# Project ROOTS Facilitator Checklist

Harvard University's Center on the Developing Child noted that every child who ultimately does well has had "at least one stable and committed relationship with a supportive parent, caregiver, or other adult." [1] It goes on to say that

These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. They also build key capacities—such as the ability to plan, monitor and regulate behavior, and adapt to changing circumstances—that enable children to respond to adversity and to thrive. This combination of supportive relationships, adaptive skill-building, and positive experiences constitutes the foundations of what is commonly called *resilience*.

The Project ROOTS space strives to achieve this by providing an equal opportunity for each child to learn and become part of a group of present, loving and open-minded individuals. Facilitators should be compassionate and committed to remaining culturally and socially aware, accepting, and sensitive. Facilitators should also be willing to answer uncomfortable questions in an age appropriate manner to a group of 8 to 13-year-old children. The ability to present information neutrally without assumptions or judgement is critical in the Project ROOTS space.

Facilitators should understand that although the population served is young, that does not mean they are incapable of or do not feel to the same extent as an adult. On the contrary, a child's emotions are raw in that they have not been shaped by as many experiences and because of this may not be as multifaceted or complex but require more attention and understanding. As Josh Shipp stated in 2015, "What kids don't talk out, they act out!" [2]Attempting to suppress an emotion that may bring discomfort to a Facilitator personally but is not harmful or disruptive to other individuals or the group is contrary to the Project ROOTS cumulative goals in that expression is a prerequisite to understanding and empathy.

## Facilitators should implement the following for successful group-mentoring sessions.

- ☐ **Hold a safe space.** Let all Participants know that everything shared within the group will be kept private unless necessitated by law or per the child's request. For example, you may say, "What is said or shared in this room stays in this room. We will not share people's feelings or experiences with others that are not part of this group."
- ☐ **Facilitator self-reflection is crucial.** Facilitators should read through the entirety of the toolkit and do their best to comprehend the central themes, the need, and the required terminology found under *key terms.* Arrive at each session having self-reflected on the theme

[1] National Scientific Council on the Developing Child. (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13. http://www.developingchild.harvard.edu
[2] Every Kid is ONE Caring Adult Away from Being a Success Story. Retrieved October 23, 2018, from https://joshshipp.com/one-caring-adult/

and activity for the day's lesson and feel prepared to properly respond to a child in need who may suffer hardships at home, has past or present trauma, and/or is a victim or witness to other forms of abuse.

- ☐ **Know your kids!** Continuously "feel the pulse" of your group to understand the diversity and conditions of vulnerability and power within it. Also, consider the combined characteristics of violence, poverty, and inequalities – and how those factors affect experiences, opportunities, and challenges among the Participants. At times, a child's attendance in the program may be directly impacted. General demographics, ethnicity, sexual orientation, age, parental and socioeconomic status should be kept in mind. Also, consider the individual child's and group's unique disposition and sensitivities. Evaluate the hardships your group is most prone to. If this is violence, gangs, or any form of inequality, as an example, then modify your approach and emphasis accordingly.

- ☐ **Stay away from a classroom-like setting** and instead create a circle or half circle during discussions and activities unless partnering, role-playing or participating in other activities which require movement. Typical classroom settings with lined chairs are not recommended since sitting behind desks may immediately place the Facilitator in a lecturer role and thus discourage participatory learning.

- ☐ **Set community guidelines.** A Facilitator should carefully guide the Participants in setting the group's guidelines (rules). Community guidelines are important for the structure of group sessions. It is important for the Facilitator to set a few guidelines (i.e. respect for each member of the group, confidentiality, listening while others are speaking, speaking one-at-a-time, etc.) and then allow Participants to collectively create a few for the group. Allowing Participants to create the rules conveys the expectation that the group will operate as a community and makes them more willing to abide by them. Facilitators should refrain from being overly harsh or stringent and keep in mind that outbursts or deviant behavior may be symptoms of a child who needs more opportunities for social emotional learning and removing them from the program may be counterproductive. Instead utilize potential outburst as an opportunity to showcase healthy conflict resolution, empathy and patience. Facilitators should not use fear or punishment to gain Participant compliance. (Please refer to the *Community Guidelines* provided in *The Introduction).*

- ☐ **Acknowledge your own experiences.** Assess your own views, assumptions, and prejudices before meeting with your group as this will assist you in presenting information neutrally. Do not impose or project your feelings or opinions onto others and remain culturally and socially aware, accepting, and sensitive. Abstain from overt judgment and be conscientious of your position of power; a Facilitator should not be authoritarian. Pose open-ended questions

to avoid imposing your own beliefs (Please refer to the *Open-Ended Questions* provided in Appendix A).

