BECOMING MORE TRAUMA-INFORMED: AN EXPLORATION OF FAMILY SERVICE REGINA’S TRAUMA-INFORMED PRACTICE

A Field Practicum Report

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By

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Abstract

This paper is a reflection of my MSW field practicum placement at Family Service Regina (FSR), an accredited, non-profit community agency that offers a variety of supportive services including professional counselling, education, planning and advocacy for vulnerable individuals and families within the community of Regina, Saskatchewan. The objectives of this practicum were to: 1) develop an understanding of trauma-informed practice and identify options and strategies for Family Service Regina (FSR) to consider in adopting a trauma-informed practice as part of the Agency’s service delivery system; and, 2) develop skills in program development and evaluation. The bulk of this practicum placement was focused on generating an agency evaluation report including recommendations for FSR to consider as they move toward incorporating a trauma-informed approach. This final practicum report includes a literature review on trauma-informed organizations, data gathered from interviews of FSR partner organizations, a survey of staff and management to evaluate FSR’s current strengths and gaps, individual interviews of management staff, and focus groups.
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Thank you to everyone from Family Service Regina for welcoming me into your agency and allowing me to learn from you and your vast knowledge and experiences. At the beginning of my time here I wrote in my notes, "This organization already seems so trauma-informed, but I'm excited for them to be a leader and example of a trauma-informed organization in Saskatchewan".

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Chapter One: The Project

1.1 Introduction

Imagine an individual who has just witnessed her partner break into her house, violently turn over furniture, call her names and assault her physically while her three-month-old baby is lying restless, and screaming in her crib. Think of the strength that it takes to reach out for help the next day when everything is a mess. Now consider the organization that this woman attends to seek help. Is it quiet and calm? Are there individuals there that greet her with a smile and a gentle voice? Can she easily navigate the agency, find the bathroom, and get herself water? Is it easy for her to leave, does she know where the exit is? Does she feel comfortable nursing her baby in the space that is provided? Is she given choices about the individual she would like to have help her, and about what kinds of things she needs help with; is she able to say no and have that answer respected? Does the individual who is helping her refrain from telling her what to do and instead ask what she would like help with?

While women who experience Intimate Partner Violence benefit from a trauma-informed organization, many other individuals who have experienced trauma in their lives would likewise benefit from an organization where the staff have knowledge of trauma and treat individuals using trauma-informed principles. Trauma-informed practice insists that professionals be aware of the pervasiveness of trauma and are aware of how trauma affects individuals. Professionals who are trauma-informed in their practice work to lessen the trauma and ensure that individuals are not re-traumatized when they seek support services.

1.2 Context

Family Service Regina (FSR) is an accredited, non-profit community agency that offers a variety of supportive services including professional counselling, education, planning, and
advocacy for vulnerable individuals and families within the community. These supportive services are provided within programs that include appointment-based Counselling, Domestic Violence Outreach, Older Adults Response Service, the Teen Parent Program, the Walk-in Counselling Clinic (WICC), and the Art for the Heart group.

In the winter of 2017, Family Service Regina completed an evaluation with the intention of reducing the waitlist for counselling services by expanding the WICC. Walk-in counselling is an important initiative because it meets a community need to help individuals when they are in crisis. One of the recommendations generated from that evaluation report was for FSR to transition toward a trauma-informed (TI) approach as an organization (Chursinoff, Englot & Novik, 2017). According to Goodman et al. (2016), a trauma-informed framework attempts to minimize the vulnerability and increase empowerment of survivors in order to work towards recovery and improve outcomes. Moving toward a more trauma-informed approach is necessary for this kind of an agency, recognizing that Saskatchewan has the highest rate of family violence in all of the provinces and a trauma-informed approach is recommended to be of benefit to this population (Burczycka & Conroy, 2017; Goodman et al., 2016).

Trauma-informed practice has been an area of interest for Family Service Regina (FSR) for some time. Acting on recommendations generated from the evaluation and development of the Walk-In Counselling Clinic (WICC) project, it was decided that it was time for FSR to improve their understanding of trauma-informed practice, to assess current areas of strength in the agency, and to identify opportunities for improvement. In doing so, FSR will be able to serve the community more effectively and enhance their social impact. Additionally, it was important to consider the trauma-informed approach within the context of related, but separate, organizational initiatives that are either under way or in the planning phase. These initiatives
include, but are not limited to, Indigenous Cultural Competency, Solution Focused Practice, and Client-Centred and Collaborative Practice.

In response to the recommendations generated from previous research conducted at the Agency which identified the importance of exploring a trauma-informed approach, I was provided a field practicum experience at FSR in the winter of 2018 to begin the groundwork in moving FSR toward a more trauma-informed approach as an organization. As part of that process, an organizational assessment tool was administered to the staff at FSR in the form of a survey, and interviews were undertaken with two FSR affiliated organizations and one other local organization. These approaches were utilized in order to identify practice models currently in use and to determine how trauma-informed processes were being integrated into service and organizational practices of FSR affiliated agencies. Further, four focus groups were facilitated with FSR staff, and individuals from FSR management were interviewed. This process was followed in order to evaluate current FSR services and service delivery methods and to determine existing strengths and gaps related to adopting more trauma-informed practice. This report summarizes the findings from this research and identifies recommendations and next steps for Family Service Regina to consider in moving towards development as a trauma-informed agency.

1.3 Benefits of a Trauma-Informed Organization

The previous research into the benefits of a trauma-informed organization is important to take into consideration. Moses, Huntington and D’Ambrosio (2004) noted that individuals who utilized the services of trauma-informed organizations experienced reduced symptoms due to trauma, reduced drug use severity and reduced symptoms due to mental illness. When services are trauma-informed, the individuals who seek services are less emotionally aroused during
programs, there are decreased numbers of crises during programs, and individuals generally feel more safe (Cocozza et al., 2005; DeCandia & Guarino, 2015). Individuals who practice trauma-informed care are noted as being empathic, caring, and offer safety and validation; these are the characteristics that individuals wish to see in service providers (Hopper, Bassuck & Olivet, 2009). Lastly, when organizations make the change to become more trauma-informed, the resulting impact to the organization includes more collaboration, reduced trauma exposure responses, improved staff skill and morale, and fewer crises (Hopper et al., 2009). The next section discusses the practicum proposal which details the goals I wished to complete while working on my field practicum with Family Service Regina.

1.4 Practicum Proposal

This part-time field practicum at Family Service Regina ran for 450 hours from January 8, 2018 to June 28, 2018. The proposal identified two specific objectives: 1) develop an understanding of trauma-informed practice and identify options and strategies for Family Service Regina (FSR) to consider in adopting a trauma-informed practice as part of the Agency’s service delivery system; and, 2) develop skills in program development and evaluation. In order to achieve these objectives, several activities were identified.

The first objective was to develop an understanding of trauma-informed practice and identify options for FSR to adopt a trauma-informed framework. The first activity was to complete a literature review of the trauma-informed organizational models and frameworks utilized throughout the academic literature. There is an abundance of material on trauma-informed organizational change that is produced outside of conventional publishing routes called grey literature that was also examined. Aside from two sources, the literature that was reviewed was published between the years of 2000 to 2019. This literature review was crucial in preparing
for choosing an agency self-assessment, realizing core principles that were repeated throughout the literature, and assisting in developing recommendations to FSR for adopting a trauma-informed practice.

The second and third activities identified as part of this practicum were to: 1) observe, and 2) provide counselling sessions at the walk-in counselling clinic in order to obtain first-hand knowledge of the practice. The Walk-In Counselling Clinic (WICC) provides Solution-Focused Brief Therapy to consumers on four out of five days of the week at no cost. The WICC program was set up to be trauma-informed recognizing that when people are in distress and calling to get help, they often require help at that very moment. According to internal statistics gathered by Family Service Regina in 2016, 27% of consumers who had to wait for services did not go on to engage with appointment-based counselling when called (Englot, 2016). Further, after waiting an average of two to five months for counselling services, 77% of individuals used less than four sessions (Englot, 2016). These FSR statistics demonstrate a need for counselling services to be made available on the day that individuals require them. It was important to me to be able to experience what a trauma-informed program and what a trauma-informed counsellor looked like in action. Similarly, providing walk-in counselling sessions under clinical supervision was paramount in order to better understand and describe the need for trauma-informed services.

The fourth activity identified as part of this practicum was to attend a training session at Klinic Community Health in Winnipeg on *Becoming Trauma-Informed*. This training session was scheduled for January 10-11, which was in the very first week of my practicum. During my MSW proposal writing, I became aware that Klinic was a leader in trauma-informed care in Manitoba and offered workshops and written materials that would be beneficial for me in engaging in this trauma-informed project.
As part of this practicum experience, I also made every effort to attend any professional development opportunities as they became available. In terms of professional development, I was able to participate in a UR Pride presentation/workshop, which was informative and assisted me in developing recommendations specific to gender concerns requiring awareness when considering a more trauma-informed organization. I also participated in a webinar that spoke in depth about teenagers and trauma. Lastly, I had the opportunity to participate in training offered through Youth Corrections, which focused on being trauma-informed in that context.

The final activity identified as part of the first learning objective was to attend weekly peer supervision meetings, as well as unit meetings and staff meetings at Family Service Regina. As a result, I attended a number of peer supervision meetings where therapists would share information about counselling techniques, engage us in experiential learning, or share information on challenging sessions in order to gain insight from one another.

The second learning objective for this field practicum was to develop skills in program development and evaluation under clinical supervision. Using an Appreciative Inquiry approach it was important to explore Family Service Regina’s (FSR) current capacity and readiness to adopt trauma-informed practice. The first activity undertaken was to conduct a literature review focused upon Appreciative Inquiry and its application in program evaluation and development.

One activity undertaken that was not part of the practicum proposal was completing a University of Regina ethics application. The application was not required for my program evaluation so the Research Ethics Board (REB) was not required to approve my application. However, completing this process assisted me in clarifying how I would complete this project in an ethical manner. Once the application was complete and reviewed by my academic supervisor, it was easy to begin working on the research, knowing that I had considered and rectified areas
where ethics might have been breached. The most helpful part about completing the ethics application was developing interview and focus group questions for internal and external interviews.

The second activity that engaged in as part of the second learning objective was to interview FSR affiliated organizations to identify practice models currently in use, and to determine how trauma-informed processes are being integrated into service and organizational practices in other contexts.

After completing the literature review and while interviewing organizations, a third activity was undertaken. It was important to deploy an organizational survey tool selected from the literature in order to further evaluate current FSR trauma-informed strengths and gaps. The results of this survey conducted at FSR provided a baseline as to how trauma-informed the Agency was at that point in time.

The next activity identified was to evaluate current FSR services and service delivery methods to determine existing strengths and gaps related to adopting a trauma-informed practice. This evaluation was to be completed through the facilitation of focus groups with FSR employees and then interviewing individuals from FSR management. Interview questions were formulated to build motivation and excitement for a trauma-informed practice, noticing existing trauma-informed practice and looking for opportunities to become even more trauma-informed.

The final two activities were to generate an agency report that included recommendations for FSR to consider as they move toward a trauma-informed organization, to facilitate a final presentation, and write a final practicum report. The agency report titled, “Becoming more trauma-informed: An exploration of Family Service Regina’s trauma-informed practice” can be found in Appendix 6 and elements of that report are included throughout this paper.
The remainder of this document discusses the details of the field practicum project that was undertaken. This begins in the next chapter with a literature review focused on trauma, trauma-informed organizations and trauma-informed models. Chapter three details the methodology utilized for the project, Appreciative Inquiry, followed by a discussion about the method and data collection processes used during this project. In chapter four, the findings from the project are detailed, and recommendations that emerged are identified and discussed in chapter five. The final chapter of this document offers a personal reflection, and closing remarks.
Chapter Two: Literature Review

This chapter offers a review of literature regarding trauma-informed organizational change beginning with a brief review of trauma. There is a massive amount of literature available on the topic of trauma, and while researching trauma-informed organizations it was easy to become distracted by all the information available that looked at trauma in general terms. As part of this process, it was important to remain focused on the fact that my practicum experience at Family Service Regina (FSR) was most concerned with examining the literature specific to trauma-informed care. Still, even being cognizant of that, there was an enormous amount of literature to read and compile at the beginning of this project. Published books, articles and grey literature informed what I reviewed. The next section of this chapter will examine the topics of trauma, Adverse Childhood Experiences (ACE), the pervasiveness of trauma, resilience, trauma-informed organizations, trauma-informed models, and readiness for change.

2.1 Trauma

Unlike the typical stresses of our daily lives, trauma occurs when a person experiences an event that is overwhelming, possibly life-threatening, terrifying or horrifying, and leaves someone feeling vulnerable (Bloom & Farragher, 2013). In other words, the event was unexpected, the individual was unprepared, and there was nothing that could have been done to prevent the event from happening. Under these circumstances, fight, flight or freeze responses, all which have survival value, are utilized unsuccessfully and the individual is unable to resist or escape the danger (Courtois, 2008). These circumstances can either occur as a single experience or as enduring repeated experiences that upset the individual's ability to cope or come to terms with the ideas and emotions that are a part of that experience (Klinic Community Health Centre, 2013).
Trauma can result from accidents, childhood abuse, natural disasters, neglect, medical interventions, sexualized violence, witnessing violence, sudden loss, war, intergenerational and historical acts such as genocide, and colonization. For the purpose of clarity, a working definition of trauma is necessary. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (p.7).

When the survival techniques of fight, flight and freeze are employed, the brain is unable to remember all of the components of an experience chronologically; with events that happened in the past as being situated in the past and not in the present (Bloom & Farragher, 2013). Growing up in a home where there is abuse, neglect or other hardships negatively affects brain development and prevents the brain’s ability to integrate an individual's experience (Bloom & Farragher, 2013). Given that the brain is unable to remember chronologically under these circumstances, it is not surprising to see that individuals who have survived trauma often present with little, fragmented, or no memory of past trauma.

When trauma is prolonged or repetitive there are a number of symptoms that have been observed. One of the traumatic stress reactions is Post-traumatic stress disorder (PTSD), which is listed in the Diagnostic and Statistical Manual (DSM-V) and is described as a mental illness response that results from experiencing trauma (American Psychiatric Association, 2013). In order to meet the criteria for PTSD, three symptom clusters must be met: re-experiencing and intrusive memories, avoidance behaviour and emotional numbing, and hyperarousal (Lonegan, 2014). According to Van Ameringen, Mancini, Patterson and Boyle (2008), PTSD is a chronic
condition that has crippling effects. Individuals might understand themselves to be re-experiencing the traumatic event when they are actually bothered by intrusive images, sensations, dreams or memories. When these sorts of symptoms occur, people sometimes utilize coping mechanisms that in time become unproductive and problematic (Bloom & Farragher, 2013). Some of these coping mechanisms may include substance abuse, avoidance, and aggression (Bloom & Farragher, 2013). When traumatic events occur repeatedly and over a long period of time, it is considered to be complex post-traumatic stress disorder (CPTSD) (Courtois, 2008; Lonegan, 2014).

When complex trauma is a result of domestic violence, childhood sexual abuse, sexual exploitation, or when the offender has a close relationship with the survivor, the trauma becomes more complicated. Complex PTSD has been recognized when individuals are of a younger age when encountering trauma and then when the trauma is repeated frequently (Lonegan, 2014).

The symptoms of PTSD include hyperarousal, which might include additional symptoms of nervousness, jumpiness or an exaggerated startle response, re-experiencing the trauma, numbing and avoiding (Lonegan, 2014). When these sorts of symptoms occur, people utilize coping mechanisms that in time become unproductive and problematic (Bloom & Farragher, 2013).

As part of this discussion, a distinction does need to be made between experiencing a traumatic event and being traumatized (Levine, 1997). It is the individual's experience of the event and the meaning that they make of it that determines whether an experience is traumatic, not the actual event itself (Klinic Community Health Centre, 2013). For example, think of an adult being surprised at a surprise birthday party. For most adults being surprised is not emotionally activating. Consider how being part of a surprise with loud noises, new people, and
distracting decorations might differ for a newly born baby. This example illustrates that
development plays an important role in how individuals experience trauma.

Attachment to a caregiver in childhood can also affect one's ability to combat trauma. A
secure attachment to caregivers and the absence of physical and emotional violence means that a
child's brain can develop connections. These connections then allow a child to observe emotions,
identify the feeling that comes up, and then be able to settle themselves when they experience
stress. This attachment allows children to perceive themselves as someone who is independent
and who can make their own choices. Children whose brains have developed in a relatively calm
environment can confidently make decisions in life rather than be reactive to another person's
emotional state (Willette & Bergen, 2016). If that same child ends up being a victim of a terrible
accident, an assault, or some other kind of tragedy, with time and with the help of others, that
child might be able to experience a traumatic event and not be affected by it (Willette & Bergen,
2016). Genetics, a secure attachment to caregivers, and stage of development, all play a role in
whether a traumatic event will become traumatizing.

2.2 Adverse Childhood Experiences

Childhood and adolescent experiences have been found to affect adult health and well-
being (Metzler, Merrick, Klevens, Ports & Ford, 2017). The original Adverse Childhood
Experiences (ACEs) Study (1998) looked at the ACE categories of childhood physical, sexual
and emotional abuse, childhood physical and emotional neglect, witnessing domestic violence as
a child, and living with a substance abusing, mentally ill, or incarcerated household member as a
child (Felitti et al., 1998). The collective scores on the ACE categories provides an overall score
reflecting the amount of stress in an individual’s life (Murphy et al., 2014). In the ACE study, it
is shown that the ACE score then demonstrates a strong graded relationship between the number
of ACEs and health conditions experienced later in life (Murphy et al., 2014). In other words, a child who has experienced four of the above identified experiences will likely have more health conditions later in life than a child who has fewer adverse childhood experiences.

The health conditions later in life that are associated with adverse childhood experiences include chronic disease, sexually transmitted disease, smoking and overall poor health (Felitti et al., 1998). Later studies found health conditions such as cancer (Brown et al., 2010), depression (Chapman et al., 2004) intimate partner violence (Whitfield, Anda, Dube, & Felitti, 2003), suicide attempts (Dube et al., 2001), and substance abuse, were also correlated with higher ACE scores (Dube et al., 2003). Further, studies show that individuals with higher educational attainment and higher income report fewer ACEs (Ye & Reyes-Salvail, 2014). It is important to understand that adverse childhood experiences occur during childhood and adolescence and it is likely that education and employment are also affected by these experiences; therefore a causal relationship cannot be established (Metzler et al., 2017). The ACEs study and subsequent studies have become foundational in making a case for increased mental health funding recognizing that adverse childhood experiences impact adult morbidity and health care spending (Felitti et al., 1998).

2.3 Pervasiveness of Trauma

The dictionary defines *pervasive* as existing or spreading through every part of something, and is often thought to have a negative impact (Merrian-Webster, 2018). Trauma is increasingly understood to be an expected life occurrence. Approximately 76% of individuals in Canada have had exposure to at least one traumatic event in their lives (Van Ameringen et al., 2008). According to Fallot and Harris, individuals report that they experience almost five
traumatic events in the course of a lifetime (2009). These statistics point to the conclusion that trauma and its negative impacts should be considered pervasive.

While the numbers of individuals who identify as having experienced traumatic events might seem high, those high numbers are easy to believe when one considers intimate partner violence (IPV). IPV qualifies as trauma both to the partner experiencing violence and also to those in the home witnessing the violence. Among the provinces, rates of family violence were highest in Saskatchewan identifying 498 victims per 100,000 population (Burczycka & Conroy, 2017). Studies also show that the rate of family violence against children and youth in the home is highest in the province of Saskatchewan versus any other province (Burczycka & Conroy, 2017). According to a Canadian study of PTSD in Canada, 32.8% of Canadian women have also been exposed to acts of sexual molestation (Van Ameringen et al., 2008).

Available research also indicates that individuals served by mental health and social service systems have high rates of exposure to traumatic events (Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005). In the juvenile justice system it was found that 90% of youth had reported at least one traumatic event (Ford, Hartman, Hawke, & Chapman, 2008). Further, when individuals live in low-income urban areas there is a greater risk of trauma due to violence, drug activity, incarceration of loved ones and victimization both in schools and out in the community (Kiser, Donohue, Hodgkinson, Medoff & Black, 2010). It has been noted in the literature that posttraumatic stress disorder (PTSD) is disproportionately high among individuals who struggle with homelessness (Buhrich, Hodder & Teesson, 2000).

Historical and intergenerational trauma are pertinent in the exploration of trauma in Canada considering Canada's history with Indigenous people. According to Yellow Horse Brave Heart (2003), historical trauma is "cumulative emotional and psychological wounding, over the
lifespan and across generations, emanating from massive group trauma experiences” (p. 7). Intergenerational trauma is the result of individuals passing down their untreated trauma-related stress to the next generations. The intergenerational trauma that Canadian Indigenous people have faced was not the result of a targeted event against an individual; rather it was related to policies initiated by the Canadian government meant to dismantle the Indigenous culture that has impacted an entire generation (Yellow Horse Brave Heart, 2003). Children were traumatized when they were taken away from their families to attend residential schools and families were traumatized by not knowing who was taking care of their children and having no idea when their children would return to their care. While in care, children were often abused emotionally, physically and sexually (Yellow Horse Brave Heart, 2003). The children that grew up in residential schools experienced oppression, colonialism and racism and had to survive these egregious experiences without the support of their parents or their cultural practices.

Survivors of this trauma might not recognize the trauma that they have experienced or have the opportunity to treat their issues. The coping behaviours that helped these individuals survive the traumatic experience are often destructive and then become normalized within the family and the greater community (Yellow Horse Brave Heart, 2003). The effects of this trauma resulting from the residential schools are extensive and include family disruption, substance abuse and addiction, poverty, mental health issues, crime, and intimate partner violence (Hoffart & Jones, 2017). It has been posited that the negative effects that are a result of historical trauma are not only transferred but that the effects accumulate to become part of a single traumatic course (Evans-Campbell, 2008). Intergenerational trauma then becomes the most prominent example of how trauma is considered to be pervasive.
Knowing about the pervasiveness of trauma is essential in an organization like Family Service Regina (FSR); especially when one contemplates the individuals who utilize services. The presenting problems of consumers who attend the Walk-In Counselling Clinic (WICC) range from addictions, relationship issues, parenting, anger, domestic violence, mental health or stress. The majority of people who attend the WICC present with relationship problems as their primary issue for seeking services (Chursinoff et al., 2017). Choosing to take a trauma-informed approach at the organizational level acknowledges the fact that trauma is pervasive in our community.

2.4 Resilience

Recovery from trauma often appears to be an unsolvable problem, but this is one reason it is important to view trauma as an injury; something that requires time and support to heal. According to Ungar (2012), resilience has been defined as “positive human development under adversity” (p. 1). Research on resilience began by identifying the protective qualities that help alleviate the presence of adversity and cultivating a positive developmental direction (Ungar, 2012). While research in the past has identified protective factors such as strong cognitive abilities, easy temperament in infancy, a sense of self-efficacy, a sense of humour, and optimism as important contributors to the resilience of a young person, recent research is conceptualizing resilience differently (Masten & Reed, 2002). Instead of resiliency being understood as a product of individual traits, resiliency is now being thought of more as a process focusing on socio-cultural inputs (Reivich & Gillham, 2010).

It is easy to see how programs can focus on problems and neglect the strengths that individuals bring to the human service setting. When workers have the opportunity to spend time working with individuals who have experienced trauma it is important to spend time not only
focusing on the impact of the trauma but also on how people survived the experience, the strengths that they have gained as a result of surviving, and how resiliency contributed to their recovery.

2.5 Trauma-Informed Organizations

The importance of working with individuals with trauma cannot be denied when one develops an understanding of the prevalence of trauma, as well as the enduring hardships individuals who experience trauma have to face. It is important that when organizations begin a journey toward becoming more trauma-informed that they embrace all the fundamentals of trauma-informed care (Fallot & Harris, 2009). Some organizations will tout a more trauma-informed approach in specific dealings with consumers, claiming to be more trauma-informed in their interactions with individuals. For this agency evaluation report, becoming more trauma-informed is focused on an organizational change. Trauma-informed services are known by a number of different labels: trauma-informed care, trauma-informed practice, trauma-informed approaches, and trauma-informed organizations. For the sake of clarity, in this report the term trauma-informed organization is utilized, though all terms are used to describe an organizational change.

Furthermore, throughout this report, the people who are served by a trauma-informed organization are referred to as people or individuals. When clarity is necessary, in keeping with a trauma-informed approach, the word consumer will be used in place of the word client. The word client is consistent with a person who seeks the services of an expert, and then follows the expert’s advice. In a trauma-informed environment the words that are used should empower the individuals who seek services.
At the bare minimum, trauma-informed organizations aim to do no more harm and prevent any further traumatization (Moses et al., 2004). Becoming more trauma-informed at its essence means that individuals must be treated as if they have an injury rather than a disease, or as if they have been broken. The question then should shift from "What's wrong with you?" to "What happened to you?" (Harris & Fallot, 2001; SAMHSA, 2014). In other words, this approach focuses on the question: "What do you need to support your development and recovery?" (DeCandia & Guarino, 2015). When an organization decides to implement a trauma-informed model, they are challenged to look at their policies, as well as environments in order to foster safety (Rivard, Bloom, McCorkle & Abramovitz, 2005). SAMHSA (2014) developed a working concept of a trauma-informed approach based on research, and knowledge gained from practicing trauma interventions, as well as lessons learned by individuals who have survived traumatic experiences. The following guiding principles developed by SAMHSA overlap and are similar to what is suggested in other published studies (Fallot & Harris, 2009; Guarino, Soares, Konnath, Clervil, & Bassuk, 2009) that have evaluated trauma-informed care.

- Safety
- Trustworthiness and Transparency
- Peer Support and Mutual Help
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

These principles support staff looking for opportunities to provide safety, trustworthiness, choice, collaboration and empowerment in working with consumers.
2.6 Trauma-Specific Services

A distinction needs to be made between trauma-specific services and trauma-informed practice. Therapists often learn different evidence-based approaches that work to treat trauma-related symptoms. Some of the trauma-specific services offered to consumers include grounding techniques that help individuals learn to work through flashbacks and panic attacks, desensitization therapies that help survivors tolerate painful memories in time, and certain behavioural therapies that teach skills that help to regulate emotions (Harris & Fallot, 2001). These trauma-specific services are necessary and beneficial to individuals who require help managing their trauma symptoms.

