FAMILY SERVICES of PEEL

Since 1971

Project Evaluation Phase III - Peel Trauma Screening Training - Retrospective Files Review - Quantitative and Qualitative Analysis

FAMILY SERVICES OF PEEL – PEEL INSTITUTE ON VIOLENCE PREVENTION

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ACRONYMS

CAS	Children's Aid Society
CCCS	Catholic Crosscultural Services
FSP	Family Services of Peel
IIS	Immediate Intervention Services
PIVP	Peel Institute on Violence Prevention
SDOH	Social Determinants of Health
SHIP	Services and Housing in the Province
SSMHAT	Seamless Services for Mental Health, Addiction and Trauma
VAW	Violence Against Women

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INTRODUCTION

The feelings associated with being disconnected and isolated from community life relate to one of the key social determinants of health. For trauma survivors, isolation is exacerbated by marginalization and the multiple impacts of psychological and behavioral challenges. These include depression, alcohol abuse, anxiety, and suicidal behaviour. To ensure appropriate and efficient services are provided, common screening and assessments must be implemented at all points of service entry. In order to improve contentedness of the social support networks and ensure a seamless pathway for clients who have experienced trauma, service providers must be able to recognize and respond to signs of trauma.

This project implemented a region-wide screening model which provided opportunities to develop a cohesive, regional response to trauma. The model has proven its reliability -- Two mainstream organizations in Peel Region have already adopted the screening tool based on pilot training. In addition, this project has improved and expanded trauma training, as well as the implementation and adoption of a standardized trauma screening tool.

This report focuses on the program's evaluation, utilizing the Kirkpatrick Education Model of Evaluation.

BACKGROUND

In October 2012, Saundra-Lynn Coulter of the Ontario Woman Abuse Screening Project, facilitated a presentation called, "*How We Are Making Every Door a Right Door*". The objective of the training was to improve staff application of skills and knowledge of mental health and addiction to support the clients who are at risk of trauma. The expected outcome of the training included: (a) increased knowledge of trauma informed practice and capacity among the staff; (b) an improved awareness and knowledge of best practices for trauma screening using a trauma informed and gender responsive lens; and (c) improved awareness and implementation of best practices using a trauma informed gender responsive lens.. Following this event, managers and stakeholders from numerous sectors joined forces to coordinate and improve services in Peel Region for mental health, addictions, and trauma.

A strong need was identified within the Region of Peel to improve services for women who have experienced trauma. The Seamless Services for Mental Health, Addiction and Trauma (SSMHAT) Committee was created, as a joint venture between the Peel Committee on Sexual Assault and the Peel Committee Against Woman Abuse. Its purpose was to coordinate the sectors of trauma, mental health and addictions and to create a seamless continuum of services for individuals in need, while being sensitive towards the necessities of the diverse population of Peel.

In 2015, the committee established a sub-committee to develop a Peel Trauma Screening Training, which employed an adaptation of the Jean Tweed Trauma Questionnaire. The training included the following topics: Social Determinants of Health and Well-Being, introduction of an equity framework, defining trauma, trauma screening versus trauma assessment, introduction of the trauma screening tool, practicing using the tools with a case scenario, strategies for dealing with disclosure, responding to trauma exposure for workers, and referrals, resources and bibliography.

The first Trauma Training in Peel was conducted in October 2015 by members of the Seamless Services for Mental Health, Addiction, and Trauma Committee. Twenty staff members from Services and Housing in the Province (SHIP) were trained. It included a Pre and Post evaluation, which was developed in consultation with Elsabeth Jensen, Faculty of Health, at York University. All staff at Peel Elizabeth Fry Society were trained in 2016, followed by Family Services of Peel staff in 2017 and Catholic Cross-Cultural Services staff in 2018. Training of Trainers on Trauma Screening was developed, and twelve organizations from across the province of Ontario were trained in 2018. Then, in 2019, six of these organizations trained their frontline staff.

The Kirkpatrick Training Evaluation Model was adopted as a methodology to evaluate the Peel Trauma Screening Training.

PEEL TRAUMA SCREENING TRAINING EVALUATION

The most influential framework for the evaluation of training programs has come from the Kirkpatrick Model, which follows a goal-based approach. It has been applied in evaluating training imparted to child-welfare professionals, as well as to entrepreneurship development

training programmes. Most of the models of evaluation in use today are modified versions of Kirkpatrick's four-level framework.

