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Beginning with the Need for Connection and Safety: Examining How Group Home Child and Youth Care Counsellors in Alberta Experience the Enactment of Trauma-Informed Care

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Beginning with the Need for Connection and Safety: Examining How Group Home Child and
Youth Care Counsellors in Alberta Experience the Enactment of Trauma-Informed Care

by

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A THESIS

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Abstract

Trauma-informed care (TIC), an organizational framework aimed at creating healing environments to counteract the effects of trauma, has become an increasingly popular approach within the field of human services. Despite existing research evaluating the effectiveness of TIC in youth group home settings, the direct perspectives of Child and Youth-Care (CYC) Counsellors with this approach remain limited. In the current study, 10 CYC Counsellors in Alberta were interviewed to better understand how they experience TIC in group homes, including barriers and facilitators to implementation. Using Constructivist Grounded Theory methodology in concert with Thematic Analysis, four major themes emerged from the data. Findings indicate that TIC is enacted by CYC Counsellors through a series of processes that begin with an overarching need for connection and safety at all levels of the organization (with leadership, their team, and youth). Only when connection and safety have been established can they then begin to acquire trauma-informed knowledge, develop the appropriate mindset, and perform the trauma-informed behaviours required to enact TIC completely. Recommendations include providing CYC Counsellors with opportunities to have their perspectives and experiences included in the development of organizational policies and practice procedures, structuring TIC training so that CYC Counsellors are guided by experienced professionals, and balancing expectations for care with sufficient resources to enact TIC.

Keywords: trauma-informed care, group home, Child and Youth-Care Counsellor, worker experiences.

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CHAPTER 1: INTRODUCTION

The child welfare system within Alberta relies on group homes to provide treatment to young people each year. Child welfare is an umbrella term used to describe the governmental systems that exist to protect children from various forms of maltreatment (Courtney et al., 2013), which the category of group homes is housed under. A group home is an out-of-home care environment where children may receive continuous treatment alongside other young people when placements with family are unavailable. The day-to-day, front-line care in group homes is supported by Child and Youth-Care (CYC) Counsellors¹ who have the most frequent interactions with young people in these settings (Anglin, 2019). The Child and Youth-Care Association of Alberta (CYCAA) is a professional body that certifies members to work within a wide range of child-serving settings in Alberta, including professionals working in group homes. An accurate number of group home CYC Counsellors in this province is not known. However, there are a total of 1, 251 certified, standard, and student members affiliated with the CYCAA within the province of Alberta (P. Thwaites, personal communication, April 02, 2020).

A large proportion of young people have been exposed to trauma prior to entering group home care (American Association of Children's Residential Centres [AACRC], 2014; Briggs et al., 2012) and the child welfare system more generally (Ko et al., 2008). Trauma is considered an overwhelming event or experience which has severely impacted a person and results in a range of individualized interpretations and responses (Levers, 2012). Trauma-informed care (TIC) is a wide-ranging approach to providing care that integrates all facets of an organization or service

¹ Some organizations in Alberta continue to use the term Child and Youth-Care Worker more generally, although many professionals in the field have recently adopted the title of Child and Youth-Care Counsellor (P. Kostouros, personal communication, 2020). For the purposes of this study and in line with the professional adoption, direct-care workers that work in group homes will be referred to as Child and Youth-Care Counsellors.

system, attempting to reduce the likelihood that service users will be (re)traumatized while they are being provided with treatment (Lucio & Nelson, 2016). At its root, TIC is predicated on creating environments that promote a complete sense of safety while encouraging restoration from negative experiences (Lucio & Nelson, 2016).

Within group home settings, the role of CYC Counsellor is extremely important (Seti, 2008), as their work has significant implications on the care that young people receive (Zelechowski et al., 2013), highlighting the importance of understanding of how they experience TIC in their work.

Study Purpose and Rationale

Donisch et al. (2016) suggest that within the broad system of child welfare, the literature on TIC is lacking since most research does not attempt to understand how TIC is being experienced or defined by professionals themselves. Currently the focus has been on CYC Counsellors' attitudes, perspectives, and understandings of TIC in relation to the implementation of specific trauma-informed models and frameworks. Therefore, with the understanding that front-line workers and their practices are embedded within larger organizational structures (Bloom, 2010; Fallot & Harris, 2011; Harris & Fallot, 2001; Substance Abuse and Mental Health Services Administration (SAMHSA), 2014), the purpose of this study will contribute to a growing understanding of how CYC Counsellors in Alberta experience TIC, including what makes it easier and more difficult to implement in their day-to-day work. If research is anchored to specific trauma-informed organizational models and frameworks, it renders CYC Counsellors unable to discuss how they themselves understand the broad concept of TIC, nor does it allow them to define TIC using their own words. Given the uniqueness of CYC work within group

homes (Seti, 2008), it is worth understanding how CYC Counsellors are specifically experiencing this philosophy of care. There is limited research attempting to gain an in-depth, qualitative understanding of how this population constructs and experiences TIC within their workplaces.

There are many factors that may influence how a CYC Counsellor experiences TIC, from training opportunities to work environments such as staffing and management practices. Exploring the CYC Counsellor's experience directly could inform practitioners, administrators, policymakers, and program designers going forward.

The Current Study

TIC is an important shift in how care is being provided to young people in group homes, and CYC Counsellor voices, perspectives and accounts of how they experience TIC, as well as what is and is not working within trauma-informed environments are necessary. To date, there remains a gap in the literature pertaining to how CYC Counsellors specifically understand and talk about their experiences with the concept of TIC. Some research has explored how CYC Counsellors experience the implementation of specific trauma-informed organizational models/frameworks with little understanding of how they themselves construct and understand TIC (e.g., Hodgdon et al., 2013; Izzo et al., 2016; Rivard et al., 2004; Rivard et al., 2005). CYC Counsellor voices, perspectives, and experiences should be used to complement the existing knowledge so that trauma-informed services may be optimized in group home settings.

Chapter 1 introduces the purpose and objective of the study, followed by Chapter 2 which reviews the literature informing the study's research questions. Chapter 3 illustrates theoretical framework and chosen methodology which frame the study. Chapter 4 details the findings from

the interviews with participants, while Chapter 5 discusses these findings in relation to the existing literature.

The objective of this research was to gain an in-depth understanding of how CYC Counsellors themselves understand, experience, and discuss TIC, including any barriers or facilitators in relation to their practice and in order to do so, considered the following two research questions:

- 1) How do CYC Counsellors talk about their experiences of TIC?
- 2) What barriers or facilitators to implementing TIC have they experienced in their practice with young people in group home settings?

CHAPTER 2: REVIEW OF THE LITERATURE

Children in Group Home Care in Alberta

In Canada, children in care fall under the responsibility of the different provinces and territories (Mulcahy & Trocmé, 2010), depending on where the child resides. Although accurate estimates of children who reside in care are unavailable (Courtney et al., 2013), Mulcahy and Trocmé (2010) estimated that in 2007, approximately 67,000 children were in care within Canada, with nearly 800 children occupying treatment and group home care facilities in Alberta at any given time (Government of Alberta Child Intervention Division, 2019).

Smith et al. (2015) have discussed three broad categories describing group home care commonly used in “research and practice communities in the western world”: Campus-Based Therapeutic Care, Community Group Care, and Therapeutic Community Group Care (p. 18). Campus-Based Therapeutic Care, refers to environments that are self-contained and “quite comprehensive with an onsite school, recreational facilities, intensive activity program using recreation and adventure based experiential learning” intended for young people who require a higher degree of care and support (Smith et al., 2015, p. 28) and includes both secure vs non-secure settings.

Therapeutic Community Group Care refers to smaller facilities, usually located within a community setting, housing a smaller number of clients and staff (Smith et al., 2015). Finally, Community Group Care, “prepare[s] children and youth to live in either a home or independent living situation. These programs provide a supportive, nurturing environment” with a decreased level of structure than the other two categories of group homes, also generally located within the community (Smith et al., 2015, p. 30). Although these three categories of group homes can vary in their level of structure and the overall methods of providing care, they all share the common

goal of providing therapeutic services to groups of young people who wish to return to their homes or communities. Group homes provide these young people with 24-hour, seven day a week care (Smith et al., 2021).

As much as there may be benefits to group homes such as increased structure, care and attention that young people can receive, they have also been noted for the high costs involved (Zelechowski et al., 2013) and criticized because of the poor treatment that some youth report experiencing at the hands of staff members (Attar-Schwartz, 2011). Furthermore, the intrusive and potentially traumatizing nature of group home care, wherein young people are separated from their natural supports such as kin, communities, or cultures during critical developmental moments have been cited as a particular area of concern (AACRC, 2014; Lovelle, 2008); especially given the knowledge that most young people who enter the child welfare system have histories with maltreatment and exposure to trauma (Ko et al., 2008).

Trauma Exposure in the Lives of Youth in Group Homes

Research has examined the prevalence of trauma among young people in therapeutic group home care which may include instances of neglect, exposure to violence, or physical, emotional, or sexual abuse (Griffin et al., 2009). Between 1994 and 1999, Hussey and Guo (2002) examined data from 142 youth admitted into one large group home agency in Cleveland, Ohio. Their findings illustrated many of these young people had a history of trauma exposure, including neglect (68.5%), physical abuse (62.7%), and sexual abuse (47.7%). Connor et al. (2004) found that 47% of young people admitted to one group home facility between 1994 and 2001 ($n= 397$) had been physically abused, while 33% had been sexually abused throughout their lifetimes.

Dale et al. (2007) examined data from 16 group home agencies that serve children and adolescents in New York State ($n= 249$) finding concerning levels of neglect (50.9%), physical abuse (42.3%), and sexual abuse (17.8%) amongst young people admitted to these programs in 2001. Boyer et al. (2009) examined the data of 109 young people in one United States (US) youth group home agency between 1996 and 2006, finding that 70% of young people had been exposed to at least one traumatic experience prior to entering that group home. Rivard et al. (2005) found that of 152 youth in one group home organization 100% of them had substantiated instances of physical abuse, and high levels of neglect (48%) and sexual abuse (14%).

In their US national study between the years of 2004 and 2010, Briggs et al. (2012) found 92% of young people in group homes, within The National Child Traumatic Stress Network data set ($n= 525$), had been exposed to multiple traumas prior to entering group homes, with an average of 5.8 exposures per individual. Hodgdon et al. (2013) conducted a study with young people in a group home organization and school, finding that more than 90% of the children served over an 18-month period, “presented with a documented history of exposure to multiple traumas in early childhood” (p. 682). Similarly, Collin-Vézina et al. (2011) studied the data of 53 youth aged 14 to 17 in six different group home placements in Montreal, Quebec between 2009 and 2010, finding that “none of the youth in the sample had no history of maltreatment” (Collin-Vézina et al., 2011, p. 589).

Although studies examining the rates of trauma exposure among young people in group homes vary, clearly trauma exposure in group homes is neither rare, nor insignificant. Moreover, the higher the rates of trauma that a young person has been exposed to, the more likely it is that they will be placed into care settings that are more “restrictive” (Collin-Vézina et al., 2011, p. 579), such as group home care or closed-custody juvenile detention facilities. Such settings are

required due to the extreme behaviours that some young people in care present with, often connected to previously acquired trauma (Briggs et al., 2012), demonstrating the importance of a trauma-informed framework for professionals providing care within these environments.

What is Trauma?

Trauma can be conceptualized as an event or experience which causes a person a degree of distress, impacting them on “relational, social, and cultural” levels (Levers, 2012, p. 3).

Approaches to trauma must “allow for the reality that people construct personal meanings from their traumatic experiences” (Levers, 2012, p. 8), rendering a consistent definition of trauma difficult considering it is not a straightforward concept or universal experience (Bath, 2017).

Accurately assessing a young person for signs of exposure to trauma and potential trauma-based behavioural responses is critical in group home settings (Zelechowski et al., 2013). For example, there can be a tendency to misdiagnose young people in out-of-home care with psychiatric disorders unrelated to trauma when in fact their behaviours may be rooted in trauma (Levin, 2009); leading to misguided treatment interventions (van der Kolk, 2005; Levin, 2009) or unnecessarily prescribed medications (Levin, 2009).

Similar to other perspectives related to the extreme behaviours that young people in group homes present with, van der Kolk (2005) cautions that caregivers are at risk of “labelling and stigmatizing children for behaviours that are meant to ensure survival” if they do not possess a rudimentary understanding of how children may respond to trauma (p. 404). These points highlight the importance of gaining a better understanding of how CYC Counsellors are discussing and understanding the concept of TIC.

Trauma-Informed Approaches

Hummer et al. (2010) make the claim that there are two primary categories of trauma-based interventions described in the literature, “trauma-specific and trauma-informed” (p. 81). Trauma-specific interventions are intended to address specific symptoms related to a traumatic experience (Fallot & Harris, 2011; Lucio & Nelson, 2016). Trauma-specific interventions for children and adolescents are generally implemented by clinical professionals who have acquired a certain degree of clinical training. Effective treatment modalities include trauma-focussed cognitive behavioural therapy (Black et al., 2012) or child-parent psychotherapy (Lucio & Nelson, 2016). The concept of trauma-informed practice has also been discussed as the *operationalization* of a trauma-informed philosophy of care as opposed to the philosophical understanding of care (e.g., Donisch et al., 2016).

TIC, on the other hand, is a multi-faceted framework, lens or attitude that “supports and enhances trauma-specific treatments” (Lucio & Nelson, 2016, p. 474). When working with young people in a human services agency, this lens provides a framework to all employees for how to view young people and their families in ways that consider the impacts that trauma can have, to reduce the (re)traumatization of service users while also informing procedures and policies at all levels of the agency’s structure (AACRC, 2014; Fallot & Harris, 2011; Lucio & Nelson, 2016). Harris and Fallot (2001), the early innovators of the paradigmatic shift towards trauma-informed approaches to care in the field of human services, have outlined five basic principles upon which a trauma-informed organizational culture and philosophy of care in the human services should be built around: safety, trustworthiness, choice, collaboration, and empowerment (Fallot & Harris, 2011, pp. 6-9).

Safety includes ensuring that everyone, including staff members, feel safe and respected and efforts are taken to reduce the likelihood of re-traumatization; trustworthiness is enhancing trust by clearly outlining what is expected of service users and staff members alike; choice means allowing service users and staff members to exercise their right to autonomy and provide them with choices instead of facilitating a system that is inflexible and rigid; collaboration means that staff members should collaborate with service users and administration should collaborate with their staff members while reducing power differentials; and empowerment talks about ensuring organizations are building both service users and staff members up through skill development (Fallot & Harris, 2011). These principles have also been endorsed for their applicability to the field of social work (Levenson, 2017). And although there are various definitions of TIC discussed in the literature, they are generally interwoven into these five core principles. For example: the SAMHSA (2014) builds upon them to incorporate “cultural, historical, and gender issues” into their guiding philosophy (p. 11).