- ☐ **Maintain the presence of a professional yet remain personable**. Facilitators should continuously nurture a friendly and non-judgmental environment, but boundaries should not be blurred. Be friendly while remaining alert and vigilant and treat all Participants as equals.

- ☐ **Confront and engage uncomfortable topics.** Facilitators need to be comfortable discussing difficult topics such as sex, delinquent behavior, gang affiliation, hygiene, use of drugs or alcohol, etc. To create rapport with your group, Participants need to know that you are not afraid to discuss sensitive issues and you may encourage honesty and openness by sharing appropriate personal experiences. Although you should not avoid discussing difficult topics, you should refrain from sharing personal accounts involving the use of drugs or excessive violence, sexual encounters or law-breaking behavior. Always remain age appropriate.

- ☐ **Establish the Project ROOTS platform with guidance.** Facilitators should manage the discussion while remaining attentive to the group's dynamics. Ensure that everyone in the group has the opportunity to share their thoughts at each session and minimize the instances where a specific Participant dominates the discussion. Respect and embrace silence within the session, as often these are critical points of reflection as well. If a Participant provides misinformed information or shares a discriminatory view, follow up with clarification and be sure to provide accurate and factual information to the group without alienating the Participant. If important issues arise, be flexible with the agenda to allow time for discussion and reflection.

- ☐ **Gather feedback** regularly from your group as part of *monitoring*. Facilitator's may make real-time adjustments and modifications based on the specific likes and dislikes of their group and what activities were explicitly said to be effective and which were not. Facilitators may also check in with their group via an icebreaker activity at the beginning of the session. Session icebreakers should include but are not limited to:

    - Asking Participants how their week has been.
    - Whether anything of importance has happened since the group last met.
    - Ask if they have been able to apply last session's lesson and if so, how?
    - Ask how that made them feel. If they have not applied the lesson, discuss examples on how they may do so in the future.

- ☐ **Deliver trauma-informed care.** [3] There is an unambiguous difference between trauma-informed care and trauma-specific treatment services. Trauma-specific treatment services are delivered by those in the mental health profession such as psychologist and psychiatrist. By contrast, trauma-informed care stems from the contextual milieu and culture of delivering care and services to people impacted by trauma in a way that:
    - Realizes impact of trauma and understands potential paths for recovery
    - Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system
    - Responds fully integrating knowledge about trauma into policies, procedures, and practices, and
    - Seeks to actively resist re-traumatization.

An individual's gender, ethnicity, race, religion, sexual orientation, socioeconomic status, geographical area, family, etc. all influence how people perceive trauma and how they react to it.

- ☐ **Be prepared with resources and referrals** for Participants, if needed. Have supplementary information and resources on hand to support the discussion or any personal inquiries they may have. For example, you may need to tell Participants where their nearest foodbank or clinic is located. A Facilitator should always keep in mind that they are not a mental health professional and therefore should always refer a child to the appropriate services.

Although it is encouraged that Facilitators be available for Participants outside of the Project ROOTS space, it is not recommended that a Facilitator and child be alone one-on-one. While meeting with a child in a private setting may be necessary at times, it is strongly advised that another child or mentor be in the same room/space to ensure safety. Keeping in mind the Participant's privacy, the "witness" can be within clear site of both the Facilitator and the Participant, but with enough distance where the conversation is inaudible.

- ☐ **A Facilitator may be a mandated reporter** within the scope of their job/role. To see how your state addresses this issue, read the Child Welfare Information Gateway publication, Mandatory Reporters of Child Abuse and Neglect. [4] While it is important that Participants feel comfortable in the group, it is equally as important that Participants understand that your priority is their safety. Have information ready for a specialized service provider and a plan for helping the child in the case of sexual abuse, violence, bullying, suicidal

[3] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
[4] Child Welfare Information Gateway. (2016). Mandatory reporters of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved October 23, 2018, from https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/

ideations, or an unsafe home environment such as negligent parents or lack of fundamental resources such as food, clothing and shelter. Some of the signs or symptoms of children who may have experienced sexual abuse, exploitation or any form of child abuse are detailed in the following section.