The Kirkpatrick Model is based on four simple questions that translate into the following four levels of evaluation:

a. **Level 1. Reaction:** At this level, data on the participants' reactions to the training program are gathered. Attitude questionnaires are distributed upon completion of training. The learner's perception of the course (reaction) is measured.
b. **Level 2. Learning:** The intention at this level is to assess whether the learning objectives for the programme have been met. This is usually done by means of an appropriate test or examination. The learning evaluation requires post testing to ascertain what knowledge was learned during the training. Post-testing is only valid when combined with pre-testing, so that one can differentiate between what he/she already knew prior to the training and what he/she actually learned during the training program.
c. **Level 3. Behaviour**: The intention at this level is to assess whether job performance changes as a result of training. Job performance is evaluated to indicate the learner's skill in applying what was learned in the classroom. This evaluation involves testing the student's capability to perform learned skills while on the job, rather than in the classroom. "Level 3" evaluations can be performed formally (testing) or informally (observation and judgments).
d. **Level 4. Results**: The intention at this level is to assess the costs vs benefits of training programs, i.e. organizational impact in terms of reduced costs, improved quality of work, increased quantity of work, etc. It measures impact, which includes monetary efficiency, morale, teamwork, etc. Collecting, organizing and analyzing "Level 4" information can be difficult, time-consuming and more costly than the other three levels, but the results are often quite worthwhile, when viewed in the full context of its value to the organization

Family Services of Peel offered a one-day training course on Trauma Screening. The subsequent course evaluation followed the Kirkpatrick Model.

In the First Level of Evaluation, a pre and post questionnaire was applied to all trainees to identify a baseline knowledge and to demonstrate the level of knowledge after the intervention (attached appendix 1).

In the Second Level of Evaluation, focus groups were conducted with trainees to document level of knowledge present and applied to services, (appendix 2).

In the Third Level of Evaluation, a retrospective study was done to document the use of the trauma training tool taught during the Peel Trauma Screening Training. The third level measures two dimensions: 1. Learning (how well the training worked to transfer the knowledge and skills) and 2. Performance (the degree to which learners apply what they have learned in their spheres of activities).

Research Question:

Did learners apply the trauma screening tools during intake file documentation?

METHODOLOGY

This evaluation involves testing the student's capability to perform learned skills while on the job, rather than in the classroom. Two organizations were selected for the evaluation: a) Family Services of Peel (FSP) and Catholic Cross-Cultural Services (CCCS). FSP completed three levels of Kirkpatrick evaluation. CCCS completed two levels.

The methodology applied combined quantitative and qualitative data analysis.

1. **One-time research** is a type of investigation that is carried out over a single time period. A research analyst reviewed and analyzed the results of a trauma screening survey. The survey was developed at FSP and was applied to staff in the counselling program. A total of 78 surveys were filled out by FSP counsellors from mid-December 2017 to mid-March 2018.

   The survey completed by the counsellors included five questions:

   a. Are the counsellors collecting the client demographics or not?
   b. Are the counsellors applying the trauma screening tool after three months of training?

c. Are the counsellors referring the clients or not?
d. If they refer the client, where do they refer?
e. Are the counsellors using the referral loops or not?

2. **Before and after design** is a type of observational research in which the investigator looks back in time at archived or self-reported data, to examine changes before and after the intervention. The Trauma Screening Tool was used. It was adapted by FSP-PIVP from the Jean Tweed Trauma Screening Questionnaire and was taught in the Peel Trauma Screening Training. It evaluated intake data, as well as FSP staff member notes on clients' progress before their participation in the Peel Trauma Screening Training. Time periods included the 4 months from April through July of 2017, and the time period after participating in the Peel Trauma Screening Training, from December 1, 2017 through March 31, 2018.
3. The data for the qualitative analysis was gathered from intake forms and progress notes recorded by counsellors on their clients, in the FSP CaseWORKS system. This process also provided a picture of the documentation of demographics that were collected. The Trauma Screening Tool included the following questions:
    a. Have you had any experiences that were traumatic?
    b. Are you currently being affected by these experiences? (i.e., flashbacks, nightmares, panic attacks, dissociation, etc.)
    c. How often does this happen to you?
    d. What do you find helpful in dealing with these experiences?
    e. Have you received any support for these traumatic experiences or the effects?
    f. If applicable, are you still in contact with those involved?
    g. Are you grieving the loss of someone or something? If so, please explain.