Under Fallot and Harris’ (2011) approach to TIC, there is an added emphasis on the importance of the system of care, meaning that *everyone* within a trauma-informed environment needs to be valued, understood, and appreciated if the overall system is to work effectively, an attitude that others in the literature also support (e.g., AACRC, 2014; Bloom, 2010; SAMHSA, 2014). These perspectives support efforts to include staff members into these conversations and approaches as CYC Counsellors in group home organizations may also have their own histories of trauma (Esaki & Larkin, 2013).

To ensure organizational consistency, best practices also suggest that everyone within an agency that is implementing TIC should be trained in the basics of trauma and TIC so that practitioners have a foundational knowledge of the concepts and how they relate to their job

roles (Brown et al., 2012; Hummer et al., 2010). For example, training staff to be aware of their tone of voice in order to promote regulation (low tones) and prevent triggering (by speaking loudly or aggressively) reactive behaviours in young people with trauma experiences.

Previously, the child welfare system has generally neglected to provide children and families with trauma-informed services, nor have they operated with an understanding of how common trauma is amongst the populations who access these services (Donisch et al., 2016). Over the past several decades however, professionals have begun to understand how prevalent trauma is within the lives of people who come into contact within social services systems, prompting the need for services in this field to be delivered in a trauma-informed manner (Fallot & Harris, 2011).

Understanding TIC

Baker et al. (2016) reviewed 19 different articles in the literature, finding consistent definitions of TIC, noting the many ways that TIC can be implemented in practice and between specific models/frameworks. However, other contributors such as Hanson and Lang (2016) believe the literature has not provided a clear enough definition of what TIC is and/or what must happen in order for trauma-informed environments to produce optimal care. After conducting a systematic review of the TIC literature in youth outpatient health settings, Bendall et al. (2020) also stress that “there remains an urgent need for consensus on what the central components of trauma-informed care are and how these should be operationalized” (p. 10), supporting efforts to understand how various professionals are experiencing TIC in their workplaces. Others suggest that TIC principles are achieved simply by following the inherent values and ethics of the profession of social work (Wolf et al., 2014).

Bryson et al. (2017) conducted a realist systematic review of the literature, looking at what factors make implementing TIC successful in a wide variety of out-of-home care settings for children and youth. They reviewed 13 articles and found five key factors to successful implementation: 1) organizational leadership commitment and support for change to TIC; 2) making sure that staff members feel supported through training, education, and supervision; 3) including young people and their families into treatment approaches; 4) using data to monitor and track progress while sharing it with multiple levels of staff members; and 5) making sure there is congruence between the chosen TIC principles and organizational policies and daily practices (Bryson et al., 2017).

Bath (2017), although a self-described proponent of trauma-informed approaches in out-of-home care settings for young people, has called for caution with regards to the recent trends in TIC. He warns that although trauma-informed approaches and trauma-based theories are appropriate for guiding the treatment that many young people receive, they may not necessarily be universally applicable (or successful) depending upon the issues involved. He points out that proper assessment is needed to ensure that other perspectives, theories and methods of intervention are not overlooked. Ultimately, Bath (2017) argues that treatment should be flexible enough to allow for several perspectives as opposed to focussing solely on trauma and TIC, as each service user has unique life contexts (e.g., trauma experiences, mental and physical health) that need to be considered during service delivery. Despite definitional differences, given the high rates of trauma exposure, it is nevertheless important that young people in out-of-home care be surrounded by environments that encourage restoration and improvement from trauma (Zelechowski et al., 2013).

Professionals within children's mental health care facilities have been noted to experience difficulties distinguishing between trauma-related symptoms and non-trauma-related symptoms (Levin, 2009), which furthers the argument that a more detailed understanding of how CYC Counsellors experience and construct TIC needs to occur within the therapeutic group home literature.

TIC is increasingly becoming one of the standard practice frameworks in child and adolescent group home care (AACRC, 2014). Since trauma and TIC are not as straight forward to define or understand, it would stand to reason that CYC Counsellors may hold differing attitudes, constructions, and beliefs about TIC, especially in the absence of an organizational philosophy, model or training.

The Uniqueness of CYC Work

CYC work differs from other direct-care positions within the child welfare system, and given that this population has some of the most frequent and direct interactions with young people in group home settings (Anglin, 2019; Brown et al., 2013; Seti, 2008), their importance within trauma-informed environments should not be underestimated (Zelechowski et al., 2013). Much of the therapeutic work that occurs within group home settings for young people is operationalized by CYC Counsellors outside of the clinical setting, or "about 95% of the time a young person is in residential care" (Anglin, 2019, p. 28), highlighting just how influential their work with young people can be.

Bath (2015) furthers this point by noting how many young people in care enter crisis situations when clinical professionals are not present, emphasizing the importance of trusting, therapeutic relationships between young people and their direct caregivers, and how establishing

these can help young people work through their difficulties more effectively. Moses (2000) has even argued that CYC Counsellors can have a greater impact on young people that they work with than their clinically focussed colleagues, given the frequency at which they interact with young people and because therapeutic counselling sessions may only happen sporadically throughout a week.

These points highlight the distinct and important role that CYC Counsellors can play in the lives of young people in group care. This is especially true when we consider how important the therapeutic relationship between young people and their out-of-home caregivers is in helping them recover from trauma (Bath, 2015; Streeck-Fischer & van der Kolk, 2000).

The complexity attached to the role of CYC Counsellor within a therapeutic group home requires a high degree of competence and professionalism and can result in overwhelming stress, often resulting in significant turnover within the field (Connor et al., 2003; Seti, 2008). Vicarious trauma, loosely defined as the culmination of negative impacts on service providers resulting from working closely with traumatized service users (Branson, 2019), should also be an important consideration when understanding how the work influences CYC Counsellors (Baker et al., 2018) and, by extension, the care they are providing to young people.

Understanding Practitioner Beliefs about TIC

The attitudes that practitioners have about TIC significantly influence how they operationalize their practice (Baker et al., 2016). For example, staff training in trauma and TIC has been shown to increase child welfare practitioners' understanding of TIC (Conners-Burrow et al., 2013; Kenny et al., 2017; Kramer et al., 2013) increase their positive attitudes relating to the concepts of trauma and TIC (Baker et al., 2018; Brown et al., 2012; Denison et al., 2018),

and even increase how often they apply trauma-informed interventions in their practice (Brown et al., 2012; Conners-Burrow et al., 2013; Kramer et al., 2013). At this point however, there is not enough evidence to determine whether these changes “are retained over time and translate into client outcomes” (Purtle, 2018, p. 736).

Both quantitative and qualitative methods have been used to understand practitioners’ views, attitudes, practices, and knowledge of TIC, within the trauma-informed system of care.

Measuring TIC

Champine et al. (2019) conducted a systematic review of peer-reviewed and grey literature of all the quantitative trauma-informed measurement tools that evaluate a wide range of factors related to the systems of TIC. In total, their review identified 49 measures that “assessed relational, organizational, and community/systems practices” from a wide variety of fields who provide services to individuals that may have experienced trauma (Champine et al., 2019, p. 1). These fields included child welfare, education, domestic violence, addictions, and health (Champine et al., 2019) among others. Each of these measures range from testing staff members’ knowledge of TIC to attempting to obtain their perspectives on TIC as it pertains to their organization and their practices.

One quantitative measure, the Trauma-Informed Beliefs Measure (TIBM) (Brown et al., 2012) has been used to explicitly examine group home CYC Counsellors’ perspectives, knowledge, or attitudes related to TIC. The TIBM is a 19-item, five-point scale that assesses the degree to which practitioners have attitudes that are in favour of TIC (Brown et al., 2012).

Such quantitative measures are useful given their ability to both evaluate attitudes of TIC while providing a more cost-effective alternative to in-depth, qualitative approaches to obtaining

this data (Baker et al., 2016). Including front-line professionals in TIC approaches through, for example, surveying, can also help organizations understand what factors may be hindering its implementation and help illuminate what additional training may be required in order to build their trauma-informed skills (Madden et al., 2017). Moreover, surveying staff members can “help organizations gauge employee buy in” to cultures that espouse the importance of trauma-informed services (Madden et al., 2017, p. 70).

Reducing Restraints and Physical Interventions as a Measure of TIC

Physical interventions have been traditionally framed as a tool for maintaining safety in out-of-home treatment setting for young people (Conte et al., 2008). For example, when a dysregulated young person’s behaviours are perceived as jeopardizing the safety of others within the group home, this may be addressed by physically restraining the young person to prevent risk of harm or injury, especially if workers are not trained to employ non-violent alternatives (Conte et al., 2008). However, such restraints have also been considered harmful for children/youth, specifically when they may have experienced earlier trauma (Lebel et al., 2010). Using less invasive approaches when helping young people in group homes is considered more therapeutically beneficial and safer under a TIC framework (Denison et al., 2018).

Rather than creating care systems that simply control youth’s behaviours, having childcare workers develop a young person’s skills in, for example, the domain of self-regulation, can better position youth to manage their trauma well beyond their time in care (Levin, 2009). Similarly, Conte et al. (2008) argue that children in crisis should be provided with opportunities to de-escalate in ways that are non-restrictive and promote their right to self-determination and choice, encouraging alternatives to control-based approaches in group homes. These strategies

represent trauma-informed approaches to care given that the priority is collaborating and working with young people, attempting to build skills that they can use beyond their time in care. This is especially important considering restraints can be used as a tool to control uncooperative youth rather than a means of ensuring environmental safety (Smith & Bowman, 2009).

Reducing and/or eliminating the use of restraints and seclusions in out-of-home care for young people is also framed as a trauma-informed modification to service delivery given that seclusions and restraints can be extremely unsafe, triggering and (re)traumatizing for both staff and service users (LeBel et al., 2010). Thus, the reduction of restraints has been a means of measuring organizational change processes in this regard. Measuring staff members' perspectives on this modification is important to understand given how frequently physical restraints have traditionally been used in order to de-escalate young people within group homes.

Denison's (2016) 38-point item survey, uses a five-point Likert scale to measure staff attitudes related to TIC and physical restraint use with adolescents. This measurement is also valuable because of its ability to analyze how large groups of staff members are perceiving specific changes directly related to how they perform their duties. This data can help organizational leaders better understand staff members' attitudes in relation to the principles of TIC, thus informing the agency's policies, procedures and approaches to training. However, it is also limited in that it uses universal, quantitative methods of measuring staff attitudes in relation to the already existing knowledge, rendering them unable to account for individual practitioner constructs and unique experiences with TIC.

Although there have been multiple studies exploring the influence of training on direct-care professionals' perceptions, knowledge and attitudes related to TIC generally, few of these have involved solely CYC Counsellors. Studies were excluded from this literature review if it

was not explicitly stated or verifiable that the participants were CYC Counsellors who work in group homes or if there was not a direct connection to TIC.

Studies Specific to CYC Counsellors and TIC

Izzo et al. (2016) surveyed 701 staff members throughout 13 participating agencies that received training in the Children and Residential Experiences framework, a component of which focuses on TIC. They identified that training increased CYC Counsellors' ability to be flexible in the milieu and decrease how frequently they rely on rules and consequences in their practices. However, the study is similarly limited in that it uses universal surveys to measure CYC Counsellor experiences, and it is not clear whether other components of the framework or the principles of TIC might be responsible for these outcomes.

A recent study by Denison et al. (2018) provided training to staff members in one group home agency in the US. Training included background information on TIC more generally, sensory regulation strategies, and how they relate to seclusion and restraint-based practices in their work. Participants included CYC Counsellors, medical staff, teachers and educational assistants within the agency. Utilizing pre- and post-test methods of attitudinal changes from 22 participants, the authors found that the CYC Counsellor population had some of the greatest shifts in their attitudes in favour of the principles of TIC, as well as attitudes in favour of decreasing the use of physical restraints following training.

Interestingly, examining the data from pre-surveys ($n=62$), the authors reported that staff members with four or more years of experience in their positions had more positive views of decreased use of physical restraints prior to training when compared to staff members with less experience (Denison et al., 2018). Similarly, participants over the age of 40 years had higher

attitudes of TIC pre-test than that of their younger counterparts, while participants with a university degree were more likely to have favourable views of sensory integration at pre-test.

This study shows that training can have a positive influence on staff attitudes related to TIC, but what has more influence is the age and years of experience of participants. There is also evidence that university education, and job experience can be factors in worker's attitudes of TIC, restraint reduction, and use of less-intrusive intervention strategies (Denison et al., 2018). However, since their analysis used universal surveys, the authors could not capture the individual experiences of CYC Counsellors with TIC. Moreover, because the authors combined educational assistants with CYC Counsellors, it was not known how many CYC Counsellors specifically contributed to this study.

CYC Counsellors may also, for example, reference concerns around staff safety during these transitions to trauma-informed approaches to care (Holstead et al., 2010). Since establishing safety for everyone within an organization is a key precondition to providing quality TIC (Fallot & Harris, 2011), understanding staff members' concerns around their safety serves an important function and has been directly linked to concerns about when and how to use restraints.

In 2004, Demar Services in Indianapolis, Indiana aimed to adopt an agency-wide shift in how they approach care, facilitating this change by drastically reducing their agency's reliance on the use of physical interventions, primarily physical restraints (Holstead et al., 2010). These authors tracked restraint data throughout the agency over a four-year span. Over this timeframe, the agency developed and implemented a multi-level organizational initiative to approaching restraint reduction by devoting significant amounts of resources to staff training in non-physical

intervention strategies, weekly meetings with team members, modification of agency policies, and substantial on-site training and collaboration with direct-care workers.

The authors noted that during this initiative, “when restraint reduction was first identified as an agency-wide priority, direct-care staff were fearful that staff injury would increase and felt that because clients were aware that restraint use was to be used only in extreme situations, behavioral issues would abound” (Holstead et al., 2010, p. 11). The authors concluded that the initiative ultimately yielded positive outcomes, as the agency effectively decreased their restraints per young person by 93.47% annually (Holstead et al., 2010).