Trauma-informed organizations deliver services in such a way as to lessen the impact of trauma. In other words, services are provided in a manner that is welcoming, appropriate and careful to consider the specific needs of individuals who have been affected by trauma (Harris & Fallot, 2001). In a trauma-informed organization, the trauma is not the primary focus of the intervention, rather, in a trauma-informed organization, survivors “develop their capacities for managing distress and for engaging in more effective daily functioning” in a safe and gentle space (Gold, 2001, p. 60).

Individuals who are part of a trauma-informed organization recognize the possibility that every consumer that attends for services could have a trauma history even if they never acknowledge their role as a trauma survivor (Knight, 2015). That said the reason individuals want help is not necessarily to address their past trauma or any of their trauma symptoms (Knight, 2015). This should be respected at all times and “detailed immersion in [traumatic] material itself is not encouraged, because [. . .] this tactic is [. . .] destabilizing and counter-productive” (Gold, 2001, p. 60). Still, keeping this in mind, those working in agencies with a
trauma-informed lens are sensitive to the possibility of trauma and that an individual’s behavioural pattern has likely been affected by it. This also provides those working with consumers with reasons as to why survivors might act aggressively, and have trouble forming positive attachments with others (Knight, 2015).

Adopting “universal precautions” proposes that those working within a trauma-informed organization work from an assumption that all individuals have experienced trauma (Bloom & Farragher, 2013, 29). Since service providers have no way of knowing who is a survivor of trauma, it makes sense to treat all individuals equally with the same practice that promotes growth and prevents potential re-traumatization. Adopting universal precautions does not hurt individuals who have not experienced trauma; just like using gloves with individuals who don't have an illness does not hurt them. Using the principles of safety, trustworthiness, choice, collaboration and empowerment with all individuals is helpful to everyone regardless of their trauma history.

One of the important tenets of becoming more trauma-informed is that all staff, regardless of their position within the organization, must understand how a history of violence impacts consumers (Elliot et al., 2005). In this way every contact with an individual assists in building safety and trust, and reduces the possibility of an individual being re-traumatized.

Recognizing that trauma is pervasive has further implications for a trauma-informed organization. The aspect of becoming a trauma-informed agency that is often neglected involves management agreeing to interact with staff by incorporating trauma-informed principles. Management needs to be aware that staff have also come into contact with trauma; either because of the pervasiveness of trauma, having experienced trauma in their own lives, or because of a trauma exposure response. Trauma exposure response, and the changes
professionals experience when they work with people with trauma are some of the ways in which staff can be affected by trauma (Klinic Community Health Centre, 2013). Knowing that staff also experience trauma, it is up to managers to treat staff with the same principles of safety, trustworthiness, choice, collaboration and empowerment that employees in a trauma-informed organization show the consumers they work with.

2.7 Trauma-Informed Models

This section of this chapter will provide a brief overview of some of the most prominent trauma-informed models. The following authors (and organizational models) are forerunners in writing about trauma-informed organizations and are referenced frequently in trauma-informed literature and this document. Two leaders in the field of trauma-informed organizations are Maxine Harris and Roger Fallot (2001), as well as the organization known as Substance Abuse and Mental Health Services Administration (SAMHSA). Sandra Bloom is another leader who founded the Sanctuary Model and authored a number of books on how to turn organizations into trauma-informed organizations. There is also a plethora of information available on the internet (grey literature) that has been written by numerous agencies as they have engaged in their own processes to become trauma-informed. There are a number of different trauma-informed models identified including TREM, Sanctuary, and an approach referred to as Using Trauma Theory to Design Service Systems. Following is a brief synopsis on each of these models.

Trauma Recovery and Empowerment Model (TREM) was developed as an intervention for groups to address the consequences of physical and sexual abuse (Fallot & Harris, 2002). Specifically, the model responds to female trauma survivors who have severe cognitive impairments and substance use problems (Fallot & Harris, 2002). The program uses a skill building curriculum that supports women as they recognize how abuse has influenced them and
begins to focus their energy on coping with current issues (Fallot & Harris, 2002). The model focusses on three main categories: empowerment, trauma education and skills-building, and encourages women to share their experiences and participate if they feel comfortable (Fallot & Harris, 2002). TREM utilizes other techniques which have been shown to be effective such as cognitive restructuring, skill training, psychoeducation, peer support, and contained exposure (Fallot & Harris, 2002). While men and women are both exposed to different kinds of violence, (2002), using TREM is tailored to the unique needs of women which aids in group cohesion (Fallot & Harris, 2002). According to Fallot and Harris (2002), using TREM decreases psychiatric symptoms, HIV risk behaviour, and decreases use of the emergency room and other hospital admissions.

The Sanctuary model was developed by Dr. Sandra Bloom who began her research in an adult psychiatric hospital setting, and then moved to children’s residential campuses (Bloom & Farragher, 2013). This model proposes concrete tools to organizations for operationalizing the model’s core principles within a number of different settings (Bloom, 1997). The Sanctuary model is based on theories of trauma and attachment and has been used with children and adults and has been effective in human service organizations including residential centres, school systems, domestic violence shelters and alcohol treatment centres (Bloom & Sreedhar, 2008). The model emphasizes a flattened hierarchical structure, shared assumptions about the work, and close team work among staff members (Madsen, Blitz, McCorkle & Panzer, 2003). There are seven dominant characteristics that help treat individuals while offsetting the impact of stress: culture of nonviolence, culture of emotional intelligence, culture of social learning, culture of shared governance, culture of open communication, culture of social responsibility, and culture of growth and change (Bloom & Sreedhar, 2008). Further, Bloom’s Sanctuary model uses the
implementation tool called S.E.L.F to guide assessment, treatment planning, individual and team discussion and psychoeducational group work; S.E.L.F. stands for Safety, Emotions, Loss and Future, which are the disruptions that can occur in a person’s life (Bloom & Sreedhar, 2008). The model consists of two key components: the creation of a therapeutic climate where individuals are able to develop healthy attachments; and psychoeducation geared toward recovery from trauma emotionally, socially, cognitively and behaviourally (Madsen et al., 2003).

Using Trauma Theory to Design Service Systems is a published book and organizational method developed by Harris and Fallot (2001). Within this method, Harris and Fallot (2001) detail a broad array of strategies that organizations can use as they become more trauma-informed. Community Connections, an organization providing addictions and housing services founded by Maxine Harris, developed the Trauma-Informed Program Self-Assessment Scale (Fallot & Harris, 2002). This scale evaluates program procedures and settings; formal service policies; trauma screening, assessment, and service planning; administrative support; staff trauma training and education; and human resource practices along the five core values of trauma-informed care (safety, trustworthiness, choice, collaboration and empowerment). The most recent version of this tool is titled “Creating Cultures of Trauma-Informed Care Program Self-Assessment Scale” and is supplemented by a “Self-Assessment and Planning Protocol” (Fallot & Harris, 2009). These resources provide clear guidance for developing and evaluating trauma-informed organizations.

The National Centre on Family Homelessness also generated a Trauma-Informed Organizational Toolkit for Homeless Services which includes the Trauma-Informed Organizational Self-Assessment (Guarino et al., 2009). This self-assessment tool evaluates the following domains: supporting staff development; creating a safe and supportive environment;
assessing and planning services; and involving consumers. This toolkit also includes a self-assessment survey for staff to complete in order to help organizations evaluate their current trauma-informed practices.

2.8 Readiness for Change

Throughout this practicum, the idea of readiness for change was present. When contemplating a culture change such as working to incorporate a trauma-informed approach, noticing employees’ readiness to change was an important endeavor. The goal of the practicum, and engaging in this research, was to bring about eventual change and it was paramount that the research would aid in bringing employees closer to change rather than farther away from it. When leaders match employees' readiness to change with the intervention this can reduce resistance, reduce stress, and reduce implementation time by getting employees closer to the action stage (Prochaska, Prochaska & Levesque, 2001). According to Prochaska and colleagues (2001) when most employees are in pre-contemplation and contemplation states, conditions of change need to be created in order to ensure employees are adequately prepared. If employees are challenged to change when they are not yet ready, staff can see change as an imposition and can become resistant and resentful (Prochaska et al., 2001). After leaders have taken the time to read, research, and come to terms with their own early stage of change, it is not uncommon for them to impose change on employees who have not had the same time to process the necessary information (Prochaska et al., 2001).

According to Elliot et al., (2005) organizational change begins with management's belief in the importance of using trauma-informed principles as part of their agency's service delivery plan. The management at Family Service Regina initiated this practicum believing that the move toward a trauma-informed practice was the next step for the agency organizationally. During this
practicum, management did suggest that staff might react to the idea of becoming more trauma-informed with some resistance. For this reason, we worked to give staff information on becoming more trauma-informed through a variety of means including verbal communication during staff meetings, email correspondences, agency survey, and during focus groups that were part of this practicum. The goal of these communications was to help educate staff on becoming more trauma-informed and bring them closer to an action stage. Prochaska et al. (2001) suggest that when employee resistance is met, rather than assuming it is because of a conflict between management and employees, the more helpful perspective is to consider that the resistance is due instead to a conflict created because the leaders are ready and prepared to act, but the employees have not been adequately prepared. The approach suggested is one of exerting social influence, where leaders assess the stages of change demonstrated by their employees, and then interventions are matched to their stage (Prochaska et al., 2001). Further, it is important for organizations to understand that when leaders decide to implement an organizational change, oftentimes it is the staff that become most responsible for implementing the changes. Therefore, strategies to engage all employees of an organization seeking to become trauma-informed is important.

Moving toward becoming a more trauma-informed organization is an important next step for Family Service Regina after understanding what the literature presents about trauma and its pervasiveness as well as the benefit of becoming a trauma-informed organization. The next chapter examines Appreciative Inquiry as the methodology for this trauma-informed project.
Chapter Three: Methodology and Data Collection

Appreciative inquiry (AI) was chosen as the methodology for program evaluation and development in this project because of its focus on strengths and resources of individuals and organizations (Busche, 2016), which aligns closely with the values that Family Service Regina supports. AI was desirable to me as a researcher because of the position I held as a student within an unfamiliar agency. I recognized that I had little experience with research and limited knowledge of trauma and trauma-informed organizations. It was important to me to take a stance of a student and a co-learner rather than that of an expert. AI as a methodological framework assisted me in recognizing the best of FSR, allowed me to affirm past and present strengths and success, and look for increased value in the organization (Whitney & Trosten-Bloom, 2003). This chapter begins with a literature review on Appreciative Inquiry which was the methodology used for this project followed by a discussion focused on the advantages and limitations of this approach. Succeeding the discussion of the methodology, attention will be taken to explain the methods used to gather data.

3.1 The Methodology: Appreciative Inquiry

Organizational change is not an easy endeavor. The administrative requirements, changes in policies, planning and visioning, does not even start to adjust rooted attitudes and beliefs about the way things have always been done. The change to a more trauma-informed approach affects all individuals within the organization from administration to management, and all other direct service staff.

Appreciative Inquiry (AI) is an organizational change tool that can be used to help empower participants and is recognized as successful in helping transform and develop organizations (Busche, 2016; Clossey, Mehnert & Silva, 2011). AI, in its approach, is careful
with language, begins with stories and asks questions that look for positive answers (Busche, 2016). Looking to initiate organizational change toward a more trauma-informed approach, these qualities of a conceptual framework were of utmost importance.

What sets AI apart as a methodology tool is that it looks at an organization’s strengths, examines what works well for the organization, and looks for what an organization can do more of (Busche, 2016). As a methodology, Appreciative Inquiry has been underutilized in the social work field and yet, not unlike the strengths approach, AI emphasizes the importance of focusing on strengths, problem solving and creativity (Bellinger & Elliot, 2011). Further, AI sparks curiosity and gets participants interested in learning, which leads to improved organizational knowledge and wisdom (Whitney & Trosten-Bloom, 2003).

In formulating questions for interviews with managers and focus groups with staff, it was crucial to begin with the four circular processes that form the basis of Appreciative Inquiry: Discovery (stories about the best of FSR), Dream (imagining the best of FSR), Design (statements of intention) and Destiny (action planning) (Whitney & Trosten-Bloom, 2003). During the discovery phase participants were asked to remember back to when they began to work at FSR and share a story about a time when they had done some really great work with an individual they were working with. These responses got to the core of how FSR as an agency is already trauma-informed in their practice. This was then an area that staff could feel empowered within to do more of the same kind of work. The dream phase of the interview asked participants to imagine it is the year 2023 and FSR is the leader of trauma-informed care in Saskatchewan: what is happening here that earned you this distinction? The responses that were elicited yielded rich qualitative data that could be thematically analyzed to provide suggestions and feedback from staff on what they identify as important initiatives. The design
and destiny phases are reserved for the processes to be focused upon after this part of the project is complete. The design phase encompasses the time when a trauma-informed approach is formally undertaken and initiated, and then the destiny phase occurs once the approach has been implemented and there is an opportunity to review and celebrate accomplishments (Clossey et al., 2011).

Appreciative Inquiry has been successfully used in many disciplines including the business and nursing fields. However even though the approach has similarities to a strength-based approach, which is often utilized in social work practice, AI has rarely been considered in the mental health literature (Clossey et al., 2011). In a study done by Clossey et al. (2011), two mental health agencies utilized AI in their exploration of implementing a recovery model by engaging staff in the change process. Both agencies found AI to be appealing and imaginably empowering (Clossey et al., 2011). Similarly, in a methodological review of healthcare agencies using AI done by Trajkovski, Schmied, Vickers and Jackson, (2013) the resulting process was found to be engaging, inclusive and collaborative in nature.

3.1.2 Advantages

Whitney and Trosten-Bloom (2003) speak to the powerful nature of AI when appreciation and inquiry are combined. They suggest that organizational change can be initiated when individuals look at examples of organizations that are functioning at their best (Whitney & Trosten-Bloom, 2003). Knowing that all people crave recognition and appreciation for their contributions, AI benefits each individual as well as the organization as a whole. Havens, Wood and Leeman (2006) note that AI changes the culture of the organization by altering the way individuals communicate, in a more positive rather than problem-oriented approach, and thus improves relationships among coworkers. This is in stark contrast to organizations that focus on
problems and as a result end up with employees with low energy, a focus on the negative and a reduced ability for positive change (Trajkovski et al., 2013). By asking appreciative questions, the group being interviewed leaves with the knowledge and confidence that they have done well in the past and will continue to do well in the future (Hammond, 1998).

AI works from an approach that is collaborative rather than from an authoritarian style of management (Whitney & Trosten-Bloom, 2003). Using an Appreciative Inquiry approach includes front-line workers and moves beyond an authoritarian management style (Whitney & Trosten-Bloom, 2003). In this way, recommendations are viewed as changes that the entire organization is interested in rather than a change thought to be important from the viewpoint of management only.

Another advantage of AI is that it is not a recipe: there is a place in this methodology to be creative in the process (Hammond, 1998). One of the assumptions of Appreciative Inquiry is that “reality is created in the moment, and there are multiple realities” (Hammond, 1998, p. 20). As a result of multiple realities, there is no formula and each experience will be different.

3.1.3 Limitations

The literature recognizes limitations when using the framework of Appreciative Inquiry surrounding the positivity of the approach and the lack of consistency in the AI approach. Some individuals researching AI have found that participants were wanting to focus on the problems and that starting out looking at strengths ended up presenting challenges (Havens et al., 2006). Reed, Pearson, Douglas, Swinburne, & Wilding (2002) additionally found that when researchers are focusing on the positive, they can be accused of not dealing with the problems in the agency. A case can be made that AI must include a more critical narrative of wider societal forces, advocating for critical appreciative processes that marries AI and critical theory (Grant &
Humphries, 2006). In using this type of approach, participants who might not be able to access the unconditional positive question, which characterizes individuals experiencing trauma, allows for a space where untold stories of trauma can be told, validated and appreciated (Duncan, 2015).

The seemingly common frustration is that every use of AI is unique, and phases are not undertaken in fixed steps; this methodological inconsistency and lack of reliable modes to measure change makes AI difficult to adopt (Trajkovski et al., 2013). Further, within the literature there are parts of the Appreciative Inquiry process that have not been adequately analyzed and the studies undertaken did not highlight the way in which the four phases were expressed (Trajkovski et al., 2013). Thus when there is a lack of methodological consistency in using AI as a framework and a lack of a reliable method for measuring change, this must be noted as a limitation of the framework (Trajkovski et al., 2013).

Evaluating a move toward a more trauma-informed organization requires special care and attention, understanding that individuals who work at Family Service Regina (FSR) have been affected by trauma either because trauma is pervasive or because they have encountered trauma through their experiences in their work. Using Appreciative Inquiry as a framework, interviews, and focus groups focused on identifying strengths rather than pointing out deficits. The next section discusses the trauma-informed evaluation project and describes how data was gathered.

3.2 The Methods

It would not be unheard of to obtain student assistance in researching aspects of trauma-informed organizations, come up with recommendations, and then present them to an agency as a to-do list in order for the agency to become more trauma-informed. Such an approach would not be respectful to the individual experiences and wisdom of the individuals who work at Family Service Regina. Instead, this project was undertaken in order to gain valuable information from
all individuals in all different capacities within the agency to aid in the change toward becoming more trauma-informed. Data was gathered by the following methods: 1) delivery and analysis of an organizational survey selected from the literature, 2) interviews with partner organizations, and FSR management, and 3) focus groups with FSR staff. The rest of this chapter discusses each of the data collection methods, and the experiences associated with each method.

In this project, an organizational survey tool was selected from the literature in order to evaluate Family Service Regina’s current strengths and gaps. The data gathered from the survey provided a necessary benchmark demonstrating where Family Service Regina started from in terms of their “trauma-informed-ness.” It is my hope that when Family Service Regina officially begins their trauma-informed journey that this survey can be used yearly in order to measure the progress in working through this ongoing process.

Qualitative data was gathered through interviews with partner organizations in order to learn from agencies that identified themselves as already having begun the process of becoming more trauma-informed. The interviews with partner organizations sought to identify practice models currently in use, and to hear how trauma-informed processes are being integrated into their overall practice, as well as within their organizations overall. Further qualitative data was gathered during individual interviews with managers from Family Service Regina (FSR) that explored questions related to identifying the strategies required when working to lead a trauma-informed perspective into being.

Qualitative data was also gathered from focus groups where all staff were given the opportunity to talk openly about their fears and excitements about becoming more trauma-informed. Using Appreciative Inquiry as the framework allowed me as the interviewer to focus primarily on how Family Service Regina is already trauma-informed. This in turn assisted
participants in the focus groups to look toward possibilities rather than focusing on challenges. The open-ended questions provided qualitative data that helped inform specific recommendations for movement toward a more trauma-informed organization.

Taking into consideration that the evaluation is an internal document, the decision was made by myself and Family Service Regina’s Chief Operating Officer to be less formal when conducting focus groups. I began with a script (Appendix 3) that informed participants of what they could expect from confidentiality. I was clear in letting participants know that they could leave the room if they were uncomfortable and that if they wished to remove something that they had expressed at a later time; that would be facilitated. I also ensured that the focus group felt trauma-informed by providing choice: stating that participants could leave or stand depending on what felt comfortable. I ensured further safety and choice by allowing participants to answer in confidence after the focus group was complete if they preferred.

Lastly, qualitative data was gathered during individual interviews with managers at Family Service Regina. These interviews took approximately one hour each and focused on not only the same questions that were asked of staff, but also on the different management strategies that would be employed in order to bring about change. Participants were informed of their right to confidentiality and while I was audio recording the interviews, I ensured participants that no one had access to the audio files, and that names would not be included in the final document.

3.2.1 Survey.

According to Groves et al. (2004), “A survey is a systematic method for gathering information from (a sample of) entities for the purpose of constructing quantitative descriptors of the attributes of the large population of which the entities are members” (p. 2). The survey that I used was accessed through the internet and is open to be used without requiring permission from
the author as stated on the website. This instrument is not considered valid nor reliable but offers a useful guide for organizational assessment and improvement in the area of trauma. This survey instrument, referred to as The Agency Self-Assessment for Trauma-Informed Care, is touted as a tool to assist organizations in helping to assess readiness to implement a trauma-informed approach (Fallot & Harris, 2009). This instrument was adapted from the National Centre on Family Homelessness Trauma-Informed Organizational Self-Assessment and “Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol” (Fallot & Harris, 2009).

The target population for this survey were the employees at Family Service Regina. At the time of my practicum, 26 employees were sent the survey by email and 21 individuals responded. Completion and return of the survey acted as consent to participate in the survey and also as my authorization to use the data gathered. The survey was distributed using a subscription to HR Downloads, a survey architect tool. The agency’s subscription to HR Downloads had password protected access to the site and content which could only be accessed by admin users. The survey was anonymous, and names and emails of participants were not attached to survey results making it impossible for me to know who participated in the survey. Contract counsellors were not included in the survey recognizing that they might not be as familiar with the day to day practices of the agency thereby skewing the results.

The results of the survey identified areas of agreement, disagreement, areas for improvement as well as areas that require further education. The guide to completing the agency self-assessment noted that when staff responses were mostly “strongly disagree” and “disagree,” that these are practices that can be strengthened (Fallot & Harris, 2009). When there are responses of “do not know” it is important to be aware that the corresponding practices are lacking or that there is a need for further information or clarification. Finally, when the responses
are varied to a great degree it is possible that this is due to a lack of understanding about an item, a difference of perspective based on a person’s role in the agency, or a misunderstanding on the part of some staff members about what is actually done each day (Fallot & Harris, 2009). The results of the survey were later shared with the focus groups conducted with staff at Family Service Regina, and also during individual interviews with FSR managers.

3.2.1.1 Survey experiences.

Gideon (2012) points out that many individuals use surveys to inform knowledge and collect information without considering the sophistication or difficulty behind surveys. By doing so, this attitude contributes to knowledge that is unreliable at the best of times (Gideon, 2012). Given that this survey was my first opportunity to distribute a survey, these statements capture my experience. For the purposes of this practicum, I utilized an agency self-assessment survey tool I had found on the internet, and I made the decision to utilize HR Downloads as the means by which to distribute the survey. As a result, I entered the questions into HR Downloads and sent them off to the individuals in the agency. I understood that not all of the questions would be entirely relevant, for example, some of the questions are more tailored toward staff who work with individuals in a shelter environment. One of the other experiences was that individuals participating in the survey were unsure what they should be considering in the survey, their own program, or the agency as a whole. This was confusing since workplace culture is experienced within a program and then also in relation to the agency as a whole.

I stated in my mid-term practicum evaluation that I was slightly disappointed with the survey. I wrote in my notes that I did not like the way it was formatted or set up and it was confusing to many individuals when considering FSR or their own individual program within
FSR. As far as formatting, I did not anticipate that the entire survey would have to be scrolled through on one page rather than the option of several questions on a number of different pages.

One of my other experiences distributing a survey was that I had hoped to see from the survey which department answered the questions in a certain way. This might have given clues as to which program in the agency felt safe or which program requires the most training and education. In the end, HR Downloads did not afford me that possibility, or at least I did not figure out how to build the survey in that way. Aside from being disappointed, this experience provided more assurance of confidentiality and focused on the agency as a whole rather than pointing out criticisms of a specific department.

3.2.2 Interviews.

3.2.2.1 Partner organization interviews.

In order to determine which affiliated agencies would not only provide the best picture of a trauma-informed agency but would also willingly share that information, I relied on Family Service Regina’s Chief Operating Officer’s rapport with a number of agencies. The agencies that were chosen to interview were: The Family Centre of Northern Alberta in Edmonton; and Family Services Windsor-Essex. These agencies are Family Service Regina affiliated organizations who carry out a broad array of services including family engagement, preservation and reunification services, counselling, housing and services for the homeless, and youth services. Each organization varies in size of the organization itself, and size of the community they serve. These interviews were completed by the Chief Operating Officer and myself together by phone with the managers or clinical directors at the agency. Written notes were taken during these interviews and these were then transcribed with more detail based on memory. Reflection notes were also compiled immediately following each of these interviews.
During conversations unrelated to the project, it was learned that the YWCA Regina had recently undergone changes to become trauma-informed as an organization. With this new knowledge, interviewing a local agency about their organizational change became a priority. The YWCA is a multi-service agency that includes women's housing, programs offered to women and girls, and abuse prevention services. This interview was completed by the Chief Operating Officer and myself in person at the YWCA Regina with the Chief Executive Officer and the Acting Senior Director of Housing. Brief notes were handwritten during the interview and then additional thoughts and details were typed up immediately afterwards, along with reflection notes.

Questions were composed in advance for interviews with agencies. The questions for agencies were open-ended and formulated to glean information about the process that each agency followed in becoming more trauma-informed in an effort to learn from what had worked for them. Once this data from all of the interviews was collected and analyzed, themes were identified.

3.2.2.1.1 Experiences in interviewing partner organizations.

Initially the plan was to interview a maximum of four agencies. Setting up these interviews took some time and flexibility. In preparation for each interview, I scanned agency websites in order to get a more complete picture of how they had adopted trauma-informed practice as an organization. The Family Centre in Edmonton explicitly cited their goal to become a trauma-informed organization under a heading labelled Trauma-Informed Care. The YMCA Regina noted that they were implementing trauma-informed care throughout their organization in the 2016 Strategic Plan. Windsor-Essex’s website did not explicitly say anything at the time of my research about trauma or trauma-informed care. After interviewing these three agencies the
decision was made that there was enough data to continue with research and that interviewing one additional agency in order to reach the maximum number of agencies to interview was unnecessary.

One agency that the Chief Operating Officer reached out to did not end up being chosen for an interview but ended up being very helpful in identifying issues around the vocabulary of trauma-informed organizations. When this agency was contacted and asked whether their organization had done anything on trauma-informed care or practice, the answer that was received focused on trauma-specific practices. The response we got back from this organization jumped to the conclusion that Family Service Regina was trying to come up with a formalized model to treat trauma. This email interaction as well as other interactions with individuals I had spoken to about my project, helped me to be clear that when I was talking about my project I was not talking about treating trauma. The purpose of the project was to look into an organizational system that keeps individuals from being further traumatized when they attend services.

