Project Evaluation Phase II Peel Trauma Screening Training – Focus Groups Evaluation

Family Services of Peel – Peel Institute on Violence Prevention
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ACRONYMS

CAGE-AID	Adapted to Include Drugs () for substance abuse
FSP	Family Services of Peel
GAIN-SS	Global Appraisal of Individual Needs - Short Screener
OCAN	Ontario Common Assessment of Need
PHQ-9	Patient Health Questionnaire
PIVP	Peel Institute on Violence Prevention
SHIP	Services and Housing In the Province
TEQ	Traumatic Events Questionnaire

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INTRODUCTION

This qualitative study describes the design and application of three focus groups as a research method to collect data to assess level two of the Kirkpatrick evaluation model. The intention at this level is to assess whether the participants in the Trauma Screening Training remembered and applied the trauma screening teaching in their services.

Definition of Trauma

The word "trauma" is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless. Trauma has sometimes been defined in reference to circumstances that are outside the realm of typical human experience. Unfortunately, this definition doesn't always hold true. For some groups of people, trauma can occur frequently and become part of the collective human experience.

In addition to terrifying events such as violence and assault, we suggest that relatively more subtle and insidious forms of trauma—such as discrimination, racism, oppression, and poverty—are pervasive. And when experienced chronically, they have a cumulative impact that can be fundamentally life-altering. [1]

Evaluation

PIVP's trauma screening training included an adaptation of the first three levels of Kirkpatrick evaluation adapted by Monica Riutort, Manager of the Peel Institute on Violence Prevention in consultation with Elsabeth Jensen, Faculty of Health, at York University. A Pre and Post-training survey evaluated the First level; the second level evaluation was completed through focus groups with participants randomly selected among trainees, and the third level was completed by client files retrospective study.

Methodology

Three focus groups were held with approximately 10 participants per group guided by a trained facilitator. The three Focus Groups are seen as an essential tool for acquiring feedback regarding

the learner's memories of the training and their applications in the job. The focus group was conducted informally and naturally, given respondents the opportunities to give views from any aspects of the training. The facilitator used a discussion questionnaire that has been prepared in advance of the focus group to guide the discussion.

The set of questions was applied to staff of Family Services of Peel and Catholic Cross-Cultural Services after three months of having attended the Trauma Screening Training.

The objectives of the second phase of training evaluation were:

1. To find out how much of the training they applied during their counselling with clients.
2. How useful each of the training components was to them.
3. Do they have suggestions for training improvement?

The following questions guided the focus group intervention:

- What do you remember about the trauma screening training?
- Was the session of the determinants of health useful to you?
- Do you apply the screening tool to your clients?
- Was the session regarding self-care useful to you?
- Are there any areas of improvement?

FINDINGS - Quotes from Participants

Presented here are some of the quotes from participants:

1. How well do you recall what you learned in the trauma screening training and can you give an example?

The trauma screening training provided a structured, systematic approach to care.

"I think myself I learned quite a bit. We discussed issues around trauma. It sort of added more understanding for us about our own clients at least for me and also how to pass on to others that this is part of their realities."

"So this is a very well experienced group of people in terms of dealing with a dual diagnosis that probably has been its genesis has been trauma."

"Wow, we didn't understand a woman who we were supporting for years, and we got nowhere with her until we sat down and essentially put together her life and realized it was trauma. But the point I want to make though is that we are also now seeing more people coming through the shelter system with active mental health where it is trauma rooted".

"I think we need more sophisticated and more advanced levels, but unless we start doing something with the community to be there as a resource, it's all for none."

"Dual diagnosis is a developmental disability and has mental health issues where that mental health in most situations or at least a high percentage is trauma-based. The confusion is that people end up treating mental health but not dealing with the root of the issue which is trauma."

"For me the importance of attending to the agency settings of something that was focused on trauma and to be acknowledged that you need certain different skills to explore the trauma that other people go through and ways to help them. The reason I'm saying this is because I've been dealing with violence against women issues, which essentially is a trauma effect for many many years. I did certain training of my own and readings on my own, and I found it isolated in doing this kind of work. I mean isolating in terms I discussed with my co-workers, but in terms of agency-level, we didn't have anything similar to that."

"Probably eight out of ten of our clients have experienced some form of sexual trauma or trauma of other kinds, for woman, for me, it is 78 percent for sexual, and it is far higher of the reminder of the other segments in the community.

"You are a woman with a developmental disability. You are more likely to be sexually assaulted than going to see a ballet. I think that is true."

"Clearly, what we see now is that we are dealing with folks that are stuck as a result of trauma. We don't know how to move them forward, and we don't."