The sample includes three client progress notes in the period of 4 months before, and the period of 4 months after completion of the Peel Trauma Screening Training, of four counsellors who participated in the training.

The four counsellors were not randomly selected. Rather, they were identified and chosen by the counselling manager for their strengths in writing skills and note taking.

At FSP, in the area of counselling, there is one individual who performs the job of intake worker. This person records basic information about the client. Immediately afterwards, the client is referred to a counsellor, who truly handles the intake process.

Even though the training was provided to everyone in the organization, this study focusses on the area of counselling services, and the following programs:

- VAW- Individual Counselling
- SENR – Violence Against Women Seniors
- CP – Individual
- IIS program - Immediate Intervention Services

All clients of FSP sign a release form, which allows the organization to use the data collected for research purposes.

RESULTS

The results document Trauma Screening Training, Kirkpatrick Level 3, and Behaviour Evaluation. The intention at this level is to assess whether job performance has improved as a result of training. This evaluation involves testing the trainees' capabilities to screen trauma survivors early.

Results are displayed on the following pages for the third level of Kirkpatrick training evaluation. It compares the data collection behaviour before and after the Peel Trauma Screening Training.

The results include:

1- The quantitative analysis: a) "Trauma Screening Information Survey"; b) The change in the demographics data collection practices of FSP CaseWORKS intake system's variables and the counsellors' progress notes before and after the training.

2- The qualitative analysis from the CaseWORKS system counsellors' clients' progress notes before and after the training.

QUANTITATIVE ANALYSIS

Trauma Screening Information Survey

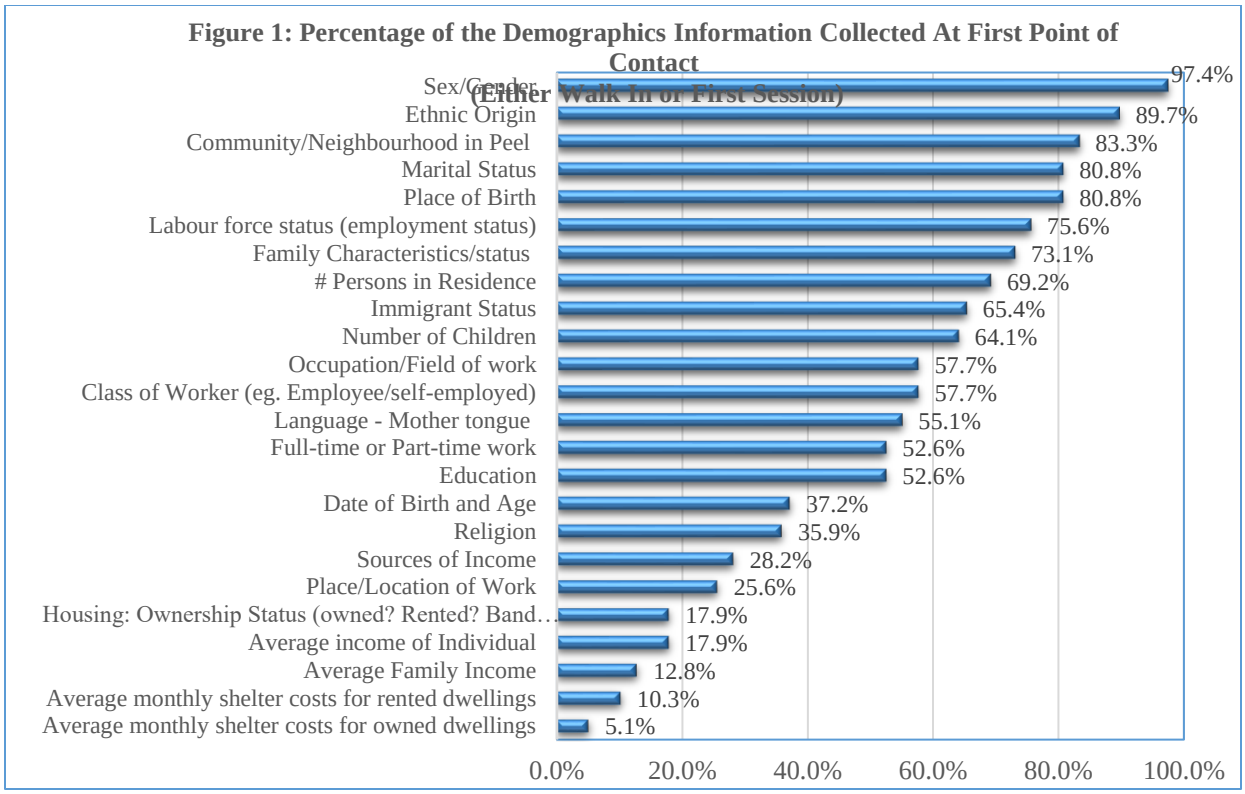
Trauma Screening Information surveys were filled out three months after the Peel Trauma Training for 78 clients by eight counsellors. The Trauma Screening Information Survey was designed to tally (explore) the data collection behaviour for three months, with regard to the demographics information that had been collected at the first point of contact with the clients (either at walk-in or at first session). The survey was also designed to scan the application of the trauma screening tool from the counsellor's point of view, as well as to look at the follow-up and the referral loop practices, (Appendix 3).