The data also indicated that staff injuries remained relatively consistent during this timeframe, even though the amount of restraints were drastically reduced, implying that direct-care staff members were incorrect in their belief that staff injuries would be negatively correlated with restraint use. This is an example of how a qualitative approach to gathering this data, such as interviewing these direct-care staff members or providing focus groups, could offer a more in-depth understanding of how this population experienced safety in relation to this trauma-informed initiative. Likewise, these types of measures do not account for how individual practitioners themselves construct or perform TIC (Baker et al., 2016), which speaks to the need to understand the influence of such individualized constructs further using more qualitative methods.

Beginning in 2001, Rivard et al. (2005) implemented the Sanctuary Model in several group homes, which is a trauma-informed treatment model/framework that helps youth recover from trauma. A total of 16 group homes were studied throughout the project, half of which implemented the Sanctuary Model and half who did not. Implementation involved both trauma-specific and trauma-informed components and included significant staff training in TIC. Data

collection included both quantitative (at baseline, three and six months) and qualitative measurements to understand how staff members in these group homes experienced the implementation of the framework (Rivard et al., 2004; Rivard et al., 2005).

The Community Oriented Programs Environment Scale measured staff experiences with various environmental factors related to the components in the Sanctuary Model, with 10 subscales measuring concepts such as practicality and safety (Rivard et al., 2005). They found that the intervention group had better overall experiences in their environments compared to the control group (Rivard et al., 2005). In addition, Rivard et al. (2004) conducted focus groups to examine how staff members experienced the implementation of the model and determined several themes. Among these, they identified that there were positive benefits to staff and youth feelings of safety, increased communication and relationships between both team members and youth, and staff became more aware of how trauma interplays with youth behaviours (Rivard et al., 2004; Rivard et al., 2005). Although, CYC Counsellors did suggest that training needed to be bolstered to improve practical applicability, as well as consistently applied throughout the organization (Rivard et al., 2004; Rivard et al., 2005). Rivard et al. (2004) also identified several barriers and facilitators which point to the necessity of large-scale, organizational-wide interventions if the model is to be optimally applied in a large organization. Feedback from staff allowed training to be adjusted to fit the ongoing needs of workers, something found to be beneficial during implementation (Rivard et al., 2004).

Baker et al. (2018) compared the attitudes about TIC of staff members working in a “government-run division responsible for all residential youth services in a largely rural province/territory of Canada” (p. 667). Participants ($n= 116$) included group home CYC Counsellors, as well as a variety of workers in “outpatient treatment services, and related fields,

who served children and youth” (Baker et al., 2018, p. 668). These authors provided TIC training to staff, of which there was a strong component related to vicarious trauma. The authors measured their attitudinal changes of TIC and levels of vicarious trauma in two parts. Part one used pre- and post-test methods to analyze attitudinal changes to TIC using the TIBM (Brown et al., 2012), as well as the Professional Quality of Life Scale to measure experiences with vicarious trauma. They found that training increased participants’ overall positive attitudes of TIC (Baker et al., 2018). Training also increased participants’ understanding of vicarious trauma and how it can influence their ability to provide optimal TIC, although due to a lack of organizational resources, preventing vicarious trauma was found to be challenging (Baker et al., 2018).

Part two of the training involved observations and interviews with caseworkers, CYC Counsellors, managers, and therapists ($n=10$) and generally found these staff members viewed TIC as the reason service users were showing improvements and saw it as a positive step forward in their organizations (Baker et al., 2018). There was evidence that a barrier to system-wide implementation and practices was working with colleagues who did not seem to want to adopt the change to TIC (Baker et al., 2018), suggesting that system-level buy-in is a facilitator to TIC. Some front-line staff members also suggested that “TIC is harder to implement in crisis situations” (Baker et al., 2018, p. 670).

Although this study provides the literature with some interesting data on how workers experience TIC, due to small sample size of the qualitative interviews, the degree to which these views can be attributed to CYC Counsellors is limited. Having a more detailed understanding of how CYC Counsellors themselves construct and experience the broader concept of TIC is needed.

Including CYC Counsellors' Experiences

The perspectives CYC Counsellors have of TIC are still quite limited, particularly within the Canadian context, prompting a need to explore them further. Many other fields in the literature recommend that future research continues to examine front-line practitioner experiences with TIC to supplement existing knowledge (e.g., Bendall, 2020; O'Dwyer et al., 2020), as they argue these perspectives are lacking within their fields and can add critical data towards improving care.

There are certainly benefits to instilling TIC within group homes, however there is further utility in including CYC Counsellors into the dialogue around these approaches. Brown et al. (2018) further comment that CYC Counsellors operate within an industry that frequently ignores their voices and perspectives, exclusion which can result in the underutilization of valuable data and may result in poorer care provided to service users. Given how important CYC Counsellors are in the facilitation of care in group-homes, their voices and perspectives should be included within TIC dialogues (AACRC, 2014).

CHAPTER 3: METHODOLOGY

Theoretical Framework

In this study, Vygotsky's (1978) social constructivist theory and Bronfenbrenner's (1979) ecological systems theory (EST) are applied to the question of how CYC Counsellors experience TIC in group homes. Often, studies in this field do not consider if/how environments outside of these systems contribute to CYC Counsellor development. Much of the research focuses on TIC as it applies to specific trauma-informed organizational models and frameworks. Since the research questions in this study are open and not anchored to any existing trauma-informed model or framework, these theories help conceptualize a wide range of factors, both inside and outside of the organizational structure, that contribute to the development of the CYC Counsellor.

Social Constructivism

This study takes a Vygotskian social constructivist perspective on how CYC Counsellors learn, develop and understand their experiences with TIC. Vygotsky, an early pioneer of social constructivism, believed that social interaction is critical in how a person perceives and reacts to their world, and that social interactions play a major role in informing the development of the individual's cognitions (Vygotsky, 1978). A major tenant within social constructivism is the assumption that people's learning and development are dynamic and are influenced by their social environments, dispelling the notion that there exists a single, universal way of looking at and interpreting the world around them (Vygotsky, 1978).

Vygotsky was critical of developmental psychologists such as Jean Piaget who suggested that researchers should conceptualize child development through stages, excluding a child's

social or cultural contexts in the process of analyzing their learning and development.

Vygotsky's model for learning suggests the child first learns from interacting with others, followed by the child internally understanding and interpreting their reality based on those social interactions (Vygotsky, 1978).

Understanding how these social interactions work to build the individual's construction of their reality can be an important tool in understanding how individuals learn and develop (Vygotsky, 1978). The epistemological assumptions of how knowledge and learning are developed at the social level compliment this area of inquiry in that learning in group homes can be conceptualized as both a social and collaborative process. Teamwork, collaboration, and social interaction are inextricably linked with the work that CYC Counsellors perform daily. These interactions can occur with the young people they work with, other co-workers, or with upper-level administrators. Staff members working in group home settings are continuously co-constructing their evolving meanings through team meeting discussions, supervision, debriefs, or interactive training. It is impossible for a CYC Counsellor to conduct their work independently, and as such, social constructivism is a practical tool in helping conceptualize the activities that occur within group homes. Since social constructivism relies heavily on the individual interacting with others within different environments, the approach is complimentary with EST.

Ecological Systems Theory

Bronfenbrenner's (1979) EST is a theoretical orientation towards understanding and conceptualizing the various systems that are in a person's world, and how these systems can ultimately influence an individual's development and behaviour. EST asserts that the individual is not only altered by their biology, rather there are many other forces that work together to shape

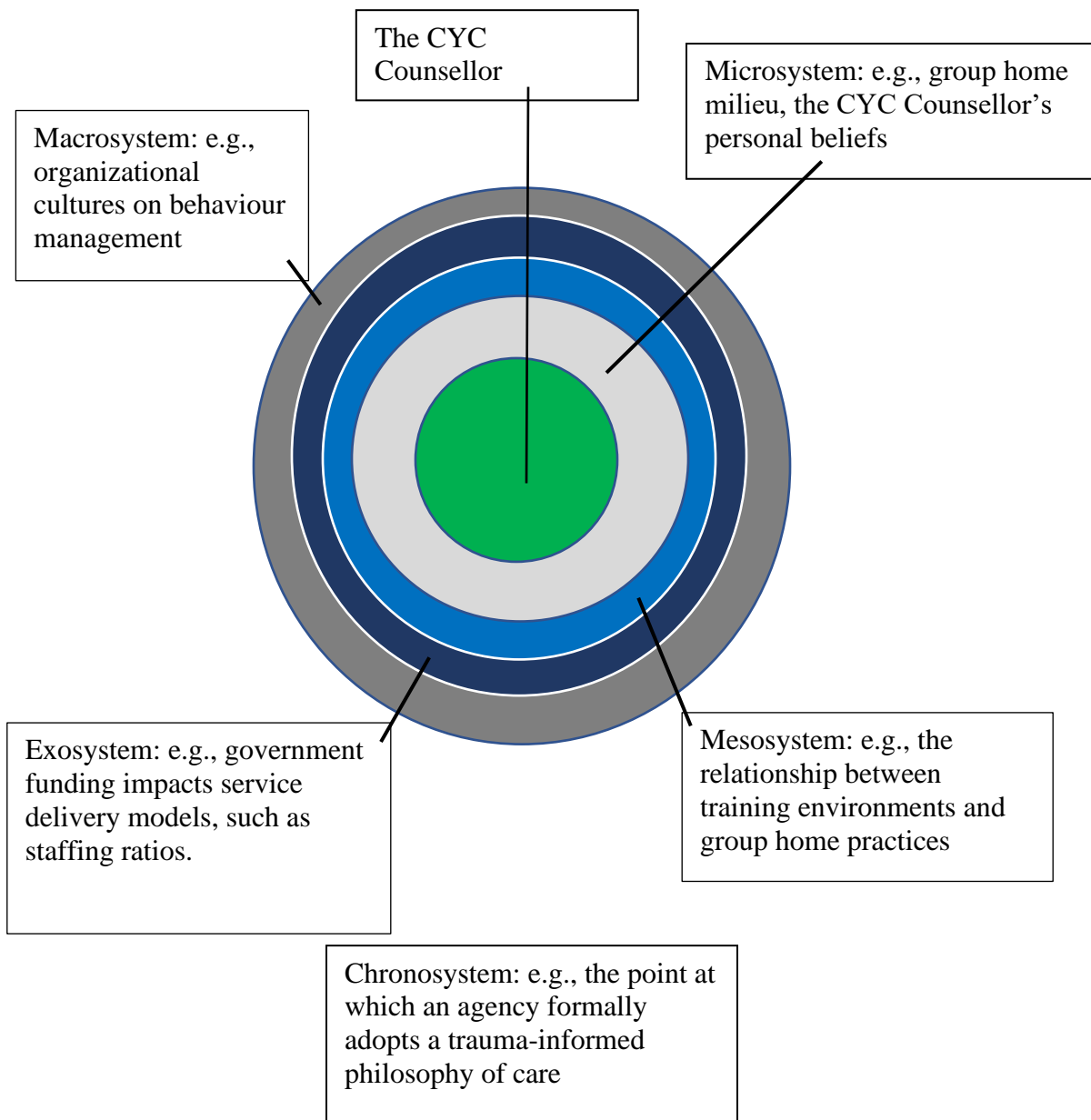
how the individual develops (Bronfenbrenner, 1979). Under this theoretical model, a person's environment is made up of concentric circles, or layers, which surround the individual. Each layer represents different systems (micro-, meso-, exo-, macro- and chrono) of interaction which influence both development and behaviour (Bronfenbrenner, 1979). This model, applied within the group home organization, is demonstrated in Figure 3.1. In the case of CYC Counsellors, the microsystem represents the individual's background and beliefs that they hold and how they interact with immediate environments, in this case the group home therapeutic milieu. The mesosystem represents the relationship between different microsystems that the individual has an active role in (e.g., the relationship between training environments and the group home milieu). The exosystem represents a system that the individual does not have an active role in, however it can impact how they develop in other environments. For example, government funding priorities and regulatory bodies that determine staffing ratios.

The macrosystem represents larger cultural or attitudinal contexts (Bronfenbrenner, 1979). To use an example, a common approach to care in group home settings is to focus on behaviour management and control as opposed to active engagement or collaboration (Gharabaghi & Phelan, 2011). This particular approach has been linked to the ways in which youth behavioural problems may be historically viewed as them having a lack of structure and healthy respect for rules and authority (e.g., Ashford & LeCroy, 1988). Finally, the chronosystem represents a moment in time, such as when an event occurs in an individual's life (Bronfenbrenner, 1979). The chronosystem within a group home agency may be represented by the point in time that an agency began to formally implement the principles of TIC into their overall approach to care. A group home agency, for example, may have begun to implement TIC

based upon studies that encourage a trauma-informed approach to delivering services, making that specific point in time important and worthy of reference and analysis.

Figure 3.1

Adapted from Bronfenbrenner's (1979) Ecological Model of Human Development



As it is shown here, CYC Counsellors can interact with a variety of different systems in their work. These various systems have the potential to influence how they understand and operationalize TIC, how they interact with other systems, and how these systems can influence their trauma-informed approaches to care. Moreover, since a person's various systems are not static and are always changing (e.g., organizational systems shifting towards trauma-informed care environments), one's ability to change and adapt within these systems is considered a marker for their strong development (Bronfenbrenner, 1979).

Similarly, certain systems within a group home organization are intended to influence the practices and behaviours of CYC Counsellors, as evidenced by policies and practice procedures. These organizational systems serve a purpose in that they are established so the behaviours of their staff members can be guided towards providing care that is congruent with the organization's philosophy, vision, and mission. Furthermore, there is a utility in understanding how CYC Counsellors are talking about the different systems that have an influence on their approaches to TIC, especially considering this study's second question which investigates how CYC Counsellors are discussing the barriers and facilitators to its application.

The ecological model of development provides an opportunity to describe and frame the various systems that can influence CYC Counsellors, helping us understand the process that inform their internalized attitudes of TIC and provides an appropriate theory to guide this study. From an ontological perspective, EST and social constructivism complement one another as both theories assert that multiple factors contribute to how a person interacts with and develops an understanding of their world and their realities.

Methodology: Constructivist Grounded Theory

Qualitative research is commonly used as a way of “exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (Creswell, 2014, p. 246). As the literature has shown, there is a lack of context relating to the meanings and experiences CYC Counsellors have with the broad concept of TIC in group homes, making a qualitative approach to interpreting and understanding this process useful. Furthermore, given the exploration of how CYC Counsellors experience TIC, Charmaz’s (2014) Constructivist Grounded Theory (CGT) methodology was chosen for this study.