**3.2.2.2 Individual interviews with management.**

The decision was made to interview managers at Family Service Regina individually rather than include managers in the agency staff focus groups. There were a number of reasons for this decision. First of all, it was anticipated that focus group participants would be able to speak more freely without concern that management might treat them differently based on their responses to questions. Second, managers have a different role in the implementation of a trauma-informed organization. Linhorst (2002) points out that group discussion can often be hampered when there is an improper mix of participants, referencing the example of employees with supervisors. Part of a manager’s role is to see the benefit in the change, encourage the change and then help guide their staff through the change. For this reason, managers were tasked
with answering different questions in order to elicit responses about how they would lead the transition toward a more trauma-informed organization. Third, it was important to hear the different perspectives of managers from four very different programs: Administration, the Counselling Unit, Domestic Violence Services and Senior Management. The decision was made to exclude the Chief Operating Officer from the interview process, as he was directly involved in the project and his contribution might be seen as overly optimistic toward becoming more trauma-informed.

Interviews were arranged with all managers in person or by email. Interviews took approximately one hour and were audio recorded with the participant’s permission. Notes were also taken by hand. Within one day all interview notes were transcribed.

3.2.2.2.1 Interview experiences.

Gathering qualitative data from interviews with managers was my final data gathering activity. I had completed all focus groups prior to interviewing managers and had asked many of the questions four times. At this point I was aware of all the data that was being collected and the amount of work this would entail in transcribing, looking for themes and then writing the report. I believe this led to a situation where I asked the question to the manager during the interview but was not always focused on whether the question was fully answered. As a result, some of the answers to questions were found to be incomplete or vague. One question in particular did not yield the answer that I had hoped for. When I asked the question, “How might you use your skills to help bring a more trauma-informed practice into being” I was left with incomplete answers. In hindsight, after analyzing the responses, I wished I would have taken more time and delved more deeply into the question rather than being satisfied with the statement I was provided.
3.2.3 Focus groups.

According to Linhorst (2002), a focus group is defined as a qualitative research method with about 6 to 10 participants. During focus groups, the moderator uses the group process to initiate discussion and acquire information on group beliefs, attitudes and motivations concerning a specific topic (Linhorst, 2002). Being part of a group stimulates discussion by way of group interaction and leads to rich data that would be less accessible through other research methods such as individual interviews (Linhorst, 2002). Liamputtong (2011) notes that group processes assist people in both exploring their point of view and also clarifying it.

Four focus groups of four to six participants each with a random cross section of FSR staff were conducted. In all, 18 out of 21 available staff members participated in focus groups. Three dates were chosen for focus groups to take place based on staff schedules for when a group was convenient. The focus groups were facilitated in a private group room at Family Service Regina (FSR). Participants were seated around a small square table, but still in such a way that all group members had equal access to communicate with each other and in this way foster discussion (Liamputtong, 2011).

While the primary reason for conducting the focus group was to collect data about existing trauma-informed practice and looking toward opportunities to become even more trauma-informed, the focus groups were also thought to be a place where staff would have the opportunity to build motivation and excitement for a trauma-informed practice. Interestingly, Linhorst (2002) notes that while focus groups might lead to changing attitudes, the primary purpose of a focus group is to collect qualitative data. The focus groups were audio recorded with the group’s knowledge and permission, and were all facilitated by myself as the interviewer. A summary of the survey results was presented during the focus groups. The survey results were
presented in order to encourage conversation, point out strengths and provide education on trauma-informed principles. Recordings from the focus groups were then transcribed and analyzed in order to capture main ideas and themes.

3.2.3.1 Focus group experiences.

There was one individual that I specifically approached to be part of a focus group. Understanding her position within the agency, I was concerned that this individual would not sign up to be included in a focus group about becoming a trauma-informed organization. It was in fact true that this individual had assessed that information was not required from her because of the nature of her position. I asked her to still consider coming and she agreed to the request. During the focus group, it became apparent that her role in the agency required a trauma-informed lens as well. In the end, I was grateful that I had initiated conversation with this individual, knowing that she benefited from the focus group, recognizing her need to be more mindful of trauma in her encounters with people.

Linhorst (2002) pointed out that confidentiality can be a challenge for conducting focus groups. Confidentiality can be an issue because answers are given to the entire group and so the researcher has less control in monitoring inappropriate information sharing (Linhorst, 2002). This can become a greater challenge when the focus group participants are all familiar with one another, and this was the case for the focus groups that I conducted at FSR for this project. I attempted to mitigate this challenge by letting participants know what information from the focus groups would be shared and who would get access to the information. Because I was working closely with Family Service Regina’s Chief Operating Officer who was a supervisor of many of the individuals, I ensured participants were aware that their supervisor would not get access to the raw data with anyone’s names on it. At the beginning of each focus group I began by reading...
a carefully crafted script, which outlined confidentiality practices, as well as addressed other concerns participants might have had with being part of a focus group (Appendix 3).

Another challenge according to Linhorst (2012) is that some individuals may experience stress as a result of the focus group discussion. Some ideas that are provided in the literature suggest that it is important to reinforce the idea that participation is voluntary, to allow participants the opportunity to leave the room if they wish, and to provide a referral sheet for available counselling options should participants be triggered by the discussion in some way. The literature also suggests that it is important for the facilitator of the focus group to be aware of the different reactions that could come up for participants as a result of the topic (Linhorst, 2002). While the topic of Family Service Regina (FSR) moving toward a more trauma-informed organization did not appear to be a topic that would cause participants stress, I did advise all participants that their participation was voluntary and that they were permitted to leave the room at any time they chose.

Linhorst (2002) also pointed out that a challenge of focus groups is that some individuals might feel powerless if they feel coerced to participate. Another way participants might feel powerless is if the responses that participants provide does not ultimately result in changes. According to other literature, if staff feedback does not get implemented, not only will staff feel powerless, it could result in staff not investing in research processes (Guarino et al., 2009). When I began to facilitate focus groups, I was very aware that some participants were uncomfortable with providing input. Only with rapport and after considering participants’ body language and comfortability did I ask for feedback from cautious participants. It was expressly stated at the beginning of each focus group that individuals did not need to speak during groups if they did not want to. Further, the group was informed that the results of the focus group would be
integrated into an agency evaluation report which they would all have access to in order to mitigate participant’s feelings of powerlessness.

The final experience I had with focus groups was with my own confidence. There were times in some of the focus groups where a question seemed redundant or participants were not able to answer the question in the way that I had hoped. One question in particular was removed from the focus groups after one group found the question not easy to answer. In retrospect, there were two things I could have done to address and/or avoid this situation. The first option would have been to do a test interview with someone not participating in the focus group. The second option would have been to try that question once more with a different group to ensure it was a problem with the question and not an issue specific only to the group.

Utilizing Appreciative Inquiry as the methodology, data was gathered using a number of methods for this project: 1) delivery and analysis of an organizational survey, selected from the literature, 2) interviews with partner organizations, and FSR management, and 3) focus groups with FSR staff. The next chapter will focus on the findings from the various data collection methods.
Chapter Four: Findings

This chapter of the report will detail the results of the research undertaken in developing recommendations for Family Service Regina (FSR) to consider as they work towards becoming more trauma-informed. The section will begin by looking at survey results which evaluated FSR’s strengths and gaps as they pertain to a trauma-informed perspective. This will be followed by a discussion about the data gathered from partner agencies who have begun their own processes of becoming more trauma-informed. Staff at FSR were then asked to provide a better picture of FSR’s existing trauma-informed strengths and gaps by engaging in focus groups and individual interviews; managers were interviewed individually and staff were invited to participate in focus groups.

4.1 Findings From the Survey

In order to understand Family Service Regina's (FSR) current trauma-informed strengths and gaps, a survey of 21 employees was conducted by email at the beginning of this evaluation project. The survey results identified areas for improvement as well as areas that might be enhanced through the provision of further education and training. The results of this survey were later shared during focus groups and also during individual interviews with managers.

Individuals answering the survey came from a number of different departments. It should not be surprising that various departments have differing perspectives on trauma-informed services which can clearly be seen when we consider the different roles of counselling staff and administration staff. To better understand the survey data, it is helpful to consider the number of people within a department and the roles of each department working at FSR. Of particular importance when evaluating the survey, is being aware that counselling personnel made up the highest percentage of participants with seven individuals completing the survey; making up
33.3% of the respondents to the survey. It is important to note that while there is data about who participated in the survey from each department, the survey was not built in order to learn how each department answered the survey differently than other departments.

**Table 1 Survey Participants by Department**

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>2</td>
<td>9.52</td>
</tr>
<tr>
<td>Counselling</td>
<td>7</td>
<td>33.33</td>
</tr>
<tr>
<td>Domestic Violence Unit</td>
<td>5</td>
<td>23.81</td>
</tr>
<tr>
<td>Management</td>
<td>3</td>
<td>14.29</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>19.05</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Following are the data results from the Trauma-Informed Organizational Self-Assessment that was described in chapter three. Each individual question asked in the survey can be found in Appendix 2, however the following table sums up the data into broad headings. An interpretation and discussion of the results follows the table. Discussion begins with the identified strengths from the data and then points out significant results in a number of the headings within the survey.
## Table 2 Trauma-Informed Organizational Self-Assessment Data

<table>
<thead>
<tr>
<th>Section</th>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
<th>Not Applicable to my Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Supporting Staff Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Training and Education</td>
<td>41%</td>
<td>48%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>B. Staff Supervision, Support and Self-Care</td>
<td>55%</td>
<td>36%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>II. Creating a Safe and Supportive Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Establishing a Safe Physical Environment</td>
<td>77%</td>
<td>12%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>B. Establishing a Supportive Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A) Information Sharing</td>
<td>56%</td>
<td>21%</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>B) Cultural Competence</td>
<td>60%</td>
<td>25%</td>
<td>13%</td>
<td>1%</td>
</tr>
<tr>
<td>C) Privacy and Confidentiality</td>
<td>86%</td>
<td>5%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>D) Safety and Crisis Prevention Planning</td>
<td>48%</td>
<td>24%</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>E) Open and Respectful Communication</td>
<td>67%</td>
<td>12%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>F) Consistency and Predictability</td>
<td>76%</td>
<td>6%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>III. Assessing and Planning Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Conducting Intake Assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A) The Intake Assessment Includes Questions About...</td>
<td>41%</td>
<td>20%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>B) Intake Assessment Process</td>
<td>67%</td>
<td>4%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>C) Intake Assessment Follow-Up</td>
<td>67%</td>
<td>0%</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>B. Developing Goals and Plans</strong></td>
<td>68%</td>
<td>2%</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>C. Offering Services and Trauma-Specific Interventions</strong></td>
<td>67%</td>
<td>6%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>IV. Involving Consumers</strong></td>
<td>43%</td>
<td>37%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>V. Adapting Policies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Creating Written Policies</td>
<td>60%</td>
<td>11%</td>
<td>23%</td>
<td>5%</td>
</tr>
<tr>
<td>B. Reviewing Policies</td>
<td>38%</td>
<td>35%</td>
<td>19%</td>
<td>8%</td>
</tr>
</tbody>
</table>
4.1.1 Identified strengths.

According to the results of the initial staff survey, there were a number of strengths identified where Family Service Regina (FSR) was found to be trauma-informed. In the survey category focused on assessing the physical environment for safety, the results rated FSR at 77% trauma-informed. Most staff seemed to agree that the agency monitors those who are coming in and out of the agency space, and that the environment outside and inside of the organization is well lit, as are the bathrooms. Most survey participants stated that the organization incorporates child-friendly materials and provides space for children to play.

Participants were consistently positive when answering questions concerning privacy and confidentiality. A total of 86% of staff agreed with the statement that the agency informs individuals about the extent and limits of privacy. Further, 86% of staff agreed with the statement that staff members do not talk about the people they work with outside of the agency, and one person disagreed with the same statement. All survey participants (100%) agreed that there are private spaces for staff and the people they work with to discuss personal issues. However, this does not tell the whole story because while there are private spaces for staff and consumers to discuss personal issues, during the focus groups it was pointed out that private space is not always available for staff to meet with consumers when it is required.

Of notable importance, 95% of staff agreed that there are structures in place to support staff consistency with the people that they work with. When staff consistency with individuals is encouraged the consumer is spared the sometimes intense emotions and frustration of having to tell their story multiple times. The literature tells us that an environment that is psychologically safe encourages consistency (Bloom & Farragher, 2013).
4.1.2 Training and education.

There are some immediate areas that were identified in the survey that Family Service Regina (FSR) can begin to work on in becoming more trauma-informed. When asked if staff at all levels of the agency received training and education on what traumatic stress is, how traumatic stress affects the brain and body, how trauma affects a child's development, and how working with trauma survivors impacts staff; there was a wide discrepancy in responses. When calculated as a percentage that reports how trauma-informed FSR is in light of training and education, the survey revealed one of the lowest percentages at 41%. This result should come as no surprise when considering that FSR is still in the process of becoming more trauma-informed. At the time that this survey was undertaken, trauma was not a topic that all staff were required to be trained on. When FSR initiates training opportunities for all staff – from administrative staff to managers – it is expected that this number will see immediate gains.

4.1.3 Information sharing.

According to the survey results, 60% of staff disagreed that materials are posted around the agency about traumatic stress. The Council on Accreditation (COA), the non-profit accreditor of human services, has made the move toward requiring agencies who hold membership with them to work within trauma-informed principles. One of their standards is to "make resources available to children, families and providers on trauma exposure and its impact and treatment" (Council on Accreditation, 2018). While FSR does not hold membership with COA, COA is considered to be a leader in accreditation standards for non-profit agencies conducting community services and it is valid to suspect that FSR’s accreditation body might lean toward these same standards in the future.
4.1.4 Cultural competence.

Of the respondents to the survey, 81% agreed that, within the agency, individuals are permitted to speak their own language, have ethnic specific foods, and are accepted by staff for personal religious or spiritual practices. Of interest is that only 30% of participants agreed that outside agencies with expertise in cultural competence provide on-going training and consultation to Family Service Regina (FSR). The elements identified in the survey that define cultural competency within an agency do not fully represent the complexity of the term “cultural competence”.

4.1.5 Privacy and confidentiality.

While FSR was recognized in the survey results for being careful around privacy and confidentiality, 24% of staff who responded noticed that staff discuss the people they work with in common spaces within the agency. Understanding this result should lead to discussion around the importance of debriefing as well as supporting procedures to ensure that debriefing is done in a way that promotes privacy and confidentiality.

4.1.6 Intake assessment process.

Intake assessment coverage appears to be an area where FSR staff could benefit from further education on agency processes and policies. There are two points of intake at Family Service Regina, one being for counselling and the other for domestic violence support. While some individuals in the agency can cover the intake positions if the intake workers are absent, not all individuals are aware of intake processes and procedures. When asked about the questions used during an intake assessment, about 38% of staff responded with "do not know" or "not applicable to my role." In the guide to completing the agency self-assessment (Guarino et al., 2009) the instructions for examining results state that when there are too many "do not know"
responses, there might be a need for additional information or clarification. Further, since a trauma-informed practice has yet to be established at FSR, there are presently no intake questions related to previous head injury, personal strengths, children's history of physical health issues, and cultural strengths that are required in order for an agency to be more trauma-informed. These questions are identified as being important to include during intake assessments when an agency is considered to be trauma-informed.

4.1.7 Involving consumers.

The survey results noted that 37% of staff disagreed that FSR involves current and former consumers in evaluating programs, or serving in an advisory capacity. It appears that 81% of staff agree that current consumers are given the opportunity to evaluate the programs that they participate in and offer suggestions for improvement. However when considering whether the program recruits former consumers to serve in an advisory capacity, or whether former consumers are invited to share their thoughts, ideas and experiences with the program, 50% of staff disagreed.

4.1.8 Adapting policies.

The staff survey indicated that Family Service Regina (FSR) has yet to adapt written policies to reflect a trauma-informed lens. FSR has a written commitment to demonstrating respect for cultural differences and practices, a written policy to address potential threats, and a policy outlining responses to crisis. FSR does not yet have policies that specifically address a commitment to understanding trauma.

4.2 Findings from Interviews with Partner Agencies

Having completed the initial staff survey and identified a baseline of how trauma-informed Family Service Regina was (based on staff perspectives), the next task was to learn
from other organizations who had undergone trauma-informed organizational change. In speaking with other organizations, the purpose was to identify relevant practice models being utilized, and determine how trauma-informed processes are being integrated into service and organizational practices. Learning from other agencies then assisted in exploring FSR’s readiness to adopt a trauma-informed practice. Three organizations were contacted and interviewed; either in person, or by phone.

Quotes and specifics from the individual interviews will not be shared in order to protect the privacy of the participants. The following is a summary of the findings from interviews with the different partner organizations.

There were some obvious differences identified in approaches and steps in the implementation of trauma-informed care between the different partner organizations. All of the agencies offered important pieces of information that informed recommendations found later in this report. The themes that emerged from the interviews with partner agencies were: affinity for becoming a trauma-informed organization, worldview and culture shift, intentionality and data collection, and treating trauma with trauma-specific services. Each theme will be discussed in further detail below.

4.2.1 Affinity for becoming a trauma-informed organization.

In all interviews with partner organizations, the importance of becoming more trauma-informed was affirmed. All agencies noted that there were very few resulting limits that they experienced in implementing a trauma-informed approach. One agency maintained that no one argued becoming trauma-informed, what they argued was the importance of protecting the people they work with. They went on to say that it felt like front line staff were ready to help, however rather than asking what kind of help the consumer wanted, staff helped in the way they
thought they could be the most helpful. When agencies were asked whether there was anything they would have liked to have known before they embarked on this journey of becoming more trauma-informed, one agency shared that they wished they had known that so many employees within the agency would be interested in becoming more trauma-informed. When asked about resistance and barriers in implementing a trauma-informed approach, the agencies pointed out that there were very few limits in implementing the approach and that one of the biggest barriers was training. When referring to training, this was specific in terms of onboarding of new employees and the need for reception to be involved. The agencies interviewed expressed that implementing a trauma-informed practice benefitted employees and led to increased staff retention, more honest relationships between staff and the people they work with, a focus and a label to validate what they were already doing, and an increase in numbers of individuals seeking services.

4.2.2 Worldview and culture shift.

One of the agencies interviewed indicated that the success of their agency's program is reflected in the high number of individuals accessing services, even when other agencies have had to close similar programs due to low enrollment. This agency maintained that the reason they are still operational, and even growing, was a direct result of being trauma-informed in their approach.

The big theme that emerged from interviewing this particular agency was related to worldview and culture shift. This agency spoke about how being trauma-informed is a way that a person sees the world and that “it should just flow”. One of the changes in practice that was described is that this organization no longer offers tours of their residence, as they had previously done. Instead, they have created a video of the space that funders, and other interested
individuals can view. Through the process of becoming trauma-informed, they realized that having someone walk through the living space of individuals who have experienced trauma intuitively feels unsafe. This agency, in becoming more trauma-informed, took the time to look at many of the rules they had been enforcing in order to better create safety for the people they work with. In so doing, they realized that they were not always offering people choice and empowerment. An important aspect of what this organization described about their journey was that they had come to understand that it is crucial to have conversations with staff about why they are uncomfortable with certain circumstances. In doing this, management recognized that trauma also impacts staff; either because trauma is pervasive, or because staff have developed trauma as a result of secondary trauma response.

4.2.3 Intentionality and data collection.

One agency described being very intentional about their process, recognizing that the process is long-term and on-going. For this reason, as part of their transition process, this agency promised to re-survey the staff with the Agency Self-Assessment survey tool a year after implementing trauma-informed services. The staff assessment re-survey showed a 30% increase in results across the board to all groups after one year. This agency had an entirely different approach than the other two agencies, as they were very aware of the need for collecting data and having a point person who was responsible for “guiding and pushing” the trauma-informed approach forward into different territories. One of the potential risks for any agency moving towards becoming more trauma-informed could be related to “trauma-informed” becoming a motivating buzz word that loses impact. In time, individuals can become complacent and moving along a trauma-informed agenda becomes more work than anyone is ready to take on without the injection of new excitement. The lesson learned from this agency was that becoming trauma-
informed requires intentionality, data collection in order to see demonstrated results, and a project point person who continues to launch the new trauma-informed agenda forward.

4.2.4 Treating trauma with trauma-specific services.

The final agency interviewed provided yet one more perspective necessary when considering moving toward becoming a more trauma-informed organization. This agency recognized the need to provide trauma-specific services since trauma was being seen as more pervasive after becoming a trauma-informed agency. As a result, this specific agency was initiating training with their staff to begin utilizing evidence-based techniques that would assist in helping individuals with trauma to heal. Being aware of the pervasiveness of trauma within the lives of the individuals we work with is essential, but that awareness dictates the need to then provide evidence-based trauma-specific services.

4.3 Findings From Agency Focus Groups and Interviews

As part of this research project, focus groups were facilitated in order to gather information from staff ensuring that as many voices could be heard as was possible. It was important that all focus groups included representation from different units in order for staff members to hear feedback from different areas of the agency. The information that we wished to obtain was related to perceptions about how Family Service Regina (FSR) is trauma-informed. In addition, we sought ideas and suggestions from staff on how to make FSR more trauma-informed.

The decision to interview managers separately was made in order to ensure focus group participants would be able to speak more freely without concern that management might treat them differently based on their responses. A copy of the interview questions in sequence for both focus groups and individual interviews with management can be found at the end of this
Even though management was interviewed separately from focus group participants, the data gathered from both interviews and focus groups will be presented together for clarity and in order to provide greater anonymity.

**4.3.1 Core Values of Family Service Regina/Perspectives on Current Realities**

The Appreciative Inquiry (AI) model begins with the discovery phase which asks questions that elicit stories about the best of Family Service Regina (FSR) (Whitney & Trosten-Bloom, 2003). The responses that follow get to the core of how FSR is already trauma-informed in their practice. In speaking about Family Service Regina’s core values, five themes emerged. Individuals working at FSR value a staff complement with diverse experience, a great reputation, care for the people they work with, a diversity of services, and they value working as a team.

**4.3.1.1 Diverse experience.**

The fact that the organization includes staff with diverse experiences who have different ways of working with people, along with the resulting opportunities to learn from each other, was identified as a core value. One participant mentioned the value in being new to the organization and seeing things through that particular lens. Another staff recognized the contribution of reception staff being able to speak with individuals in a calm way. It was pointed out that some staff, speaking primarily about management, were already trauma-informed in their approach with staff. One of the ways staff have been able to share their diverse experience and create opportunities for other staff to learn from them, was through peer support. Peer support was brought up as a positive opportunity to debrief. One staff member offered that peer support is important in order to stay connected to the other people in the agency. Staff also understood that regular coffee parties serve the purpose of creating time for staff to get together in a more lighthearted way.
4.3.1.2 Reputation.

It was recognized that Family Service Regina (FSR) maintains a great reputation in the community with organizations such as the Ministry of Justice, the Ministry of Health, the Ministry of Social Services and the University of Regina. It was also pointed out that FSR continues to host practicum students from different disciplines and that this speaks to FSR’s reputation.

With recent changes within the organization some staff explained that they are excited to see what happens because FSR is not feeling like a good place right now due to a lot of change resulting in a lot of “unknowns.” At the same time, one individual noted that, with several long time staff leaving, there is an opportunity to change things all at the same time. Another participant agreed that you can sense the value of an organization based on the happiness of the employees that are part of it and that in the past FSR was “a really well functioning machine.”

4.3.1.3 Caring for people.

Participants pointed out that FSR would not be the same if staff did not care deeply for the people and the social issues they see, and then strive towards “moving the needle forward in some of those key social issues”. Tied to this deep caring for the people that they work with, FSR employees spoke specifically about working to support individuals “where they are at”.

4.3.1.4 Diversity of services.

Focus group participants spoke to the diversity of services that FSR delivers. It was reported that staff have a holistic way of approaching the people they work with, services are offered at little to no cost, and the services are of high quality.
4.3.1.5 Working as a team.

The core value of working as a team was expressed in a story about a woman not being able to access a meditation course for free. Staff advocated for this person and received support and encouragement from other staff members to continue to advocate on the woman’s behalf. In time the woman was offered free admission to the meditation class and above that, anyone else who wanted to attend such a class was able to attend for free. Staff expressed that currently everyone at FSR works well together and backs each other up.

4.3.2 A Trauma-Informed Example

The program Art for the Heart was brought up a couple of times during the evaluation process. One person expressed, “everyone loves the program Art for the Heart”. According to interviews, Art for the Heart began as a result of women from the Domestic Violence Drop-In Group asking to be able to do creative art projects more often. Funding was sought and temporary funding was secured for a staff member to plan some art activities. At one point the program coordinator brought in someone to work with the women on Indigenous beadwork and the women really responded favorably to that. Around that same time a different facilitator with cultural roots in beading and other Indigenous arts was hired. It was mentioned that FSR often gets women together in a circle to talk about their problems. One participant noted “you need to do things like the circle but you can say just come, be with other people and then connect with your culture”.

This story identifies some of the ways Family Service Regina (FSR) is already trauma-informed. First of all, this program is an arts-based program. Using the arts has been associated with a reduction of more PTSD symptoms than a control group not using arts (Lyshak-Stelzer, Singer, Patricia & Chemtob, 2007). It's important to note that the program was initiated by the
women attending the drop-in group, which adheres to the trauma-informed principle of empowerment. As a result, the Art for the Heart program was a program created with participant input from the beginning. Lastly, this is a program that has embraced cultural art practices and is facilitated by someone who is Indigenous and knowledgeable in Indigenous art and culture.

### 4.3.3 Wishes for a Trauma-Informed Environment/Perspectives on the Future

These next questions were similarly formulated using an Appreciative Inquiry approach, but these questions look toward the future, imagining the best of Family Service Regina (Whitney & Trosten-Bloom, 2003). According to AI, this is the called the Dream phase of the model and responses elicit data that provide suggestions and feedback from staff on what they see as important initiatives (Whitney & Trosten-Bloom, 2003). The themes that emerged when staff were asked about the future included: considerations of the physical environment, the work, relationships with management, and community services. Each of these themes will be discussed in more detail below.

#### 4.3.3.1 Physical environment.

Family Service Regina’s physical environment was brought up during every focus group and this theme was further narrowed to focus specifically on: the building, the space, the front desk, and the waiting room.

