ELIZABETH FRY SOCIETY

Evaluation of Trauma Screening Training in Peel

FAMILY SERVICES *of* PEEL

Since 1971

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Acknowledgements

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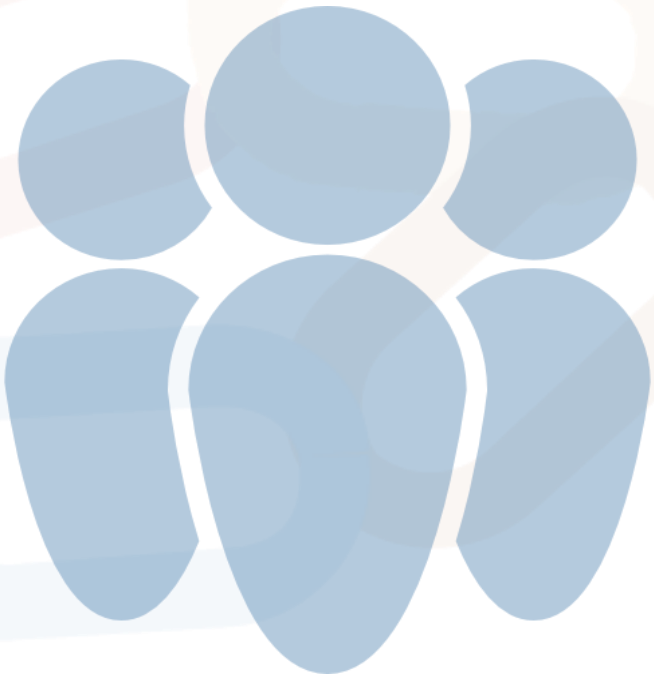


1. Evaluation of Trauma Screening Training in Peel

1.1 Background

In October 2012, following a presentation facilitated by Saundra-Lynn Coulter of the Ontario Woman Abuse Screening Project, managers and stakeholders from numerous sectors came together in an effort to coordinate and improve trauma, mental health and addiction services in the Region of Peel. The result was the creation of the Seamless Continuum of Services for Mental Health, Addiction and Trauma Committee (SCSMHATC). SCSMHATC is governed by the Peel Institute on Violence Prevention (PIVP), an interdisciplinary and inter-sectorial collaborative initiative among agencies in the Region of Peel.

PIVP was established to be a central, region-wide initiative focusing on the prevention of all forms of violence in Peel. In 2015, a training program was developed focusing on the following areas: social determinants of health and well-being, an equity framework, definition of trauma, trauma screening versus trauma assessment, introduction of the trauma screening tool, using the tools with relevant case scenarios and vicarious trauma, strategies for dealing with disclosure, available resources and bibliography. Training evaluation was also developed by the Committee.

Elizabeth Fry Society received a grant from Region of Peel to enhance community capacity and to address seamless services for women who are at risk or who are in conflict with the law, and to enhance the trauma, mental health, and addiction support using a trauma screening tool and gender responsive lens.

In January 2016, a partnership was formed between Elizabeth Fry Society and the Peel Institute on Violence Prevention – Family Services of Peel to train the staff of the Elizabeth Fry Society and evaluate the impact of the training. On May 26, 2016 and on July 7, 2016, the entire staff of Elizabeth Fry Society was trained. One session had 27 trainees and the second session included the remaining 23 trainees. In total, 50 staff members were trained. The objective of the training was to improve application of the skills and knowledge of staff in the area of mental health and addiction supports for women who are at risk of trauma or who are in conflict with the law using a trauma screening and gender responsive lens. The expected outcome of the training included: (a) increased knowledge of trauma informed practice and capacity among staff; (b) an improved awareness and knowledge of best practices for trauma screening using a trauma informed and gender responsive lens; and (c) an improved awareness and implementation of best practices using a trauma informed gender responsive lens. Demographics of the Trainees are given in the next page.