There are many variations of grounded theory (GT) methodology described in the literature, including the original or traditional GT, Situational Analysis, Critical Realist Grounded Theory, and CGT (Timonen et al., 2018). Each one of these forms of GT operate within a “methodological spiral” (Mills et al., 2006, p. 26), meaning that each version is in a way connected, however they are different in their assumptions about being in the world and how knowledge is created.

Classic GT asserts that the researcher’s role is that of an objective, “detached, yet reflexive scientific observer” in the process of data collection and analysis (Timonen et al., 2018, p. 3). CGT, on the other hand, denies that the researcher can separate themselves within the research process (Charmaz, 2014). According to Charmaz (2014), researchers do not enter their projects unbiased, arguing that everyone is influenced or motivated by particular approaches, worldviews, or experiences that enter into the research arena. This is a stark epistemological difference between earlier versions of GT and CGT, as CGT overtly acknowledges the researcher’s role in shaping the research (Timonen et. al., 2018). For example, the interviewing process is seen as creating data that is not just communicated by participants, it is actively *co-*

constructed by the researcher and the participants (Charmaz, 2014), thus emphasizing the constructivist approach to understanding how data is interpreted and created within the methodology. CGT encourages full, in-depth descriptions within the research (Charmaz, 2014), making this type of a methodological structure beneficial for this study by identifying the contexts which make up this population's experiences in group homes.

This methodology fits well with the ontological and epistemological assumptions that are associated with the social constructivist theory because they both assert that there are multiple meanings that people can hold in the construction of their realities, that people are unable to be objective in the world, and that people construct their meanings through the process of social interaction. This methodology also complements EST in the assertion that the individual is not independent of their environments around them.

CGT also meaningfully highlights the researcher's preconceived perceptions about the subject matter. Charmaz (2014) refers to reflexivity as "the researcher's scrutiny of the research experience, decisions, and interpretations in ways that bring him or her into the process" (p. 344). Because researchers come into their projects with unique experiences which have the potential to shape how data is interpreted and analyzed, engaging in reflexive practices is an essential part of the CGT methodology (Charmaz, 2014). Charmaz (2017) also discusses the concept of methodological self-consciousness within CGT as a way of incorporating researcher reflexivity, positioning, and critical self-analysis when determining the direction of the research. To this end, the next section will be written in the first-person narrative.

Reflexivity and Positionality

As Fendt and Sachs (2008) propose: “the decision of whether to use a method and, in the case of GTM [grounded theory methodology], how to use it should be shaped in important ways by the personality and the experience of the researcher” (p. 448). Given my experiences as a former CYC Counsellor, I chose to use the CGT methodology, as I believed it would be difficult for me to remain objective and “remove” myself and my experiences from both the data collection and data analysis phases of my research. For example, when speaking with participants, many of their stories resonated with my own experiences as a former CYC Counsellor and inevitably influenced how I heard and interpreted the data throughout the process. CGT allows for the recognition of the researcher as an active participant in the co-construction of the data (Charmaz, 2014). Given my experience in the field of CYC work, this methodology allowed me to be an integral part of generating data, examining my beliefs, and being transparent about the positions that I hold. These factors have the potential to influence the data that is being collected, and by employing CGT methodology, these positions can be meaningfully included within the research process. This, it is argued, makes the research more robust and powerful.

As the researcher, I have engaged in reflexivity and methodological self-consciousness by continually writing my thoughts and experiences throughout the research process in reflective journals. Journaling occurred following every interview and spontaneously throughout the research process when thoughts appeared, and as I reflected upon analytical decisions that shaped the direction of my work. Throughout this process I also shared my thoughts with my supervisor which allowed for further opportunities for feedback and reflection.

Given my position as someone who has experience working in similar roles as the participants, utilizing methodological self-consciousness aided the study's process by forcing me to not only justify the ways in which the study is framed and communicated, but to also deeply reflect upon my experiences in the world and how this may be manifesting in the data.

My experiences as a former CYC Counsellor, as a white cis-gendered male, and as a student researcher influenced how the study was framed, how participants interpreted my contributions in the interview process, and ultimately how the data was viewed and presented. A reflective journal provided me with a tool to reflexively consider and process my collective experiences throughout this project.

Prior to beginning my thesis project, I had the privilege of conducting research on TIC and group homes through a graduate research position. This experience gave me a lot of time to reflect on not only my experiences working in group homes, but also what gaps might exist within the literature related to this field of study. When I conducted my literature review and noticed that CYC Counsellors' voices were not being represented, I felt drawn to looking into how they could be invited to speak about their experiences with this way of conducting care. Because of my experiences in this position, I arrived at my research questions because I saw a lack of context related to the experiences of these workers.

Throughout my research I continually asked myself: "Are my participants saying this, or am I thinking it?" "How might my past experiences as a CYC Counsellor be influencing what I am thinking in this moment?" "Are these my words, or are they my participants words?" I found that continually asking myself these types of questions was a great defense against my experiences and biases overpowering my research project. My journals afforded an effective mode of reflection, but they also provided an excellent way to parse out my experiences in

relation to what my participants were saying. These exercises increased my self-awareness, thus resulting in what I believe to be a more authentic piece of research had I not employed these methods of critical self-analysis. Moreover, these exercises helped my project stay *grounded* in my participant's data.

I come to this research having been shaped by my unique experiences. Although I do hold these positions of power and privilege within my life, my cumulative life experiences have led me to strive towards creating ways of operationalizing the highest-quality of care for young people and their families who have accessed the services of group home organizations. By engaging the voices of front-line service providers in this way, it is my hope that this work will contribute to a dialogue and growing knowledge base about how systems of TIC are experienced and applied, which may contribute to the improvement of services that children and youth receive in the future.

Methods

Participants

The population included in this study were CYC Counsellors within Alberta. Participants must have currently worked as a CYC Counsellor in a group home setting within this province, having been in their positions for a minimum of one-and-a-half years. This may have included continuous work that occurred between different settings within an organization. These minimum requirements for participants' experience were designed to increase opportunities that they would be able to speak to the concept of TIC in relation to their roles as CYC Counsellors. Originally, the minimum experience requirement was set at two years, however with feedback from some participants, and characteristically high turnover rates in the CYC field (Connor et al.,

2003) this number was lowered in an attempt to improve accessibility to the study for a higher number of participants. This study did include one individual who had stopped working as a CYC Counsellor a few months before the interview took place, however, their experience and perspectives were deemed to be fresh and relevant, justifying their inclusion in the study. Since there can be a wide range of ages of young people that CYC Counsellors may work with, participants were recruited who had experience working primarily with young people who were 18 years of age or younger.

Recruitment

Participants were recruited through professional networks within the group home sector in Alberta. Representatives from several group home organizations, as well as post-secondary CYC programs within Alberta, were sent an email to request their assistance in sharing the study recruitment poster. The recruitment poster (see Appendix A) provided information about the study and how to contact the researcher. A recruitment poster was also posted in the University of Calgary's Faculty of Social Work student lounge. The voluntary nature of the study was highlighted on the recruitment materials, emphasizing that it was not affiliated with any particular group home organization. This approach was intended to alleviate participant concerns relating to confidentiality and anonymity throughout the study's findings.

Potential participants reached out to the researcher who then provided further information and screened for inclusion criteria. If appropriate, a date, time, and method of conducting the interview was then set. Participants were advised they would be compensated for their time with an honorarium of \$25.00 in the form of an online gift card to Amazon.ca following their interview.

As participation was entirely voluntary based primarily on the interest generated by recruitment emails and the information poster, convenience sampling was necessary. Convenience sampling involves participants who are voluntary and willing to participate in the study, are easy to find and adhere to certain study criteria (Etikan et al., 2016a). Following interviews, participants were also presented with the option to distribute the research poster to other potential interested parties if they were comfortable doing so, referred to as snowball or “Chain-referral-sampling” (Etikan et al., 2016b, p. 6). This style of sampling resulted in the additional recruitment of two participants.

Data Collection and Management

Interviews were conducted using a semi-structured interview approach aimed at better understanding participants’ experiences with TIC. An interview guide (see Appendix B) was used and follow-up questions were posed whenever more detail was needed to fully understand participants’ unique experiences and perspectives.

Participants were provided with the option of conducting interviews either over the phone or through the video-based service *Zoom*. *Zoom* allows interviews to be conducted with or without the use of video, providing participants with another option if they were not comfortable with video-based interviews. Each individual interview lasted between one and one-and-a-half hours in length. A total of three interviews were conducted using *Zoom*, however, due to several technical concerns that arose throughout the course of these interviews, the remaining seven interviews were conducted over the phone and recorded using a hand-held recording device. All interviews were audio-recorded for transcription purposes. Dedoose (5.0.11, Los Angeles, CA, USA), a qualitative data management and analysis software, was used to organize coded data and

memos. Since Dedoose uses cloud-based servers, all identifying information was removed prior to inputting transcript data into the software as an additional method of protecting participant data.

Data Analysis: Thematic Analysis

Braun and Clarke's (2012) Thematic Analysis (TA) was used alongside CGT (Charmaz, 2014) to create themes from the data. "TA is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a dataset" (Braun & Clarke, 2012, p. 57) and can be used alongside other qualitative methodologies such as GT (Chapman et al., 2015). A theme is defined as something important and identifiable that occurs across all participants, and a study's themes can be used as tools to tell a story about what is happening in the data (Braun & Clarke, 2012).

Following each interview, the researcher transcribed the interview verbatim into a Word document and subsequently reviewed the recording in conjunction with the transcription to ensure transcript accuracy. Following each interview, the researcher made general notes on the interviews and adjusted the interview guide when necessary. For example, modifying questions to enhance clarity or changing the sequencing of questions. Memos about evolving themes and categories were also written by the researcher throughout the entire data analysis process.

Braun and Clarke's (2012) TA method includes six steps, outlined below which are recommended to be followed linearly. Following the completion of all 10 interviews, a modified version of these general steps that included aspects of Braun and Clarke's (2012) methods and Charmaz's (2014) CGT methods occurred as follows:

Step 1: This included the researcher becoming intimately familiar with the data by reading and re-reading each of the 10 interview transcripts.

Step 2: This process included coding by using line-by-line coding, which is assigning a code to each line of transcription (Charmaz, 2014). Coding in CGT is the process of figuring out what the data says while also providing a way of structuring and analyzing the meaning of the data (Charmaz, 2014). Codes were linked closely to the data to avoid “applying pre-existing categories to the data” (Charmaz, 2014, p. 116). Codes also attempted to “reflect action”, meaning that they tried to represent the process of what was happening within the data (Charmaz, 2014, p. 116). In-vivo codes were applied as frequently as possible. In-vivo codes include verbatim statements from participants, such as important phrases or terms, that represent something meaningful within the data (Charmaz, 2014). This process produced a substantial number of codes, therefore the researcher continuously analyzed codes that had similar meaning and merged them together as necessary. This made the total number of codes more manageable.

Step 3: This included searching for themes that cut across the dataset. During this phase, the researcher examined codes to search for themes that were important and relevant to the research questions. Codes were then collapsed into broader categories, or groups of codes that have similar meaning, so that analysis could transition towards creating more detailed themes. Reviewing existing memos and general notes from individual interviews were helpful towards tracking potential themes and categories as they developed. Several data extracts were compiled and organized in preparation for step four.

Step 4: At this stage, themes and categories were reviewed alongside extracts of data. As this was completed, the various elements within each theme were modified as necessary. Theme modification included collapsing certain categories and codes together, or re-locating codes and categories into different themes. Analytical programs within Dedoose such as code application (how/when a code has been applied), code co-occurrence (where two codes have been applied to the same data extract), combined with analyzing memos and general notes from individual interviews, allowed for a more efficient analytic process. Both were used as tools to ensure each participant fit into one or more categories within each theme, a requirement under Braun and Clarke's (2012) TA method. After specific themes had been reviewed, adjusted, and tentatively created, the researcher proceeded to re-read all the data transcripts, making any necessary adjustments to ensure "themes meaningfully capture[d] the entire data set" (Braun & Clarke, 2012, p. 65).

Step 5: During this step of analysis, themes were intensely analyzed, refined and constructed. Data extracts were scrutinized and compared to what each theme was attempting to communicate (Braun & Clarke, 2012). The degree to which data extracts accurately represented each category within the themes determined their inclusion in the findings chapter.

Step 6: Throughout the process of writing and editing the findings chapter, themes and sub-themes were continually analyzed, adjusted and modified as necessary. To enhance clarity, duplicates of participant's words (e.g., "and and") or words such as "uh" or "uhm" were removed and not included in the findings chapter.

Ethical Considerations

This study received ethical approval on August 16, 2019 from the University of Calgary Conjoint Faculties Research Ethics Board (CFREB). The study followed the ethical guidelines of the CFREB which include the concepts of confidentiality, informed consent, and ethical record keeping. Participants signed the consent and confidentiality form (Appendix C) and participant demographics questionnaire (Appendix D) and returned them to the researcher via email. The signed consent forms and questionnaires were printed and placed inside a locked cabinet located within the thesis supervisor's locked office. Electronic versions were saved in the researcher's University of Calgary secure OneDrive account.

The researcher explained the purpose and the process of the study at the onset of the interviews and answered any questions that were presented by participants before proceeding with interviews. Similarly, the researcher obtained verbal informed consent from participants to be video and/or audio recorded before proceeding with interviews. The researcher was open and honest about exactly what the research will entail, ensuring that participants understood that their identity within this study would remain confidential.

Participants were able to choose their own pseudonym to be referred by in the study, an option which was presented within the study's consent form. Some participants did not provide a pseudonym when they completed their consent forms, so to ensure consistency and clarity in the study's findings, the decision was made to refer to all participants by a number assigned by the researcher.

Following the interviews, the researcher saved the audio and/or video of the interview on a secure University of Calgary server. Once interviews were transcribed and confirmed for accuracy, the audio and/or videos related to the interview were permanently deleted. All

participant information, such as transcripts or consent forms, were always stored on a secure University of Calgary server.

Throughout the interview process, participants were encouraged to share some of their personal examples relevant to the aim of the research. However, they were asked to not provide any identifying information about any of their colleagues or of the people that they work with. As part of the transcription process, the researcher removed any potentially identifying information from the data, such as the names of organizations, programs, or schools that participants or their colleagues may be affiliated with.

Participants had the option to review and edit a copy of the transcript after this process had taken place. The option to review and edit the transcript was communicated in the consent form prior to the interview. As part of the consent form, participants were provided with the option of having a copy of the transcripts sent to them once transcription and quality control had been completed. In cases where participants indicated they wanted to review their transcript, they were sent via email. If participants had concerns about any of the information that was included within the transcripts, they had a total of four weeks from the date of the interview to inform the researcher of any information to be modified or eliminated from the dataset. Within this four-week timeframe, participants were also given the opportunity to completely withdraw their participation in the study. Four participants received a copy of their interview transcript; however no edits were requested, and all participants remained in the study.

