case studies can be discussed through chat, breakout room, or verbally depending on the platform, the audience, and the time available.

V. Conclusion:

The facilitator(s) then starts to wrap up the training program, briefly touching on the basics of R-C-E covered in the program and highlighting any aspect that is appropriate based on the training program's discussion and the audience's input. There are slides held for the insertion by the facilitator(s) of any additional resources, reading, or publications that might be of particular interest or relevant to the participants of an individual training. There is also a slide for the insertion of the facilitator(s)' contact information and a final slide with the grant information **[slides 66-69]**.