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Building Connections

Supporting the Readiness and Capacity of Community-Based Projects to Deliver a Trauma-Informed Intervention

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Abstract
This article provides an overview of Building Connections, a national initiative in Canada to embed trauma-informed approaches into community-based projects, highlighting the components that indicate successful implementation. Building Connections uses a relationship-based approach (a) to support the readiness to engage in an intervention focused on interpersonal violence and (b) to motivate and maintain engagement of community-based projects throughout the initiative. Through modeling safety and reflection, Building Connections has supported community-based projects to implement trauma-informed frameworks into their clinical practice. With a combination of information, instruction, and support, staff members have become ambassadors of trauma-informed approaches, and this has led to a reach beyond the Building Connections intervention itself.

Community-based practitioners are in a unique position to cultivate safety, trust, and compassion in supporting families impacted by a myriad of risk factors—including interpersonal violence (IPV). In 1993, as a response to the United Nations Convention on the Rights of the Child, the Public Health Agency of Canada established the Community Action Program for Children, a community-based program to support child development. Two years later, they established programs to support healthy births (Canada Prenatal Nutrition Program) and early intervention programs for Indigenous children (Aboriginal Head Start in Urban and Northern Communities). These programs fund projects that are designed to support the specific needs of diverse communities. Projects are mandated to engage and support pregnant women, families, and children living in conditions of risk, including family violence, child abuse, alcohol or substance use, poverty, and social and geographical isolation.

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IPV Intervention

One of the projects funded by the Community Action Program for Children is Mothercraft's Breaking the Cycle (BTC), an early intervention and prevention program which works from a trauma-informed, relational approach with pregnant women and mothers who struggle with substance use issues and with their children from birth to 6 years old (Leslie, 2011). The high prevalence of IPV reported by client families led BTC to create a manualized, 6-week group intervention called *Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships* (Breaking the Cycle, 2014). The intervention uses a trauma-informed lens to focus on mothers' experiences with IPV and the impact on mothers' parenting and self-esteem, as well as on their children's development. *Connections* is available in English, French, and a version

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adapted by Canadian Indigenous communities. With Public Health Agency of Canada funding, BTC has developed the Building Connections initiative to disseminate trauma-informed approaches in community-based projects across the country. Thirty of these projects are replicating and evaluating the *Connections* intervention.

The Building Connections Initiative

Below we highlight the unique combination of information, instruction, consultation, and evaluation that has helped raise awareness of IPV and increased the knowledge, confidence, and capacity of community-based project staff members to respond to IPV in families with infants and young children.

Information

During the first phase of Building Connections, we developed and disseminated a resource manual, *Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment* (Leslie, Reynolds, Motz, & Pepler, 2016). It comprises a literature review as well as specific strategies for community-based projects to incorporate trauma-informed practices in their support of mothers and children experiencing IPV. It was mailed to more than 800 community-based projects across the country. We developed a national training webinar, *Building Connections: Using Trauma-Informed and Relational Approaches to Help Women and Children Experiencing Interpersonal Violence*, to accompany the manual. Through national dissemination of the manual and webinar, we shared the foundational principles upon which *Connections* is built—practicing from a trauma-informed and relational lens—in a manner accessible to all communities. These resources continue to be available on our website (see Learn More box on page 24).

Assessing Program Readiness: Your Starting Point Story

We developed a readiness identification tool, Your Starting Point Story (YSPS) (Andrews, Motz, & Pepler, 2018), and scoring criteria to determine which 30 of the 800+ community-based projects would receive certified training on the *Connections* intervention. This tool was designed to assess the readiness of a project to deliver the *Connections* intervention through a process of reflection and description. The goal of YSPS is to ensure that all projects delivering *Connections* have physically, clinically, and systemically safe environments for both facilitators and participants. Considerations for readiness identified in the YSPS include: (a) community partnerships with a child protection agency, child advocacy service, and women's counseling service; (b) effective program supervision structures—ideally reflective supervision; (c) appropriate policies regarding safety, confidentiality, and crisis management; and (d) adequate project facilities and resources to deliver the intervention (e.g., space for child care). We have a commitment to achieve geographic (urban, rural, remote), cultural (Indigenous/non-Indigenous), and linguistic (English and French) representation of projects selected for the *Connections* training and programming. All other inclusion criteria being equal, projects that promote representation along these dimensions are selected.