Given that some participants may have also experienced trauma, either within their workplace settings or in their lives that could have been triggered throughout these discussions, the researcher offered referral information to counselling services for participants as needed; no participants requested this information.

CHAPTER 4: FINDINGS

Participants' Demographics

Ten individuals identifying as CYC Counsellors working in Alberta participated in the study, seven identified as female and three as male. Participants' ages ranged from 24 to 50 years, with four participants indicating their age to be under 30 years, four aged between 31 and 40 years, and two between the ages of 41 and 50 years. The average years of experience in CYC work was 6.5. Participants worked an average of 37 hours per week and were employed as full-time (70%), part-time (10%), and casual (20%) workers. They had diverse educational backgrounds: five held bachelor's degrees, one had a bachelor's degree and a diploma, one person had two diplomas, and three participants held one diploma. Exactly half of the participants indicated working at a large organization (more than 500 employees), half worked at medium organizations (100-500 employees), and none were employed by small organizations (less than 100 employees).

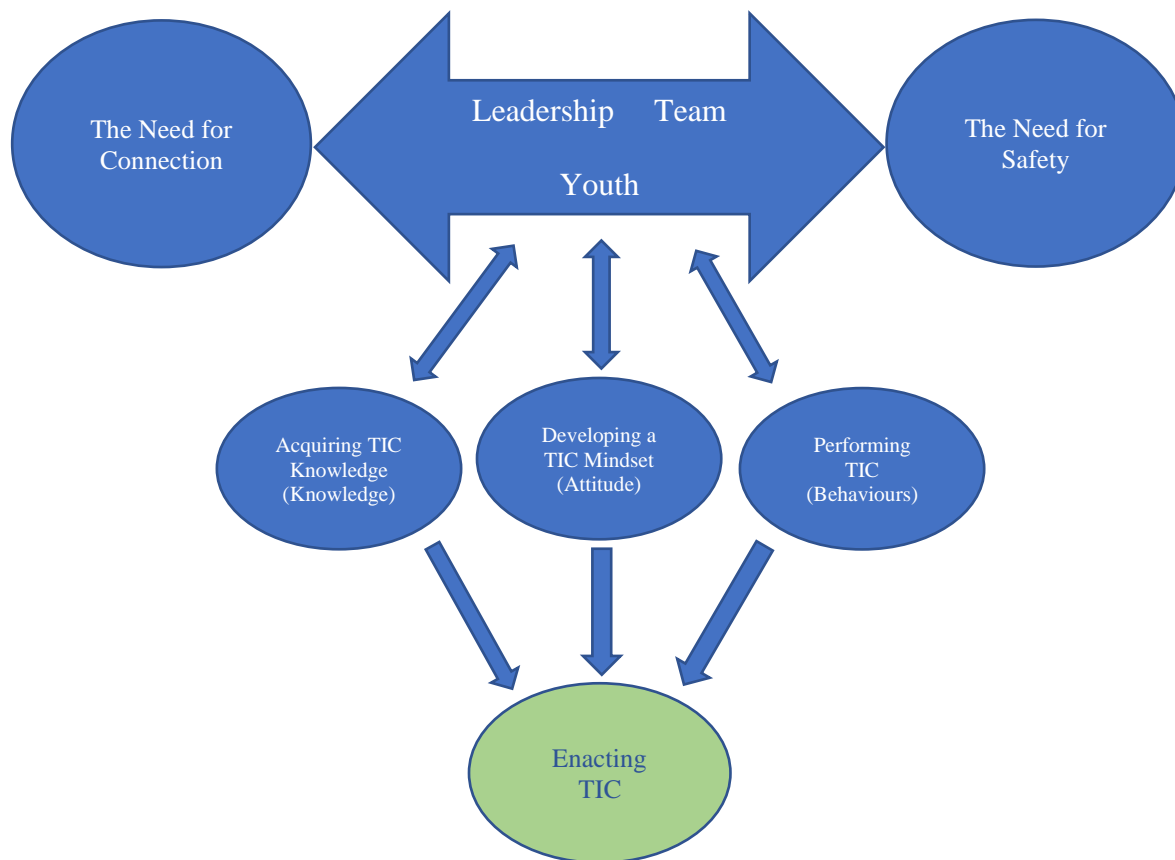
Overview of Findings

The thematic analysis of the interviews produced the following four themes to be able to enact TIC: the need for connection and safety; acquiring TIC knowledge; developing a TIC mindset; and performing TIC. In the overarching theme, the need for connection and safety, participants describe how enacting TIC begins when a sense of connection and safety is experienced at all levels of the work environment (with the organizational leadership, the CYC Counsellor team, and the youth). Relational connections, they suggested, are established within an environment where participants are physically, emotionally and psychologically safe, characterized by the presence of healthy communication, collaboration, trust, and power-sharing.

When CYC Counsellors feel connected and safe in their environments, they can then begin the process of meeting the next three conditions for enacting TIC: the acquisition of TIC knowledge; the development of a TIC mindset; and the ability to perform TIC behaviours. Although presented in this analysis as consecutive steps to enacting TIC, the actual reality of this work is that the process is complex, nonsequential and interrelated.

Participants acquire TIC knowledge in numerous environments by learning, observing, and gaining practical experience through doing the work. This dynamic process can be influenced by their personal attributes, values, and beliefs from life experiences. A TIC mindset is then developed when participants are able to contextualize the life experiences of the youth, think flexibly and be responsive to keeping youth's needs at the centre of their minds. Finally, performing TIC practice behaviours consists of operationalizing their knowledge and attitudes into the actions (behaviours) of meeting the youth's individualized needs. This process results in the enactment of TIC. The thematic relationship for enacting TIC is presented in Figure 4.1.

Figure 4.1- Visual Representation of the Themes for Enacting TIC



The following sections outline each of the major themes and their related sub-themes with illustrative quotes drawn from the transcripts, labelled by participant number.

The Need for Connection and Safety

Participants in the study portrayed how CYC work can be extremely challenging. In the face of this difficult occupation, they discussed how feeling connected to the various systems in their organization can help them mitigate the often unpredictable and unavoidable adversity that is inherent to CYC work which contributed to feelings of safety. TIC enactment in this way is

primarily dependent upon feelings of connection and safety established at all levels of their work: organizational leadership, the CYC Counsellor team, and with the youth in their care.

Organizational Leadership Connections. This sub-theme illustrates how participants' connections with organizational leadership influences their experiences with TIC. Participants described a person in a leadership position as a superior who has authority over them and their work, such as program managers or coordinators, and upper-level administrators more broadly. Feelings of disconnection from their organizational leadership for study participants came from a sense of lack of collaboration and communication with CYC Counsellors, stemming from an overt power differential, as Participant 10 describes:

... there was just a clear disconnect between staff and management and going into it you could tell who the management was and the power that they held and the decisions that they could make, and there was just a real lack of communication that way as well, and it wasn't a very supportive work environment.

Conversely, general feelings of connection and togetherness made participants feel they were on the same page as these leaders, producing a system based on healthy communication, collaboration and support that then translates into more effective TIC:

... there's always somebody on-call so if you have any concerns regarding a client, so if you're not sure if your practice is, trauma-informed or if you're not sure how to go about dealing with a certain behaviour, then you can always call and they're always available to respond to your questions or assist us in any way. (Participant 8)

For participants who described their organizational system in this manner, they articulated that they could always rely on those leaders, producing a more connected and confident CYC Counsellor that was better positioned to process information, problem-solve, and perform TIC.

Organizational leaders can also be a good support system for participants through providing interactive instruction while they practice directly in the group home milieu:

I mean they [senior management] bring, from my experience, they bring years and years and years of front-line experience with them, so it helps because they can also step onto the floor and train, or work, or debrief a crisis situation, right, so that's huge.

(Participant 6)

Having more experienced organizational leaders available to guide CYC Counsellors' learning through quality collaboration and sometimes interactive instruction was identified by many participants as helpful in their work. Every participant also disclosed their need to have the challenges of the work recognized by their organizational leadership, and when it was provided, the impact was evident:

I do think the agency really recognizes the populations we work with, and the difficulty of it, the difficulty of our jobs, which is the biggest reason why I love my job right, because I feel very supported by everybody at the agency. (Participant 1)

Though, not acknowledging or considering the impact that the work has on CYC Counsellors can damage leadership-Counsellor connections. This divide was noticeable when some participants expressed being forgotten in their work efforts in favour of organizational budgets:

... they [organizational leadership] need to stop focusing on the budget, and really start focusing on their front-line people, because we're the ones that put so much passion and dedication into the work, and we're often very much overlooked and undermined with everything that we do. (Participant 3)

Management that inordinately focus on young people's experiences whilst not considering what CYC Counsellors need in order to work through their experiences was communicated as counterproductive overall, as it can increase participants' sense of disconnection with organizational leadership. When these connections are missing, barriers to the acquisition of knowledge and best practices are also created: "I feel like they'll [organizational leadership] put it back on you, you know? If you're not able to deal with or handle these things, that's a 'you problem', not an agency problem" (Participant 9).

It can also be difficult when there exists a disconnection between participants and organizational leadership when staff have been assaulted by youth and are feeling the negative effects from these situation(s):

... when a staff member gets hurt or a staff member, you know, a staff member gets beat and then they have to take time off of work, there's not a lot of wraparound care for that worker right, it's just, part of your job, you know, just deal with it ... a lot of times what my co-workers and I find is that the incident [of violence] and the abuse to the staff member gets swept under the rug [from leadership]. (Participant 5)

When this same participant was asked how this influences their experiences with TIC, they promptly declared: "It causes a lot of animosity [between workers and leadership]". Furthermore, it became clear that organizational leadership has a role in establishing a safe environment in a trauma-informed group home.

Organizational Leadership Safety. Many participants spoke about the direct influence that organizational leadership has on their experiences with safety in the group home. The negative impacts were apparent if organizational leaders made them feel emotionally unsafe while they worked:

... what it amounts to is they [their organizational leadership team] purposely, they're not transparent in the least, they're purposely closed-mouthed to the point where people on the floor don't have any idea what's going on, they spring things on us on a regular basis, everybody kind of goes oh my goodness what does this mean? They don't feel safe, they're kept ignorant. When I moved over to the unit I'm at now, from a different one, which is just a year ago, it came to my attention very quickly how purposely ignorant my leadership team is keeping people, especially new employees, with the intention of keeping them scared. And we all know what scared people are, easy to control, so yes this is the most blunt way that I can put it, my leadership team likes to control people.

(Participant 7)

In some cases, asking for help from organizational leaders may lead to consequences for the CYC Counsellor, making them emotionally and psychologically unsafe due to fear of repercussion: "we can't voice our concerns too much, because you know, then we might get reprimanded for that" (Participant 9). Participants who expressed not being safe enough to speak openly with organizational leadership about their experiences simultaneously described feeling powerless, highlighting the complex and interrelated nature between the concepts of connections and safety:

... you have a 6 month probationary period, and so a lot of the times, the staff didn't feel like there was support like, you didn't get your benefits, you couldn't really do anything, there was no kind of like job security within that 6 months, and so I think a lot of the times people just put up with everything and didn't say anything [to organizational leadership about their concerns], because they were fearful of losing their job until that 6

month probationary period was up, and then a lot of people didn't last the 6-month probation period. (Participant 2)

When organizational leaders do not contribute to establishing a safe workplace environment, it can ultimately impact the care participants can provide:

... if it's safety for staff [that is not established], then people don't want to work there, people will not provide what the kids need, conversations, the one-to-one's, you know connections, because they're not feeling safe, the child is in outburst, [the] child could have a knife, they're in outburst, you know, are you going there? You're going to say nope, I'm locking myself in my office ... you know it's just well, whatever, they're [organizational leadership] not going to protect me so I'm just going to go sit in the office, right? (Participant 5)

Alternatively, participants who expressed working in an environment where they are safe enough to voice their experiences with organizational leadership described a higher satisfaction with their jobs:

... I really, really enjoy the program I work with, like I've said our leadership is one of the best leadership [teams] I've seen in any kind of organization that I've ever worked for, they truly, you know they listen to our suggestions, they are open to feedback, they're open to change. (Participant 4)

Similarly, by showing compassion and supportive guidance, organizational leaders can help participants be safe enough to ask for help when they are overwhelmed by the stress of the work, thereby allowing the process of enacting TIC to continue:

Sometimes I've gotten into situations where, for example a youth has, I don't know, cornered me in a hallway, and I felt very afraid at the youth, where I've had to come into the staff suite, and I've been quite upset, and I've had to call my program director and I've had to debrief with her and talk to her before I could go out on the floor and be helpful on the floor with the client. And so, I think that regulation piece is important for me to be able to have somebody to talk to who will allow me to, debrief with them so that I can regulate myself [and return to work]. (Participant 8)

Again, this excerpt demonstrates the intimate relationship that connections have with safety in the process of enacting TIC for study participants. Feeling connected and safe at an organizational level also means feeling part of a team.

Team Connections. This sub-theme describes how important it was for participants to be connected to the team around them, with the team primarily representing other CYC Counsellor peers working alongside them in the group home environment. The importance of connecting with one another through collaboration and communication is illustrated here as Participant 10 reflects on their experiences working in two different group home organizations:

... all the staff were always, almost always on the same page about something, especially when it came to certain decisions that had to be made, the communication between staff was unreal as opposed to when I worked at a group home where that really wasn't the case at all, and people were just making uninformed decisions and just really doing whatever they wanted with the youth.

Others built off of this position to say, "it just makes it [TIC] so much easier when you are a team instead of [being] fragmented everywhere" (Participant 2) and "we need more overall teamwork I guess, towards the common goal" (Participant 3).

For many participants, teams that collaborate and communicate with one another are connected, promoting a system of informed decision-making:

... TIC is a very team building thing, like you need to have a strong team in order to work in a positive TIC setting, if you don't have a strong team, I don't think we're having, I don't think there's a lot of positives we're having on the clients. (Participant 1)

And

... we kind of just get together as a team and say, 'what would you do?' 'What would you do?' And then we kind of collectively [decide] as a team or we consult as like senior staff or something like that. (Participant 4)

Communicating with team members on best trauma-informed approaches can be a time-consuming endeavour that involves significant trial and error. However, as Participant 7 explains, the biproduct of these efforts are youth who are served with the highest quality care:

... you collaboratively work to come up with a plan [as a team], you give it a shot, you say holy crap that fell on its butt, there's no way I'm going to do that again, you go back to the team and say you know what that didn't work, let's adjust to this, or you go try out the theory, it worked really, really well, you say hey guys, look at that it worked out really, really well, you are always supposed to be working collaboratively ... because that is the difference between the success of another young person.