Following are the results of the Trauma Screening Information Survey:

Demographics

To provide client centered and comprehensive services, it is critical to know and understand the client profile and demographics.

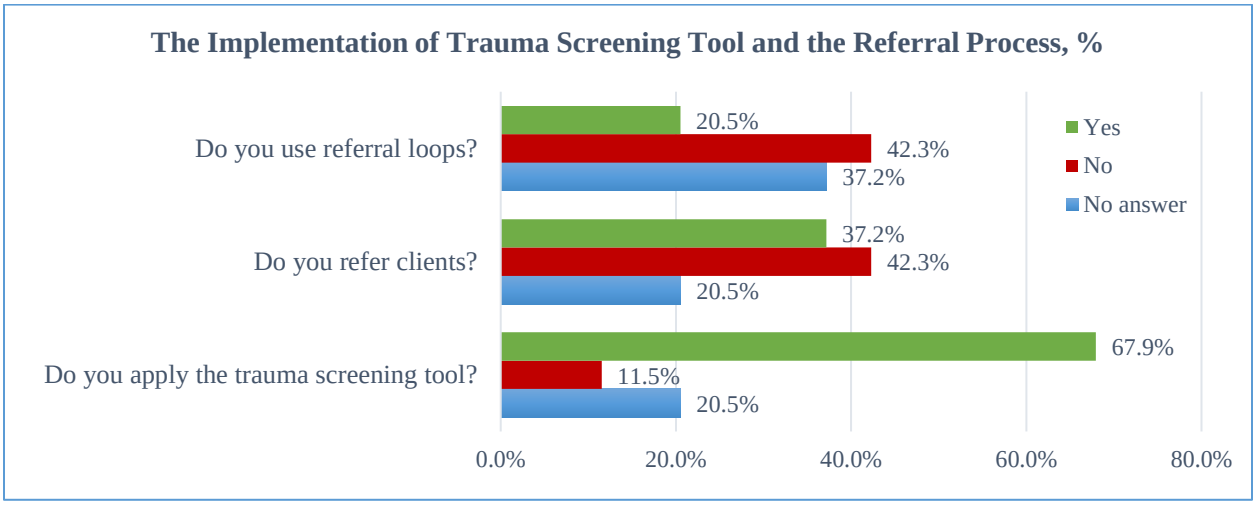
Demographics data: Twenty four variables that are standardized with Statistics Canada and covered by Census Profile, 2016 Profile, were covered by the Trauma Screening Information Survey: Age, gender, place of birth, ethnic origin, immigrant status, language, religion, marital status, family characteristics/status, number of persons in residence, number of children, education, employment status, class of worker, full-time or part-time work, occupation, place/location of work, average income of individual, average family income, sources of income, average monthly shelter costs, as well as housing situation. The analysis of 78 surveys is reported in Figure 1.



The graph shows that 97.4% of the information about sex/gender was collected from the clients at first point of contact, 89.7% of clients' ethnic origin data was collected, and 80.8% of the marital status of the clients as well as the place of birth were collected. 55.1 % of information about the client's mother was collected, as well as 57.7% about the class of worker (employee/self-employed).