Instruction

We deliver the *Connections* Certified Training through an immersive learning experience to enhance facilitators' knowledge, confidence, and capacity with a focus on relationship building. Prior to the *Connections* Training, members of our team conduct in-person site visits to each of the invited projects. The visits allow us to learn about the projects in the context of their own communities; to answer questions related to the *Connections* Training, evaluation, and travel to Toronto; and to build relationships with trainees, which will be maintained through the remainder of the initiative. These visits support early engagement of project staff attending the training. Two staff from each invited project receive the intensive 3½ day training at BTC in Toronto.

During the certified training, we provide the background for the *Connections* intervention, discuss the importance and challenges involved in providing trauma-informed services, and support facilitators in building relationships with other important community-based services, including child protection services and women's counseling services. We provide in-depth instruction on the delivery and evaluation of the *Connections* intervention. The Building Connections initiative covers all expenses related to training, including travel and accommodation. During training, each facilitator is provided with a tablet computer to support the program evaluation. Each training session comprises a maximum of five projects, with two facilitators per project, to ensure small training groups and to provide facilitators with opportunities to build relationships with other project staff.

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Consultation

Following training, the certified facilitators engage in the work of planning, preparing, delivering, and evaluating *Connections* in their communities. We continue to support projects in a number of ways. A consultation model, the Connections Community of Practice (CCP), offers facilitators ongoing opportunities to share questions, reflections, and learnings as they prepare for, deliver, and evaluate the Connections intervention. The consultation takes the form of a weekly virtual meeting with video conferencing using the tablet computers. Two members of the Building Connections team are present for CCP meetings to guide discussion and provide consultative support. All facilitators are invited to join consultation meetings, which have created a sustainable community of practice through which facilitators maintain regular communication, support, and sharing of information and learnings. Between meetings, facilitators can contact us with questions via telephone or email. Facilitators have requested support with issues ranging from technical assistance with tablet computers and ideas for participant recruitment, to questions around managing group dynamics while delivering the *Connections* intervention. In response to feedback from CCP members, we have created a resource sharing platform, using a third-party website, where facilitators can access materials related to Building Connections, read frequently asked questions by other facilitators, share and access resources related to the delivery of *Connections* posted by facilitators, and post questions to be addressed at CCP meetings.

Evaluation has been integrated into each phase of the Building Connections initiative.

Lessons Learned

Evaluation has been integrated into each phase of the Building Connections initiative. The following lessons learned have been supported by evaluation questionnaires, qualitative interviews conducted with facilitators, and comments shared during pre-intervention site visits and CCP meetings.

A Relationship-Based Approach Motivates

The pre-training site visits have helped lay a foundation for the relationship between our team and the facilitators in projects. Facilitators have clearly expressed that these visits have increased their engagement and comfort with the upcoming training, delivery, and evaluation of *Connections*. Appreciation for the visits has been especially poignant from facilitators who live in rural and remote communities and who have never visited a metropolitan city. In this way, the focus on building relationships starts early and is carried through each phase of the initiative.

One facilitator, who had never run a group where IPV was an identified issue, explained:

> *I've never facilitated a group or actually worked with a population that has been identified with IPV, so I did not feel prepared for that. You guys established a nice safe space to ask questions, and that whole relationship piece where Mary came here first and just having that discussion ahead of time and then being able to go to the training, and so having that little bit of a relationship established and knowing who their faces were. I felt prepared to support this population.*

Another facilitator said the following:

> *It's very motivating…the way that I was treated that whole time through the training, through the meetings ahead of time, it really gets me on board to want to be committed to this research and this program.*

The site visits have provided our team with important knowledge about project communities, allowing us to link training information more concretely to the unique features of individual projects and communities to enhance the implementation of training to practice. For example, when facilitators return to their communities after the training and are negotiating spaces to run *Connections*, our team has been able to provide specific feedback based on firsthand experience with project facilities and an understanding of how the space is used. Overall, the pre-training site visits have had a powerful reciprocal effect on establishing the foundation for trusting and supportive relationships between our team and facilitators from community-based projects.

Beyond site visits and training, our team provides facilitators with continuing support as they deliver and evaluate *Connections*. There is a strong focus on maintaining engagement with facilitators to ensure both the continuation of the relationship and a successful delivery and evaluation of *Connections,* including intervention fidelity. The comments below highlight how consultation through the CCP and contact with our team have helped facilitators feel supported.