1.2 Demographics of the Trainees

Age Group	19-36 years	**52.17%**
	37-61 years	**34.78%**
	Did not answer	**13.04%**
Gender	Female	**95.65%**
	Male	**0%**
	Queer	**4.35%**
Sexual Orientation	Heterosexual	**30.43%**
	Queer	**8.7%**
	Other	**4.35%**
	Did not answer	**56.52%**
Highest level of education	College /CEGEP or other non-university certificate	**30.43%**
	University certificate or diploma below bachelor level	**30.43%**
	Bachelor's Degree	**34.78%**
	University certificate, diploma or degree above Bachelor level	**4.35%**

1.3 Training Evaluation

The Peel Trauma Training evaluation methodology follows the Kirkpatrick training evaluation model.

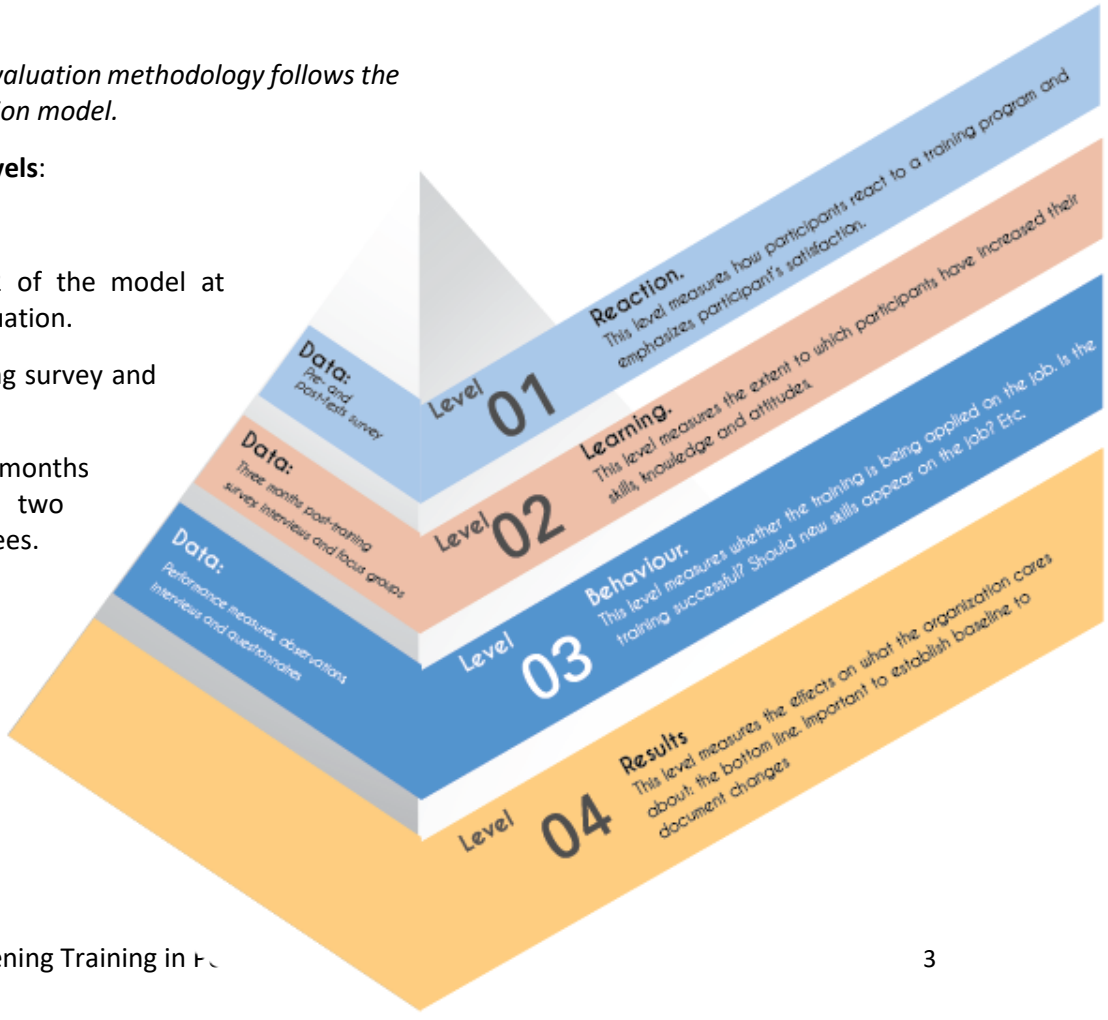
This evaluation has four levels:

We applied level 1 and 2 of the model at Elizabeth Fry Society's evaluation.