Teams also play an important role in making participants feel safe in their work.

Team Safety. This sub-theme outlines the important role that teams play in establishing a safe environment for CYC Counsellors in the group home. Teams can be particularly useful for emotional support, psychological safety, and a countermeasure to vicarious trauma in a high-stress job like CYC work:

...the normal community outside of this program doesn't even understand or know some of them, the horrible things that people can do to children or that can happen to children, and so we have to live with that we have to carry that around ... we deal with really intense stuff and these kids have been through some horrible things at such a young age that you need to have the ability to go into the staff suite at the end of the night and you know maybe laugh with your team, or have a light-hearted conversation, you just, you have to have that. (Participant 6)

And

... its really nice to you know, have the comradery to say, I know that my team has my back and I know that my team knows what I'm going through and so therefore they know how to interact or support me, it's something that ya, like you know that's probably what sets most workplaces apart is that if you don't have that, those people you know, [to] lean on, then it's probably you know, these are the programs that are not doing as well or these are the staff that aren't doing as well because they don't have that outlet.

(Participant 4)

Given the potential safety risks associated with CYC work, some participants went as far to say, "in the end, you need to be able to trust these people [CYC Counsellor teammates], and I mean literally with your life" (Participant 7). Others described how feeling safe with one's team members in a potentially dangerous work environment means being able to calculate their behaviours, saying "I think there's just like, trust amongst the different staff members, so [that's] when you're working with strong team who is always that, you know what to expect from them" (Participant 2). This element of team member predictability, participants explained, results in increased feelings of workplace safety and more effective TIC.

CYC Counsellors with more experience can help their less experienced teammates feel safe by ensuring that they do not force them into situations that would make them feel uncomfortable or, as Participant 6 explains: “they [more experienced team members] didn’t ever put me, you know, directly into a crisis situation or to deal with a direct crisis situation until they felt like I was ready and I felt like I was ready.”

This excerpt is contrasted with Participant 10 who detailed a personal experience in which a fellow team member intentionally triggered a youth they were both working with in order to see how the youth would react. This resulted in a crisis incident and left them feeling unsafe while working with this particular CYC Counsellor in the future, ultimately influencing the ability to optimize TIC in the milieu. This type of behaviour, participants declared, can make numerous people in the group home feel unsafe and can damage connections with youth; connections which are vital to enactment of TIC.

Youth Connections. Every participant spoke about how important it was for CYC Counsellors to connect with the youth they work with, generally through the concept of the relationship, saying “I don’t think you could do anything without having a relationship with the kid” (Participant 2) or “it’s [the relationship] kind of like the backbone of how we integrate with these kids, because our kids are under 12, and so they need that relational piece” (Participant 6). It was apparent that these connections are built upon a foundation of trust:

What you need to do is gain their trust first, and that’s about relationship-building, what I try to do is read, when it comes to reading their files, I’m not looking for the, you know the horrible events here or the horrible events there, I’m looking for what was their dog’s name, what are their siblings’ names, what is their favorite aunt’s name, what is it they like to play, I want to build a relationship with them before I’ve even met them, and I

learn those things and so they can start to trust you, it is all about the relationship-building. (Participant 7)

Participant 8 describes how the practice of co-regulation (the activity of simultaneously regulating with a child) can act as a vehicle for establishing both therapeutic relationships and trust:

... it's [co-regulation] been helpful in developing relationships with clients, which is a very important step on the healing journey, it's helpful to be able to respond to them [youth] in a positive regard, and make them feel like it's okay for them to have certain behaviours, but [that] I'm always going to be there for them no matter what. So that co-regulation piece has been a really important stepping stone to developing therapeutic relationships [with youth].

Many participants stated that connecting with young people on a personal level helps facilitate more effective TIC, particularly in the most extreme of circumstances:

... if I'm standing there with a knife on me, I need to know how to connect with that child. If I can't connect with that kid, the outcome is going to be bad ... you have to talk to them [youth] like they're human, and interact with them like they're just, you know like, your people, and that's when you get the best responses from them. (Participant 5)

This includes taking the time to understand the youth's perspectives and share power by "having a sense of empathy for them [youth] and kind of listening to them and seeing where they're at" (Participant 9), all of which promotes these connections. Participant 10 built upon this to explain how youth have a unique ability to distinguish workers who are invested in establishing these connections and those who are not:

... youth can tell if someone's not there to help them and walk alongside with them in getting through to those steps to being successful. You could sometimes have workers who are just there sometimes to just, unfortunately collect a paycheque.

Although, it can be difficult to forge these connections if CYC Counsellors and youth are unfamiliar with one another:

... we've unfortunately had a high staff turnover, so the staff that are coming in, again the kids are struggling because they have new faces coming in that they don't have any relationships with, so that's also a piece that's making it [TIC] difficult, and then they're typically a green or newer staff, and so then they're [inexperienced workers] not able to understand how to be attuned and respond [to the children], maybe appropriately.

(Participant 9)

Equally as important in this process is establishing a safe environment for these connections to thrive in.

Youth Safety. This sub-theme outlines how supporting young people to feel safe in group homes is a vitally important factor in enacting TIC. Youth first need to feel safe in their environment for them to respond to trauma-informed interventions:

... for me my biggest thing is making them feel safe, right before anything else, before we even delve into conversations with the kids, anything, I just want them to feel safe.

You know people shut down and they run away when they're scared. (Participant 5)

Some described how making youth feel safe can be the gateway to forging therapeutic relationships:

... It's [making youth feel safe] huge, I would say it's probably up there you know, I think safety comes before relationship because in order to create a relationship with these kids, you have to show them right away that you are a safe adult. (Participant 6)

For many, youth must be able to trust CYC Counsellors in order to feel safe:

... when we say safety we also say trust right, like they don't trust at the early stages of them being in our program, they a lot of the times do not trust us right, so we have to earn that trust and so you know, the trust for them to open up to us ... that's a lot of safety for them, so that's what we're trying to do, we're trying to provide emotional well-being and safety for them. (Participant 4)

And

I think that trust and TIC go hand-in-hand because if they don't trust you and you don't have their trust, then there's no way that they're going to let you in and let you really understand who they are and truly get to know them, so you wouldn't be able to work with them whatsoever. ... because trust, especially in this field is one of the biggest things that we need to be able to have with our youth is trust, if they don't trust me, then I can't, I won't even be able to work with them through any means, let alone being trauma-informed.

(Participant 10)

Many stated how it can be difficult to narrow the concept of safety down to one factor, although as Participant 9 explained, making children feel safe is paramount in enacting TIC in group homes:

I think it just kind of is all the kind of pieces that I spoke about with the consistency, the relationship, the empathy, all those things help to create and build safety, so it

typically takes a bit of time for those sorts of things to build up and, ya it just helps, it just helps kids to feel safe whereas if they don't have those things, you can start to see them quickly feel anxious and unsafe. And then you tend to see more behaviours come out of kids when they're not feeling safe and so you can, you can really see the difference.

Participants emphasized that little can be accomplished when a child does not feel safe, and establishing a predictable environment is one of the ways of ensuring this as Participant 8 explained: “part of the trauma that they [the youth] have experienced is that their anxiety is quite high, and if they know what's coming next, then it's predictable, so they feel safe.” Many noted structure and routine provides a predictable environment which reduces youth stress and results in young people being receptive to other trauma-informed interventions. And when connections and safety are present at all levels of their work (within the organizational leadership, their teams, and the youth with whom they work), participants can begin to acquire trauma-informed knowledge, develop a TIC mindset, and perform TIC to ultimately enact TIC.

Acquiring TIC Knowledge

Participants noted that knowledge about TIC was acquired in a continuous manner in multiple ways. They indicated that acquiring TIC knowledge is comprised of knowledge attained through learning, observing, and gaining practical experience through doing the work, in combination with their own attributes, values, and beliefs from their life experiences.

Learning. Participants stated that they are always acquiring TIC knowledge, characterized as “ever-changing” and “fluid” (Participant 1), from many sources. Participants can, for example, learn about TIC by developing a theoretical knowledge base through

workplace trainings, as Participant 7 explained: “my employer actually had one of our psychologists do a training [in TIC].” Participants also asserted that TIC can be quite complex, and conceptually challenging, therefore it is important that CYC Counsellors not only understand these concepts, they must also develop a practical skillset in order to apply them. Organizational training is one important means of doing this:

... we’re taught at work that if a kid is really dysregulated or like angry ... if you are able to, as the adult in that relationship, able to be calm and present in that moment, then it’s very likely that the child would also kind of calm down and be at your level of regulation. (Participant 8)

Learning how to operationalize the requisite components of TIC was also part of the challenge of bridging theory into practice, as explained by Participant 9:

... I mean, we do get the word self-care thrown out a lot, but I think they’re [less experienced CYC Counsellors] expected to know what self-care is, they’re expected to know how to deal with self-care, they’re expected to kind of manage those things on their own.

Acquiring trauma-informed knowledge is important and learning the skills to apply that knowledge in practice is also necessary to enacting TIC. For example, every participant spoke to how critical it is to establish a therapeutic relationship with young people in a TIC environment, although understanding the concept of the therapeutic relationship and knowing how to create a therapeutic relationship with young people requires the acquisition of markedly different knowledge and skillsets:

... we get students who have been in school for a really long time, but they may not even understand how to implement building a therapeutic relationship, so we kind of have to start from scratch in sort of core competencies. (Participant 6)

When staff are provided with the necessary training to learn practical skills, they are better positioned to perform TIC, in the present moment and in the future. Participant 4 noted the benefits of learning hands-on skills from more experienced co-workers in the milieu, demonstrating how participants' learning is fluid and does not always exist in isolation from other methods of acquiring TIC knowledge:

... they're [more experienced co-workers] not giving you the answer but they're asking you the question that brings up the thoughts that, of, here's where you need to go next ... they are the people that are going to help you lead so you know what to do from experience [in the future]. (Participant 4)

Although there were participants who indicated they are presented with several opportunities to learn new skills, others noted the need for increased practical training, saying "I would like there to be more in-depth training" (Participant 3).

Some participants also described the benefit of learning about TIC through their educational institution and applying it to their practice: "all I was taught in school was to be reflexive, you know be reflexive, be reflexive, constantly looking at yourself ... you know I learned theories, but the biggest takeaway for me was that reflexivity piece" (Participant 1). These participants generally emphasized how learning about TIC in school amplified their knowledge and skills related to TIC to a greater degree. And though learning about TIC is critical, making observations in one's practices within the group home milieu is also an important method of acquiring trauma-informed knowledge.

Observing. In addition to learning, participants generally explained that youth work offers a dynamic site for the continuous acquisition of practical information that can inform their understanding of TIC. Rather than simply relying on trauma-informed theory, many suggested that observing youth in the group home environment provides them with the most valuable source of trauma-informed knowledge, stating “working with challenging young people every day, what works for one won’t work for the other, and what works one time with one particular client won’t work the second time” (Participant 3). Participant 2 explains that one must be capable of observing the subtleties in youth’s behaviours to know how to act in the moment: “[it’s] being able to recognize not only what happens when a kid starts to dysregulate but also like, their strengths and what to focus on to keep them at baseline.”

Participant 8 also described how observing youth informs their understanding of best TIC practices: “we do see how the kids are able to respond really well to the structure and the routine ... it’s [the concept of structure and routine] impacted the way that I see TIC because I can see how well the kids respond to it.” These observations, many explained, can reinforce the theoretical knowledge they have acquired previously.

Participants’ CYC Counsellor colleagues can also positively contribute to existing knowledge, as Participant 10 explains:

... being able to see other people’s perspectives about TIC and how they work through their trauma-informed practice and their TIC is really helpful, because you can take little things that other people do and see if it can work [in your own practice].

Conversely, it can be especially difficult for participants to know how to act if they are not provided with opportunities to observe how to fulfill their job duties from the individuals possessing that knowledge:

... it's hard sometimes for people on the front-line right, to, you know, consistently keep doing this job and being told [by organizational leadership], you're told, 'you're not doing this right', 'you're not doing this right', 'you're not doing this right', 'you've gotta do it this way', but then the management won't come into the [group homes] and maybe emulate what they would like to see, or even, you know, train people on the fly like, 'hey, this is how I'm going to talk to this youth' or 'this is what I mean when I'm doing this'.

(Participant 5)

For participants who described this type of scenario, they generally stated that it makes their work more challenging because CYC Counsellors do not always have the requisite knowledge to manage their environment, perform their work, or even access to the methods of acquiring vital knowledge.

Having experienced professionals available to observe and learn from gave many participants an opportunity to fill in any existing knowledge and skill gaps that stand in the way of performing and ultimately enacting TIC. In some cases, participants expressed working in teams that are quite inexperienced, therefore interactively learning from organizational leaders through observation was not merely desired, it was noted as essential to their growth, development, and ability to perform TIC. However, in the face of criticism and without opportunities to learn from and observe more experienced workers, some participants expressed being substantially disadvantaged in their abilities to enact TIC.

Knowledge acquired through making observations in the milieu can also be combined with theoretical knowledge already learned through the organization, and for some, the two did not always coincide. As Participant 2 explained, these conflicts can be evident:

... initially like I thought the concept of it [TIC] was great, like I completely agreed, I think I struggled with like the practicality of it and how it was being, actually implemented, like I don't know if I saw that [theoretical knowledge] every day [in practice] ... I think the idea [of TIC] was talked about a lot, but I don't know if I saw what they [numerous professionals in the organization] were doing as being trauma-informed.

For others, the theoretical knowledge acquired from schooling could be used to evaluate what they were observing in the group home setting. Likewise, conflicting knowledge between these different systems can negatively influence participants' job satisfaction and overall experiences with TIC:

I was kind of able to use what I was doing at school [learning about TIC], and kind of take a step back and look at what was going on there [in the group home] and that's what really helped me realize that I didn't want to be there anymore. (Participant 10)

Although learning about TIC and making observations are important sources of trauma-informed knowledge, many participants suggested that some of the most useful wisdom is cultivated by gaining practical experience through doing the work.