> *I think it [the CCP] was really helpful. It was valuable to have the follow-up face-to-face and share and come together in thinking about the actual challenges of rolling out the program. It was also very helpful to have access to staff from Mothercraft just for those bigger questions.*

Another facilitator commented:

> *Even just knowing [the CCP] is there and you could access not just your one o' clock on Wednesday, but any time we emailed you with a question, I was just amazed with the response. I mean, it was from day one when we first interacted with you guys, anybody in the organization, I have responses from different people, and I am thinking, "Wow, that is great, that level of support." It's not that we got the training and we fell off the face of the planet, you know. You guys are doing an awesome job at that.*

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As facilitators experience the warm, safe, and trauma-informed space, they understand how to develop compassionate and respectful relationships with, and safe spaces for, the parents and children they serve.

Trauma-Informed Knowledge Leads to Safety

Holding the training at BTC's facilities has provided facilitators with a unique opportunity to observe a relationship-based, trauma-informed model in practice. Facilitators have the chance to meet and conduct informal conversations with BTC program participants and staff members, as well as to observe how BTC staff interact with client families and with each other. As facilitators experience the warm, safe, and trauma-informed space, they understand how to develop compassionate and respectful relationships with, and safe spaces for, the parents and children they serve. Facilitators have attributed the success of the *Connections* training to its trauma-informed characteristics. These include conducting training in a safe, welcoming space, with trainers who check-in with the group regularly, create opportunities for reflection, and adapt the material to the needs of the group.

In a parallel manner, facilitators have indicated that *Connections* has been valuable to participants in their home communities and has created a safe space for women to share their experiences related to IPV. Facilitators noted that their group participants felt "looked after" while they attended *Connections*, which was attributed in part to the provision of snacks, child-minding, and other instrumental supports made available to the projects through funds that Building Connections provided. Community participants appreciated the predictability of a closed group, which helped create stable group dynamics. Facilitators reported that women opened up gradually and were impacted by the support they provided for one another. One facilitator acknowledged that the group encouraged "self-exploration" and this gave women the opportunity to share only as much as they felt comfortable sharing, relating back to the trauma-informed principles which posit that supporting women does not require disclosure of traumatic experiences. Facilitators acknowledged that *Connections* has encouraged them to refer their participants to other community supports, such as counselors and legal services.

Incorporating trauma-informed principles throughout the training and evaluation process has not only supported facilitators to create safe and welcoming environments for group participants, but has also helped them to be cognizant of ensuring that they, the facilitators, are supported by trauma-informed, safe practices. From the YSPS through to the training and evaluation, Building Connections has worked to promote the safety of facilitators by anticipating and addressing potential vicarious trauma responses, which often arise when focusing on topics such as IPV and unhealthy relationships. From the initial phase, facilitators are reminded of the importance of reviewing policies related to staff safety and ensuring that staff have an opportunity to receive support—ideally reflective supervision—if they experience distress as a result of the intervention. Similarly, in any consent forms related to evaluation, facilitators are given the contact information for a crisis helpline and reminded to contact their primary health care providers if they experience distress. Finally, continued contact with facilitators through the CCP provides a regular opportunity for our team to provide guidance or recommendations for further supports when required.

Opening Doors and Creating Trauma-Informed Ambassadors

Consistent with the goals of the Building Connections initiative, facilitators have reported that participating in Building Connections has created new opportunities for conversations about IPV in their projects, which has supported organizational change. One facilitator noted:

> *The thing that has changed is that* Connections *is more on people's radar now that it is an official training program. So more counselors are often coming to me, checking with me...it's more of a team effort (to identify participants*

Learn More

http://mothercraft.ca
Materials related to the Building Connections initiative, including the resource manual, webinar, and interventions manuals, are available for unrestricted access. Information regarding the certified training for the *Connections* intervention and related evaluation tools are available through contacting buildingconnections@mothercraft.org.

The Building Connections initiative is available only to Canadian Community Action Program for Children, Canada Prenatal Nutrition Program, and Aboriginal Head Start in Urban and Northern Communities projects.

The Public Health Agency of Canada's (PHAC) childhood and adolescence programs: https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives.html

Building Connections: Using Trauma-Informed and Relational Approaches to Help Women and Children Experiencing Interpersonal Violence Webinar: http://mothercraft.ca/index.php?q=ei-connections

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> *that could benefit from* Connections*) other than me just being the one or the intake person being it. Everyone, even though they haven't taken the training, has sort of started to appreciate the program just as much as I have, and flagging people that might need to do it.*

Another facilitator reported that her project had increased outreach work and was more focused on providing services to children under 3 years old. Other facilitators mentioned having increased confidence to talk about *Connections* and *Connections*-related issues both within and outside of the organization.