2. What is the impact of the social determinants of health?

The participants understood and applied the social determinants of health knowledge in their work. To assist in the understanding of a client's social location, the training seems to have supported a more systemic approach to them.

"Just generally the determinants of health. I guess it is relevant in everything I do. I work in the shelter system, the issue of poverty and homelessness all of these issues and SDOH determinants play an important role in my client's health."

"So it wasn't a new topic for me. It was a nice refresher, and it reminds me of all the different areas we need to tackle to try to bring someone to wellbeing live a healthier life. For me, it was like more a refresher."

"I think in that part of what I remember about definition is that you go to a family doctor for a physical check-up, but there might be other people you go to for spiritual health. Then for your emotional and mental health, your definition being broad, when clients come how you invite them to reveal more about their life in terms of how they are taking care of their different parts of their health."
"I was just going to say that our clients belong to their world, let's just say, in the larger society, a person with a developmental delay is already labeled, and society without even knowing has put them already in a box."

"*So even though we ask all these questions, but when you go into the health system, they are really at the bottom, if they do not have anybody to speak for them "quote and quote," they get nothing. And that's where we come in."*

3. Did you apply the trauma screen tool?

The participants found the tool useful as a reminder of what they already do when assessing the needs of clients. They all agreed that they need to develop trust before introducing questions from the screening tool regarding trauma.

"I can be honest with you, and I have not used it very much. However, I was in the walk-in last week I was doing with a client that was experiencing trauma. I went back, I don't think I ticked it off, we had so many people that day I was just trying to get them out, but when I looked at it, I asked all the questions in a very roundabout way. I kind of think that sometimes when you ask, it is good to ask directly. Sometimes not so good, if someone is in traumatic stage, it's kind of like saying calm down, they don't want to hear that you are on the traumatic event, for me, I don't want to hear how I would feel, I am good, I am not, that's the way I look at it".

"For me, it is always going through my mind when I meet with clients, the kind of key things are; have you experienced trauma, which we all know is often a yes. How is it currently affecting you? Have you ever received support for it, how do you cope with it, those are going through my mind. Not necessarily answered in the first few meetings, but as I get to know someone, it becomes quite clear. As I get to know them I ask it more, I guess obviously have you ever received counselling, would you ever consider it, have you ever talked to someone; eventually these become actual questions. Still, in the beginning, it is more just questions in my mind. But they are always there."

"I don't think we use the exact word, at least are you experiencing trauma? Maybe I might use it in different words; they are all prepared to start to dialogue. We sort of going from there. I like these questions; specifically, if you are a trauma counsellor, you are mandated to ask these questions. I don't; they are all prepared to start the dialogue, and I then examine it, deconstruct it, break it up and build it up."

"A lot of our clients are guarded; you can have a questionnaire sit down to talk to them. They are not going to answer your questions, and you have to respect that."

"A lot of our clients, I remember when we were talking about trauma screening like, during intake, that's not how it works in our program. A lot of our clients will not open up at the beginning until they fully trust you. I just remember, like a story that someone in our program had told me about Rick. How Rick was when had his intake, it was written non-verbal, he did not trust the person, so to speak, his family told him, don't reveal any information to strangers, he did not know that person, so he did not talk, it was non-verbal."

"Sometimes we share, you get free. Sometimes we share a client; they are waiting to go into the SIL program. Sometimes, not all of them. Some of the clients that are originally supported in the APSW program. Which is why we know more about each other's clients."

"Yeah, we do that, Informal, and formal, we have a team meeting once a month, we also discuss case studies with our manager… And it is informal as well. But we have that formal outlet if we need it."

"That's what we fight for every day, that's what we advocate for, that is the work we do, that is really what we do, and we want our clients to access and have the same accessibility, like you, and I do, because of their intellectual delay they do not get that, so one common sense. I use it all the time. Going to the bank with the client, when you go to a social outlet with your clients, the person at the counter always, always want to speak to the worker, they totally disrespect the client. Do not speak to us and look at the client. And I always said do not speak to me, you speak to my client, they do not look at the eyes of the client, they are ashamed, even some of the doctors are very nasty, this person is valuable, just like you, can you look at this person in the eye. I have a great example, one of my clients, taking him to the shelter. Even the shelter worker was extremely rude. This person is valuable. Can you imagine being homeless and walk into a place to be shouted, and that person who is supposed to serve you and rips you apart more those and those things break our heart. I can speak for all of us. We see this every day. You have to be always be reminded, the society at large this person is valuable. Not because this person has an intellectual disability, but this person walks in a shake, this person has a walker; this person is also valuable. That is the core of what we do every day."