Clients' education data was collected (52.6 %), and 37.2 % of the age of the clients was collected. Other client data collected included religion (35.9%), source of income (28.2%), place of work (25.6%), housing status (17.9%), the average income of individual (17.9%), and average family income (12.8%) of the clients.

The Implementation of Trauma Screening Tool and the Referral Process



Trauma screening tool: 67.9 % responded in the surveys that the trauma screening tool was applied at first point of contact with the clients, while 11.5% reported that they didn't apply the trauma screening tool, and 20.5% had no answer.

Clients' referral: 37.2% of the counsellors reported in the surveys that the clients have been referred (29 clients out of 78 clients), 19 clients were referred to at least one service, and 10 clients did not answer as to where they have been referred.

Referral Loop: When it comes to using the referral loop, 20.5% have reported in the surveys that they use the referral loop, and 42.3% reported in the surveys that they did not use the referral loop. There was no answer by 37.2%.

QUALITATIVE ANALYSIS ON COUNSELLORS' PROGRESS NOTES

The data was gathered from FSP's CaseWORKS database, from the intake and counsellors' clients for qualitative analysis. The data was gathered from the counsellors' progress notes before participation in the Peel Trauma Screening Training, from April 1, 2017 to July 31, 2017, and after participation in the Peel Trauma Screening Training, from December 1, 2017 to March 31, 2018. The data were analyzed using a thematic analysis approach, which assisted in categorizing the data for qualitative analysis.

This stage was done to document the use of the trauma training tool taught during the Peel Trauma Screening Training. For this reason, the clients' progress notes were reviewed four months after the Peel Trauma Screening Training. This was compared to documentation four

months prior to the training. As well, referral services were monitored. The data was structured around the Trauma Screening Tool, which included the following questions:

a. Have you had any experiences that were traumatic?
b. Are you currently being affected by these experiences? (i.e., flashbacks, nightmares, panic attacks, dissociation, etc.)
c. How often does this happen to you?
d. What do you find helpful in dealing with these experiences?
e. Have you received any support for these traumatic experiences or the effects?
f. If applicable, are you still in contact with those involved?
g. Are you grieving the loss of someone or something? If so, please explain.

The sample included three clients' progress notes in the four month period before, and the four month period after the Peel Trauma Screening Training, for four counsellors who participated in the training.

Clients' Progress Notes Analysis

The clients' progress notes results were analyzed around three major areas:

1. Demographics data collection practices before and after the Peel Trauma Screening Training
2. Trauma Screening Tool
3. Referral Services

1. The Demographics Data Collection Practices Before and After the Peel Trauma Screening Training

At FSP, the demographics data is documented through the intake CaseWORKS system variables and in the clients' progress notes.

The sample included three clients each, of 4 counsellors, numbering twelve clients in total. Following is the summary of the demographics documented for the twelve clients before the training, compared to the demographics data documentation after the training.

Demographics Data Collection Comparison Before and After Peel Trauma Screening Training

The variable	Before the training	After the training
the age	92%	100%
gender	100%	100%
primary language	100%	100%
marital status	100%	100%
education level	92%	100%
person lives with	50%	100%
city	100%	100%
ethnicity	8%	33%
Employment Status	33%	33%
years in Canada	0%	25%
born in Canada	0%	25%
Place of Birth:	0%	25%
income level	17%	33%
Religion	0%	8%
sexual orientation	0%	0%

The table above reveals that overall, demographics documentation improved after the training. For example, after the training, the age and the education level were collected for all the clients (92% before the training vs. 100% after the training). Documentation of who the client lives with improved after the training. It doubled (50% before the training vs. 100% after the training). Ethnicity documentation also improved after the training (8% before the training vs. 33% after the training). Years in Canada, born in Canada, and place of birth were documented for 25% of the clients after the training. There was no documentation on these 3 areas before the training. The employment data collection remained at the same level before and after the training (33%). The documentation of income level improved from 17% before the training to 33% after the training. Also, client's religion was documented for 8% after the training vs. 0% before the training.

The following is an example of how the counsellor collected the demographics, from the client's progress notes after the training.

"Client stated that she 30 year old married woman. Client reported that she got engaged 16 years of age and being married at 18. Client reported that she agreed to marry her husband without knowing him well as she was attracted to the idea of him being highly educated. Client reported after marriage she recognized her husband as demanding and dominating and though she accepts the marriage it contributes to her depression. Emigrated from Iran 10 years ago. Client has a 4 year old son."