Level 1 included pre-training survey and post-training survey.

Level 2 included three months post-training survey and two focus groups with the trainees.

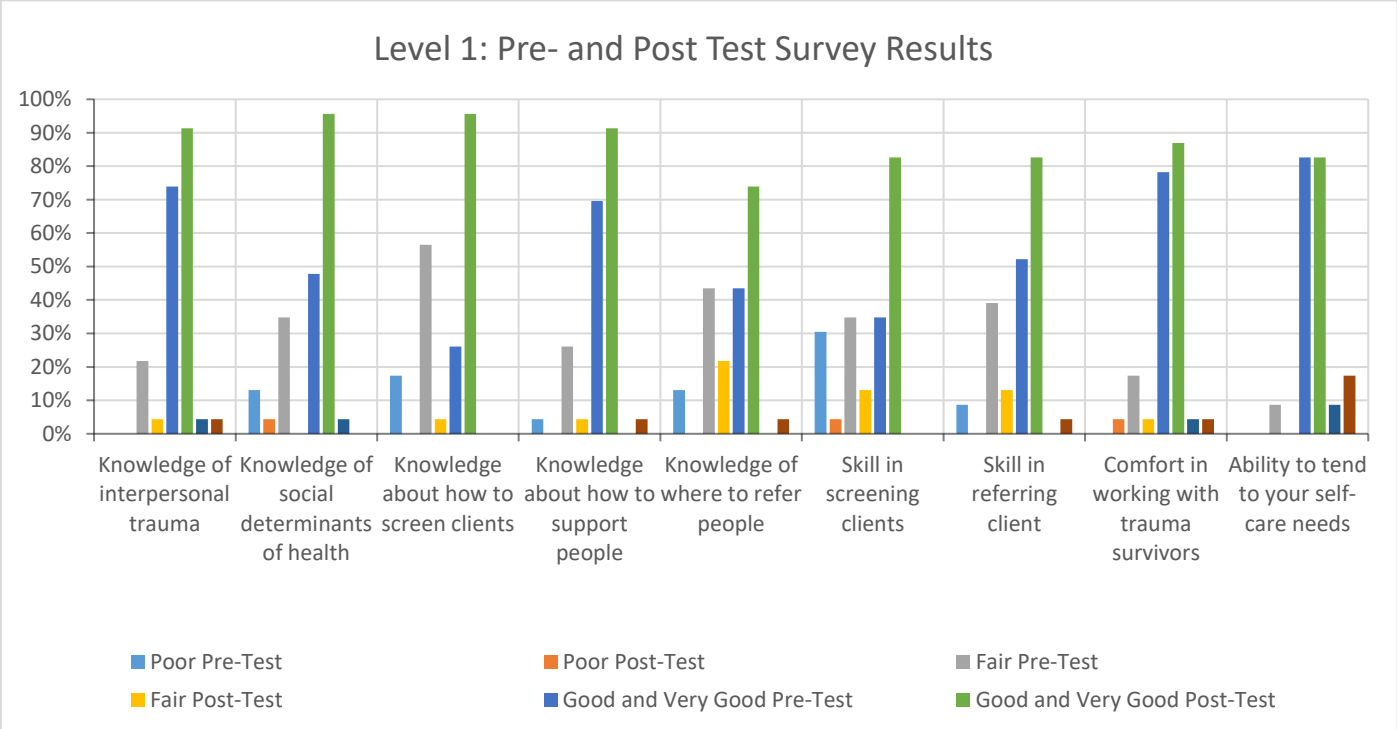
The following is the analysis of the data collected at Elizabeth Fry Society staff training:



2. RESULTS

Table 1. Level 1 – Pre- and Post-Test Survey Results

S#	Grades	Poor		Fair		Good and Very Good		Excellent	
	Indicators	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test
1	Knowledge of interpersonal trauma	0%	0%	21.74%	4.35%	73.91%	91.31%	4.35%	4.35%
2	Knowledge of social determinants of health	13.04%	4.35%	34.78%	0%	47.82%	95.66%	4.35%	0%
3	Knowledge about how to screen clients	17.39%	0%	56.52%	4.35%	26.09%	95.66%	0%	0%
4	Knowledge about how to support people	4.35%	0%	26.09%	4.35%	69.57%	91.3%	0%	4.35%
5	Knowledge of where to refer people	13.04%	0%	43.48%	21.74%	43.47%	73.91%	0%	4.35%
6	Skill in screening clients	30.43%	4.35%	34.78%	13.04%	34.79%	82.61%	0%	0%
7	Skill in referring client	8.7%	0%	39.13%	13.04%	52.18%	82.61%	0%	4.35%
8	Comfort in working with trauma survivors	0%	4.35%	17.39%	4.35%	78.26%	86.96%	4.35%	4.35%
9	Ability to tend to your self-care needs	0%	0%	8.7%	0%	82.61%	82.61%	8.7%	17.39%



2.1 Knowledge about Trauma (Pre and Post-test survey results a comparison)

The Table and chart above show the pre and post training survey results of the Trauma training (May 26 and July 7, 2016) delivered to (23+27) 50 staff members of the Elizabeth Fry Society. The survey provided the following data:

1. **Knowledge of interpersonal trauma**: The pre-training survey shows that **73.91%** of the trainees had good or very good knowledge of trauma and its effects on people while **21.74%** had fair knowledge. Only **4.35%** feel they had excellent knowledge prior to training. The post-training survey shows that the overall good and very good knowledge of trauma increased to **91.31%,** which is a **17.4%** increase from pre-test.

2. **Knowledge of Social Determinants of Health: 47.82%** had good or very good prior knowledge of SDOH, which increased to **95.66%** in post-training**,** a remarkable increase of **47.84%** in knowledge. **13.04%** had poor knowledge, which dropped down to **4.35%.** Similarly, **34.78%** of trainees felt they had fair knowledge regarding SDOH, but after the post-training, **0%** of trainees felt they had fair knowledge. The training added new knowledge and refreshed and rephrased some older concepts.

3. **Knowledge in screening Clients**: The pre-training survey showed **26.09%** had good or very good level of knowledge while **17.39%** had poor knowledge. However, the post-training survey showed **95.66%** had good or very good knowledge, a tremendous increase of **69.57%**.

4. **Knowledge about support to the clients**: When it comes to care and support of the victims of interpersonal trauma, the number of staff who felt they had good or very good knowledge increased from **69.57 %** to **91.3%**, which is a **21.73%** increase. In addition, **4.35%** of trainees felt they had excellent knowledge after the training, compared to **0%** before training.

5. **Knowledge of where to refer people**: **43.47%** had good or very good knowledge to refer while **13.04%** felt they had poor knowledge in the pre-test. A considerable increase was seen in the post-training where **30.44%** felt their knowledge to refer clients appropriately increased to good or very good and **4.35%** of them rated excellent in knowledge to refer.

Similarly, the skill sets are divided into two groups

1. **Skills in screening clients:** The trainees' skill sets were **34.79%** good or very good while **30.43%** felt poor prior to training. This increased to **82.61%** good or very good skills, which is a significant increase of **47.82%**. Consequently, only **4.35%** of trainees felt they had poor skills in screening after the training. This clearly indicates that the knowledge and skills of screening clients have seen a tremendous increase.
2. **Skills in referring clients**: **52.18%** of the trainees felt good or very good with their skill in referring clients while **8.7%** felt they had poor skills. The training was shown to have enhanced their skills as **82.61%** of trainees felt their skills were good or very good post-training. This is a **30.43%** increase.

The gain in both the skill sets as a result of the training shows the benefit of the training and will certainly reflect in the work of the staff in addition to improving their screening and referral ability.

Comfort in working with trauma survivors: **78.26%** people grade themselves as good to very good when it comes to working with clients but after the training, this number increased to **86.96%**, which is an **8.7%** increase in knowledge.