**4.3.3.1.1 The building.**

The concerns around the building ranged from not being able to walk with the consumer down the hall, the cleanliness of the bathroom, the absence of a proper staff room and staff washroom as well as the absence of a gender-neutral washroom. Still, staff did agree that the current building is better than the previous building since the current building has an elevator, parking, and the ceiling doesn’t leak.
4.3.3.1.2 *Space.*

When addressing space, the participants wished for more space that is private and accessible where individuals could smudge, breastfeed and make private phone calls. Further, focus group participants wished for space for staff who share offices to meet privately with the people they work with. On occasion some units who share office space have difficulty meeting with people without moving another staff member out of the shared office space. The program Art for the Heart could benefit from space where supplies do not have to be packed up after each session. Lastly staff suggested that the use of the boardroom should be balanced and utilized primarily for those who have to share an office.

4.3.3.1.3 *Front desk.*

Concerns related to the front desk centred primarily on desires for more confidentiality and privacy. This may have more to do with the way the front desk is set up, rather than particular staff behaviours. Individuals who visit FSR come up to the front desk and require privacy in talking with reception. Oftentimes another consumer comes up behind them in order to wait their turn. This results in less privacy for individuals and does not allow for feelings of safety, which is integral to trauma-informed care.

4.3.3.1.4 *Waiting room.*

Lastly, focus group participants brought up the need for changes to the waiting room in order to make the space more trauma-informed. It was noted that, in order to feel safe, the waiting room needs to be more private with better furniture, lighting, and child friendly materials. It was also pointed out that the waiting room for the Walk-In Counselling Clinic, located in the front board room, appears awkward with chairs set up so that individuals waiting for service are forced to look directly at other people who are also waiting. Focus group
participants also brought up concerns for the physical needs of the people they work with suggesting the provision of granola bars and fruit for people waiting to be seen. The fact that staff are concerned with the physical environment that consumers encounter when they attend FSR points back to the core value of caring for the people staff work with.

4.3.3.2 The work.

The next theme that emerged from the discussions centred specifically on the work involved in each position within FSR. This was then narrowed down to four more specific sub-themes: training, workload, the way work is done, and cultural considerations.

4.3.3.2.1 Training.

In order to build a trauma-informed environment, staff observed that knowledge of trauma is necessary. Participants pointed out that the entire staff would benefit from training on trauma, and that unit-specific and individual training needs to be offered. It was further noted that reception could be more helpful if they were more aware of what happens in each department. It is not always imperative that all programs are aware of what other programs do. There are times however when consumers access different services within the agency. When staff are knowledgeable about these different programs so that they can effortlessly refer, this assists the people that seek services from FSR. Staff noted that the individual in the Communications and Fund Development position as well as the individual who covers reception requires connection and information about programs not unlike other staff so that they can deliver information about programs in an authentic way to the people they talk to.

As far as specific training around trauma, individuals asked to be trained specifically on the impact of trauma on people’s lives, and on understanding vicarious trauma. Individuals within the focus group were grateful for their initial onboarding training geared toward accessing
email and phone messages, instruction on important policies and setting up their computer but requested further training for their position. One individual noted that there are different levels to what people need to know about trauma. This individual wished for different training for staff and management with a different focus for management whose role is leading an organizational change into being.

Some of the feedback received from staff was that attending a retreat once a year might not be enough. Participants specified that training opportunities like Elkridge, workshops, and other educational opportunities need to be supported. Cultural training was also requested. In summary, individuals at Family Service Regina (FSR) recognize the value of knowledge and appreciate the opportunity to be trained in their positions. Looking to the future and becoming leaders in trauma-informed care, the responses indicating the importance of training reflects back to the core value of FSR having a great reputation and having a staff complement with a diverse range of experiences.

4.3.3.2.2 Workload.

Workload was noted as a concern during the focus group discussions when considering wishes for an environment that was more trauma-informed. Participants appeared to be worried about the possibility of being burnt-out and pointed out that more administrative and front desk support was needed. Some individuals suggested that turnover occurs because there is too much work; and that more staff is required, or programs need to be scaled down. It was also suggested that sometimes individuals turn away consumers who drop-in because they are too busy. Therefore, one of the wishes identified was for front-line staff to have enough time so that they don’t feel overwhelmed and need to turn away individuals who report to the front desk when in crisis.
4.3.3.2.3 The way work is done.

In order to be more trauma-informed, participants noted that in some ways the way work is done needs to change. Some of the specific concerns staff presented were to ensure that consumers don’t have to wait long in the waiting room; a wish for the people staff work with to have the freedom to not fill out forms; a need to evaluate the different “rules” that staff put in place for consumers through a trauma-informed lens; and a desire to be open to learning and comfortable in being challenged on knowledge and expertise. It was further suggested that it is important that FSR be up to date with their published materials. When individuals speak with reception on their way out of the building, it was pointed out that there are times an individual is required to let the front desk know that they are off to the police station or off to court. Depending on who is in the waiting room at the time, hearing these kinds of statements might be triggering.

There was a mass of data gathered centering on the way individuals work together and with consumers. It was pointed out that using a trauma-informed lens will lead to changes in the way staff works with consumers. One individual spoke of the potential disconnect of Domestic Violence workers using a trauma-informed lens alongside the Justice system which "is so good guy, bad guy, so black and white". It was noted that there would have to be a strong leader in the Domestic Violence Unit to work alongside staff and help them to be more trauma-informed in light of a justice system that is trauma-insensitive. The Ontario Domestic Assault Risk Assessment (ODARA) is an assessment tool that the Domestic Violence Unit utilizes to assess the risk that an individual’s partner will assault them again. This is a mandated assessment and often when workers are not able to remove conditions based on the score of the ODARA, the women do not return to FSR for services. One individual questioned how staff can be more
trauma-informed in administering the assessment so that women will feel supported and continue to utilize FSR services even when the conditions cannot be removed.

One of the changes in the way staff works with consumers appears to have been identified with a wish by participants in focus groups and interviews. Participants wished that consumers would understand that even when there are differing opinions between staff and consumers that staff always wants the best for the people they work with. Often staff hope for women to leave the abusive relationships they are in, while that decision for women is much more complicated. When this is the case, staff wished that women would know that staff are there for support. This wish appears to point to a perspective change that values the choice of individuals when there are differing opinions between staff and consumers.

During focus groups and interviews, individuals pointed out a perspective change noting that they often feel responsible for consumer's choices. One individual asked the question, "If [a consumer] makes a choice and it ends badly, how do we support staff to know that's not their fault. A decision was made, and that's not on you". With a trauma-informed lens it is important that we don't "badger clients to change their minds" and we recognize that when individuals don't attend their appointment or when individuals show up unannounced it might have to do with their trauma. Sending people away sets up further barriers that could end up being re-traumatizing for the consumer.

The practice of “joking” and the choice of language was brought up by some individuals during data collection. While this idea of joking was not fleshed out more precisely, I believe it is fair to say that even though individuals are careful with their language around consumers, dark humour used by staff needs to be tempered in an organization which is becoming more trauma-
informed. As Family Service Regina becomes more culturally diverse as an organization, the language used within the organization needs to shift.

4.3.3.2.4 Cultural considerations.

The last theme that emerged from the interviews and discussions highlighted the importance of cultural considerations as part of the work. Participants insisted that individuals would benefit from an opportunity to smudge, and that there should be access to an Elder. Participants then noted that recruiting an Elder to serve on the board might be the solution, and further suggested that agency staff might benefit from being able to access an Elder as well. Individuals were hopeful that there could be money for supplies for smudging as well as training on the practice and facilitation of smudging. Individuals were concerned about wanting to ensure that there would be cultural representation and input into the truth and reconciliation document being written up for Family Service Regina (FSR). Participants also wished that when consumers visit FSR, they would experience individuals who were sensitive to cultural beliefs.

In looking toward the future and becoming leaders in trauma-informed care, participants understood that it is important to pay attention to workload, the way work is done, and to cultural sensitivity. Looking back at core values, paying attention to these three things supports the identified values of having a great reputation and caring for the people staff work with.

4.3.3.3 Relationships with management.

Staff are affected by trauma either because trauma is pervasive, meaning they have experienced trauma in their own lives since trauma is spreading through society, or because the nature of their positions at FSR puts them at a high risk to have experienced a trauma exposure response. Knowing there is a likelihood that staff have experienced trauma, it is important that
managers treat their staff using the trauma-informed principles of safety, trustworthiness, choice, collaboration and empowerment.

4.3.3.3.1 Human resources changes.

The human resources changes that were suggested in order for management to begin working with staff in a more trauma-informed fashion were: self-care days, and flexibility in work schedules. Two individuals told stories about when they had lost family members. One person detailed that their manager at a previous job had called and blocked out their schedule (they were working shift-work at the time) which provided this person with a week and a half leave. Another individual spoke about how they were expected back to work a day after burying a close family member. It was noted that staff are careful with the people they work with in the midst of grief; it would be similarly helpful for managers to be careful with staff when they are experiencing loss.

Some of the important things participants said would be different if a more trauma-informed approach was utilized was to consider individuals rather than policies around such things as attendance, sick time and compassionate leave.

When looking toward the future and becoming an example of a leader in trauma-informed care, participants noted that the staff complement needs to be representative of the population. It was further pointed out that if an agency is a leader in trauma-informed care, and management acts on trauma-informed principles, staff retention will naturally occur. Participants noted that staff retention and diversity, in particular around retaining Metis and Indigenous staff across all programs, is necessary in a trauma-informed organization. One suggestion for ensuring staff retention was to scale back existing programs or to hire additional staff.
Human Resources assistance was a concern that was brought up by several participants. It was pointed out that Family Service Regina continues to grow and expand and that this expansion has impacts upon the agency. Further, there was mention that there was a need for further administrative staff and a suggestion that a dedicated human resources position was required. Creating such a position would be the important missing link. It was suggested that this position would be responsible for re-visiting confidentiality, code of conduct, and trauma-informed principles yearly. Creating, updating and maintaining a staff manual might be another area where a human resources person could provide expertise.

4.3.3.3.2 Qualities of management.

Staff wished for managers who communicated well and also shared information specifying that sharing information helps to settle people. Part of being trauma-informed is ensuring that upper management does not hold all the knowledge but offers information to those who work at the agency. Staff were also clear that with communication and follow-through about becoming more trauma-informed, staff become more knowledgeable about the process. For some individuals it was important that managers know a little more about their staff and suggested a one-page profile to help managers get to know their staff. To become leaders in trauma-informed care in Saskatchewan, focus group participants maintained that there would need to be effective collaboration between staff and managers.

It was mentioned that in becoming more trauma-informed it was important to see all individuals as part of a team. That being the case, staff should be consulted on decisions with respect, and inclusion, and work largely from a place of consensus. It was brought up that being collaborative does not mean that everyone must agree about everything. Even though consensus might be the goal, there is strength in working with diversity of opinions.
Staff noted that they often feel burnt out and busy. Staff spoke of feeling guilty and anxious even participating in the focus group because they have so much work to do. As a result, participants noted that they would sometimes like their managers’ assistance in saying no and maintaining boundaries. It was important to staff that their roles and boundaries were honoured and not challenged. It was discussed that being able to be flexible as far as hours would be of benefit for the consumers. Along with this, staff brought up how they would like to attend events in the community and wished for manager encouragement and support to attend events such as Aboriginal Day.

A number of different people in different positions in the agency noted that they would like their managers to acknowledge the difficulty of the job. Along with this, participants in the focus group suggested that managers start asking “would you like help?” For this reason individuals suggested that caseload distribution must be more balanced. Staff also offered that individuals in management should be knowledgeable in service delivery and supervision.

Staff recognized the ability FSR has to grow and noted that in order to be leaders in Saskatchewan, it’s important for staff to evaluate what’s working and look at where they want to be. It was noted that “managers need to listen to front line staff, read research, look at evidence and then do the thing”. In that way, front line staff and managers work together to bring about more effective programs. Individuals in focus groups further supported the core value of working as a team by pointing out the ways in which management and staff can work together.

Another set of skills necessary in bringing a trauma-informed approach into being are skills that promote independence. Even during changes, it is important that management is supportive, acknowledging good work in the past while being open to innovative work in the future. It is an important skill to slow down and listen to staff and recognize that with change,
staff will need to check-in. From there, building independence means letting employees take the lead on projects that are important to them as well as trusting them to do what they need to do in order to get their work done.

Managers acknowledged that they don't always know the particulars of their staff's jobs. This was seen as an area where managers were empowering staff to do their own work. One manager noted "go fly, do your thing, why would I interfere if you know your job better than I do?" One manager reflected that even though he/she supported staff's independence, staff might appreciate more relationship and more of a supportive approach.

**4.3.3.4 Community services.**

The last theme identified from the discussions about building a more trauma-informed environment was focused on future services. Some participants discussed their excitement for the daycare which will soon be housed at the agency, and the opportunities it will bring to ensure parents can attend groups and programming. The potential for the availability of crisis spots was discussed as was the potential for use with the Teen Parent Program. When considering future services, participants wished for support for trauma-specific services, groups for fathers and men, opportunities to involve fathers in the teen parent program, and expanding the counselling and Domestic Violence Units to work with offenders and victims. Participants became excited thinking about how the Older Adults Response Service has so much potential but that it’s a forgotten about program with a high staff turn-over rate. Participants got creative in thinking about using student help, and possibly youth care workers within the agency. Lastly, it was suggested that new opportunities might arise if students were used to pilot programs not unlike what was done with the Walk-In Counselling Clinic.
The survey data found Family Service Regina (FSR) begins with strengths. It was noted that the physical environment felt safe for consumers, that privacy was seen as important and that individuals at Family Service Regina support staff consistency with the individuals they work with. Findings from interviews with partner agencies promoted the trauma-informed organization, noted that the approach requires a worldview and culture shift, understood that intentionality and data collection was a part of the process and encouraged that part of being a trauma-informed organization was treating the trauma with trauma-specific services. The findings from agency focus groups and interviews provided perspectives on current realities, namely that individuals at Family Service Regina have diverse experience, a good reputation, care for consumers, they offer a diversity of services, and they work well as a team. Perspectives on the future examined the need for changes to the physical environment, changes related to the work, shifts in relationships with management, and further innovation around community services. In the next chapter, recommendations that emerged from the findings will be discussed.
Chapter Five: Recommendations

In considering the list of recommendations highlighted in this chapter, it should be noted that the list is not exhaustive, and that these recommendations do not touch on every item of feedback noted from the survey. These recommendations have been informed through analysis of all information and data gathered as part of this evaluation process. Becoming trauma-informed is a process that requires continued evaluation and changes. Using Appreciative Inquiry as a framework implies that a journey into finding new possibilities will be undertaken by recognizing and valuing what already exists (Whitney & Trosten-Bloom, 2003).

Based upon a trauma-informed perspective, it should be emphasized that it is important that decisions made based on these recommendations include staff feedback so that staff will continue to invest in these kinds of processes as they relate to organizational change (Guarino et al., 2009).

In total, there were eleven recommendations formulated as part of this evaluation project. Each recommendation is identified and discussed below.

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1. Develop a Workgroup with a Project Point Person to Manage the Implementation of Trauma-Informed Practices

   It is important that whether Family Service Regina (FSR) uses a workgroup, an existing committee, or a new committee with a project point person to implement trauma-informed services that it is sustainable for an organization the size of FSR. According to Moses, Huntington and D’Ambrosio (2004), “Change can be facilitated by one or two people who inspire others and are persuasive about the need to alter practices and program operations within their agency” (p. 2). Furthermore, it is recommended that a point person or committee leader have the authority to initiate change and have the support of the agency to begin implementing those changes (Guarino et al., 2009).

2. Initiate Staff Training Opportunities

   a) Begin group training for all staff.

   According to a multi-site study of trauma-informed models, “training on trauma for non-trauma providers was the first and most important step in making services more trauma-informed” (Moses et al., 2004, p. 23). Other research agrees that most successful trauma-informed organizational change begins with foundational training (Yatchmenoff, Sundborg, & Davis, 2017). It is encouraged in the literature that training needs to be experiential, interactive, diverse and multidisciplinary (Rivard, 2006). Training was also identified as important in focus groups and individual interviews with managers. Specific suggestions about training that emerged from those discussions included:

   - One outside agency specified that the training they settled on was delivered by an individual without a clinical background. This was purposely done so that individuals...
within the agency would understand that trauma-informed practice had little to do with trauma-specific services and therapy.

- A training schedule needs to be implemented in order to address topics such as trauma-informed care, confidentiality, safety and code of conduct as well as cultural, historical and gender specific training. "Training needs to be repeated regularly in order to reinforce learning and compensate for staff turnover" (Moses et al., 2004, p. 23).

  i) Cultural, historical and gender-specific training.

  Cultural sensitivity training must be undertaken regularly in order to build cultural competence and linguistic competence necessary for being trauma-informed (Hopper et al., 2009). During data collection in the agency, it was disclosed that while staff at FSR are very good at working with Indigenous people, staff are not always sensitive working alongside Indigenous employees. Still, Family Service Regina (FSR) works to ensure that there is cultural sensitivity within the staff and secured facilitators for a blanket exercise that was presented during the spring 2018 retreat. This was a first step in moving toward cultural sensitivity. During the year it is recommended that FSR work to bring in elders, or other agencies with expertise in Indigenous cultural practices to provide on-going training and consultation.

  Family Service Regina must also provide training focused on linguistic sensitivity and the unique trauma considerations for the LGBTQ community; presented by individuals belonging to the LGBTQ community. FSR is initiating conversations with Pride Regina about becoming a Positive Space. It is recommended that FSR include training to bring attention to the language and specific LGBTQ considerations concerning trauma in order to work respectfully with individuals who are not cis-gender and heterosexual.
b) Consider individual training opportunities.

FSR would benefit from individual training in order to provide training to individuals who cover reception, individuals who are onboarding and orientating or for individuals who are absent on training days. This could be undertaken via purchased computer training like one partner agency or by utilizing free resources accessed from the internet.

Front desk, Administrative personnel, and Communications require additional training. Administrative staff would benefit from knowing more about each program and the activities undertaken so that they can do a better job putting through phone calls or even providing information upon inquiry. This recommendation was brought up during the focus groups and interviews. “Sometimes we put those calls through and sometimes we get some feedback that that call wasn't for me.” During focus groups it was also brought up that the Communications and Fund Development position would like to be more connected and informed about programs. Information can then be shared on the website or to potential funders in an authentic way.

Consider training for managers in implementing a more trauma-informed approach. According to Bloom and Farragher (2013), leadership should be given different or separate training on organizational change since they have a different role to play in implementing a trauma-informed approach.

3. Encourage a more Trauma-Informed Physical Environment

Consider some small inexpensive changes to the waiting room if permitted by the building rental agency to create a more trauma-informed space. Some suggestions for enhancing the space include calming music, a couple of toys, some reading material and a small table or carpet.
4. Pay Attention to Cultural, Historical and Gender Specific Considerations

   a) Artwork.

   Consider artwork or signage in the waiting room that demonstrates FSR’s commitment to working with unique traumas. In consultation with individuals from Pride Regina and Indigenous staff and community members artwork or signage should be hung to promote inclusion and comfort.

   b) Consultation.

   Suggest consultation with Indigenous staff members and Indigenous members of the community when formulating policies, procedures or practices of a cultural nature. Staff noted that a statement about truth and reconciliation is being formulated and that participation from the Indigenous community should be consulted.

   c) Inclusion.

   Include Indigenous professionals in the organization in a range of positions while being mindful of tokenism. It was suggested during focus groups that the board of directors include an Elder. It was further expressed that all programs should be representative of the population including the counselling unit. With that in mind it is important for FSR to specifically welcome Indigenous professionals to submit their resumes to the organization.

   d) Smudging.

   Work actively together as staff and management to introduce smudging protocols in the agency. The interest in smudging has been communicated and a policy proposal has been drawn up. While smudging was the ceremony that was brought up during agency interviews and focus groups, the larger theme of welcoming ceremony is also recommended.
5. Acquire Trauma Materials and Information

   a) Up-to-date materials.

   Ensure written materials around Family Service Regina (FSR) are up to date. In order to be trauma-informed it is necessary that all materials relating to program dates and times are up to date. According to data gathered in the focus group, some of the materials showcased in the agency are outdated. It is paramount that we are up to date working with the latest materials and knowledge.

   b) Trauma resources.

   Consider acquiring or manufacturing trauma resources. FSR does not have resources available to children, families or providers on trauma and its impact and treatment. During a walk-in counselling session there are often hints of past trauma without the space or expertise to begin working on it. Materials on trauma and how it affects individuals would be helpful for many individuals to leave with.

6. Modify Screening and Assessment Processes in Light of a Trauma-Informed Approach

   Analyze the screening and assessment process and procedures ensuring the process is as trauma-informed as possible. The Family Centre in Edmonton will not consider doing an intake without screening individuals by using the ACE assessment (Felitti et al., 1998). While this might not be the route FSR wishes to take, when considering screening and assessments for PTSD and trauma exposure, validated measures should be taken into consideration (Hopper et al., 2009).

7. Gather Trauma Data from Consumers who Attend Family Service Regina

   It is suggested that trauma-specific and trauma prevalence data be collected from the people we work with (Farro, Clark, & Hopkins-Eyles, 2011). This kind of information can be
used to inform funding boards and others who collaborate on the importance of trauma-informed practices (Farro et al., 2011). Informing funders can in turn help access trauma-specific resources (Farro et al., 2011). Currently FSR collects data on a number of different reasons people access counselling. It is expected that with more training on the symptoms of trauma, as well as the expectation that trauma data be identified by staff, that current trauma statistics will increase and become more visible.

8. Support Community Services Within Family Service Regina That Address Trauma

Family Service Regina (FSR) must continue to support trauma-specific services in some capacity. It has been established that trauma is pervasive and it is understood that trauma-informed services do not address trauma in individuals' lives. Part of being a trauma-informed organization is providing individuals with trauma treatment if it's requested.

a) Recommend continued support for trauma-specific services.

"Practitioners who do not attend to survivors' past, and the relationship it plays in the present, undermine their ability to deal with the underlying trauma and the present-day challenges that brought them into treatment in the first place" (Knight, 2015, p. 25).

i) Evidence-based trauma treatment.

Consider a research project that looks into evidence-based trauma treatments of children, youth, adults and seniors. Look into other treatment approaches beyond traditional talk therapy particularly for children and youth. According to Stagman and Cooper (2010) there are not enough mental health providers for children and youth in the child welfare system and many of these providers do not use evidenced-based, empirically supported practices.
ii) Consider the feasibility of running mindfulness groups.

One of the programming opportunities Family Service Regina (FSR) might consider are mindfulness groups geared toward the community. "The use of mindfulness practices in conjunction with cognitive behavioural therapy will enhance the treatment of trauma-related problems (Follette, Palm, & Pearson, 2006). Chopko and Schwartz (2009) found that some aspects of mindfulness were correlated with posttraumatic growth.

b) Recommend a drop-in child-minding space.

With the upcoming establishment of a Day Care, consider a child-minding space that can be booked short-term for individuals attending counselling.

9. Encourage Trauma-Informed Management

a) Sick-leave and vacation days.

Consider flexibility in policy to allow for combining sick-leave and vacation days on an individual basis. During focus groups and also during interviews with partner agencies this was reported as a tangible way staff could experience trauma-informed principles. Along with this flexibility management may want to consider the idea of self-care days as suggested by staff during focus groups.

b) Regular supervision in all program areas.

Regular supervision was really evident during focus groups with most individuals requesting more support and opportunities to debrief. Elements of staff support "include regular supervision and team meetings, an organizational commitment to promoting staff self-care, and opportunities for staff members to have a voice in programming decisions" (Guarino et al., 2009, p. 25). Regular supervision should be offered not only to help staff further understand trauma in the specific situations they are working with, but also to help staff recognize and manage their
own reactions to trauma (Hopper et al., 2009). This may also assist in prevention and early intervention of trauma exposure response.

c) Staff to have a voice in programming.

Encourage staff members to have a voice in programming decisions (Guarino et al., 2009). During focus groups and interviews it was brought up that individuals are knowledgeable and work well as a team. It was also pointed out that staff move "the needle forward in [. . . ] key social issues". It was asserted that many of the programs have so much potential and could really benefit from vision and evaluation, not unlike the project to expand the Walk-In Counselling Clinic. It is suspected that individuals in all of the programs are aware of the different services they might like to provide but require management to "listen and ask, ‘how can we help?’". Some of the additional programming concerns that participants brought up during focus groups and interviews were about working with offenders and victims, involving men in the Teen Parent Program, providing more trauma-specific counselling, and a group for men and fathers.

10. Encourage Additional Trauma-Informed Principles with Consumers

a) Consider making some language changes.

Consider people-first language in all interactions: people who use or experience intimate partner violence, people with disabilities, people who experience homelessness and people who live with a mental illness. It is also suggested that the word client be explored. A client is an individual who seeks the services of an expert and follows the expert's advice. This is not the case at FSR. In popular usage the word client also comes with an idea of ownership, "my client is waiting for me." In a trauma-informed organization where we want individuals who have experienced trauma to be open to sharing it is important that the words we use and the assumptions we make are continually scrutinized.
b) Information sharing between programs.

Consider how Family Service Regina (FSR) might do better to share information with each of their programs so that individuals do not have to tell their traumatizing story over and over. This was explored at a partner agency where they noticed that a person could be admitted to several different programs and in each program be asked to tell his story. During focus groups it was queried whether Caseworks, the database utilized by Family Service Regina for consumer files, could become more open and whether there could be more sharing about the people who access different programs in efforts to reduce re-traumatization for having to share their story multiple times.

11. Involve Consumers

Getting people who use FSR programs involved in developing and evaluating services that are provided for them is an important part of providing trauma-informed services (Hopper et al., 2009). According to Substance Abuse and Mental Health Services Administration (2014), trauma survivors, as well as people and families receiving services should have the opportunity to be involved and have significant choice in things like program design, implementation and evaluation. Other examples of involvement include goal setting and crisis planning. If there are barriers toward engaging with people it is necessary to evaluate those hesitations. Are individuals fearful of giving away too much control or does it feel like we can protect people by not giving them opportunities to be involved.

The above recommendations were informed through the literature review, survey results, interviews with partner organizations, and interviews and focus groups with agency staff. It is now up to Family Service Regina to evaluate which recommendations are helpful at each point during their move to become more trauma-informed. Becoming trauma-informed is a process
that requires continued evaluation and changes. In the next and final chapter my own personal reflections on being a part of this process will be shared.
Chapter Six: Closing Statements

Being asked to obtain and compile the amount of data that was required for this project was both exciting and at times overwhelming. It was of utmost importance that I set goals and work to meet time deadlines. I appreciated the chance to be self-evaluative and reach loftier goals for myself than I had ever thought possible. This final chapter includes my own personal reflections of being part of this project and then closes with a conclusion.