2. Trauma Screening Tool

The application of the trauma screening tool questions before and after the training are summarized in the following table:

The Implementation of Trauma Screening Tool Questions before and After the Training

Comparison

Trauma Screening Tool Questions	Before the training		After the training	
	(N=12)	%	(N=12)	
a. Have you had any experiences that were traumatic?	12	100.0%	12	100.0%
b. Are you currently being affected by these experiences? (i.e., flashbacks, nightmares, panic attacks, dissociation, etc.)	8	66.7%	10	83.3%
c. How often does this happen to you?	0	0.0%	3	25.0%
d. What do you find helpful in dealing with these experiences?	3	25.0%	4	33.3%
e. Have you received any support for these traumatic experiences or the effects?	3	25.0%	5	41.7%
f. If applicable, are you still in contact with those involved?	0	0.0%	1	8.3%
g. Are you grieving the loss of someone or something? If so, please explain	3	25.0%	5	41.7%
The referral services	1	8.3%	3	25.0%

The table shown above reveals an improvement for screening trauma after the training, compared to before the training. This was noted in the counsellors' clients' notes in the clients' files.

3. The Referral Services

Referral services improved after the training from 8.3% before the training to 25.0% after the training.

Selected quotes from counsellors' clients' files:

Two questions from the Peel Trauma Screening Tool were analyzed, as these two questions were considered the most comprehensive ones:

a) Have you had experiences that were traumatic?

b) Are you currently being affected by these experiences? (i.e., flashbacks, nightmares, panic attacks, dissociation, etc.)

Counsellor 1 Before Training	Counsellor 1 After Training
"Client noted that her stress and her depression was related to dealing with difficult relationships, worries about her children and care giving for her mother." *"Client reported having frequent arguments at home with her mother and her boyfriend."* *"Few days ago he was holding a knife and he called the police and told them he was holding his wife a hostage. Police came and arrested him. He was not holding her hostage and he wanted to get arrested. Client stated that she has health issues and she is not able to take care of herself. Her daughters help her to take her places."* *"She said she worries about his health"*	*"Client stated that she has two partners and she has two sons 11 and 4 years old. Both to them were taken by CAS and they are with their dads."* *"Client seemed to be frustrated with legal system"* *"She stated that she feels her children are brain washed and they are turning against her"* *"Client stated that she met her first husband and they have a son. He was very abusive to her. She went to shelter and charged him."* ***"She said she has nightmares, anxiety and fear he will come back in her life."***
Counsellor 2 Before Training	**Counsellor 2 After Training**
"Client shared her and her husband's life story. She was provided with validation and emotional grounding." *"Client stated that she enjoyed being able to tell someone about abuse that she has*	*She stated that she requested counselling because CAS asked her to do so. She explained that CAS's concern was that she was too attached to her children and emotionally dependent on them. In the*

experienced in her marriage. However she noted that it takes her a long time to recover after the session. Client further explained that after the session she becomes more depressed and anxious."	*session Client acknowledged that she was **too anxious about being alone** and that she felt safer when her children were around her. She also stated that she was aware that it was not healthy for her children to have this responsibility towards her. Rachel noted that she would like to "fix" that problem through counselling"* *"She reported **she was feeling depressed and "Client seems to be deeply affected by trauma in her life. She appears to deal with strong feelings of rejection and abandonment since early childhood. It seems that this experience strongly contributes to her attachment to her children and fear that her children might feel the same way."***
Counsellor 3 Before Training	**Counsellor 3 After Training**
"Client reported of an incident where her friend's husband allegedly assaulted her and threatened her and had a stone in his hand."	*"**Client talked about her the alleged abuses and many trauma that she experienced**. She reported that she was born in NB and she reported that she was sexually abused by her cousin from age of 5 to 10 years. She reported that she was sexually abused by her dad at the age of 15 and he was charged and went to jail for 3 years. She also reported being physically abused by her other family members* ***"She reported that she had moved 36 times before she met her husband and she reported that she has got therapy in the past and it helped her. She reported that she has difficulty making friends as she doesn't trust and social skills are an issue. "***
Counsellor 4 Before Training	**Counsellor 4 After Training**
"Client reported living separately from her husband for over a year. Client reported the marriage not being a happy one, with her	*"Client is a 27 years old Caucasian female, with an undergraduate university degree, single, resides with older sister and brother-*