Gaining Practical Experience through Doing. Although the acquisition of theoretical knowledge is important, many made a point of differentiating it from the wisdom acquired from doing the work, "because of course there's the education and then there's the hands-on piece" (Participant 3). Several participants described the importance of gaining trauma-informed knowledge through on-the-job, practical experience, simply saying "I have learned TIC by doing TIC" (Participant 1). Participant 5 corroborates the advantage of knowledge gained through doing the work as they described how "it wasn't until I got into doing the job that I did that I

really started to, like things started to resonate with me.” The value of front-line practice development was identified by several others:

... there’s just no manual to working with a human being, and so you pull from experiences ... its great to have all this theoretical knowledge, but unless you have any practical experience to put it into, you only know what you know ... you have to practice, and you do, and you have to fail or maybe it doesn’t work and then you’ve gotta’ try something else, because there’s no manual. (Participant 6)

And

... there was [a] period that I found it [TIC] very hard, and then like, it almost seems like it turned a corner one day, like I think maybe it was maybe after the, 3 to 4 month period, that I feel like after being full-time like I was like ‘oh, I get it now’.

(Participant 4)

Participants who had been in CYC work for several years reinforced that the lessons drawn from the well of their own practical experience is an invaluable source of trauma-informed knowledge:

... when I look back on the 20 years and I think to myself jeez, you know I really let something get out of hand, like I really shouldn’t have stepped in so quickly, really, I should have given them some room, I literally don’t have one of those moments [anymore]. (Participant 7)

And

... ultimately when things happen [now], I know I’m not going to have to push in these consequences that I feel don’t make sense or are unfair, you know I’ve worked in some places where kids will leave their stuff in the living room, and it’s like well, we [the

team] need to take these things and we need to make them do a chore before they can earn their stuff back because they're leaving their stuff in the living room and I'm like, I, that doesn't make sense to me ... So just knowing that I don't have to give, kind of consequence every action that might be seen as, inappropriate, makes it much easier for me [now]. (Participant 9)

When participants gain trauma-informed knowledge by learning, observing, and doing, some described how they can use their personal attributes, values, and beliefs from life experiences as a lens to understand that information.

Personal Attributes, Values and Beliefs. Finally, participants described how trauma-informed knowledge is also filtered through their personal attributes, values, and belief systems from their life experiences. Participant 7 illuminates how these can shape how CYC Counsellors interpret CYC work and TIC, explaining:

... the bottom line is, and this is after 20 years of experience and observation, it is one of the most personal professions I can possibly imagine, because it comes from such a place of, you're personality driven, you're style driven, your tolerance level, things of that sort, your beliefs system, your value system.

This insight sets the stage for not only how some participants understand TIC, but how they interpret all aspects of the profession.

One's life experiences can also be a source of knowledge that can influence values, beliefs, and attributes. During interviews, descriptions from some participants were seemingly informed by their own personal value and belief systems, often quite subtle in nature. Although this was not as common, some participants expressed how they may also interpret and understand information through a lens of their own personal experiences, explaining, "at the end

of the day for me, at my core, my own trauma that I've experienced in my own life, that really impacts how I perceive TIC" (Participant 1).

Others, like Participant 6, described how changes in their life circumstances, such as "being a mother now", has become a source of knowledge that has shaped how they interpret and understand TIC. They further stated that "it's just given me a different perspective on 'how can we try and do the best that we can with our kids?'" These different systems, through which knowledge is acquired and interpreted, translated into a way of therapeutically thinking about their work with young people; that is a TIC mindset.

Developing a TIC Mindset

The sub-theme developing a TIC mindset describes how participants have constructed their TIC theoretical, practical, experiential and life knowledge to inform how they view young people in their care and guide their practices. The specific aim of this mindset is to work towards meeting the individualized needs of each youth, which is conceptualized through putting the youth's life experiences into context and then being able to think flexibly in order to continually keep the youth's needs at the centre of their minds while providing care.

Contextualizing the Life Experiences of Youth. Participants explained that learning the background information about a young person's life experiences helped them contextualize their youth:

I think it would be difficult to do TIC if I didn't have that information [about a young person's past experiences], because then I wouldn't be able to understand the true trauma that they're going through, and maybe if I didn't know that information then I could be

putting them through the same trauma or more trauma that they don't need in their life because they've already gone through enough. (Participant 10)

And

... let's say we've got a child who comes in and you know, they've been locked in a crate for however long and, they're malnourished or they came from the hospital because they were failure to thrive, and then they come to us and care and you know, we're seeing some pretty extreme behaviours, it [background information on a child's experiences] gives me a little bit more of a, 'what's going on [with the child]'.

(Participant 6)

Having access to this information can be a helpful resource, especially if participants work in numerous programs within their organization and may not be as familiar with the youth they work with on a daily basis:

... when I show up now to programs that I haven't been to, I read the kid's crisis cycles ... I think if you didn't have that [resource] to recognize those behaviours, I think like, you're going in blind almost. (Participant 2)

Many participants articulated that having this information and attempting to understand the child's life experiences is not simply helpful to their practice, it is the professional responsibility of a trauma-informed CYC Counsellor:

I need to know what happened to them [the youth], where it [the youth's behaviour] was coming from before, you know and I think that's a big thing with TIC too is being, responsible and knowing what their history is ... you just really need to know their story.

(Participant 5)

Not having the background information of a child's previous experiences can also lead CYC Counsellors to label children negatively:

If I wasn't aware that the trauma that he [a particular child] experienced, and the rupture in the relationships that he experienced, if I wasn't aware of the way that impacted the way he interacted with us, then I might see him as a difficult client, or as a client who doesn't want to engage, or a client who is oppositional. (Participant 8)

Participant 4 provided a practical example to supplement this position. During their interview, this participant described a time when they were in the presence of a young person who was in obvious distress, but because they were equipped with some information on the child's life experiences, they were better able to contextualize some of the factors that could have been contributing to the child's distress. Having information on a child's life experiences better positioned participants to serve youth with the highest quality care, because "knowledge is power, right, the more you know, the better able you are to work with people" (Participant 3). In some cases, this information can be the deciding factor between performing TIC and (re)traumatizing children during the course of service delivery, as Participant 9 explains:

So you know, if it's at nighttime or at bedtime that kids are struggling and we know they have a history of sexual abuse, well they're probably responding based off of trauma, and so, recognizing that we're not going to just try and shove this kid into bed and be like, 'it's bedtime', but recognizing they're feeling very scared and unsafe, and so they might need a better heightened bedtime routine.

As this excerpt has demonstrated, this information can also allow participants to think flexibly before acting.

Thinking Flexibly. Part of a TIC mindset is the ability to recognize that youth in group homes do not respond universally to stress in their environment, therefore a ‘one size fits all’ approach to intervention is incompatible with TIC. Since a child’s behaviours can be influenced by several factors that are unique to them, many participants underscored cognitive flexibility as an optimal component of a CYC Counsellor’s TIC mindset:

... TIC is not thinking that they have constant control over themselves, it is not thinking that they are purposely doing poorly, that they are always manipulative, that they are always lying, that they’re always behaving in a way that is disruptive because they want to. (Participant 7)

And

... all the actions that the kids are displaying are not a behaviour that is a reaction to the situation, that it can be related more to either trauma that they have experienced in the past, and just being cognizant of that, and being aware of how the trauma interplays with where they are today in their development. (Participant 2)

A TIC mindset also understands that children are not all going to cope with their environment universally, prompting the need for cognitive flexibility rather than rigidity as Participant 1 notes:

... I’m going to be thinking about those aspects [that are unique to each child] ... ‘Where are they functioning at?’ ‘Is it a 16-year-old that’s functioning at a five-year old’s level’, right, ‘what’s their IQ levels like’, ‘what are their triggers, their antecedents’, you know?

This also includes understanding the unique biophysiological impacts of trauma on children, and how this can influence behaviours:

I also really enjoy looking at sort of brain maps and the MRI's [magnetic resonance imaging] and seeing like okay, well there's you know, a mind and a brain and they work together versus us talking about the psychological effects, or the behaviours that we see, it's like now there's this biological side that just solidifies everything. (Participant 6)

This conceptualization can promote creative and flexible ways of thinking about the youth that are in participants' care, or as Participant 3 described, "being curious" about a child's experiences as "every case is very different; every young person comes with their own set of experiences and beliefs and past trauma and cognitive abilities as well. So, it really isn't just one, you can't narrow it down to just one piece, right?" This is why participants also noted the importance of "accepting them [youth] for who they are" (Participant 1), termed by some as having "unconditional positive regard" (Participant 8) for youth.

Thinking flexibly does not, however, come without its difficulties. Participant 2 went on to note the potential challenge of employing a flexible mindset when working with youth, specifically those who have been violent or aggressive towards them and their colleagues in the past:

... you have to like rationalize in your head, like he [the child] doesn't understand [his behaviours], he doesn't have the cognitive ability to understand ... it just became part of your reality to like, he might hit you and you're going to have to go colour with him 20 minutes later, or go for a walk with him ... it was hard [to rationalize this behaviour] and people I think, got burnt out by it.

Although practicing cognitive flexibility can be challenging, participants stated the necessity of keeping the youth's needs at the centre of their minds while providing care.

Keeping the Youth's Needs at the Centre of Mind. Participants explained thinking about each young person's unique needs as a core component of developing a TIC mindset. They described needing to be continually aware of the kind of experiences that each young person brought with them into the group home environment:

... TIC is recognizing when a child or youth has experienced trauma, understanding the impact that it may have on them and being able to work with kids, with a mindfulness or sensitivity around the fact that they might need more of a focus on the fact that they have experienced trauma. (Participant 9)

Participant 5 stated how an essential component of a TIC mindset is continually considering the youth's needs: "if we're [CYC Counsellors] not fully encompassing everything about them [youth], knowing what their needs, their wants, their traumas, everything, then 'what are we doing?' That's the way I look at it." With this specific aim in mind, many declared that a CYC Counsellor's developed TIC mindset should always be aware of their own experiences, values, and beliefs, working to ensure they are not negatively influencing their practices. Many like Participant 3 detailed how engaging in "a lot of reflection" to "challenge your own perceptions and your own experiences" is one means of ensuring their practices are aligned with the youth's best interests in mind.

Taking the time to reflect, Participant 8 explained, can be particularly useful for practitioners when considering how their worldviews might be influencing this mindset by "[asking yourself] 'why I'm behaving a certain way', 'what expectations I'm placing on the kids', 'what's the purpose of those expectations?'" Although self-reflection was described as an important part of many participants' trauma-informed practice regimens, these types of exercises are better understood in theory than they are employed in practice, as Participant 8 continued:

“the difficult part of it is like really getting to know yourself and your triggers and your emotions and your thought process.” While engaging in self-reflection activities outside of the milieu was described by some as an effective way of ensuring their practices are always aligned with the TIC mindset, others noted taking a more direct approach to achieving this outcome in the moment: “and then sometimes we try to remove ourselves from the situation because we have personal bias on what should be happening” (Participant 4).

Participant 7 illustrates how keeping the youth’s needs at the centre of their mind, is more in alignment with a TIC mindset and can contribute to avoiding a (re)traumatizing experience for the child:

... right now they [the child] probably think you’re a threat, so how about you stop speaking to them right now, how about you stop standing over them right now, how about you move back for a bit, how about you give them an opportunity to regulate, their heart rate is probably really high right now, give them an opportunity to feel safe.

Participant 1 provided further justification for why the youth’s needs should be the focal point of a trauma-informed CYC Counsellor’s mind:

... if there’s things that are happening amongst staff that aren’t being addressed you know, residual resentment, resentment that’s been building, whatever it might be, that has I think a massive ripple effect on how TIC can be, you know how we as service providers can work as CYC Workers, how we can really be of benefit to the client, right, because we’re more focused on ourselves and I think that’s the biggest thing. When I’m focused on myself, whether as a co-worker or with my own shit that I have going on in my life, I can’t be a positive CYC Worker.

This includes the influence that feeling unsafe in the milieu has on participants' ability to keep youth's needs at the centre of mind:

... when it comes to a person's safety, you're not thinking intentionally about TIC, you're thinking about 'how am I going to see my people through the rest of this day?' ... there is no TIC [when people do not feel safe], truly, that goes right out the window, it's survival of the fittest. (Participant 3)

And

I definitely think because that fear of, like, oh I'm going to get assaulted, it definitely brings safety to your forefront, so you're not 100% there with the kid being like, 'I'm going to be trauma-informed' and 'I'm going to be the best I can be today' because you're always concerned about what might happen ... and so I think it was just, I think a lot of people were just kind of any, like, 'we will do anything to make sure there's not an assault today', or there's not, the kids not hitting me, and so I think it was more, the idea of TIC took a backburner. (Participant 2)

Every participant made the direct link between how safe they feel and their ability to think in their youth's best interests, ultimately saying "at the end of the day, if we want the kids to be stable and safe, we have to be stable and safe" (Participant 6). Several others shared details describing serious situations in which they or their colleagues' physical safety was either threatened or violated by young people they worked with; descriptions that were accentuated with the tangible impacts it can have on them and their capacity to think flexibly, keep the youth's needs at the centre of mind, and ultimately enact TIC. Moreover, participants clearly articulated that when CYC Counsellors focus on themselves, for whatever reason, the system of

care does not operate in the best interests of the youth, and therefore is not reflective of a TIC mindset.

Although participants in this study were highly motivated to provide the youth with quality care, they described the ways in which their overall wellness was directly related to their ability to keep the youth's needs at the centre of their minds. Furthermore, making sure that participants are showing up to work being mentally, emotionally, and physically present in the milieu, and capable of keeping the youth's best interests in mind is a fundamental component of a TIC mindset:

... it's being able to make sure that I'm able to come into work every day, even if I am dealing with something, I'm able to just leave that at the door and be present for those youth who need my help. (Participant 10)

Even though a TIC mindset is an important part of participants' process, they stated that this attitude must be put into action in order for them to be able to perform TIC.

Performing TIC

This sub-theme illustrates the final step towards fully enacting TIC. Having met the conditions of connection and safety within the working environment (with leadership, team, and individual youth), in order to develop the requisite skills to acquire knowledge and develop a TIC mindset, participants described how performing TIC is to meet the individualized needs of the youth they work with.

Meeting the Individualized Needs of Youth. During interviews, participants described several ways that they operationalize TIC. Instead of prescribing one specific method, they all

explained that to perform TIC more generally is to meet the individualized needs of the youth they work with. For example, Participant 4 stated:

I think that's what our job is, to be the thing that they need the most in that moment, and it might be, you know, something fun like, a playmate, or a parental figure, or you know a person that's going to take control ... it's [about] being what they [the youth] need.