6.1 Personal Reflection on my Practicum: A Metaphor

The process of going through this practicum was a process I was hardly prepared for. I worked full-time during this part-time practicum using a number of vacation days to assist me in getting more of the work done in a way that preserved my mental state. When I didn’t have to work evenings or weekends, I spent time with my family, attempting to enjoy life in the midst of transcribing interviews, deadlines and writing.

When I began this practicum, I read the project evaluation that had been written by a student just a couple months previously. I knew that my project would resemble her project however it felt like finishing a project of that magnitude was not within my capabilities. A couple months into my practicum and I still had not written anything that would go into my agency evaluation report.

While I was going through my practicum and all the work that was required, I remembered back to grade 5. I had a social studies project on Germany that required steps that could be completed in class. There was a page on the flag, a map, and I needed to research what people from Germany ate and did for fun. I remember completing one or two pages of the sizable booklet and found that looking at the project as a whole became so overwhelming that I basically ignored it. Instead, I spent time socializing with friends who had likely already completed their
booklet. On the weekend before I was expected to present on my project, I enlisted the help of my grandpa and acquired his slide projector fitted with slides from Germany. I planned a German snack and prepared enough for all of my classmates. I practiced all weekend and developed what I thought was a very engaging presentation. I went to class the next day, somewhat confident and performed my presentation to the best of my ability. I even felt good believing that it was one of the most entertaining presentations yet. In the end, I was given a 46% which was devastating and has reminded me to do the work and get little steps done.

The reminder of the above project assisted me when I thought about doing nothing or when I thought about taking one more break. Instead of giving in to thoughts about how hard or insurmountable the task was, I changed my thoughts toward more helpful thoughts. I told myself, “Christine, you can finish things like this by taking little steps”, and “just work for one hour”. Attention to my thoughts about this practicum and just the right amount of self-compassion enabled me to continue on the practicum journey.

There were times when my own cheerleading was not enough. During those times I reached out to my supportive team, my family, those who had gone through the practicum process before, my professional associate and my academic supervisor. I was always met with affirming words which reinforced the words I had been telling myself.

What I learned about this process is that I can do really tough things when I make an intention, break tasks into small steps, treat myself with care, encourage myself on, and engage a support system. Being able to work through this and notice my progress will forever assist me in working on new projects both in my professional and private life. In the end, all this hard work was really worth it in order for me to see what I’m capable of.
Moving toward a trauma-informed organization requires a process that follows part of the personal journey I describe above. It will take some time because it is a process. A worldview shift does not happen overnight and it did not start when the words trauma-informed entered Family Service Regina (FSR). The reason we take the time to go through such a long process is because of the importance of the goal. Treating all individuals with the basic principles of safety, trustworthiness, collaboration, empowerment and choice keeps the power within the individual to make their own decisions. While going through a shift toward becoming a more trauma-informed organization, some individuals will embrace the process fully while others might only notice that they have changed once they take the time to reflect and look back. And looking back to see what has been accomplished and that an organization feels more comfortable for the consumers that they serve is worth the time and effort.

6.2 Conclusion

According to the social work code of ethics (2005) “The profession has a particular interest in the needs and empowerment of people who are vulnerable, oppressed, and/or living in poverty” (p. 3). Some of the individuals who attend Family Services Regina in search of assistance are people who have been labelled as vulnerable and oppressed and some of them live in poverty. Since trauma is pervasive, it is likely that many of these individuals have endured experiences of trauma. Knowing that this is the reality, social workers need to ensure that we are treating individuals with respect which means working in a way that utilizes principles such as safety, trustworthiness, collaboration, empowerment and choice. For this reason it is important for an organization to make the change to become more responsive to those needs and work to become trauma-informed.
This concludes my discussion about my field practicum experience as a practicum at Family Service Regina. This report began with an overview of the project as detailed in my field practicum proposal (Appendix 4). This was followed by a literature review focused on trauma, trauma-informed organizations and trauma-informed models. Chapter three discusses both the methodology used for this project, Appreciative Inquiry, then moves to detail the various methods utilized during this project. In chapter five the findings from the project were detailed and the recommendations that came out of the literature review and research processes were presented. Chapter six offered personal reflections about the project.

In beginning their trauma-informed journey, Family Service Regina has started from a unique and relatively “advanced” place. In this place, many staff members are already knowledgeable about trauma, and work daily in order to ensure the work place is safe. In addition, employees already strive to treat consumers in a way that builds trust and provides opportunities for choice, collaboration, and ways to feel empowered. An intentional move toward becoming even more trauma-informed is the necessary next step.
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Appendix 1

Invitation to participate in the survey

You have been chosen to participate in a confidential survey.

The Trauma-Informed Organizational Self-Assessment is a tool that organizations can use to examine their current practices and take steps to becoming more trauma-informed as an agency. This tool began as a tool for those working with families who entered the homeless service system but has been adapted to fit an agency such as Family Service Regina.

This assessment can be completed in approximately 15-20 minutes. Please answer the questions based on your specific experience over the past 6 months. Please answer as honestly and accurately as possible. This survey does not evaluate your specific performance, rather, the practices of the agency as a whole.

Survey Setting: Confidential
(The administrator /sender of this survey cannot see results by individual respondents. This setting cannot be changed once a survey is launched and active)

Your participation is extremely valuable. I would like your completed survey as soon as possible, however to accommodate those on vacation the return date for the survey will be April 9. Please contact me if you have any questions or if you would like additional information.

Sincerely,
Christine Andres
MSW Practicum Student
Appendix 2

Trauma-Informed Organizational Self-Assessment

Adapted from the National Centre on Family Homelessness Trauma-Informed Organizational Self-Assessment and “Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol” (Fallot & Harris, 2009).

1. Which Department are you part of?
   Administration, Counselling, Domestic Violence, Management, Other, Prefer not to Answer

I. Supporting Staff Development
   A. Training and Education
      1. Staff at all levels of the agency receive training and education on the following topics:
         a) What traumatic stress is.
         b) The relationship between mental health and trauma.
         c) The relationship between substance use and trauma.
         d) The relationship between homelessness and trauma.
         e) How trauma affects a child’s development.
         f) How trauma affects a child’s attachment to his/her caregiver.
         g) The relationship between childhood trauma and adult re-victimization (eg. domestic violence, sexual assault).
         h) Different cultural issues (eg. different cultural practices, beliefs, rituals).
         i) Cultural differences in how people understand and respond to trauma.
         j) How working with trauma survivors impacts staff.
         k) How to help consumers identify triggers (i.e. reminders of dangerous or frightening things that have happened in the past).
         l) How to help consumers manage their feelings (eg. helplessness, rage, sadness, terror).
         m) De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis).
         n) How to develop safety and crisis prevention plans.
         o) What is asked in the intake assessment.
         p) How to establish and maintain healthy professional boundaries.
   B. Staff Supervision, Support and Self-Care
      1. Staff members have regular team meetings.
      2. Topics related to trauma are addressed in team meetings.
      3. Topics related to self-care are addressed in team meetings (eg. vicarious trauma, burn-out, stress-reducing strategies).
      4. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.
      5. Part of supervision time is used to help staff members understand their own stress reactions.
      6. Part of supervision time is used to help staff members understand how their stress reactions impact their work with consumers.
7. The agency has a formal system for reviewing staff performance.
8. The agency provides opportunities for on-going staff evaluation of the program/agency.
9. The agency provides opportunities for staff input into program practices.
10. Outside consultants with expertise in trauma provide on-going education and consultation.

II. Creating a Safe and Supportive Environment
A. Establishing a Safe Physical Environment
   1. Agency staff monitors who is coming in and out of the agency.
   2. Staff members ask consumers for their definition of physical safety.
   3. The environment outside the agency is well lit.
   4. The common areas within the agency are well lit.
   5. Bathrooms are well lit.
   6. Consumers can lock bathroom doors.
   7. The agency incorporates child-friendly decorations and materials.
   8. The agency provides a space for children to play.
   9. The agency provides consumers with opportunities to make suggestions about ways to improve/change the physical space.

B. Establishing a Supportive Environment
   1. Information Sharing
      a) The agency reviews rules, rights and grievance procedures with consumers regularly.
      b) Consumers are informed about how the agency responds to personal crises (eg. suicidal statements, violent behaviour, and mandatory reporting rules).
      c) Consumer rights are posted in places that are visible (eg. grievance policies, mandatory reporting rules).
      d) Materials are posted about traumatic stress (eg. what it is, how it impacts people, and available trauma-specific resources).
   2. Cultural Competence
      a) Program information is available in different languages.
      b) Staff and/or consumers are allowed to speak their native languages within the agency.
      c) Staff and/or consumers are allowed to prepare or have ethnic-specific foods.
      d) Staff shows acceptance for personal religious or spiritual practices.
      e) Outside agencies with expertise in cultural competence provide on-going training and consultation.
   3. Privacy and Confidentiality
      a) The agency informs consumers about the extent and limits of privacy and confidentiality (kinds of records kept, where/who has access, when obligated to make report to police/child welfare).
      b) Staff does not talk about consumers outside of the agency unless at appropriate meetings.
      c) Staff does not discuss the personal issues of one consumer with another consumer.
d) Consumers who have violated rules are approached in private.

e) There are private spaces for staff and consumers to discuss personal issues.

C. Safety and Crisis Prevention Planning.
For the following item, the term “safety plan” is defined as a plan for what a consumer and staff members will do if the consumer feels threatened by another person outside of the agency.
1. Written safety plans are incorporated into consumers’ individual goals and plans
For the following item, the term “crisis-prevention plan” is defined as an individualized plan for how to help each consumer manage stress and feel supported.
2. Each consumer has a written crisis prevention plan which includes a list of triggers, strategies and responses which are helpful and those that are not helpful and a list of persons the consumer can go to for support.

D. Open and Respectful Communication
1. Staff members ask consumers for their definitions of emotional safety.
2. Staff members practice motivational interviewing techniques with consumers (eg. open-ended questions, affirmations and reflective listening).
3. The agency uses “people first” language rather than labels (eg. people who are experiencing homelessness rather than homeless people).
4. Staff uses descriptive language rather than characterizing terms to describe consumers (eg. describing a person as “having a hard time getting her needs met” rather than “attention seeking”).

E. Consistency and Predictability
1. The agency has regularly scheduled procedures/opportunities for consumers to provide input.
2. The agency has policy in place to handle any changes in schedules.
3. The program is flexible for consumers if needed, based on individual circumstances.
4. The program is flexible for staff if needed, based on individual circumstances.
5. There are structures in place to support staff consistency with consumers (eg. training, staff meetings, and peer supervision).

III. Assessing and Planning Services
A. Conducting Intake Assessments
1. The intake assessment includes questions about:
   a) Personal strengths.
   b) Cultural background.
   c) Cultural strengths (eg. worldview, role of spirituality, cultural connections).
   d) Social supports in the family and the community.
   e) Current level of danger from other people (eg. restraining orders, history of domestic violence, threats from others).
   f) History of trauma (eg. physical, emotional, or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness)
   g) Previous head injury.
h) Quality of relationship with child or children (i.e. caregiver/child attachment).
i) Children’s trauma exposure (eg. neglect, abuse, exposure to violence).
j) Children’s achievement of developmental tasks.
k) Children’s history of mental health issues.
l) Children’s history of physical health issues.

2. Intake Assessment Process
   a) There are private, confidential spaces available to conduct intake assessments.
   b) The program informs consumers about why questions are being asked.
   c) The program informs consumers about what will be shared with others and why.
   d) Throughout the assessment process, the program staff observes consumers and how they are doing and responds appropriately.
   e) The program provides an adult translator for the assessment process if needed.

3. Intake Assessment Follow-Up
   a) Based on the intake assessment, adults and or children are referred for specific services as necessary.
   b) Re-assessments are done on an on-going and consistent basis.
   c) The program updates releases and consent forms whenever it is necessary to speak with a new provider.

B. Developing Goals and Plans
   a) Staff collaborates with consumers in setting their goals.
   b) Consumers’ goals are reviewed and updated regularly.
   c) Before leaving the program, consumers and staff develop a plan to address any future needs.

C. Offering Services and Trauma-Specific Interventions
   a) The program provides opportunities for care coordination for services not provided within the agency.
   b) The program educates consumers about traumatic stress and triggers.
   c) The program has access to a clinician with expertise in trauma and trauma-related interventions (on-staff or available for regular consultation).
   d) The program provides opportunities for consumers to express themselves in creative and nonverbal ways (eg. art, theatre, dance, movement, music).

IV. Involving Consumers
A. Involving Current and Former Consumers
   1. Current consumers are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (eg. suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc.).
   2. The program recruits former consumers to serve in an advisory capacity.
   3. Former consumers are invited to share their thoughts, ideas and experiences with the program.

V. Adapting Policies
A. Creating Written Policies
1. The program has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.
2. Written policies are established based on an understanding of the impact of trauma on consumers and providers.
3. The program has a written commitment to demonstrating respect for cultural differences and practices.
4. The program has written policy to address potential threats to consumers and staff from natural or man-made threats (fire, tornado, bomb threat, and hostile intruder).
5. The program has a written policy outlining program responses to consumer crisis/staff crisis (i.e. self-harm, suicidal thinking and aggression towards others).
6. The program has written policies outlining professional conduct for staff (e.g. boundaries, responses to consumers, etc.).

B. Reviewing Policies
1. The program reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma.
2. The program involves staff in its review of policies.
3. The program involves consumers in its review of the policies.
Appendix 3

Introduction to Focus Groups

Thank you so much for participating in this talk about becoming a more Trauma-Informed organization. My name is Christine and I've been working on this project for a couple of months now. We have a cross section of all the different programs here and as you might notice no one from management.

You might know that I've been working closely with Kirk, but I want to put you at ease and let you know that while focus groups can't ensure confidentiality since you are here in a group, your names and identities will be kept as confidential as possible in my dealings with Kirk and in my report.

A best practice in trauma-informed care is to ensure individuals are safe and offered choices. For this reason I just want to say that if you are feeling at all uncomfortable during the course of this focus group feel free to leave, come back or stand at the back for a time.

If you say something during this focus group and later decide that it shouldn't be included in the research, you can talk to me about that. After May 11, it may not be possible to withdraw your information completely as some form of dissemination will have occurred.

Also, if you would like to add something to the conversation afterward in confidence you can absolutely come and see me later or write something down and email it to me.

Today we're going to talk about how Family Service Regina is Trauma-informed. I'd like your feedback on how FSR has been trauma-informed and then what would it look like if FSR became more Trauma-informed. The questions that have been formulated have been done so using an Appreciative Inquiry lens. Part of that lens is to look at what you've been doing well rather than looking at areas for improvement.

Before we begin, I'm just going to suggest some things to make our time most productive. Please speak up - only one person should talk at a time if at all possible. I am recording this session because I don't want to miss any of your comments. We can use first names, but in my report no names will be attached to any comments. I won't be participating in the conversation, but I want you to feel free to talk with one another.

I'll be asking about 8 questions and I'll be moving the discussion from one question to the next. I'm going to start with a question where I'll get you all to briefly answer the question one by one, but after that I won't be directly pointing you out to answer. One practice that I'm going to suggest is that if you understand yourself to be someone who easily speaks in groups maybe you want to consider listening a little more. If you understand yourself to be someone who usually doesn't speak in groups, feel free to take a risk and speak up a little more. Please just be mindful of the time, the group and the voices that are heard.
### Appendix 4

**Master of Social Work Field Practicum Proposal**

<table>
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<tr>
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</tr>
<tr>
<td></td>
<td>306-757-6301</td>
</tr>
<tr>
<td>Period of Practicum:</td>
<td>January 3, 2018-June 29, 2018</td>
</tr>
</tbody>
</table>

**Supervision:** Kirk Englot (professional associate) will be on site at Family Service Regina (FSR) for the span of the practicum. In-person supervision will take place bi-weekly for collaboration, feedback and support. Lucie Chursinoff and other Agency counsellors will contribute to supervision chiefly in the area of walk-in therapy.

**Practicum Hours:** January 3, 2018 - June 29, 2018 part time (450 hours over 24 weeks). Monday to Friday 9:00 am -1:00 pm with one day every other week dedicated to extended hours for participation in the walk-in counselling clinic.

**Practicum Goal:** Using an Appreciative Inquiry approach, the goal of this Practicum is to complete a background document that includes a review and evaluation of Trauma-informed (TI) methods that can be adopted by FSR in a phased manner as resources become available.

**Practicum Objectives:**

1. **Develop an understanding of Trauma-informed (TI) Practice and identify options and strategies for Family Service Regina (FSR) to consider in adopting a TI Practice as part of the Agency’s service delivery system.**

**Activities**

a) Complete a literature review of TI models and frameworks utilized by family counselling agencies in Canada.
b) Observe a minimum of three walk-in-counselling sessions by current counsellors at FSR as agreed to by the client, professional associate, and the Agency counsellor in order to give context to adopting a Trauma-informed Practice.

c) Provide a minimum of 12 counselling sessions at the walk-in-counselling clinic in order to gain clinical experience and first-hand knowledge of the need for TI Practice.

d) Attend a training session at Klinic Community Health in Winnipeg on *Becoming Trauma-informed* scheduled for January 10-11, 2018.

e) Participate in other professional development opportunities as they become available.

f) Attend weekly peer supervision meetings; attend unit meetings and FSR staff meetings as scheduled.

2. **Develop skills in program development and evaluation using an Appreciative Inquiry approach, and explore Family Service Regina’s (FSR) current capacity and readiness to adopt Trauma-informed (TI) Practice.**

**Activities**

a) Conduct a literature review focused upon Appreciative Inquiry and its application in program evaluation and development.

b) Interview a maximum of four FSR affiliated organizations to identify practice models currently in use, and to determine how TI processes are being integrated into service and organizational practices.

c) Evaluate current FSR services and service delivery methods to determine existing strengths and gaps related to adopting a Trauma-informed Practice. This evaluation will be completed through the facilitation of a minimum of two focus groups with a random cross section of FSR staff (groups of four to six participants) and interviewing a maximum of four individuals from FSR management.

d) Deploy an organizational tool selected from the literature review to further evaluate current FSR TI strengths and gaps.

e) Generate an evaluation report including recommendations for Family Service Regina to consider as they move toward a Trauma-informed approach in a phased manner as resources become available to do so.

f) Facilitate a final presentation at the end of the practicum placement, and write a final research report in order to meet the requirements for completion of the MSW degree.
Appendix 5

Interview Questions

Focus Group
1. Think back to when you started at FSR. What were your most positive impressions or excitements when you came to work here? Tell me a time when you felt you did your best work with a client.
2. What are the core factors that give life to this organization when it is at its best?
3. How would things be different if we employed a more TI approach?
4. What is your dream for your clients who arrive at FSR?
5. Part of trauma-informed practice is management agreeing to work along with staff in a trauma-informed way providing more opportunities for safety, trustworthiness, choice, collaboration and empowerment? What would it look like/feel like if management used a more TI approach with employees?
6. If you had three wishes to spend on creating an environment that would be more trauma-informed, what would you wish for?
7. Do you have any thoughts on which domain you would like to see prioritized if the organization formally moves toward a more Trauma-informed approach?
8. Imagine it is the year 2023 and FSR is the leader of TI care in Saskatchewan. What is happening here that earned you this distinction?

Family Service Canada Affiliated Organizations
1. What was your organizations process of identifying a need for trauma-informed care?
2. Can you tell us why your organization decided to embrace TIC?
3. What literature or toolkit was most helpful as you began to implement a TI approach?
4. What were your first steps once you decided TIC was an approach you wanted to embrace?
5. What have been some of the obvious differences as you have become more trauma-informed as an organization?
6. Have you heard any feedback (negative or positive) from clients that you expect is due to your move toward a TI approach?
7. What changes have you implemented? Are there specific domains that you chose to focus on first? How did you decide which domain to begin working on first? Is there a domain that you have yet to address?
8. How have you noticed management treating staff differently as a result of TIC? How have staff reacted to this?
9. What were your biggest barriers in implementing a TI approach?
10. What enabled your agency in the implementation of a TI approach?
11. How did employees react to implementing a TI approach? Any strategies you employed to help with staff engagement? (Resistance?)
12. Did moving to a TI approach create any new opportunities for your organization in terms of funders or programs?
13. Is there anything that you would have liked to have known before you embarked on this journey of becoming more trauma-informed?
Questions for Management
1. Think back to when you started at FSR. What were your most positive impressions or excitements when you came to work here?
2. Tell me about a time when you felt you did your best work with one of your programs or with someone you manage?
3. What are the factors that give life to this organization when it is at its best?
4. Thinking about moving toward a more Trauma-Informed approach, one of the things that enables great participation or adoption is when leaders are engaged, supportive and excited. Thinking back, can you tell me about a time when you brought/helped lead a new approach or strategy into practice? What role did you play? What other factors contributed to the adoption of that approach or strategy? How might you use your skills to help bring a more trauma-informed practice into being? (inward)
5. Considering Trauma-informed Practice requires employees to be recognized as being affected by trauma and as such utilizing the principles of safety, trustworthiness, choice, collaboration, and empowerment, how would things be different if your approach as a manager was more TI?
6. If you had three wishes to spend on creating an environment that would be more trauma-informed, what would you wish for?
7. Do you have any thoughts on which domain you would like to see prioritized if the organization formally moves toward a more Trauma-informed approach?
8. What is one thing we have not even thought of yet as far as trauma-informed-something that could have a real payoff?
Becoming More Trauma-Informed

August 31, 2019

An Examination of Family Service Regina’s Trauma-Informed Practice
Acknowledgements

Authors:
Christine Andres, BSW, RSW, MSW Student
Kirk Englot, BSW, MSW, Chief Operating Officer, Family Service Regina
Dr. Nuelle Novik, Faculty of Social Work, University of Regina

Thank you to everyone from Family Service Regina for welcoming me into your agency and allowing me to learn from you and your vast knowledge and experiences. During focus groups and interviews you spoke highly about this agency; this is an agency that is welcoming, cares about the people they work with, works as a team, and is full of individuals with so much knowledge. At the beginning of my time here I wrote in my notes, "This organization already seems so trauma-informed, but I'm excited for them to be a leader and an example of a trauma-informed organization in Saskatchewan." I still believe in this and remain steadfast in wishing for innovation and success for your organization in your trauma-informed journey. I hope that in this evaluation you can see your own words and wishes and begin to get excited for what becoming more trauma-informed can mean for yourselves personally and for the people you work with.

Suggested Citation:
Executive Summary

Family Service Regina (FSR) is an accredited, non-profit community agency that offers a variety of services including teen parent support, professional counselling, education, and support for individuals and families who have experienced intimate partner violence.

FSR has a history of providing person centred and strength based services and has a culture informed by learning, social innovation and evidence based practice. As a result, Family Service Regina has interest in becoming more trauma-informed and engaged in this evaluation project to determine its readiness to formalize and adopt a deliberate trauma-informed approach.

A trauma-informed approach enables organizations to understand that trauma is pervasive and ensures staff uses an approach of universal precaution. Individuals from a trauma-informed organization look for opportunities to provide safety, trustworthiness, choice, collaboration and empowerment when working with consumers. A trauma-informed organization aims to do no more harm and prevent further traumatization (Moses et al., 2004).

FSR identified a strategic priority to improve their understanding of trauma-informed practice and to assess areas of strength and identify opportunities for improvement in order to enhance service delivery, quality and relevance to our community. Organizations that make the change to become more trauma-informed experience outcomes such as: improved collaboration with those inside and outside of their organization, reduced trauma exposure responses, improved staff skills and morale, and fewer crises (Hopper et al., 2009).

Appreciative Inquiry was the lens utilized throughout this project. Appreciative Inquiry (AI) is an organizational change tool that can be used to help empower participants and is recognized as successful at helping transform and develop organizations (Busche, 2016; Clossey et al., 2011).

For this project an MSW student was engaged to review the literature published on trauma and trauma-informed organizations, conduct an agency self-assessment tool delivered by email that targets specific areas for change in an organization, interview partner organizations who have adopted a trauma-informed approach, facilitate focus groups of agency employees in order to gather a front-line understanding and experiences of trauma-informed work and individually interview managers in order to better understand wishes for a more trauma-informed environment.

Data Results
Data collected on this project supports that human service organizations may benefit from becoming trauma-informed. Literature on this topic provides compelling reasons to consider utilizing a more trauma-informed approach. Internal survey results demonstrated obvious strengths of FSR and found that there was a feeling of safety within Family Service Regina’s physical space and that individuals’ privacy and confidentiality was strongly upheld. During focus groups and interviews staff noted that they value the diverse experience of staff, FSR’s reputation, caring for the individuals who attend FSR, the diversity of services provided at FSR, and working as part of a team.
Interviews with partner organizations affirmed that the move toward a trauma-informed organization was beneficial and required organizations to undertake a worldview and culture shift, that the collection of data needs to be intentional, and that recognizing that trauma is pervasive should lead to treatment of trauma with trauma-specific services.

**Recommendations**

Project findings suggest that Family Service Regina begins from a trauma-informed perspective and that there is room to become more trauma-informed. The following recommendations have been informed through analysis of all information and data gathered as part of this evaluation process.

1. Develop a Workgroup with a Project Point Person to Manage the Implementation
2. Initiate Staff Training Opportunities
3. Encourage a more Trauma-Informed Physical Environment
4. Pay Attention to Cultural, Historical and Gender Specific Considerations
5. Acquire Trauma Materials and Information
6. Modify Screening and Assessment Processes in Light of a Trauma-Informed Approach
7. Gather Trauma Data from Individuals who Attend FSR
8. Support Community Services Within Family Service Regina that Address Trauma
9. Encourage Trauma-Informed Management
10. Encourage Trauma-Informed Principles with Consumers
11. Involve Consumers

**Conclusion**

A trauma-informed perspective understands that trauma is pervasive in the population (Hopper et al., 2009), that many service settings, programs, and processes can be re-traumatizing, (Bloom et al., 2011) and that individuals who work with people with trauma also experience trauma (Elliott et al., 2005). Knowing this, trauma-informed organizations seek to provide services in a way that feels safe, empowering, and welcoming for those who work in, and are served by the organization (Yatchmenoff et al., 2017). In serving the people in the community in the very best way, becoming even more trauma-informed is the natural next step for Family Services Regina.
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SECTION 1 BACKGROUND

Context

Family Service Regina (FSR) is an accredited, non-profit community agency that offers a variety of services including professional counselling, education, planning and advocacy for vulnerable individuals and families within the community. These services are provided within programs that include Domestic Violence Outreach, Older Adults Response Service (OARS), a Teen Parent Program, a Walk-in Counselling Clinic (WICC), and the Art for the Heart group.