Ability to tend to your self-care needs: When it comes to self-care, **91.31%** of the trainees felt good to excellent about their abilities while the post-training survey showed an increase to **100%** i.e., **8.69%**. This clearly shows that the trainees were aware of the fact that self-care is of utmost importance for their day-to-day professional work.

These results indicate that the training was successful as far as the knowledge and skills are concerned excluding self-care. Most of the trainees knew about the principles of self-care and are comfortable working with trauma survivors as they are experienced in this field.

2.2 Level 2 - Evaluation Three Months Post Training Survey Results

Before applying the pre-test survey, we asked trainees to write and memorize a password. Most of the survey responses after three months did not include a password. Therefore, the evaluators could not utilize the data for the final evaluation report.

2.3 Focus Groups Outcome

Two focus groups were held as part of this evaluation. A case study was applied to initiate the focus group discussion. A systematic process of coding was used to identify patterns and links among these patterns to extract themes and create labels, categories and codes for each theme. Quotes from the trainees' responses are included to support each theme.

2.3.1 Learnings from the Training

Increase in Knowledge and Skills: Overall, most of the trainees felt that they learned new and valuable knowledge and skills to support women suffering from trauma, addiction and mental health issues and facing criminal charges. They believe knowledge in trauma and

awareness are essential in working with the population they serve. They were using those concepts in their practice but were unaware of the exact terminology, or they have learned it at school but forgot to use it over the years. The following are participant answers to the question about learning:

"Very relevant to my work with exploited youth. I appreciate clear guidelines and standardized methods".

"I think when we were actually there learning it, a lot of the stuff that we were learning is stuff that we do on a regular basis and maybe just didn't put a label on or recognize."

"I think it reaffirmed a lot of what we were already doing. Because the majority of this stuff was already being done, again not necessarily being labelled, but done in our own ways."

A human resources professional looked at the training from a beneficial point of view and said it gave them the knowledge and skill of judging an employee by the fact that the capabilities can be affected by the state of mind.

"To be honest, a training like this is something that I really haven't done in terms of professional development just because my work is more administrative working in human resources, I don't really work with clients, I support staff and managers. But I think that what I've learned from this is that trauma can affect behaviour, it can affect decision making processes, so I mean, maybe if I have an employee relations issue it's to kind of take a step back and re-evaluate it from a different standpoint."

Knowledge of the trainers and facilitators: They have reiterated that the all the trainers and facilitators were well informed and skilled.

"The facilitators were all very knowledgeable and energizing and I learned a lot of new strategies and perspectives. The format was great, discussion was good but not the role play."

"Trainer's component was excellent, informative with some new topics. She was very open and relative"

Social Determinants of Health (SDOH): The data collected in the focus groups seem to indicate that the trainees have increased their knowledge about the social determinants of health and are applying the framework and knowledge about the SDOH more often in their practices.

"She is homeless, has no money, been systemized by the court system, trauma, victimization, suicide attempts, cognitive ability, violence but socially we also have to look at her friendships and social supports." "She's couch surfing, she doesn't have a permanent residence, so there's instability, not only physical but mental health as well"

Equity: The trainees acknowledge that the lens activity really made them aware of their own privileges and allowed them to recognize it within their work. The clients are supported and provided with help according to their needs and urgencies.

"So, in our program, all the clients are coming into the program with an addiction of some sort. But their past experiences and you know where they're living, some of them have stable housing, some of them don't, each client kind of requires different assistance even though they're all in the same program participating and doing the same appointments, some require more assistance or less assistance based on their individual

situation, not only myself, but the courts each week will take this into consideration each week when we look at their progress. So, one individual who is more stable, if they slip or have a relapse it may be treated a little differently than someone who is coming from a different situation and is continually relapsing based on their environment and stuff like that. So, each individual is looked at within their situation, not just the guidelines of the program."

The trainees consider SDOH knowledge as good information and it gave them a new perspective of looking at things at their work. While discussing the case scenario, they talked about SDOH, which clearly shows that they have learned and refreshed their knowledge and recognized the importance of the social determinants of health.

"I think we know that she's a woman, so that's one" and "Being 30. It's quite young." "She did not finish high school"

"Health is most important to start with, as in medical and health services". Although with the ability/disability she had a bunch of ongoing physical health challenges with grand mal seizures, also she ended up in a wheelchair for a few times due to abscesses on her legs."