husband being very social and she being a homebody. Client reported being under stress" *"Client stated that recently when her daughter came back from her father's house she was crying and her husband refused to communicate about what had upset their daughter."* *"Client discussed her worries about her ex having enough to help her with the rent. Client's daughter has a boyfriend and client worried about her daughter using her car a lot. Client was crying"* *"Client reported being under stress"*	*in-law.* ***Client reported history of anxiety and depression.*** *Client is currently not working.* ***Client reported that even applying for jobs triggers anxiety, she cannot sleep****. Client reported that being in counselling helped her get through university. Parents divorced, client witnessed verbal altercation between parents, mother described as narcissist, critical and controlling. "****Client reported feeling anxious after move to father's place****."*

CONCLUSION

The Trauma Screening training improved early identification of trauma among the clientele of organizations that received the training.

Organizations should consider training counsellors on notetaking to improve the identification of client's traumatic experience and do proper referrals.

RECOMMENDATIONS

Since individuals with lived experience can provide a unique level of insight, survivor engagement is vital to the improvement of services. Involvement, however, must be full and meaningful. If survivors do not feel validated and if they do not receive feedback from their participation, survivor engagement can fail.

Continuing demographic data collection, and improvement in data quality. Clearly, gaps and overlaps exist in the data collection practices in the CaseWORKS system variables, and in the counsellors' notes. Hence, it is recommended that the data be reflected in the system, by collecting and saving the clients' counsellor notes and validating the data. Taking this step will benefit accurate data analysis.

To ensure data standardization, it is recommended that the trauma screening tool be applied during the first point of contact, either at walk-in or at the first session, and that this information be saved in the CaseWORKS system. This step will enable analysis of the data, quality service utilization, and appropriate referrals.

Continuous training is very important for the staff, as well as for clients to receive proper service.

It is important on an organizational structural level, to implement policies that include the tools learned by the staff in the training, in their work.

As indicated in the Kirkpatrick Model levels, training is not enough. First, training must be implemented at the program level. Secondly and thirdly, it must be implemented in policies, and at the structural level of the organization. Tools learned by the staff in the training must be made mandatory on-the-job.

To track the outcomes and evaluate the progress in the client's case, it is recommended to set the therapeutics plan and review and follow-up. This will help ensure quality service for the survivors of trauma.

APPENDIX 1: Trauma Screening Information Survey

Trauma Screening Information Survey

Date: / /

A. Identify demographic information collected at first point of contact (either walk in or first session)

Demographic	Yes	No	Notes
1. #Persons in Residence			
2. Date of Birth and Age			
3. Sex/Gender			
4. Community/Neighborhood in Peel *(e.g. Mississauga/ Brampton/ Caledon)*			
5. Place of Birth			
6. Ethnic Origin			
7. Immigrant Status			
8. Language - Mother *tongue (language spoken most often at home)*			
9. Religion			
10. Marital Status			
11. Family Characteristics/status *(married, common law, lone parent, w/t or w/o children, etc.)*			
12. Number of Children			
13. Education *(population aged 15 yrs. and over)*			
14. Labour force status *(employment status)*			
15. Class of Worker *(e.g. Employee/self-employed)*			
16. Full-time or Part-time work			
17. Occupation/Field of work			
18. Place/Location of Work			
19. Average income of Individual			
20. Average Family Income			
21. Sources of Income			
22. Average monthly shelter costs for owned dwellings			
23. Average monthly shelter costs for rented dwellings			
24. Housing: Ownership Status *(owned? Rented? Band housing? etc.)*			

B. Do you apply the trauma screening tool? ❒ **Yes** ❒ **No**

C. Do you refer clients? ❒ **Yes** ❒ **No**

D. Do you use referral loops? ❒ **Yes** ❒ **No**

E. Where do you refer? (Please check all that apply)

a. Health services

b. b) Social Services (Housing and Homelessness; Ontario Works; Child Care; Transit Services; Long Term Care; Employment Programs ;…)

c. c) Police

d. d) Justice

e. e) Legal Services

f. f) Other Services (Educational programs; Settlement services; Religions services …)

Thank you for your time

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