In 2017, Family Service Regina completed an evaluation with the intention of reducing the waitlist for counselling services by expanding the WICC. Walk-in counselling is an important initiative because it meets a community need to help individuals when they are in crisis. One of the recommendations generated from the evaluation report was for FSR to transition toward a trauma-informed (TI) approach (Chursinoff et al., 2017). According to Goodman et al. (2016), a trauma-informed framework attempts to minimize the vulnerability and increase empowerment of individuals in order to work towards recovery and improve outcomes. Moving toward a more trauma-informed approach is necessary recognizing Saskatchewan has the highest rate of family violence as compared to the other provinces and a trauma-informed approach is recommended to be of benefit to this population (Goodman et al., 2016; Burczycka & Conroy, 2017).

Acting on recommendations from the WICC evaluation project, it was decided that it was time for FSR to improve their understanding of trauma-informed practice and to assess areas of strength and identify opportunities for improvement. In doing so, FSR would be able to serve the community more effectively and enhance their social impact. Additionally, it was important to consider the TI approach within the context of related, but separate, organizational initiatives that are either under way or in the planning phase. These initiatives include, but are not limited to Indigenous Cultural Competency, Solution Focused Practice, and Client-Centred and Collaborative Practice.

In response to the evaluation report recommendation about exploring a Trauma-Informed approach, graduate student, Christine Andres was provided a practicum experience at FSR in the winter of 2018 to begin the groundwork in moving FSR toward a more trauma-informed approach as an organization. An organizational assessment tool was administered to the staff at FSR in the form of a survey and interviews were undertaken with two FSR affiliated organizations and one local organization. These approaches were utilized in order to identify practice models currently in use and to determine how TI processes were being integrated into service and organizational practices. Further, four focus groups were facilitated with FSR staff and four individuals from FSR management were interviewed. This process was followed in order to evaluate current FSR services and service delivery methods and to determine existing strengths and gaps related to adopting more trauma-informed practice. This report summarizes the findings from this research and identifies recommendations and next steps for Family Service Regina to consider in moving towards development as a Trauma-Informed agency.
Literature Review

Trauma

Trauma occurs when a person experiences an event that is overwhelming, possibly life-threatening, terrifying or horrifying and leaves someone feeling vulnerable (Bloom & Farragher, 2013). In other words, the event was unexpected, the individual was unprepared, and there was nothing that could have been done to prevent the experience from happening. These circumstances can either occur as a single experience or as enduring repeated experiences that upset the individual’s ability to cope or come to terms with the ideas and emotions that are a part of that experience (Klinic Community Health Centre, 2013).

Trauma can result from accidents, childhood abuse, natural disasters, neglect, medical interventions, sexualized violence, witnessing violence, sudden loss, war, intergenerational and historical acts such as genocide, and colonization. For the purpose of clarity, a working definition of trauma is necessary. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (p.7).

When the survival techniques of fight, flight and freeze are employed, the brain is unable to remember all of the components of an experience chronologically; with events that happened in the past as being situated in the past and not in the present (Bloom & Farragher, 2013). Growing up in a home where there is abuse, neglect or other hardships, negatively affects brain development and prevents the brain's ability to integrate an individual's experience (Bloom & Farragher, 2013). Given that the traumatized brain is unable to remember chronologically, it is not surprising that individuals who have survived trauma often present with a symptom of little, fragmented, or no memory of past trauma.

When trauma is prolonged or repetitive there are a number of symptoms that have been observed. Post-traumatic stress disorder (PTSD) is listed in the Diagnostic and Statistical Manual (DSM-V) and describes a mental health response that results from experiencing trauma. In order to meet the criteria for PTSD, three symptom clusters must be met: re-experiencing and intrusive memories, avoidance behaviour and emotional numbing, and hyperarousal (Lonergan, 2014). According to Van Ameringen et al. (2008), PTSD is a chronic condition that has crippling effects. Individuals might understand themselves to be re-experiencing the traumatic event when they are actually bothered by intrusive images, sensations, dreams or memories. When these sorts of symptoms occur, people sometimes utilize coping mechanisms that in time become unproductive and problematic (Bloom & Farragher, 2013). Some of these coping mechanisms may include substance abuse, avoidance, and aggression (Bloom & Farragher, 2013). When traumatic events occur repeatedly and over a long period of time, it is considered to be complex post-traumatic stress disorder (CPTSD) (Courtois, 2008; Lonergan, 2014).

A distinction needs to be made however between experiencing a traumatic event and being traumatized (Levine, 1997). It is the
individual's experience of the event and the meaning that they make of it that determines whether an experience is traumatic, not the actual event itself (Klinic Community Health Centre, 2013).

Attachment to a caregiver in childhood can also affect one's ability to combat trauma. A secure attachment to caregivers and the absence of physical and emotional violence means that a child's brain can develop connections. These connections then allow a child to observe emotions, identify the feeling that comes up and be able to settle themselves when they experience stress. This attachment allows children to perceive themselves as a person who is independent who can make their own choices. Children whose brains have developed in a relatively calm environment can confidently make decisions in life rather than be reactive to another person's emotional state (Willette & Bergen, 2016). Genetics, a secure attachment to caregivers, and development, all play a role in determining whether a traumatic event will become traumatizing.

**ACES**

Childhood and adolescent experiences have been found to impact adult health and well-being (Metzler et al., 2017). The original Adverse Childhood Experiences (ACES) Study (1998) looked at the ACE categories of childhood physical, sexual and emotional abuse, childhood physical and emotional neglect, witnessing domestic violence as a child, and living with a substance abusing, mentally ill, or an incarcerated household member as a child (Felitti et al., 1998). The collective scores on the ACE categories provides an overall score reflecting the amount of stress in an individual’s life (Murphy et al., 2014). In the ACE study it is shown that the ACE score then demonstrates a strong graded relationship between the number of ACEs and health conditions experienced later in life (Murphy et al., 2013). In other words, a child who has experienced four of the above experiences will likely have more health conditions later in life than a child who has fewer adverse childhood experiences.

The health conditions later in life that are associated with adverse childhood experiences include chronic disease, sexually transmitted disease, smoking, and overall poor health (Felitti et al., 1998). Later studies found health conditions such as cancer (Brown et al., 2010), depression (Chapman et al., 2004), intimate partner violence (Whitfield et al., 2003), suicide attempts (Dube et al., 2001), and substance abuse, were correlated with higher ACE scores (Dube et al., 2003). Further, studies show that individuals with higher educational attainment and higher income report fewer ACEs (Ye & Reyes-Salvail, 2014). It is important to understand that adverse childhood experiences occur during childhood and adolescence and it is likely that education and employment are also affected by these experiences: therefore, a causal relationship cannot be established (Metzler et al., 2017). The ACEs study and subsequent studies based on ACEs have been foundational in making a case for increased mental health spending recognizing that adverse childhood experiences impact adult morbidity and health care spending (Felitti et al., 1998).
Pervasiveness of Trauma

The dictionary defines *pervasive* as existing or spreading through every part of something, often thought to have a negative impact (Merrian-Webster, 2018). Trauma is increasingly understood to be an expected life occurrence. Approximately 76% of individuals in Canada have had exposure to at least one traumatic event in their lives (Van Ameringen et al., 2008).

While the statistics of those who have experienced traumatic events might seem high, those high numbers are easy to believe when one considers intimate partner violence (IPV). IPV qualifies as traumatic both to the partner experiencing violence and also to those in the home witnessing the violence. Among the provinces, rates of family violence were highest in Saskatchewan (498 victims per 100,000 population) (Burczycka & Conroy, 2017). Studies also show that the rate of family violence against children and youth in the home is also highest in the province of Saskatchewan versus any other province (Burczycka et al., 2017). According to a Canadian study of PTSD in Canada, 32.8% of Canadian women have been exposed to acts of sexual molestation (Van Ameringen et al., 2008).

Studies also point out that individuals served by mental health and social service systems have high rates of exposure to traumatic events (Elliot et al., 2005). Further, when individuals live in low-income urban areas there is a greater risk of trauma due to violence, drug activity, incarceration of loved ones and victimization both in schools and out in the community (Kiser et al., 2010). It has been noted in the literature that PTSD is disproportionately high among individuals who struggle with homelessness (Buhrich et al., 2000).

Historical and intergenerational trauma are pertinent in the exploration of trauma in Canada considering Canada’s history with Indigenous peoples. According to Yellow Horse Brave Heart, historical trauma is "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (2003, p. 7).

Intergenerational trauma is the result of individuals passing down their untreated trauma related stress to the next generations. The intergenerational trauma that Canadian Indigenous people have faced was not the result of a targeted event against an individual; rather, it was related to policies initiated by the Canadian government meant to dismantle the Indigenous culture that has impacted an entire generation (Yellow Horse Brave Heart, 2003). Children were traumatized when they were taken away from their families to attend residential schools, and families were traumatized by not knowing who was taking care of their children and having no idea when their children would return to their care. Survivors of this trauma might not recognize the trauma that they have experienced or have the opportunity to treat their issues. The coping behaviours that helped these individuals survive the traumatic experience are often destructive and then become normalized within the family and the greater community (Yellow Horse Brave Heart, 2003). Intergenerational trauma then becomes the most prominent example of how trauma is considered to be pervasive.

Knowing about the pervasiveness of trauma is essential in an organization like Family Service Regina; especially when one contemplating the individuals who utilize services. The presenting problems of
individuals who attend the Walk-In Counselling Clinic (WICC) range from addictions, relationship issues, parenting, anger, domestic violence, mental health or general stress. The majority of people who attend WICC presented with relationship problems as their primary reason for seeking services (Chursinoff et al., 2017). Choosing to take a trauma-informed approach at the organizational level acknowledges the fact that trauma is pervasive in our community.

Trauma Informed Organizations

The importance of working with individuals with trauma cannot be denied understanding the prevalence of trauma as well as the enduring hardships individuals who experience trauma have to face. Many organizations are beginning the journey toward becoming more trauma informed without embracing all the fundamentals of trauma-informed care. Some organizations will tout a more trauma-informed approach in specific dealings with consumers, claiming to be more trauma-informed in their interactions with individuals. For this report, becoming more trauma-informed is focused on an organizational change. Trauma-informed services are known by a number of different labels: trauma-informed care, trauma-informed practice, trauma-informed approaches, and trauma-informed organizations. For the sake of clarity, in this report the term trauma-informed organization is utilized, though all terms are used to describe an organizational change.

Furthermore, throughout this report, the people who are served by a trauma-informed organization are referred to as people or individuals. When clarity is necessary, in keeping with a trauma-informed approach, the word consumer will be used in place of the word client. The word client is consistent with a person who seeks the services of an expert, and then follows the expert’s advice. In a trauma-informed environment the words that are used should empower the individuals who seek services.

At the bare minimum, trauma-informed organizations aim to do no more harm and prevent any further traumatization (Moses et al., 2004). Becoming more trauma-informed at its essence, means treating individuals as if they have an injury rather than a disease, or as if they are broken. The question then turns from "what's wrong with you," to "what happened to you" (Harris & Fallot, 2001; SAMHSA, 2014). In other words, this approach focuses on the question: "what do you need to support your development and recovery?" (DeCandia & Guarino, 2015). There are a number of established models and tools that have been developed to support organizations in becoming more trauma-informed. Substance Abuse and Mental Health Services Administration (2014) developed a working concept of a trauma-informed approach based on research, knowledge gained from practicing trauma interventions, and lessons learned by individuals who have survived traumatic.
experiences. The following guiding principles overlap and are similar to the information that is shared in other published studies that have evaluated trauma-informed care.

- Safety
- Trustworthiness and Transparency
- Peer Support and Mutual Help
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues.

These principles support staff in looking for opportunities to provide safety, trustworthiness, choice, collaboration and empowerment in working with consumers.

Trauma-Specific Services

A distinction needs to be made between trauma-specific services and trauma-informed practice. Therapists often learn different evidence-based approaches that work to treat trauma-related symptoms. Some of the trauma-specific services offered to consumers include grounding techniques that help individuals learn to work through flashbacks and panic attacks, desensitization therapies that help survivors tolerate painful memories in time, and certain behavioural therapies that teach skills to help regulate emotions (Harris & Fallot, 2001). These trauma-specific services are necessary and beneficial to individuals who require help managing their trauma symptoms.

Trauma-informed organizations deliver services in such a way as to lessen the impact of trauma. In other words, services are provided in a manner that is welcoming, appropriate and careful to consider the specific needs of individuals who have been affected by trauma (Harris & Fallot, 2001). In a trauma-informed organization, the trauma is not the primary focus of the intervention, rather, in a trauma-informed organization, survivors “develop their capacities for managing distress and for engaging in more effective daily functioning” in a safe and gentle space (Gold, 2001, p. 60).

Individuals who are part of a trauma-informed organization entertain the possibility that every consumer that accesses services could have a trauma history even if they never acknowledge their role as a trauma survivor. That said, the reason individuals want help may not necessarily be to address their past trauma or any of their trauma symptoms (Knight, 2015). This should be respected at all times and "detailed immersion in [traumatic] material itself is not encouraged, because . . . this tactic is . . . destabilizing and counter-productive" (Gold, 2001, p. 60). Still, keeping this in mind, those working in agencies with a trauma-informed lens are sensitive to the possibility of trauma and that an individual's behavioural pattern has likely been affected by it. This also provides a worker with reasons as to why survivors...
might act aggressively and have trouble forming positive attachments with others (Knight, 2015).

Adopting “universal precautions” proposes that those working within a trauma-informed organization work from an assumption that all individuals have experienced trauma (Bloom & Farragher, 2013). Since service providers have no way of knowing who is a survivor of trauma, it makes sense to treat all individuals equally with the same practice that promotes growth and prevents re-traumatization. Adopting universal precautions does not hurt individuals who have not experienced trauma, just like using gloves with individuals who don’t have an illness does not hurt them. Using the principles of safety, trustworthiness, choice, collaboration and empowerment with all individuals is helpful to everyone regardless of their trauma history.

One of the important tenets of becoming more trauma-informed is that all staff, regardless of their position within the organization must understand how a history of violence impacts consumers (Elliott et al., 2005). In this way every contact with an individual assists in building safety and trust, and reduces the possibility of an individual being re-traumatized. Recognizing that trauma is pervasive has further implications for a trauma-informed organization. The part of becoming a trauma-informed organization that is often neglected, involves management agreeing to interact with staff by incorporating trauma-informed principles. Management needs to be aware that staff have also come into contact with trauma; either because of the pervasiveness of trauma, having experienced trauma in their own lives, or because of a trauma exposure response. Trauma exposure response, the changes professionals experience when they work with people with trauma, is another way in which staff can be affected by trauma (Klinic Community Health Centre, 2013). Knowing that staff also experience trauma, it is up to managers to treat staff with the same principles of safety, trustworthiness, choice, collaboration and empowerment that employees in a trauma-informed organization show the consumers that they work with.

What Does the Research say About Agencies that Become Trauma-Informed?

- Consumers will experience reduced symptoms due to trauma, reduced drug use severity, and reduced symptoms due to mental health issues (Moses et al., 2004).
- The use of trauma-informed services has been associated with consumers being less emotionally aroused during programs, experiencing decreased crises during programs, and a better sense of safety (Cocozza et al., 2005; DeCandia & Guarino, 2015).
- It is understood that consumers want service providers who are empathic, caring, who offer safety and validation (Hopper et al., 2009). These are the characteristics of trauma-informed staff.
- Organizations that make the change to become more trauma-informed experience outcomes such as: more collaboration with those inside and outside of their organization, reduced trauma exposure responses, improved staff skills and morale, and fewer crises (Hopper et al., 2009).
Organizational change is not an easy endeavour. The administrative requirements, change in policies, planning and visioning does not even start to adjust rooted attitudes and beliefs about the way things have always been done. The change to a more trauma-informed approach affects all individuals within the organization from administration to management, and all other direct service staff.

Appreciative Inquiry (AI) is an organizational change tool that can be used to help empower participants and is recognized as successful at helping transform and develop organizations (Busche, 2016; Clossey et al., 2011). AI, in its approach, is careful with language, begins with stories and asks questions that look for positive answers (Busche, 2016). What sets AI apart as a research and methodology tool is that it looks at an organization’s strengths, what works well for the organization and looks for what an organization can do more of (Busche, 2016). Further, AI sparks curiosity and gets participants interested in learning, which leads to improved organizational knowledge and wisdom (Whitney & Trosten-Bloom, 2003).

Appreciative Inquiry has been successfully used in many disciplines. However, even though the approach has similarities to a strengths based approach which is often utilized in social work practice, AI has rarely been considered in the mental health literature. In a study done by Clossey et al., (2011), two mental health agencies utilized AI in their exploration of implementing a recovery model by engaging staff in the change process. Both agencies found AI to be appealing and imaginably empowering (Clossey et al., 2011).

How was Data Collected?

There was a large amount of data collected for this project. In this section, the various data collection methods will be discussed in detail.

Employee Survey
All employees from Family Service Regina (FSR) were invited to participate in a survey that was delivered by email using HR Downloads. This survey was originally developed by the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment as well as the Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol (Fallot & Harris, 2009). This self-assessment tool targets specific areas for change in an organization. It can also be conducted again after FSR begins to implement trauma-informed changes in order to evaluate effectiveness. Twenty-one out of 26 full time employees at Family Service Regina responded to the survey.

Interviews with Partner Organizations
Meetings with Kirk Englot, Chief Operating Officer, were initiated in order to determine which affiliated agencies would not only
provide the best picture of a trauma-informed agency, but also had a previous history of information sharing. These agencies were: The Family Centre of Northern Alberta in Edmonton; and Family Services Windsor-Essex. These agencies are Family Service Canada affiliated organizations and carry out a broad array of services including family engagement, preservation and reunification services, counselling, housing and services for the homeless, and youth services. Each organization varies regarding the size of the organization and size of the community they serve. These interviews were completed by Kirk Englot and Christine Andres together by phone with the managers or clinical directors at the two agencies.

A local agency in Regina was also contacted after spontaneous conversations unrelated to the project. It was learned during those conversations that YWCA Regina had recently undergone changes to become trauma-informed. The YWCA is a multi-service agency that includes women’s housing, programs for women and girls, and abuse prevention services. This interview was completed by Kirk Englot and Christine Andres together in person at the YWCA Regina with the Chief Executive Officer and the Acting Senior Director of Housing.

Interview questions were composed in advance of the interviews being conducted with the partner organizations. The questions for agencies were open-ended and formulated to glean information about the processes initiated by each agency as they worked to become trauma-informed. In an effort to learn from what had worked for the partner organizations, themes were identified through an analysis of the interview transcripts.

Staff Focus Groups and Interviews with Management
Within Family Service Regina, four management personnel participated in individual interviews. In addition, four focus groups of four to six participants with a random cross section of FSR staff were also conducted. In all, 18 out of 21 agency employees participated in focus groups. In both the focus groups and the interviews, a summary of the survey results were presented. The focus groups were thought to be a place where staff would have the opportunity engage directly in the change process. This engagement would therefore build motivation and excitement for a trauma-informed practice, and would provide opportunities for staff to notice existing trauma-informed practice. Both the interviews and the focus groups were audio recorded and took place in person at FSR with Christine Andres as interviewer. Interviews were then transcribed in order to identify main ideas and themes through a process of data analysis.
This section of the report will detail the results of the research undertaken in developing recommendations for Family Service Regina to consider as they work towards becoming more trauma-informed. The section will begin by looking at survey results which evaluated FSR’s strengths and gaps as it pertains to a trauma-informed perspective. This will be followed by a discussion about the data gathered from outside partner agencies who have begun their own processes of becoming more trauma-informed. Staff at FSR were then asked to provide a better picture of FSR’s existing trauma-informed strengths and gaps by engaging in focus groups and individual interviews; managers were interviewed individually and staff were given the opportunity to be part of a focus group.

Employee Survey Results

In order to understand Family Service Regina's (FSR) current trauma-informed strengths and gaps, a survey of 21 employees was conducted by email at the beginning of this evaluation project. The survey results identified areas for improvement as well as areas that might be enhanced through the provision of further education and training. The results of this survey were later shared during focus groups and also during individual interviews with managers.

Individuals answering the survey came from a number of different departments. It should not be surprising that various departments have differing perspectives on trauma-informed services which can clearly be seen when we consider the different roles of counselling staff and administration staff. To better understand the survey data, it is helpful to consider the number of people within a department and the roles of each department working at FSR. Of particular importance when evaluating the survey, is that counselling personnel made up the highest percentage of participants with seven individuals; making up 33.3% of the respondents to the survey.

Discussion: How is Family Service Regina Trauma-Informed

Identified Strengths

According to the results of the initial staff survey, there were a number of strengths identified where Family Service Regina was found to be trauma-informed. In the survey category focused on assessing the physical environment for safety, the results rated FSR at 77% trauma-informed. Most staff seemed to agree that the agency monitors those who are coming in and out of the agency space, and that the environment outside and inside of the organization is well lit, as are the bathrooms. Most survey participants stated that the organization incorporates child-friendly materials and provides space for children to play.

Participants were consistently positive when answering questions concerning privacy and confidentiality. A total of 86% of staff agreed with the statement that the agency informs individuals about the extent and limits of privacy. Further, 86% of staff agreed with the statement that staff members do not talk about the people they work with outside of the agency, and one person disagreed with the same statement. All survey participants (100%) agreed that there are private spaces for staff and the people they work with to discuss personal issues. However, this does not tell the whole story because while there are private spaces for staff and consumers to discuss personal issues, during the focus group it was pointed out that private space is not always available for staff to meet with consumers when it is required.
Of notable importance, 95% of staff agreed that there are structures in place to support staff consistency with the people that they work with. The literature tells us an environment that is psychologically safe encourages consistency (Bloom & Farragher, 2013).

Training and Education

There are some immediate areas that Family Service Regina can begin to work on in becoming more trauma-informed. When asked if staff at all levels of the agency received training and education on what traumatic stress is, how traumatic stress affects the brain and body, how trauma affects a child's development, and how working with trauma survivors impacts staff; there was a wide discrepancy in responses. When calculated as a percentage that reports how trauma-informed FSR is in light of training and education, the survey found one of the lowest percentages at 41%. This result should come as no surprise when considering that FSR is still in the process of becoming more trauma-informed. At the time that this survey was undertaken, trauma was not a topic that all staff were required to be trained on. When FSR initiates training opportunities for all staff – from administrative staff to managers – it is expected that this number will see immediate gains.

Information Sharing

According to the survey results, 60% of staff disagreed that materials are posted around the agency about traumatic stress. The Council on Accreditation (COA), the non-profit accreditor of human services, has made the move toward requiring agencies who hold membership with them to work within trauma-informed principles. One of their standards is to "make resources available to children, families and providers on trauma exposure and its impact and treatment" (Council on Accreditation, 2018). While FSR does not hold membership with COA, COA is considered to be a leader in accreditation standards for non-profit agencies conducting community services and it is not unfounded to suspect that FSR's accreditation body might lean toward these same standards in the future.

Cultural Competence

Of the respondents to the survey, 81% agreed that, within the agency, individuals are permitted to speak their own language, have ethnic specific foods, and are accepted by staff for personal religious or spiritual practices. Of interest, is that only 30% of participants agreed that outside agencies with expertise in cultural competence provide on-going training and consultation to Family Service Regina.

Privacy and Confidentiality

While FSR was recognized in the survey results for being careful around privacy and confidentiality, 24% of staff who responded noticed that staff discuss the people they work with in common spaces within the agency. Understanding this result should lead to discussion around the importance of debriefing as well as supporting procedures to ensure that debriefing is done in a way that promotes privacy and confidentiality.

Intake Assessment Process

Intake assessment coverage appears to be an area where FSR staff could benefit from further education on agency processes and policies. There are two points of intake at Family Service Regina, one being for counselling and the other for Domestic Violence support. While
some individuals in the agency can cover the intake positions if the intake workers are absent, not all individuals are aware of intake process and procedures. When asked about the questions used during an intake assessment, about 38% of staff responded with "do not know" or "not applicable to my role." In the guide to completing the agency self-assessment (Guarino et al., 2009) the instructions for examining results state that when there are too many "do not know" responses, there might be a need for additional information or clarification. Further, since a trauma-informed practice has yet to be established at FSR, there are presently no intake questions related to previous head injury, personal strengths, children's history of physical health issues, and cultural strengths that are required in order for an agency to be more trauma-informed.

Involving Consumers

The survey results noted that 37% of staff disagreed that FSR involves current and former consumers in evaluating programs, or serving in an advisory capacity. It appears that 81% of staff agree that current consumers are given the opportunity to evaluate the program and offer suggestions for improvement, however when considering whether the program recruits former consumers to serve in an advisory capacity, or whether former consumers are invited to share their thoughts, ideas and experiences with the program, 50% of staff disagreed.

Adapting Policies

The staff survey indicated that Family Service Regina has yet to adapt written policies to reflect a trauma-informed lens. FSR has a written commitment to demonstrating respect for cultural differences and practices, a written policy to address potential threats, and a policy outlining responses to crisis. FSR does not yet have policies that include a commitment to understanding trauma.

Partner Organizations – Interview Results

Having completed the initial staff survey and identified a baseline of how trauma-informed Family Service Regina was, the next activity was to learn from other organizations who had undergone trauma-informed organizational change. In speaking with other organizations, the purpose was to identify relevant practice models being utilized, and determine how trauma-informed processes are being integrated into service and organizational practices. Learning from other agencies then assisted in exploring FSR’s readiness to adopt a trauma-informed practice. Three organizations were contacted and interviewed; either in person, or by phone.

Quotes and specifics from the individual interviews will not be shared in order to protect the privacy of the participants. The following is a summary of the findings from interviews with the different partner organizations.