"She was not emotionally healthy as she has very few supports in her life as well. "Very little family support". "She's on ODSP. And again, hasn't really worked, lower kind of social class. She is homeless, has no money, been systemized by the court system, trauma, victimization, suicide attempts, cognitive ability, violence but socially we also have to look at her friendships and social supports."

They confirmed the fact that good communication is the key to access the services completely.

"Access to services become a lot more difficult or navigating community if you're not able to communicate with those around you".

All these discussion points show that the trainees' knowledge about SDOH has increased tremendously as a result of this training. They can now screen and refer the clients according to their needs while managing the clients' determinants as well.

Screening Tools: When asked about the knowledge of the screening tool for trauma, trainees replied that they have not used the tool, but every organization has an intake form and most of the time, they collect information as requested by the Ministry or the funder.

"See, I think again the intake, especially where this individual came from are on the intake form in some way or another. Like, this information was all pretty much gathered in the intake, and the extent the client wanted to share on it was up to her. But getting the basic information was on that form and some that were addressed at later appointments. So, I think a lot of what I remember from the types of questions that were asked are just a part of the intake format used for that program".

"In our program, we have a Ministry tool that we utilize, everything filters down from the Ministry. So, that allows us to get a lot of these questions answered, in addition to our intake package as well. So, ours is quite similar in the nature of the questions asked, and then based on use responses we do what is called a secondary-survey to kind of delve into the information further if they're comfortable".

"I would also say too that a lot of programs on the adult side, are very much court programs. So, we only see the individual that day. So, you don't get into the intensive questionnaires. You assist with that they need for the day in order to support them. They're required to do specific things and we have to make sure that they meet those orders. And like I said, in court sometimes it's just that day. So, you don't go through".

Trauma Informed Practices: The trainees said that during the training, they discussed techniques that deal with how to talk about traumatic experiences, although they have years of experience doing trauma related work.

"We hear a lot of stories and experiences of many clients because we are well seasoned. Some of us been in this line of work for 9 years, 12 years, I have been doing this for 20 years. We know how to approach clients and help and support them. We know the importance of using a non-judgmental strengths based approach with our clients".

The trainees replied:

"We have to put trauma first" "I think I let the client do it often. Because what's traumatic in my mind is not necessarily in their mind and so is the impact."

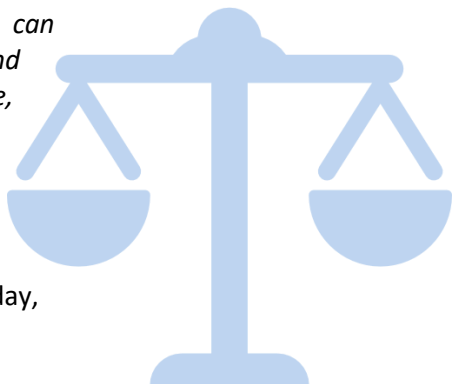
"I think in determining what I can assist with, I often ask about what they feel comfortable sharing about their past and present situation, and then we can kind of start moving from there".
"Trauma can come in so many different ways. Like, it doesn't have to be intensive trauma. I mean, a divorce can be trauma to somebody, like their parents divorcing. So there's a wide range, you go off and gauge it with the individual as to what they're willing to share".

"I can speak to the youth side a little bit, not too much the adult. But I think just some of the questions and concerns that we have, and the information that we're provided because they're youth. There's usually a guardian or another professional involved, so we are privy to information that on the adult side you wouldn't necessarily get. So, it kind of changes what direction you go in."

"In adult, you are solely working with the one individual, unless you have past history information, but normally it's the person in front of you. In different programs, you do because there's a lot of collaboration with other partners, most times like CSO, that's the individual in front of you, you don't get anything else. "

Self-Care: The trainees like the tree of contemplative practices as a way of practicing self-care and considered it a great worksheet. The importance of self-care for effective and efficient working has become clearer after the training.