> *For a lot of the people that are coming in [to our center], [IPV is] something that everyone is aware of... Even in our building we've always touched on it, "you've experienced things in the past, you should see a counselor or you should talk to the women at transition house," but never really openly explored it in groups or visits. This [Building Connections initiative] has allowed that to happen. You have a freedom in exploring and talking about a topic—it wasn't taboo to talk about it, but the door never opened for that. We just didn't have the information at hand, and now we have the information.*

During the CCP, facilitators described interacting with numerous community partners to promote and plan for the *Connections* group. One facilitator was asked to present an informational poster at a conference held for National Domestic Violence Awareness Month. Another described her application of *Connections*-based knowledge to other group interventions she was facilitating. These examples highlight the ways in which trainers are disseminating their trauma-informed IPV knowledge into their communities and their work beyond the *Connections* intervention.

One facilitator explained:

> *I actually felt my understanding of certainly trauma-informed approaches was improved by the training. More than just the delivery of the curriculum, I actually felt that I learned about providing support to people and families who have experienced violence so that was great... definitely took that knowledge forward to other groups and the direct work I do with families.*

Grounded in a trauma-informed framework, facilitators are able to effect change not only at an individual client level, but also at a broad organizational level, which benefits families who have experienced IPV. Creating ambassadors within projects who use the opportunity to inform others about trauma-informed practices for families experiencing IPV is a crucial step forward in effectively supporting communities.

Conclusion

The goal of the Building Connections initiative is to disseminate key constructs about trauma-informed practice to more than 800 community-based projects throughout Canada, as well as to provide 30 projects with comprehensive support for training, evaluation, and follow-up on the *Connections* intervention. Through a unique and intentional combination of information, instruction, consultation, and research, we have been able to ensure that selected project staff attain the necessary knowledge, confidence, and capacity to safely and effectively deliver a trauma-informed intervention within their community-based settings.

At this stage of the Building Connections initiative, we continue to provide training to community-based facilitators and have the opportunity to reflect on lessons learned. Through the initiative, we have successfully used relationship-based approaches to: support our understanding of projects' readiness to implement an IPV intervention, learn about the context and implementation of *Connections* within their own communities, as well as motivate and maintain engagement of community-based projects throughout the Building Connections initiative. We have supported community-based projects to implement trauma-informed frameworks into their community-based practices by modeling layers of safety and reflection through all phases of the initiative. Finally, we have provided certified facilitators with the information, instruction, and support to build their confidence and capacity so that they can become ambassadors of trauma-informed approaches and develop the potential to lead supportive programming for vulnerable families beyond the Building Connections intervention itself.

Samar Zuberi, MSc, is a research associate for Building Connections at Mothercraft's Breaking the Cycle program. She has been engaged in social policy research on topics related to women and children in vulnerable populations. Ms. Zuberi has worked on research and evaluation projects ranging from violence against women, to social assistance programs for women and children, and primary education for girls. Aside from conducting research, she has focused on managing stakeholder engagement and research communications working to ensure research findings drive policy and programmatic change.

Mary Motz, PhD, CPsych, is a clinical psychologist at Mothercraft's Breaking the Cycle program in Toronto. Dr. Motz's clinical experience is in the area of assessment and treatment of infants and young children whose development and mental health are at-risk due to maternal substance use and related systemic factors. Her primary research interests are related to the mechanisms by which mothers living in conditions of risk are able to make changes to improve their own lives and the lives of their infants and young children.

Margaret Leslie, DipCS, CPsych Assoc, is the director of Child and Family Services at Mothercraft. Her clinical experience is in the areas of prevention and early intervention services for families and young children living in conditions of risk. She is currently leading Building Connections, the national replication of Mothercraft's trauma-informed intervention for mothers and children experiencing interpersonal violence.

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Debra Pepler, PhD, CPsych, is a distinguished research professor of psychology at York University most familiar for her ongoing research on aggression, bullying, and victimization among children and adolescents. Since 1995, she has been leading research on children in families at risk through Breaking the Cycle—a program for substance-using mothers and their young children. Together with Dr. Wendy Craig, Dr. Pepler leads a federally funded national network, PREVNet (Promoting Relationships and Eliminating Violence Network) to promote healthy relationships and prevent bullying for children and youth (www.prevnet.ca).

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