There were some obvious differences identified in approaches and steps in the implementation of trauma-informed care between the different partner organizations. All of the agencies offered important pieces of information that informed recommendations found later in this report. The themes that emerged from the interviews with partner agencies were: affinity for becoming a trauma-informed organization, worldview and culture shift, intentionality and data collection, and treating trauma with trauma-specific services. Each theme will be discussed in further detail below.
Affinity for Becoming a Trauma-Informed Organization.

In all interviews with partner organizations, becoming more trauma-informed was affirmed. All agencies noted that there were very few resulting limits that they experienced in implementing a trauma-informed approach. One agency maintained that no one argued becoming trauma-informed, what they argued was the importance of protecting the people they work with. They went on to say that it felt like front line staff were ready to help, however rather than asking what kind of help the consumer wanted, staff helped in the way they thought they were being the most helpful. When agencies were asked whether there was anything they would have liked to have known before they embarked on this journey of becoming more trauma-informed, one agency shared that they wished they had known that so many employees within the agency would be interested in becoming more trauma-informed. When asked about resistance and barriers in implementing a trauma-informed approach, the agencies pointed out that there were very few limits in implementing the approach and that one of the biggest barriers was training. When referring to training, this was specific in terms of onboarding of new employees and the need for reception to be involved. The agencies interviewed expressed that implementing a trauma-informed practice benefitted employees and led to increased staff retention, more honest relationships between staff and the people they work with, a focus and a label to validate what they were already doing, and an increase in numbers of individuals seeking services.

Worldview and Culture Shift.

One of the agencies interviewed indicated that the success of their agency's program is reflected in the high number of individuals accessing services, even when other agencies have had to close similar programs due to low enrollment. This agency maintained that the reason they are still operational, and even growing, was a direct result of being trauma-informed in their approach.

The big theme that emerged from interviewing this particular agency was related to worldview and culture shift. This agency spoke about how being trauma-informed is a way that a person sees the world and that “it should just flow”. One of the changes in practice that was described is that this organization never offers tours of their residence, as they had previously. Instead, they have created a video of the space that funders, and other interested individuals can view. Through the process of becoming trauma-informed, they realized that having someone walk through the living space of individuals who have experienced trauma intuitively feels unsafe. This agency, in becoming more trauma-informed, took the time to look at many of the rules they had been enforcing in order to better create safety for the people they work with. In so doing, they realized that they were not always offering people choice and empowerment. An important aspect of what this organization described about their journey was that they had come to understand that it is crucial to have conversations with staff about why they are uncomfortable with certain circumstances. In doing this, management recognized that trauma also impacts staff; either because trauma is pervasive, or because staff have developed trauma as a result of secondary trauma response.

Intentionality and Data Collection.

One agency described being very intentional about their process, recognizing that the process is long-term and on-going. For this reason this agency promised to re-survey the staff with the Agency Self-Assessment a year after implementing trauma-informed services. The staff
assessment re-survey showed a 30% increase in results across the board to all groups after one year. This agency had an entirely different approach than the other two agencies, as they were very aware of collecting data and having a point person who was responsible for “guiding and pushing” the trauma-informed approach forward into different territories. One of the potential risks for any agency moving towards becoming more trauma-informed could be related to “trauma-informed” becoming a motivating buzz word that loses impact. In time, individuals can become complacent and moving along a trauma-informed agenda becomes more work than anyone is ready to take on without the injection of new excitement. The lesson learned from this agency was that becoming trauma-informed requires intentionality, data collection in order to see demonstrated results, and a project point person who continues to launch the new trauma-informed agenda forward.

Treating Trauma with Trauma-Specific Services.

The final agency interviewed provided yet one more perspective necessary when considering moving toward becoming a more trauma-informed organization. This agency recognized the need to provide trauma-specific services since trauma was being seen as more pervasive after becoming a trauma-informed agency. As a result, this specific agency was initiating training with their staff to begin utilizing evidence-based techniques that would assist in helping individuals with trauma to heal. Being aware of the pervasiveness of trauma within the lives of the individuals we work with is essential, but that awareness dictates the need to then provide evidence-based trauma-specific services.

Results from Internal Agency Data Collection

As part of this research project, focus groups were facilitated in order to gather information from staff ensuring that as many voices could be heard as was possible. It was important that all focus groups included representation from different units in order for staff members to hear feedback from different areas of the agency. The information that we wished to obtain was related to perceptions about how Family Service Regina (FSR) is trauma-informed. In addition, we sought ideas and suggestions from staff on how to make FSR more trauma-informed.

The decision to interview managers separately was made in order to ensure focus group participants would be able to speak more freely without concern that management might treat them differently based on their responses. A copy of the interview questions in sequence for both focus groups and individual interviews with management can be found at the end of this document (Appendix 1).

What follows is a discussion of the themes that emerged from the focus group discussions as well as the individual interviews with management.

Core Values of Family Service Regina/Perspectives on Current Realities

The Appreciative Inquiry (AI) model begins with the discovery phase which asks questions that elicit stories about the best of Family Service Regina (Whitney & Trosten-Bloom, 2003). The responses that follow get to the core of how FSR is already trauma-informed in their practice. In speaking about Family Service Regina’s core values, five themes emerged.
Employees at FSR value a staff with diverse experience, a great reputation, care for the people they work with, a diversity of services, and they value working as a team.

Diverse Experience

The fact that the organization includes staff with diverse experiences who have different ways of working with people along with opportunities to learn from each other was mentioned as a core value. One participant mentioned the value in being new to the organization and seeing things through that particular lens. Another staff recognized the contribution of reception staff being able to speak with individuals in a calm way. It was pointed out that some staff, speaking primarily about management, were already trauma-informed in their approach with staff. One of the ways staff have been able to share their diverse experience and create opportunities for other staff can learn from them, was through peer support. Peer support was brought up as a positive opportunity to debrief. One staff member offered that Peer Support is important in order to stay connected to the people in the agency. Staff also understood that regular coffee parties serve the purpose of creating time for staff to get together in a lighthearted way.

Reputation

It was recognized that FSR maintains a great reputation in the community with organizations such as the Ministry of Justice, the Ministry of Health, the Ministry of Social Services and the University of Regina. It was also pointed out that FSR continues to host practicum students from different disciplines and that this speaks to FSR’s reputation.

With recent changes within the organization some staff explained that they are excited to see what happens because FSR is not feeling like a good place right now due to a lot of change resulting in a lot of “unknowns.” At the same time, one individual noted that, with several staff leaving, there is an opportunity to change things all at the same time. Another participant agreed that you can sense the value of an organization based on the happiness of the employees that are part of it and that in the past FSR was “a really well functioning machine.”

Caring for People

Participants pointed out that FSR would not be the same if staff did not care deeply for the people and the social issues they see and then strive towards “moving the needle forward in some of those key social issues”. Tied into this deep caring for the people that they work with, FSR employees spoke specifically about working to support individuals “where they are at”.

Diversity of Services

Focus group participants spoke to the diversity of services FSR delivers. It was reported that staff have a holistic way of approaching the people they work with, services are offered at little to no cost, and the services are of high quality.

Working as a Team

The core value of working as a team was expressed in a story about a woman not being able to access a free meditation course. Staff advocated for this person and received support and encouragement from other staff members to continue to advocate on the woman’s behalf. In time the woman was offered free admission to the meditation class and above that, anyone else who
wanted to attend such a class was able to attend for free. Staff expressed that currently everyone at FSR works well together and backs each other up.

A Trauma-Informed Example

The program Art for the Heart was brought up a couple of times during the evaluation process. One person expressed, "everyone loves the program Art for the Heart". According to interviews, Art for the Heart began as a result of women from the Domestic Violence Drop-In Group asking to be able to do creative art projects more often. Funding was sought and temporary funding was secured for a staff member to plan some art activities. At one point the program coordinator brought in someone to work with the women on Indigenous beadwork and the women really responded to that. Around that time a different facilitator with cultural roots in beading and other Indigenous arts was hired. It was mentioned that FSR often gets women together in a circle to talk about their problems. One participant noted "you need to do things like the circle but you can say just come, be with other people and then connect with your culture".

This story identifies some of the ways Family Service Regina is already trauma-informed. First of all, this program is an arts-based program. Using the arts has been associated with a reduction of more PTSD symptoms than a control group not using arts (Lyshak-Stelzer et al., 2007). It’s important to note that the program was initiated by the women attending the drop-in which adheres to the trauma-informed principle of empowerment and which was a program created with participant input from the beginning. Lastly, this is a program that has embraced cultural art practices and is facilitated by someone who is Indigenous and knowledgeable in Indigenous art and culture.

Wishes for a Trauma-Informed Environment/Perspectives on the Future

These next questions were similarly formulated using an Appreciate Inquiry approach, but these questions look toward the future, imagining the best of Family Service Regina (Whitney & Trosten-Bloom, 2003). According to AI, this is the called the Dream phase of the model and responses elicit data that provide suggestions and feedback from staff on what they see as important initiatives (Whitney & Trosten-Bloom, 2003). The themes that emerged when staff were asked about the future were considerations of the physical environment, the work, relationships with management and community services.

Physical Environment

Family Service Regina’s physical environment was brought up during every focus group and this theme was further narrowed to focus on the building, the space, the front desk and the waiting room.

The Building

The concerns around the building ranged from not being able to walk with the consumer down the hall, the cleanliness of the bathroom, the absence of a proper staff room and staff washroom as well as the absence of a gender-neutral washroom. Still, staff did agree that the current building is better than the previous building since the current building has an elevator, parking, and the ceiling doesn’t leak.
Space

When addressing space, the participants wished for more space that is private and accessible where individuals could smudge, breastfeed and make private phone calls. Further, focus group participants wished for space for staff who share offices to meet privately with the people they work with. On occasion some units who share office space have difficulty meeting with people without moving another staff member out of the office. The program Art for the Heart could benefit from space where supplies do not have to be packed up after each session. Lastly staff suggested that the use of the boardroom should be balanced and utilized primarily for those who have to share an office.

Front Desk

Concerns related to the front desk centred primarily around desires for more confidentiality and privacy. This may have more to do with the way the front desk is set up, rather than particular staff behaviours. Individuals who visit FSR come up to the front desk and require privacy in talking with reception. Oftentimes another consumer comes up behind them in order to wait their turn. This results in less privacy for individuals and does not allow for feelings of safety, which is integral to trauma-informed care.

Waiting Room

Lastly, focus group participants brought up the need for changes to the waiting room in order to make the space more trauma-informed. It was noted that, in order to feel safe, the waiting room needs to be more private with better furniture, lighting, and child friendly materials. It was also pointed out that the waiting room for the Walk-In Counselling Clinic, located in the front board room, appears awkward with chairs set up so that individuals waiting for service are forced to look directly at other people who are also waiting. Focus group participants also brought up concerns for the physical needs of the people they work with suggesting the provision of granola bars and fruit for people waiting to be seen. The fact that staff are concerned with the physical environment that consumers encounter when they attend FSR points back to the core value of caring for the people staff work with.

The Work

The next theme that emerged from the focus groups centered specifically on the work involved in each position within FSR. This was then narrowed down to four more specific sub-themes: training, workload, the way work is done, and cultural considerations.

Training

In order to build a trauma-informed environment, staff observed that knowledge of trauma is necessary. Participants pointed out that the entire staff would benefit from training on trauma, and that unit-specific and individual training needs to be offered. It was further noted that reception could be more helpful if they were more aware of what happens in each department. It is not always imperative that all programs are aware of what other programs do. There are times however when clients access different services within the agency. When staff are knowledgeable about these different programs so that they can effortlessly refer, this assists the people that seek services from FSR. Staff noted that the individual in the Communications and Fund Development position as well as the individual who covers reception requires connection and information about programs not unlike other staff so that they can deliver information about programs in an authentic way to the people they talk to.
As far as specific training around trauma, individuals asked to be trained specifically on the impact of trauma on people’s lives, and on understanding vicarious trauma. Individuals within the focus group were grateful for their initial onboarding training geared toward accessing email and phone messages, instruction on important policies and setting up their computer but requested further training for their position. One individual noted that there are different levels to what people need to know about trauma. This individual wished for different training for staff and management with a different focus for management whose role is leading an organizational change into being.

Some of the feedback received from staff was that attending a retreat once a year might not be enough. Staff specified that training opportunities like Elkridge, workshops, and other educational opportunities need to be supported. Cultural training was also requested. In summary, the staff at FSR recognize the value of knowledge and appreciate the opportunity to be trained in their positions. Looking to the future and becoming leaders in trauma-informed care, the responses indicating the importance of training reflects back to the core value of FSR having a great reputation and having a staff with a diverse range of experiences.

Workload

Workload was noted as a concern during the focus group discussions when considering wishes for an environment that was more trauma-informed. Staff appeared to be worried about the possibility of being burnt-out and pointed out that more administrative and front desk support was needed. Some individuals suggested that turnover occurs because there is too much work; and that more staff is required, or programs need to be scaled down. It was also suggested that sometimes staff turn away individuals who drop-in because they are too busy. Therefore, one of the wishes identified was for front-line staff to have enough time so that they don’t feel overwhelmed and need to turn away individuals who come to see them when in crisis.

The Way Work is Done

In order to be more trauma-informed, focus group participants noted that in some ways the way work is done needs to change. Some of the specific concerns staff presented were to ensure that clients don’t have to wait long in the waiting room; a wish for the people staff work with to have the freedom to not fill out forms; a need to evaluate the different “rules” that staff put in place for clients through a trauma-informed lens; and a desire to be open to learning and comfortable in being challenged on knowledge and expertise. It was further suggested that it is important that FSR be up to date with their published materials. When staff speaks with front desk on their way out of the building, it was pointed out that there are times staff is required to let front desk know that they are off to the police station or off to court. Depending on who is in the waiting room at the time, hearing these kinds of statements might be triggering. Some staff were aware that at times women who use FSR services for support have differing opinions than staff. Staff wished that women would know that staff are there for support.

There was significant data gathered centering on the way staff work together and with the people they work with. It was pointed out that using a trauma-informed lens will lead to changes in the way staff works with consumers. One individual spoke of the potential disconnect of Domestic Violence workers using a trauma-informed lens alongside the Justice system which “is so good guy, bad guy, so black and white.” It was noted that there would have to be a strong leader in the Domestic Violence Unit to work alongside staff and help them to be more trauma-informed in light of a justice system that is trauma-insensitive. The Ontario Domestic Assault Risk Assessment (ODARA) is an assessment tool that the Domestic Violence Unit utilizes to assess the risk that their partner will assault them again. This is a mandated assessment and often
when workers are not able to remove conditions based on the score of the ODAR, the women do not return to FSR for services. One individual questioned how staff can be more trauma-informed in administering the assessment so that women will feel supported and continue to utilize FSR services.

During focus groups and interviews, individuals pointed out a perspective change noting that staff often feels responsible for consumer's choices. One individual asked the question, "If [a consumer] makes a choice and it ends badly, how do we support staff to know that's not their fault. A decision was made, and that's not on you". With a trauma-informed lens it is important that we don't "badger clients to change their minds" and we recognize that when individuals don't attend their appointment or when individuals show up unannounced it might have to do with their trauma. Sending people away sets up further barriers that could end up being re-traumatizing for the client.

Further the practice of “joking” and the choice of language was brought up by some individuals during data collection. As FSR becomes more culturally diverse as an organization, the language used within the organization needs to shift.

Cultural Sensitivity

The last theme that emerged from the focus group discussions highlighted the importance of cultural considerations as part of the work. Focus group participants insisted that individuals would benefit from an opportunity to smudge, and that there should be access to an Elder. Participants then noted that recruiting an Elder to serve on the board might be the solution, and further suggested that agency staff might benefit from being able to access an Elder as well. Individuals were hopeful that there could be money for supplies for smudging as well as training on the practice and facilitation of smudging. Staff were concerned that there would be cultural representation input into the truth and reconciliation document being written up for FSR. Staff also wished that when consumers visit FSR, they would experience individuals who were sensitive to cultural beliefs.

In looking toward the future and becoming leaders in trauma-informed care, focus group participants understood that it is important to pay attention to workload, the way work is done, and to cultural sensitivity. Looking back at core values, paying attention to these three things supports the values of having a great reputation and caring for the people staff work with.

Relationships with Management

Staff are affected by trauma either because trauma is pervasive, meaning they have experienced trauma in their own lives, or because the nature of their positions at FSR puts them at a high risk to have experienced a trauma exposure response. Knowing there is a likelihood that staff have experienced trauma, it is important that managers treat their staff using the trauma-informed principles of safety, trustworthiness, choice, collaboration and empowerment.

Human Resources Changes

The human resources changes that were suggested in order for management to begin working with staff in a more trauma-informed fashion were self-care days and flexibility in work schedules. Two individuals told stories about when they had lost family members. One person detailed that their manager at a previous job had called and blocked out their schedule (they were working shift-work at the time) which provided this person with a week and a half leave. Another individual spoke about how they were expected back to work a day after burying a close
family member. It was noted that staff are careful with the people they work with in the midst of grief, it would be similarly helpful for managers to be careful with staff when they are experiencing loss.

Some of the important things management said would be different if a more trauma-informed approach was utilized was to consider individuals rather than policies around such things as attendance, sick time and compassionate leave.

When looking toward the future and becoming an example of a leader in trauma-informed care, focus group participants noted that staff needs to be representative of the population. It was further pointed out that if an agency is a leader in trauma-informed care and management acts on trauma-informed principles, staff retention will naturally occur. Staff noted that staff retention and diversity, in particular around retaining Metis and Indigenous staff across all programs is necessary in a trauma-informed organization. One suggestion in ensuring staff retention was to scale back programs or hire additional staff.

Human Resources assistance was a concern that was brought up. It was pointed out that Family Service Regina continues to grow and expand. Further, during data collection, there was mention that there was a need for further administrative staff and a suggestion of a dedicated human resources position was offered as the important missing link. It was suggested that this position would be responsible for re-visiting confidentiality, code of conduct, and trauma-informed principles yearly. A staff manual might be another area where a human resources person could provide expertise.

**Qualities of Management**

Staff wished for managers who communicated well and also shared information specifying that sharing information helps to settle people. Part of being trauma-informed is ensuring that upper management does not hold all the knowledge but offers information to those who work at the agency. Staff were also clear that with communication and follow-through about becoming more trauma-informed, staff become more knowledgeable about the process. For some individuals it was important that managers know a little more about their staff and suggested a one-page profile to help managers get to know their staff. To become leaders in trauma-informed care in Saskatchewan, focus group participants maintained that there would be effective collaboration between staff and managers.

It was mentioned that in becoming more trauma-informed it was important to see all individuals as part of a team. That being the case, staff should be consulted on decisions with respect, and inclusion, and work largely from a place of consensus. It was brought up that being collaborative does not mean agreeing about everything. Even though consensus might be the goal, there is strength in working with diversity of opinions.

Staff noted that they often feel burnt out and busy. Staff spoke of feeling guilty and anxious even participating in the focus group because they have so much work to do. As a result, participants noted that they would sometimes like their manager’s assistance in saying no and maintaining boundaries. It was important to staff that their roles and boundaries were honoured and not challenged. It was discussed that being able to be flexible as far as hours would be of benefit for the people they work with. Along with this, staff brought up how they would like to attend events in the community and wished for manager encouragement and support to attend events such as Aboriginal Day.

A number of different people in different positions in the agency noted that they would like their managers to acknowledge the difficulty of the job. Along with this, participants in the focus group suggested that managers start asking “would you like help?” When individuals
spoke about this need during focus groups they were occasionally thinking about their own personal traumas and how managers could seek to alleviate some of this tension. For this reason individuals suggested that caseload distribution must be more balanced. Staff also offered that individuals in management should be knowledgeable in service delivery and supervision.

Staff recognized the ability FSR has to grow and noted that in order to be leaders in Saskatchewan, it’s important for staff to evaluate what’s working and look at where they want to be. It was noted that “managers need to listen to front line staff, read research, look at evidence and then do the thing”. In that way, front line staff and managers work together to bring about more effective programs. Individuals in focus groups further supported the core value of working as a team by pointing out the ways in which management and staff can work together.

Another set of skills necessary in bringing a trauma-informed approach into being are skills that promote independence. Even during changes, it is important that management is supportive, acknowledging good work in the past while being open to innovative work in the future. It is an important skill to slow down and listen to staff and recognize that with change, staff will need to check-in. From there, building independence means letting employees take the lead on projects that are important to them as well as trusting them to do what they need in order to get their work done.

Managers acknowledged that they don't know the particulars of their staff's jobs. This was seen as an area where managers were empowering staff to do their own work. One manager noted "go fly, do your thing, why would I interfere if you know your job better than I do." One manager reflected that even though he/she supported staff's independence, staff might appreciate more relationship and more of a supportive approach.

Community Services

The last theme identified from the discussions for a more trauma-informed environment was focused on future services. Some participants discussed their excitement for the daycare and the opportunities it will bring to ensure parents can attend groups and programming. The potential for the availability of crisis spots was discussed as was the potential for use with the Teen Parent Program. When considering future services, focus group participants wished for support for trauma-specific services, groups for fathers and men, involving fathers in the teen parent program, and expanding the counselling and Domestic Violence Unit to work with offenders and victims. Staff became excited thinking about how the OARS program has so much potential but that it’s a forgotten about program with a high staff turn-over rate. Staff got creative thinking about using student help, and possibly youth care workers within the agency. Lastly, it was suggested that new opportunities might arise if students were used to pilot programs not unlike what was done with the Walk-In Counselling Clinic.
SECTION 4 RECOMMENDATIONS

It should be pointed out that the recommendations produced here are not exhaustive and do not touch on every item of feedback noted in the survey. These recommendations have been informed through analysis of all information and data gathered as part of this evaluation process. It is important that the recommendations of this report, that include staff feedback, be implemented so that staff will continue to invest in these kinds of processes as they relate to organizational change (Guarino et al., 2009). Becoming trauma-informed is a process that requires continued evaluation and change.

Recommendations

1. Develop a Workgroup with a Project Point Person to Manage the Implementation of Trauma-Informed Practices
2. Initiate Staff Training Opportunities
3. Encourage a more Trauma-Informed Physical Environment
4. Pay Attention to Cultural, Historical and Gender Specific Considerations
5. Acquire Trauma Materials and Information
6. Modify Screening and Assessment Processes in Light of a Trauma-Informed Approach
7. Gather Trauma Data from Individuals who Attend Family Services Regina
8. Support Community Services Within Family Service Regina That Address Trauma
9. Encourage Trauma-Informed Management
10. Encourage Additional Trauma-Informed Principles with Consumers
11. Involve Consumers

1. Develop a Workgroup with a Project Point Person to Manage the Implementation of Trauma-Informed Practices

It is important that whether FSR uses a workgroup, an existing committee, or a new committee, a project point person is required to implement trauma-informed services that are sustainable for an organization the size of FSR. According to Moses et al. (2004), “Change can be facilitated by one or two people who inspire others and are persuasive about the need to alter practices and program operations within their agency” (p. 2). Furthermore, it is recommended that the point person or committee leader has the authority to initiate change and have the support of the agency to begin implementing some changes (Guarino et al., 2009).

2. Initiate Staff Training Opportunities

A) Begin group training for all staff.

According to a multi-site study of trauma-informed models, “training on trauma for non-trauma providers was the first and most important step in making services more trauma-informed” (Moses et al., 2004, p. 23). Other literature supports the idea that the most successful trauma-informed organizational change begins with foundational training (Yatchmenoff et al, 2017). Training was also identified as important by participants in focus groups and interviews.
• One outside agency specified that the training they settled on was delivered by an individual without a clinical background. This was purposely done so that individuals within the agency would understand that trauma-informed practice had little to do with trauma-specific services and therapy.

• A training schedule needs to be implemented in order to address topics such as trauma-informed care, confidentiality, safety and code of conduct as well as cultural, historical and gender specific training. "Training needs to be repeated regularly in order to reinforce learning and compensate for staff turnover" (Moses et al., 2004, p. 23).

  i) Cultural, historical and gender-specific training

Cultural sensitivity training must be undertaken regularly in order to build cultural competence and linguistic competence necessary for being trauma-informed (Hopper et al., 2009). In focus groups it was disclosed that while staff at Family Service Regina are very good at working with Indigenous people, staff are not always sensitive working alongside Indigenous employees. FSR secured facilitators for a blanket exercise during the Spring 2018 retreat. This was a first step in moving toward cultural sensitivity. During the year it is recommended that FSR work to bring in elders or other agencies with expertise in cultural competence to provide on-going training and consultation.

Training around linguistic sensitivity and the unique trauma considerations for the LGBTQ community presented by individuals belonging to the LGBTQ community. FSR is initiating conversations with UR Pride about becoming a Positive Space. It is recommended that FSR include training to bring attention to the language and specific LGBTQ considerations concerning trauma in order to work respectfully with individuals who are not cis-gender and heterosexual.

B) Consider individual training opportunities.

FSR would benefit from individual training in order to provide training to individuals who cover reception, individuals who are onboarding and orientating, or for individuals who are absent on training days. This could be undertaken via purchased computer training like one outside agency that was interviewed for this project, or by utilizing free resources compiled from the internet.

Front desk, administrative personnel, and communications require additional training. Administrative staff would benefit from knowing more about each program and the activities undertaken so that they can do a better job putting through phone calls or even providing information upon inquiry. This recommendation was brought up during the focus groups and interviews. One participant noted, "sometimes we put those calls through and sometimes we get some feedback that that call wasn't for me." During focus groups it was also brought up that the Communications and Fund Development position needs to be more connected and informed about programs. Information can then be shared on the website or to potential funders in an authentic way.

Consider training for managers in implementing a more trauma-informed approach. According to Bloom & Farragher (2013), leadership should be given different or separate training on organizational change since they have a different role to play in implementing a trauma-informed approach.
3. **Encourage a more Trauma-Informed Physical Environment**

Consider some small inexpensive changes to the waiting room if permitted by the building rental agency to create a more trauma-informed space. Some suggestions for enhancing the space include calming music, a couple of toys, some reading material and a small table or carpet.

4. **Pay Attention to Cultural, Historical and Gender Specific Considerations**

A) **Artwork**

Consider artwork or signage in the waiting room that demonstrates FSR's commitment to working with unique traumas. In consultation with individuals from Pride Regina and Indigenous staff and community members artwork or signage should be hung to promote inclusion and comfort.