☐ **A Facilitator should have basic training** in the following subject areas:

| **Suggested Trainings** | |
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| Commercial Sexual Exploitation of Children (CSEC) and Sex Trafficking | Learn the vulnerabilities and indicators of CSEC. This training should also include the protocols and referral systems for victims who might self-identify to this form of abuse and other forms. (Please see Appendix A for an example of CSEC recommended protocols for schools.) |
| Conflict Resolution Skills | Conceptualized as the methods and processes involved in facilitating the nonviolent ending of a conflict using mediation, empathy, and negotiation. |
| Critical Mentoring[5] | A key to a positive mentoring relationship is the ability of a mentor to respond to a mentee with care, ease, and relevance when delicate or difficult issues arise. Since many mentees face high challenges and embody marginalized identities, our understanding of how to address difficult issues must include awareness of trauma and its effect on development, as well as cultural concerns and issues of inequity and oppression. |
| Gender &<br><br>Gender Equality | *Gender*: socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. [6]<br><br>*Gender equality:* equality between men and women, entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles and prejudices. Gender equality means that the different behavior, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equity means fairness of treatment for women and |

[5] MENTOR: The National Mentoring Partnership. *Supporting Mentors and Mentees in the Face of Challenges.* (2017, July 20). Retrieved October 10, 2018, from https://www.youtube.com/watch?v=f-egTlJYwpA

[6] World Health Organization. Retrieved October 22, 2018, from http://www.wpro.who.int/topics/gender_issues/en/

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| | men, according to their respective needs. This may include equal treatment or treatment that is different, but which is considered equivalent in terms of rights, benefits, obligations and opportunities.[7] |
| Motivational Interviewing[8] | A collaborative conversation style for strengthening a person's own motivation and commitment to change.<br><br>Technical Definition: A collaborative, goal-oriented style of communication with particular attention to the language of change, designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. |
| Strengths-Based Approaches[9] | A philosophy and a way of viewing clients as resourceful and resilient in the face of adversity. It is also considered a method of practice, although there is no strengths-based model of practice per se. Instead, various practice models may be categorized under the rubric of strengths-based practice as long as they hold, as their fundamental assumptions, that the social worker's relationship with the client is one of collaboration and that people are resourceful and are capable of solving their own problems. People were viewed largely in terms of their pathologies, weaknesses, limitations, and problems. In strengths-based models, in contrast, the helper, in collaboration with the client system, identifies and amplifies existing client system capacities to resolve problems and improve quality of life. Strengths-based approaches can be viewed as respectful toward and empowering of the oppressed and vulnerable people to which the field of social work traditionally has been committed. |
| The Adverse Childhood Experiences Study[10] | As of the largest studies of childhood abuse, neglect, and family/household challenges that demonstrates a correlation of future violence victimization and perpetration and brings an understanding of the childhood origins of health and social problems across the lifespan, this section training allows Facilitators to understand the vast impact of abuse and the importance of prevention. |
| Trauma-Informed Approach/Facilitation[11] | A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma |

[7] ABC Of Women Worker's Rights and Gender Equality, ILO, Geneva, 2000, p.48.
[8] Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Preparing people for change*. New York: Guilford Press.
[9] Strengths-Based Models in Social Work. Oxford Bibliographies. Retrieved October 23, 2018, from http://www.oxfordbibliographies.com/view/document/obo-9780195389678/obo-9780195389678-0006.xml
[10] Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults Felitti, Vincent J et al. American Journal of Preventive Medicine, May 1998, Volume 14 , Issue 4 , 245 – 258. DOI: https://doi.org/10.1016/S0749-3797(98)00017-8
[11] Substance Abuse and Mental Health Services Administration. SAMHSA News, Spring 2014 Volume 22, Number 2. Retrieved October 24, 2018, from https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html

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| | through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. It involves four key elements of a trauma-informed approach: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting retraumatization. |
| Vicarious Traumatization [12] and Self-Care Strategies | The term vicarious trauma (Perlman & Saakvitne, 1995), sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the "cost of caring" for others (Figley, 1982). Other terms used for compassion fatigue are:<br>• secondary traumatic stress (Stemm, 1995, 1997)<br>• secondary victimization (Figley, 1982)<br><br>Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are<br>hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. It is important not to confuse vicarious trauma with "burnout". Vicarious trauma, however, is a state of tension and preoccupation of the stories/trauma experiences described by clients. This tension and preoccupation might be experienced by counselors in several ways. They might:<br>1. avoid talking or thinking about what the trauma effected client(s) have been talking about, almost being numb to it<br>• be in a persistent arousal state<br><br>Facilitators should be able to recognize signs of vicarious traumatization or "compassion fatigue" and have an adequate self-care strategy to prevent or overcome it and avoid "burnout." |

[12] Fact Sheet 9 Vicarious Trauma. American Counseling Association October 2011. Retrieved October 24, 2018, from https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=f0f03a27_