4. Was the session regarding self-care useful to you?

Participants mention several ways of taking care of themselves in a very demanding environment. They also have suggestions about how Family Services of Peel can support them.

"I think that honestly that there is a systemic impediment for us trying to take care of ourselves. It is the fact that if you are not part of the counselling here, you are not seen as valuable in the agency. So you are seeking out help for this, and you want training for that, you don't get it."

"Many times, I hear conversation is where people are telling I am so tired, and I am so frustrated. Whenever you realize that part of what you are fighting is the system in which you are housed."

"I think there is inbuilt trauma in the system; It is ideal to assume I can meditate from now till the cows come home, but if there are certain things in the system that are traumatic for me I have to cope with that on an ongoing basis, and yes that trauma will continue…"

"But I find my own, I meditate every day, I have some great friends we do things up in nature a lot. But when I think about it here often, when I see colleagues that are saying you know what, I am done, I don't have anything left in me today."

"I want to bring Brampton into it (problem never-ending). We do have a great team here, too; we can access each other to support when you need it. Particularly in Brampton, there are a lot of barriers with that; only you are working on your alone, it is a satellite office, (the printer doesn't work, there is no technical or emotional support, and it can get pretty isolating there. How hard it is, (I can imagine) it's a very different experience. It removes you; in the long run, it not very healthy to keep working that way. (The message is you are supposed to deal with)."

"Part of that story entails having to go up against the system. And I think a lot of it is; it is like Marsh McAloon said, the median is the message where you come from, I mean if this is a place and we see around this. I find this place is like an interesting for an agency that talks a lot about anti-oppressive practice is certainly is preached, isn't carried out. You know."

"We were talking about it yesterday, meditation and nap room, yeah light music, have a treadmill in there., instead of calling in sick we can come to office and workout, or just lie down and relax, lot of times when the caseload, I can speak for myself. I am a feeler."

"I feel too much. Sometimes my clients go through so much. It just breaks me down. I cry for them; I should be tougher. I think about it at home. After a time, you get tired. We tend to talk

with each other, debrief with each other, and how we can help. Sometimes you are stuck; you can't help the client, you go to…"

"Even occasionally just like say otherwise, something like a Yoga class… …… yeah occasionally something or like you know, throwing away a pass to yoga class, meditation class, something once in a while, just have people get a chance to do self-care."

"I think the team here is the entire career I never experienced where I have any hesitation to talk; we take care of each other."

5. Any other comments about the usefulness of this training for you?

"I think I would love to have more training on breaking down the trauma, breaking down the triggers related to the trauma. I think a lot of our clients have triggers related to the trauma; maybe they did not even know that it was related to trauma, they normalize their triggers, it was just part of their everyday life., but then once you identify that it is related to trauma you talk about the trauma and how do you work on dealing with the triggers..."

"*We don't have a lot of services we can offer them. And it will be helpful for us to be able to work with them on that."*

"We all going to every situation with our own experiences, own biases, our traumas, people talking about clients, I am going to be open with my comment here. Over the years, we were all work together. There are times I listen to people talking about their clients and things like that; there is sometimes such an incredibly strong undercurrent of anger in the person that speaks. I am thanking God that needs to be examined."

"Once again, whatever the modalities are. No matter what the surface is, we are the message. If we are coming from a bad place or injured place, the message we are going to be passing on is going to include that injury. I think it would be good to have…."

Conclusions

The Focus Group methodology was a convenient approach to collect data from participants in the Trauma Screening Training. Participants used the groups as an occasion to learn from one another as they exchange and build on one another's views so that they experienced the research as an enriching encounter.

As trainees grow aware of trauma's impact, they also realize the value of trauma screening tools as a structured, systematic approach to care.

The need to understand a patient's life experiences in order to deliver effective care has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.

More needs to be done to develop an integrated, comprehensive approach that ranges from screening patients for trauma to measuring quality outcomes. Questions remain for the field regarding how to conceptualize trauma and how to develop strategies to support care for trauma survivors. Exposure to abuse, neglect, discrimination, violence, and other adverse experiences increase a professional's lifelong potential for serious health problems and engaging in health-risk behaviours.

Organizations should strive to create a caring and safe environment to prevent secondary traumatic stress in staff. Integrating knowledge about trauma into policies, procedures, and practices; and seek to actively resist re-traumatization (i.e., avoid creating an environment that inadvertently reminds patients of their traumatic experiences and causes them to experience emotional and biological stress).

References

Rajeev P., Madan M.S., Jayarajan K. (2009) Revisiting Kirkpatrick's model - an evaluation of an academic training course

[1] http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41/ accessed March 2016