B) **Consultation**

Suggest consultation with Indigenous staff members and Indigenous members of the community when formulating policies, procedures or practices of a cultural nature. Staff noted that a statement about truth and reconciliation is being formulated.

C) **Inclusion**

Include Indigenous professionals in the organization in a range of positions. It was suggested during focus groups that the board of directors include an Elder. It was further expressed that all programs should be representative of the population including the counselling unit. With that in mind it is important for FSR to specifically welcome Indigenous professionals to submit their resumes to the organization.

D) **Smudging**

Work actively together as staff and management to introduce smudging protocols in the agency. The interest in smudging has been communicated and a policy proposal has been drawn up.

5. **Acquire Trauma Materials and Information**

A) **Up-to-date materials**

Ensure the written materials used by FSR are up to date. In order to be trauma-informed it is necessary that all materials relating to program dates and times are up to date. According to data gathered in the focus groups, some of the materials showcased in the agency are outdated. It is paramount that FSR is up to date and working with the latest materials and knowledge.

B) **Trauma resources**

Consider acquiring or manufacturing trauma resources. FSR does not have resources available to children, families or providers on trauma and its impact and treatment. During a walk-in counselling session there are often hints of past trauma without the space or expertise to begin working on it. Materials on trauma and how it affects individuals would be helpful for many individuals to leave with.
6. **Modify Screening and Assessment Processes in Light of a Trauma-Informed Approach**

Analyze the screening and assessment process and procedures ensuring the process is as trauma-informed as possible. One agency that was interviewed will not consider doing an intake without screening individuals by using the ACE assessment (Felitti et al., 1998). While this might not be the route Family Service Regina wishes to take, when considering screening and assessments for PTSD and trauma exposure, validated measures should be taken into consideration (Hopper et al., 2009).

7. **Gather Trauma Data from Consumers who Attend Family Service Regina**

It is suggested that trauma-specific and trauma prevalence data be collected from the people who attend services (Farro et al., 2011). This kind of information can be used to inform funders and others who collaborate on the importance of trauma-informed practice (Farro et al., 2011). Informing funders can in turn help access trauma-specific resources (Farro et al., 2011). Currently FSR collects data on a number of different reasons people access counselling. It is expected that with more training on the symptoms of trauma, as well as the expectation that trauma data be identified by staff, that current trauma stats will increase and become more visible.

8. **Support Community Services Within Family Service Regina that Address Trauma**

Family Service Regina must continue to support trauma-specific services in some capacity. It has been established that trauma is pervasive and it is understood that trauma-informed services do not address trauma in individuals' lives. Part of being a trauma-informed organization is providing individuals with trauma treatment if it's requested.

A) **Recommend continued support for trauma-specific services.**

"Practitioners who do not attend to survivors' past, and the relationship it plays in the present, undermine their ability to deal with the underlying trauma and the present-day challenges that brought them into treatment in the first place" (Knight, 2015, p. 25).

1) **Evidence-based trauma treatment**

Consider a research project that looks into evidence-based trauma treatments for children, youth, adults and seniors. Look into other treatment approaches beyond traditional talk therapy particularly for children and youth. According to Stagman & Cooper (2010), there are not enough mental health providers for children and youth in the child welfare system and many of these providers do not use evidenced-based, empirically supported practices.

2) **Consider the feasibility of running mindfulness groups**

Consider the feasibility of running mindfulness groups. One of the programming opportunities FSR might consider are mindfulness groups geared toward the community. "The use of mindfulness practices in conjunction with cognitive behavioural therapy will enhance the treatment of trauma related problems (Follette et al., 2006). Chopko & Schwartz (2009), found that some aspects of mindfulness were correlated with posttraumatic growth.

B) **Recommend a drop-in child-minding space.**

With the upcoming establishment of a Day Care, consider a child-minding space that can be booked short-term for individuals attending counselling or groups.
9. Encourage Trauma-Informed Management

A) Sick-leave and vacation days
Consider flexibility in policy to allow for combining sick-leave and vacation days on an individual basis. During focus groups and also during interviews with partner agencies this was reported as a tangible way staff could experience trauma-informed principles. Along with this flexibility, management may want to consider the idea of self-care days as suggested by staff during focus groups.

B) Regular supervision in all program areas.
This was really evident during focus groups with most individuals requesting more support and opportunities to debrief. Elements of staff support "include regular supervision and team meetings, an organizational commitment to promoting staff self-care, and opportunities for staff members to have a voice in programming decisions" (Guarino et al., 2009, p. 25). Regular supervision should be offered not only to help staff further understand trauma in the specific situations they are working with, but also to help staff recognize and manage their own reactions to trauma (Hopper et al., 2009). This may also assist in prevention and early intervention of trauma exposure response.

C) Staff to have a voice in programming
Encourage staff members to have a voice in programming decisions (Guarino et al., 2009). During focus groups and interviews it was brought up that staff are knowledgeable and work well as a team. It was also pointed out that staff move "the needle forward in [...] key social issues". It was asserted that many of the programs have so much potential and could really benefit from vision and evaluation, not unlike the project to expand the Walk-In Counselling Clinic. It is suspected that staff in all of the programs are aware of the different services they might like to provide but require management to "listen and ask, ‘how can we help?’". Additional programs that staff wish to initiate which were brought up during focus groups and interviews were working with offenders and victims, involving fathers in the Teen Parent Program, providing more trauma-specific counselling, and including a group for men and fathers.

10. Encourage Additional Trauma-Informed Principles with Consumers

A) Consider making some language changes.
Consider people first language in all interactions, for example: people who use or experience domestic violence, people with disabilities, people who experience homelessness and people who live with a mental illness. It is also suggested that relevance of the word “client” be explored. A client is an individual who seeks the services of an expert and follows the expert's advice. This is not the case at FSR. In popular usage the word client also comes with an idea of ownership, "my client is waiting for me". In a trauma-informed organization where individuals who have experienced trauma are open to sharing it is important that the words used and the assumptions made are continually scrutinized.

B) Information sharing between programs.
Consider how FSR might do better to share information with each of our programs so that individuals do not have to tell their traumatizing story over and over. This was explored at a partner agency where they noticed that a person could be admitted to several different programs.
and in each program be asked to tell his/her story. During focus groups it was queried whether the Caseworks program could become more open and whether there could be more sharing about the people who access different programs in efforts to reduce re-traumatization for individuals having to share their story multiple times.

11. Involve Consumers

Getting people who use FSR programs involved in developing and evaluating services that are provided for them is an important part of providing trauma-informed services (Hopper et al., 2009). According to Substance Abuse and Mental Health Services Administration (2014), trauma survivors, as well as people and families receiving services should have the opportunity to be involved, and have significant choice in things like program design, implementation, and evaluation. Other examples of involvement include goal setting, and crisis planning. If there are barriers toward engaging with people it is necessary to evaluate those hesitations. Are individuals fearful of giving away too much control, or does it feel like we can protect people by not giving them opportunities to be involved?

To its credit, Family Service Regina is beginning their trauma-informed journey from a place of being trauma-informed. The recommendations that were provided in this report are areas to work toward in order for Family Service Regina to become even more trauma-informed.

Resilience

Prior to concluding this evaluation, it is necessary to point out that there is great strength within individuals who have experienced trauma. Recovery from trauma often appears to be an unsolvable problem, but this is one reason it is important to view trauma as an injury, something that requires time and support to heal. It is easy to see how programs can focus on problems and neglect the strengths that individuals bring to the human service setting. When workers have the opportunity to spend time working with individuals who have experienced trauma it is important to spend time not only focusing on the impact of the trauma but also on how people survived the experience, the strengths that they have gained as a result of surviving and how resiliency contributed to their recovery.

Conclusion

There is an expression of interest within the individuals who work at Family Service Regina to continue to grow, be innovative, and be leaders in the city as far as the care that can be provided to the people in the community. A trauma-informed perspective understands that trauma is pervasive in the population (Hopper et al., 2009), that many service settings, programs, and processes can be re-traumatizing, (Bloom & Farragher, 2013) and that individuals who work with people with trauma also experience trauma (Elliott et al., 2005). Knowing this, trauma-informed organizations seek to provide services in a way that feels safe, empowering, and welcoming for those who work in, and are served by, the organization (Yatchmenoff et al., 2017). In serving the people in the community in the very best way, becoming even more trauma-informed is the natural next step for Family Services Regina.
References


Busche, G. (2016). How has appreciative inquiry lived up to its promises and what will its future look like? *AI Practitioner, 18*(1), 30-34. doi: 10.12781/98/1/908549-26-7-4


Becoming More Trauma Informed


Becoming More Trauma Informed


Becoming More Trauma Informed


Appendix 1: Interview Questions

**Focus Group**

1. Think back to when you started at FSR. What were your most positive impressions or excitements when you came to work here? Tell me a time when you felt you did your best work with a client.
2. What are the core factors that give life to this organization when it is at its best?
3. How would things be different if we employed a more TI approach?
4. What is your dream for your clients who arrive at FSR?
5. Part of trauma-informed practice is management agreeing to work along with staff in a trauma-informed way providing more opportunities for safety, trustworthiness, choice, collaboration and empowerment? What would it look like/feel like if management used a more TI approach with employees?
6. If you had three wishes to spend on creating an environment that would be more trauma-informed, what would you wish for?
7. Do you have any thoughts on which domain you would like to see prioritized if the organization formally moves toward a more trauma-informed approach?
8. Imagine it is the year 2023 and FSR is the leader of TI care in Saskatchewan. What is happening here that earned you this distinction?

**Family Service Canada Affiliated Organizations**

1. What was your organization's process of identifying a need for trauma-informed care?
2. Can you tell us why your organization decided to embrace TIC?
3. What literature or toolkit was most helpful as you began to implement a TI approach?
4. What were your first steps once you decided TIC was an approach you wanted to embrace?
5. What have been some of the obvious differences as you have become more trauma-informed as an organization?
6. Have you heard any feedback (negative or positive) from clients that you expect is due to your move toward a TI approach?
7. What changes have you implemented? Are there specific domains that you chose to focus on first? How did you decide which domain to begin working on first? Is there a domain that you have yet to address?
8. How have you noticed management treating staff differently as a result of TIC? How have staff reacted to this?
9. What were your biggest barriers in implementing a TI approach?
10. What enabled your agency in the implementation of a TI approach?
11. How did employees react to implementing a TI approach? Any strategies you employed to help with staff engagement? (resistance?)
12. Did moving to a TI approach create any new opportunities for your organization in terms of funders or programs?
13. Is there anything that you would have liked to have known before you embarked on this journey of becoming more trauma-informed.
Questions for Management

1. Think back to when you started at FSR. What were your most positive impressions or excitements when you came to work here?
2. Tell me about a time when you felt you did your best work with one of your programs or with someone you manage?
3. What are the factors that give life to this organization when it is at its best?
4. Thinking about moving toward a more trauma-informed approach, one of the things that enables great participation or adoption is when leaders are engaged, supportive and excited. Thinking back, can you tell me about a time when you brought/helped lead a new approach or strategy into practice? What role did you play? What other factors contributed to the adoption of that approach or strategy? How might you use your skills to help bring a more trauma-informed practice into being?
5. Considering trauma informed practice requires employees to be recognized as being affected by trauma and as such utilizing the principles of safety, trustworthiness, choice, collaboration, and empowerment, how would things be different if your approach as a manager was more TI?
6. If you had three wishes to spend on creating an environment that would be more trauma-informed, what would you wish for?
7. Do you have any thoughts on which domain you would like to see prioritized if the organization formally moves toward a more trauma-informed approach?
8. What is one thing we have not even thought of yet as far as trauma-informed-something that could have a real payoff?
Appendix 2: Data Results on Family Service Regina’s Employee’s Dream for Consumers

What is your dream for your clients who arrive at FSR?

<table>
<thead>
<tr>
<th>Clients</th>
<th>Staff</th>
<th>Culture</th>
<th>Program</th>
<th>Physical Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom to not have to fill out forms</td>
<td>Roles and boundaries to be honored - then staff can be safe for clients</td>
<td>Cultural representation input into truth and reconciliation</td>
<td>Child-minding spaces</td>
<td>Changes to waiting room - lighting is awful</td>
</tr>
<tr>
<td>Safety from violence</td>
<td>More flexible hours</td>
<td>Money for supplies for smudging</td>
<td></td>
<td>More space - DV and teen parent offices are shared</td>
</tr>
<tr>
<td>Accurate and appropriate support</td>
<td>Sensitive to cultural beliefs</td>
<td>Training on smudging</td>
<td></td>
<td>Own space for Art for the Heart</td>
</tr>
<tr>
<td>Safety to leave violent relationships</td>
<td></td>
<td>Elder on the board of governors</td>
<td></td>
<td>Balance on who gets front boardroom</td>
</tr>
<tr>
<td>To go to school and graduate</td>
<td></td>
<td></td>
<td></td>
<td>Space for smudging and prayer</td>
</tr>
<tr>
<td>Know red flags</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know staff are in their corner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front desk privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel supported</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To feel welcomed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls to have food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Granola bars and fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender washrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spaces to smudge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Data Results on Trauma-Informed Management at Family Service Regina

Part of trauma-informed practice is management agreeing to work along with staff in a trauma-informed way providing more opportunities for safety, trustworthiness, choice, collaboration and empowerment. What would it look like/feel like if management used a more trauma-informed approach with employees?

Positive:
- Some staff are already trauma-informed.
- Peer support mentioned a couple of times as being important in order to stay connected to the agency
- Debrief is always available for WICC
- Coffee parties

Wishes:
- Effective communication
- More information sharing because it helps to settle people
- Encourage and support individuals to attend events such as Aboriginal day
- Self-care days—especially important when there is grief and stress in people's lives
- Acknowledge difficulty of job, this applies to administrative positions as well
- Cultural training
- Staff wished for help from managers with saying no and providing boundaries
- Know your staff—suggestion of a one-page profile
- Counselling noted that they would like a check-in with their manager
- Would like to hear "would you like help?"
- Comments about support—would like to feel supported, there's not enough support
- Flexibility in work schedules
Appendix 4: Trauma-Informed Models
The following appendix provides a brief overview of trauma-informed models most prominent in the literature.

Using Trauma Theory to Design Service Systems, 2001
By Maxine Harris and Roger Fallot
- Published book and organizational method.
- Along with this book, Community Connections, an organization providing addictions and housing services founded by Maxine Harris, developed Creating Cultures of Trauma-Informed Care (CCIT).
- CCIT has developed a trauma informed services self-assessment and planning protocol (Fallot & Harris, 2011).

Trauma Recovery and Empowerment Model (TREM), (Fallot & Harris, 2002)
By Roger Fallot and Maxine Harris
- Model was developed as an intervention for groups to address the consequences of physical and sexual violence.
- Model specifically targets female trauma survivors who have severe cognitive impairments and substance use problems.
- Manualized model focuses on empowerment, trauma education and skill building and encourages women to share their experiences if they feel comfortable.
- TREM decreases psychiatric symptoms, HIV risk behavior and decreases use of the Emergency room and other hospital admissions (Fallot & Harris, 2002).

The Sanctuary Model of Inpatient Treatment (Bloom, 1997)
By Sandra Bloom
- In 2005, Sandra Bloom partnered with the Andrus Children’s Centre to create The Sanctuary Institute, a program to help organizations implement the trauma -informed organizational approach known as the Sanctuary Model.
- This theory-based model has been used with children and adults and has been effective in human service organizations including residential centres, school systems, domestic violence shelters, and alcohol treatment centres.
- The Sanctuary Model uses the implementation tool called S.E.L.F. (Safety, Emotions, Loss and Future) to guide assessment, treatment planning, individual and team planning and psychoeducational group work (Bloom & Sreedhar, 2008).

Substance Abuse and Mental Health Administration’s (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014
By SAMHSA’s Trauma and Justice Strategic Initiative
- SAMHSA is the United States federal agency charged with improving services to reduce the impact of substance abuse and mental health.
- Began to recognize the role of trauma in a number of women’s issues and relating gender-specific treatments in the 1990s.
- Undertook a longitudinal study across 27 sites that illustrated a framework for the need for trauma-informed care.
- Guide lays out a framework for a trauma-informed approach for systems.
- Guiding principles for a trauma-informed approach include (1) safety, (2) trustworthiness and transparency, (3) peer support and mutual help, (4) collaboration and mutuality, (5) empowerment, voice and choice (6) and cultural, historical and gender issues.
### Appendix 5: Survey Results: Staff by Department

<table>
<thead>
<tr>
<th>FSR Department</th>
<th>Number of Staff</th>
<th>Overall Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>2</td>
<td>9.52</td>
</tr>
<tr>
<td>Counselling Unit</td>
<td>7</td>
<td>33.33</td>
</tr>
<tr>
<td>Domestic Violence Unit</td>
<td>5</td>
<td>23.81</td>
</tr>
<tr>
<td>Management</td>
<td>3</td>
<td>14.29</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>19.05</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>
### Appendix 6: Survey Results: How is Family Service Regina Trauma-Informed

<table>
<thead>
<tr>
<th>Supporting Staff Development</th>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
<th>Not Applicable to my Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Education</td>
<td>41%</td>
<td>48%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Staff Supervision, Support and Self-Care</td>
<td>55%</td>
<td>36%</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Creating a Safe and Supportive Environment

<table>
<thead>
<tr>
<th>Establishing a Safe Physical Environment</th>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
<th>Not Applicable to my Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77%</td>
<td>12%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Establishing a Supportive Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A) Information Sharing</td>
<td>56%</td>
<td>21%</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>B) Cultural Competence</td>
<td>60%</td>
<td>25%</td>
<td>13%</td>
<td>1%</td>
</tr>
<tr>
<td>C) Privacy and Confidentiality</td>
<td>86%</td>
<td>5%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>D) Safety and Crisis Prevention Planning</td>
<td>48%</td>
<td>24%</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>E) Open and Respectful Communication</td>
<td>67%</td>
<td>12%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>F) Consistency and Predictability</td>
<td>76%</td>
<td>6%</td>
<td>12%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Assessing and Planning Services

<table>
<thead>
<tr>
<th>Conducting Intake Assessments</th>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
<th>Not Applicable to my Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) The Intake Assessment Includes Questions About...</td>
<td>41%</td>
<td>20%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>B) Intake Assessment Process</td>
<td>67%</td>
<td>4%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>C) Intake Assessment Follow-Up</td>
<td>67%</td>
<td>0%</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td>Developing Goals and Plans</td>
<td>68%</td>
<td>2%</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>Offering Services and Trauma-Specific Interventions</td>
<td>67%</td>
<td>6%</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

### Involving Consumers

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
<th>Not Applicable to my Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>37%</td>
<td>16%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Adapting Policies

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
<th>Not Applicable to my Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>11%</td>
<td>23%</td>
<td>5%</td>
</tr>
<tr>
<td>38%</td>
<td>35%</td>
<td>19%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Appendix 7: Data Results on Family Service Regina’s Wishes to Create a Trauma-Informed Environment

If you had three wishes to spend on creating an environment that would be more trauma-informed, what would you wish for?

The themes that emerged from this question began with wishes for the physical environment, the work, and community services. These broad wishes were then further categorized. All responses from the focus group and individual interviews are captured in the following chart.

1) Physical Environment

<table>
<thead>
<tr>
<th>A) Building</th>
<th>You can’t walk with your client, they have to follow you—but it can be an opportunity for rapport</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This building is better than the last building—parking, elevator, no leaking from the ceiling</td>
</tr>
<tr>
<td></td>
<td>Proper staff room—there are always issues with the fridge in the kitchen (lunchroom is used for meetings)</td>
</tr>
<tr>
<td></td>
<td>For staff to have a bathroom that’s not accessible to clients</td>
</tr>
<tr>
<td></td>
<td>Bathroom cleanliness is an issue</td>
</tr>
<tr>
<td>B) Space</td>
<td>More</td>
</tr>
<tr>
<td></td>
<td>Private and accessible</td>
</tr>
<tr>
<td></td>
<td>Would like the entire third floor</td>
</tr>
<tr>
<td></td>
<td>Space for smudging, breastfeeding, private phone calls, client space</td>
</tr>
<tr>
<td></td>
<td>Space to meet clients for Teen Parent and Domestic Violence Unit</td>
</tr>
<tr>
<td></td>
<td>Would like more comfortable space</td>
</tr>
<tr>
<td>C) Front Desk</td>
<td>Something that keeps clients from coming up behind others at the counter</td>
</tr>
<tr>
<td></td>
<td>More privacy at the front desk</td>
</tr>
<tr>
<td></td>
<td>A sign at the front asking people to wait in order to ensure privacy for the person being served</td>
</tr>
<tr>
<td></td>
<td>Better reception area</td>
</tr>
<tr>
<td></td>
<td>Privacy at front desk</td>
</tr>
</tbody>
</table>
### D) Waiting room

- A more private waiting room since people are distraught
- Better furniture
- Confidentiality in the waiting room, people from the same company were there together
- Kid friendly materials
- Better waiting room
- Waiting room for WICC appears awkward with people looking at each other

### 2) The Work

#### A) Training

- Entire staff training, unit specific training and individual training
- Training for reception on what happens in each department so they can more fully answer questions on the phone
- Cultural sensitivity training
- Education on what the impacts of trauma are in people's lives
- After onboarding how do individuals get trained
- Understanding and acknowledgement of vicarious trauma

#### B) Workload

- More administrative support-we're not adding additional people-are the postings increasing our capacity
- Front desk requires more help
- Scale back or bring in more staff-too much turnover
- Better caseload distribution
- Ability to pass on phone calls when the front desk is busy
- Time for staff so they don't feel overwhelmed and feel like they have to turn away people who drop in to see a worker
- Domestic Violence Intake and Outreach are two separate jobs-it's an
### C) Practice-the way work is done

- Clients are waiting for services in the waiting room, be conscientious and don't make them wait too long
- No prohibitions against debriefing
- Need to be up to date on materials—substance abuse materials are out of date
- Evaluate the "rules" for clients through a trauma-informed lens
- Be open to learning and being challenged on knowledge and expertise
- Staff to maintain security and pride
- An attitude of unsolvable problems doesn't help

### D) Cultural

- Opportunity to smudge
- Elder here—even for staff to access
- Clergy available
- Elder on the board

## 3) Community Services

### A) Daycare

- Daycare will be good for Teen Parent Program
  - Daycare can be option for people attending groups and programming
  - Ability for staff to book crisis spots
- Childminding

### B) Future Services

- Wish for support for trauma-specific services
- Work with offenders and victims
- Would like to run groups for fathers and men—this program is missing in the community
Appendix 8: Data Results on Family Service Regina as a Leader in Trauma-Informed Care

Imagine it is the year 2023 and FSR is the leader of trauma-informed care in Saskatchewan. What is happening here that earned you this distinction?

The following four comments are worth pointing out but did not fall into the themes elicited from the research.

To Become Leaders in Saskatchewan in Trauma-Informed Care,
- We will see results from this trauma-informed research project.
- We might not need to be known for being TI, we just are.
- We need a greater focus on what we already do.
- We need to continue to welcome people and help people feel safe and included.

To Become Leaders in Saskatchewan in Trauma-Informed Care, Staff Will be up to Date in Training and Knowledge
- Staff have a retreat once a year. Is that enough?
- Training occurs once a year at staff retreat—there could be more opportunities.
- Victim Services shuts down and attends training and updates on victim service procedures. Only one or two staff members are permitted to attend from FSR.
- The individual in the Communications and Fund Development position should be more connected and informed about programs so that they can share information to those reading the websites or potential funders in an authentic way.
- Reception requires pertinent information about Domestic Violence drop in. Reception needs more information about all FSR programs so they know how to put a person through or complete a phone call.
- Can we somehow share or work together on Caseworks so that we can share information with other programs to ensure the people we were with are not re-traumatized?
- Not a lot of workshops or educational opportunities for staff.
- Staff want to be up to date on lateral violence.
- Engagement with the contracted consultant on vision was helpful.
- Who is training me beyond my initial on-boarding which tells me how to get my email?
- Specifically, who is training my position. A binder does not count as training.
- Ensure training is up to par.

To Become Leaders in Saskatchewan in Trauma-Informed Care, Staff will be Representative of the Population and Remain with the Agency
- It is important to retain staff, and ensure staff are representative of our community across all programs including the counselling unit.
- The retention of Metis and Indigenous staff is crucial. Idea that you are OK as Indigenous people.
- Staff are comfortable working with First Nations, but not alongside First Nations People as co-workers.
- Staff retention is a need. We either need to scale back our programs or bring in more staff.

To Become Leaders in Saskatchewan in Trauma-Informed Care, Staff will be Effective in Communication
- Communication and follow-through on the information about becoming more trauma-informed.
- Staff doesn’t always know what’s going on with the Domestic Violence Unit or Counselling or Teen Parent. Need times to connect.
- Combined meeting with OARS, Art of the Heart, Teen Parent and Domestic Violence. Find out if there are changes within the Domestic Violence Unit that affect the other units.
- Clear boundaries are important.

To Become Leaders in Saskatchewan in Trauma-Informed Care, There will be Effective Collaboration Between Staff and Managers
- Frontline staff would like to be heard. Managers don’t see what we do, we don’t have input on what needs to change.
- Clinical-someone knowledgeable in service-delivery and supervision in the Domestic Violence Unit.
- Great creativity in new positions-it bridges units rather than hiring unit by unit.
- Evaluate what's working and look at where we want to be. Our programs have the ability to be so much more but lack evaluation or vision so they've stayed the same.
- Managers need to listen to staff, read research, look at evidence and “then do the thing”.
- Frontline sees the need and management needs to listen and ask "how can we help?"
- Better caseload distribution.

To Become Leaders in Saskatchewan in Trauma-Informed Care, FSR must look at New Opportunities
- The attitude of unsolvable problems doesn’t help.
- Would like to offer an offender program.
- Teen Parent Program wants the involvement of men but it's not happening.
- OARS has so much potential and it’s a really necessary position, but the position is barely trained, has great workers, but it's a forgotten about program and then a high turn-over rate.
- Apply what Kirk did with the Walk-In Counselling Clinic to other programs and FSR could be so much more.
- We could possibly use youth care workers in the agency.
- Even if there's no new money, use students.
- Potential to expand Counselling and the Domestic Violence Unit and work with offenders and victims.
- Re-thinking the space.