One of the trainees expressed, "*Making sure there's like a meaningful balance between work and life, and that both don't disrupt the other. You know, that you can separate the two. So, whether that's your nights or your weekends, and everyone has different activities that they like to do you know for self-care, whether it's working out or eating, shopping, it could be whatever, but just making sure that you have those in check and that you know that you have to practice that. As a part of taking care of yourself in a healthy way."*



Another trainee said that a 'Quiet Time' is what is needed. Self-care is different for different people, some think of a glass of wine at the end of day,

some spend time with their pets, some consider TV, music as a timeout and still others give a preference to a strong relationship, supportive family and spouse.

"Also having fun and having a good support system and wellbeing is huge because stress can affect people in many ways."

Trainees replied differently to how they would respond when they are triggered or impacted personally by their work. The trainees added to it;

"After a client, just to debrief to my manager on the phone quickly then I'll come in and check in with her when I have time or maybe call someone in HR. But then, always being on the road, I also schedule in that time between clients, even if its 5-10 minutes to like have a cup of tea or something and clear my mind. Instead of going from hearing one situation to another trauma situation, I have like my little 5-10 kind of reflect as well." "And then if necessary or if needed, take the day off and kind of just relax. My manager is pretty good for that, like if a situation gets really hectic and you've just been through a lot, she'll say just go home and just do your admin work or just take it easier for the rest of the day, and then start back tomorrow."

One of the trainees said, *"Debriefing is one of those first things that we would do" for self-care."*

Additional Training: The trainees like the idea of additional training on topics like dealing with severe types of trauma and difficult situations, coping with trauma, male trauma, counselling skills/theories/approaches proven to work well with trauma survivors and working with individuals who don't want help.

One of the trainees said that the training was good but she needs more information or additional training:

"It was informative but I have 9 years of experience. I learned this in school. I wanted more information. I already know the surface information but I want deeper information on how to support clients and the relationship".

"I did so many mental health trauma training over the years but the information depends on your position. Trauma informed capacity. I am a case manager, not a counsellor. I can only deal with trauma in a small capacity. It would be great to know how to deal with trauma in a short amount of time. Maybe containing the issue, solving the immediate issues and refer them to someone who can help them deal with their support for the long term".

Changes for the Future: The trainees acknowledge the need to have standardized intake forms, collect more demographic data that will allow a better understanding of the clients' social location. They also mentioned the need for more dedicated time with clients.

"Don't ask direct questions, ask more open ended questions, use of inclusive language and providing options or choices in conversation".

3. Conclusions and Recommendations

It can be concluded, that the objectives established by Elizabeth Fry Society, to train its entire staff to improve their skills and knowledge of mental health and addiction supports for women who are at risk of trauma or who are in conflict with the law through a trauma informed gender responsive lens, were met through the Peel Trauma Screening Training. The outcome of the evaluation demonstrated that the trainees gained an improved awareness and knowledge of best practices for trauma screening using the Social Determinants of Health and trauma screening tools with a solid focus on race, gender and inter-sectorial lens.

The knowledge enhancement about SDOH and proper consideration of these determinants will certainly improve case management and bring positive changes and sense of wellbeing to the lives of the victims and promote their health. Although the trainees belonged to different age groups, and had different qualifications and professional experience, they appreciated the information provided during the training and felt that it would not only help them to understand and deal with problems of victims of trauma, but also with co-workers, friends and family, by helping to maintain a good work-life balance.

1. *To incorporate anti-oppressive and equitable practices at Elizabeth Fry Society as an attempt to eliminate inequities experienced by racialized client populations. This should include internal institution reflections upon internal inequities, systems of domination such as racism, sexism, and classism.*

2. *Develop and monitor intake forms that include demographic information from clients and ensure that the information collected will be utilized for services and referrals.*

3. *Develop a method to measure the ability of the organization to promote services that reflect empowerment, diversity, and sustainable social justice.*

4. *Establish a working group to engage in a process of selecting appropriate tools for measuring and monitoring the implementation of the Trauma Screening Program according to the newly acquired knowledge.*

5. *Always monitor the possibilities of doing harm.*

6. *Develop a monitoring strategy to support staff on their self-care because professionals who neglect their own mental, physical, social and spiritual self-care eventually lose their energy and cannot effectively help their clients.*