Due to the young age and vulnerability of the children that some participants expressed working with, they recognized the importance of performing TIC in a way that meets their specific developmental needs:

... if you think about it, a child's brain, when its developing it needs that safe adult to help externally control the environment to teach them what's safe and what's not safe, or what's okay and what's not okay, or how to do simple day-to-day things, and a lot of these kids haven't experienced any of that ... they need that calm, assertive, safe adult to teach them that there are safe adults in the world. (Participant 6)

Conversely, for participants who indicated working with older youth, they characterized TIC as supporting a youth's daily living in ways that respect their specific developmental need for individuality:

... the way that I see it is at the end of the day that's their [the youth's] house, that's their home, that's where they're living, and I'm just there to support them in their living and in their life and walk alongside them on this path to get them somewhere they can be successful. (Participant 10)

Instead of being a one-dimensional practitioner, participants suggested that performing TIC is about constantly adjusting one's practices to meet the various needs of youth:

... not every kid is the same, and they're all going to react differently, so and you have to, I have to change the way I listen or the words I use with every kid that I work with ... you can't just walk in and be like, okay, you know, so you have extreme behaviours so lets, this is what we're going to do. (Participant 5)

And

... the way I work with one client, it's going to be so different from how I work with a different client ... the way I'm going to talk to one client is going to be very different than how I'm going to talk to another client in just the words I use like my own level of expression, right if there's a client that is very low functioning I'm not going to be using very big words, I'm not going to be talking fast. (Participant 1)

Participant 3 outlined the importance of adjusting their practices in order to meet the individualized developmental needs of a specific youth they work with:

... when you give her [the child] too many tasks, when you, speak in ways that are too complicated, she can't comprehend it, at all, and she gets frustrated because she can't even verbalize really that she doesn't understand, so she becomes triggered, and often times when she becomes triggered she goes into outburst mode pretty quickly, where she starts threatening people, or she starts flinging things at people ... you just approach her and all situations differently, right, therapeutically how you work with her is different [because of her specific developmental needs].

Many explained how performing TIC requires more time and effort, however it ultimately produces the best outcomes for youth when compared to more traditional, rigid approaches to youth-care work:

... it's [TIC] a lot more time consuming. So instead of kind of, being punitive or kind of corporal around expectations of like, its black and white and this is what you have to do, and probably getting that kid to respond more quickly, you're really having to do a lot more work around trying to get them to calm down and trying to find ways to get them to a place where then they can have a conversation with you and those sorts of things, so it's definitely more time consuming I would say ... but I think longer-term its helpful for their growth and development. (Participant 9)

Some like Participant 2 explained how they and their colleagues frequently “advocate” on behalf of their youth to help ensure their individualized needs are being met. Others described how they can indirectly assist in meeting their youth’s individualized needs through collaborating with other professionals not affiliated with their group home organization:

... we’ve had police come in [to the group home] and call our kids assholes, or little shits ... we [now] have a staff meet the police at the door [of the group home] and just kind of assess where the police is at, just to kind of debrief the police on what is going on [with the child] and how to best approach the child. (Participant 8)

This is also why the genesis of performing TIC was described by many as meeting the youth where they are at: “that’s always your starting point, ‘where is this young person?’ Meet this young person where they are” (Participant 7).

Summary of Findings

Participants in this study describe experiencing TIC through a series of processes which results in the enactment of TIC. This process is founded on the establishment of connection and safety between the organizational leadership, the CYC Counsellor team, and the youth in their

care. Relational connections are created within a climate of emotional, physical, and psychological safety, portrayed by the existence of healthy relationships, communication, collaboration, trust, and power-sharing. The establishment of connections and safety facilitates the next three steps to enacting TIC: acquiring TIC knowledge, developing a TIC mindset; and performing TIC behaviours.

TIC knowledge is acquired by learning, observing, and gaining practical experience through a dynamic process interpreted through workers' personal attributes, values, and beliefs from their life experiences. Once acquired, TIC knowledge allows the CYC Counsellor to develop the necessary TIC mindset working to conceptualize the life experiences of the youth through the promotion of flexible thinking and keeping the youth's needs at the centre of their minds. Finally, performing TIC practice behaviours consists of meeting the individualized needs of youth which results in the enactment of TIC.

CHAPTER 5: DISCUSSION

Introduction

This study sought to explore how CYC Counsellors in Alberta talk about their experiences of TIC, and what barriers or facilitators to implementing TIC they have encountered in their practice with young people in group home settings. Findings illustrated that connection and safety at all levels of the organization (with leadership, team, and youth) were critical in participants' ability to acquire the necessary knowledge about TIC and develop a specific mindset that enabled them to enact TIC. These findings will be discussed and contextualized in relation to the existing literature to consider the possibilities and challenges of the provision of TIC within group home settings. Implications for social work practice will be discussed, as well as recommendations for practice, policy, and future research.

Connection is Critical

This research has demonstrated that CYC Counsellors require connection at all levels of the group home organization, within relationships with leadership, fellow team members and the youth with whom they work, in order to enact TIC. A divide between organizational leadership's understanding of direct-care practices and the realities of the front-line delivery of TIC have been noted (Muttillio, 2019; Unick et al., 2019), supporting findings from this study that suggest bridging the gap between organizational leadership and direct care service providers is important.

Given the complexity of group home CYC work, building connection throughout the entire organization is an ongoing challenge. Promoting open and inviting spaces in which different levels of staff members are accessible and able to communicate with one another gives

CYC Counsellors the opportunity to navigate inevitable challenges or discrepancies that may appear, thus promoting an environment of productive learning and effective problem-solving (Fallot & Harris, 2011; Krause et al., 2018).

For example, McNamara (2010) found that providing supportive worker supervision, staff support groups, and psychoeducation sessions aimed at creating a culture that normalizes front-line worker experiences with the various stresses of the workplace fostered a connected and supportive culture. Supervisor support and empathy towards workers and their challenging roles was viewed by front-line participants as a major facilitator of connection and normalizing their experiences, while supervisors noted the importance of acknowledging the difficulty of the job with their front-line staff (McNamara, 2010). Similarly, Steinlin et al. (2017) found that CYC Counsellors who encounter connection in the form of “support from supervisors, participation, and transparency” (p. 171) were less likely to experience symptoms related to burnout, demonstrating the positive influences leadership connection has on this population. Participants in this study and others (Muttillio, 2019) also noted the work as significantly challenging and highlighted the importance of leadership recognizing this in fostering their sense of connection within the organization.

Utilizing TIC frameworks and models in group homes has been recommended as a means of encouraging organizational unity in order for shared approaches and values to be consistently understood and applied (e.g., Brown et al., 2013; Esaki et al., 2013; Hodgdon et al., 2013; Izzo et al., 2016). Indeed, such organizational frameworks can be a helpful tool for providing a common reference-point for employees to both guide their practices and facilitate connection. Although, as some participants in this study explained, a team’s ability to establish connection with one another may also depend on the degree to which they can effectively communicate with each

other in the moment, as opposed to solely relying on any particular TIC framework or model to achieve organizational cohesion.

It is important that organizations and teams know how to effectively communicate with one another, as interpersonal challenges stemming from a lack of skills in communication and collaboration may be a barrier to enacting TIC (Muttillio, 2019). The findings of this study support others (Griffing et al., 2020), reinforcing efforts to increase workers' skills in self-awareness, self-regulation, and interpersonal communication in TIC environments as necessary to promote healthier conflict resolution and improve connection at all levels of the organization. Steinlin et al. (2017) also found that CYC Counsellors who experience team connection through “communication and support” were less likely to express symptoms related to secondary traumatic stress (p. 171). Leaders in organizations must be aware of these challenges in order to address conflicts and to facilitate connection.

Participants all agreed that the ultimate focus of their work should be the successful treatment of the youth in their care, including the importance of establishing relationships with youth, consistent with the trauma-informed literature (Bath, 2015; Streeck-Fischer & van der Kolk, 2000). However, participants emphasized how interprofessional connection and disconnection strongly influenced their ability to meet the needs of youth directly within the group home setting, similar to other findings (Muttillio, 2019).

The interactions between all levels of the group home organization support the applicability of Bronfenbrenner's (1979) EST. In relation to the ecological model of human development (Bronfenbrenner, 1979), micro- (e.g., practices with youth directly in the treatment setting), meso- (e.g., interaction between interactive training environments and the direct-care practice setting), and macrosystems (e.g., agency attitudes towards collaboration and

communication with different levels of the organization) influence the development of the CYC Counsellor and the enactment of TIC in group homes. Even when CYC Counsellors' voices were privileged, the data consistently demonstrates the considerable influence organizational factors have in the delivery of TIC, which has also been found in other studies (e.g., Unick et al., 2019). Moreover, this reinforces Bloom's (2010) suggestion that the organization is analogous to an ecosystem in which stress in one area can be a barrier to optimal services in others.

The current research suggests maximizing opportunities to share power with service users (Unick et al., 2019), as these efforts are likely to develop trust between them and service providers (Fallot & Harris, 2011). Traumatized youth in group homes already struggle to form strong attachments with caregivers (AACRC, 2014), and it will certainly be easier to build relationships with and be attuned to youth if CYC Counsellors have a strong foundation of organizational leadership and team connection upon which to support them. Such an organizational climate also encourages another critical factor in the process of enacting TIC in group homes: safety.

Safety is Critical

Although establishing connection at numerous levels is important if CYC Counsellors are to enact TIC, they must also feel safe enough to do so. Creating a foundation of emotional safety in which CYC Counsellors feel comfortable sharing their experiences in an environment of non-judgement and validation is paramount (Smith, 2020) if connection is to be forged and services are to be optimized. This climate can lead to enhanced collaboration amongst professionals, encouraging healthier approaches to problem-solving (Fallot & Harris, 2011).

The findings from this study demonstrate that CYC Counsellors often turn to organizational leaders for support and guidance in challenging situations. Organizational leaders that express compassion and empathy towards workers' experiences contribute to feelings of emotional safety (McNamara, 2010). A workplace atmosphere like this can result in workers who experience a sense of control, something that promotes optimal TIC (Fallot & Harris, 2011).

Determining how to make everyone safe in group homes is complex (Smith, 2020). For CYC Counsellors who are struggling with safety concerns, it may not be effective nor appropriate to expect workers to independently manage their environment or, as findings in this research suggest, expecting CYC Counsellors to do so alone. These types of demands may invalidate their experiences without providing any practical solutions to create safety within the environment. Furthermore, CYC Counsellors who struggle with stress related to safety but have the tools to navigate their concerns may be more effective than those who have little to no means of resolving their anxieties (Smith, 2020; Steinlin et al., 2017).

Brown et al. (2018) illustrate the importance of establishing emotional safety for CYC Counsellors in group homes, proposing that operating within a "culture of fear", may negatively influence the quality of connection CYC Counsellors can establish with their leaders, their teams, and the youth in their care (p. 657). They further suggest that such a culture of fear represents an environment where workers feel emotionally unsafe due to the litany of potential consequences (e.g., inter-organizational investigations, litigation, media reports) for making workplace mistakes. Brown et al. (2018) also found that front-line study participants feared the potential repercussions for engaging in seemingly innocuous styles of interacting with youth, which might be labelled and perceived as inappropriate (e.g., judged by peers for being overly relational with youth). This lack of emotional safety creates workers who perform in ways that

are continually cautious and guarded, diminishing their capacity to act authentically, and ultimately, their ability to establish quality connections with individuals at all levels of the organization (Brown et al., 2018). In a similar way, Smith (2020) has advocated against staff behaviour management approaches in group home settings that provoke fear, as it places additional stress on CYC Counsellors and reduces optimal performance.

Griffing et al.'s (2020) study further illustrates how the concepts of connection and safety at the organizational leadership and team level can have a greater influence on workers' stress levels than the behaviours of youth in the group home environment. In their survey of 31 staff of a youth-serving organization 71 percent of workers experienced stress resulting from having their interactions with youth "judged by colleagues" compared to 65% who expressed stress resulting from experiencing verbal aggression from youth and 48% of participants who experienced stress from physical aggression directed at them from youth (Griffing et al., 2020, p. 10). In fact, when participants were given an opportunity to describe any additional stressors they felt were not represented within the survey, "strained relationships with co-workers and/or supervisors" was most commonly cited by 29% of participants compared to only 16% who highlighted additional stress related to the behaviours of youth (Griffing et al., 2020, p. 10).

The current research project adds to Griffing et al.'s (2020) findings in that teams who are bonded together may be able to cope with the stressors of the job more effectively. And conversely, teammates who are not supportive of one another and are unable to predict each other's behaviours may result in CYC Counsellors feeling distrustful and unsafe while they work, impacting their capacity to optimize TIC in the setting. Moreover, the concepts of interprofessional safety and trust are important components of a trauma-informed organization's system of care as a whole (Fallot & Harris, 2011).

A key finding of the current study was CYC Counsellors' desire to provide youth with optimal TIC, a component of which includes establishing safety for them. Youth were described as highly perceptive to the energy within the environment, suggesting the lack of emotional safety amongst CYC Counsellors could reverberate onto young people in their care. Establishing a predictable environment, which ensures emotional safety, is especially important for traumatized youth (AACRC, 2014), as uncertainty can be triggering for this population (van der Kolk, 2005). Front-line workers also feel safer when they operate in a predictable TIC setting, as it provides them with a sense of control over their environment (Muttillo, 2019).

Given the interrelationship between worker and youth in group homes, Steinlin et al. (2017) maintain that CYC Counsellor safety may be as important to prioritize in policy and practice as youth safety. Smith (2020) furthers this notion, arguing that if CYC Counsellors do not experience safety in the workplace, they will be unable to establish safety for their youth. In identifying that meeting CYC Counsellors' needs for connection and safety is a precursor to meeting the needs of youth, the current study's findings reinforce both of these positions. Similarly, Muttillo (2019) observed that if school workers do not experience safety in their trauma-informed environment and they have not been provided with sufficient space to restore themselves, their ability to be flexible, think about the best interests of service users, and provide individualized care to the best of their capabilities is significantly decreased.

The critical link between youth's needs and the needs of their caregivers should therefore be recognized and valued in group home organizations. As Wolf et al. (2014) noted, trauma-informed organizations in the human services field can disproportionately prioritize service user needs over service provider needs and vice versa, to the detriment of the system of care as a whole. Indeed, an optimally functioning TIC organization is sensitive to the experiences of

everyone (Bloom, 2010; Fallot & Harris, 2011; Muttillio, 2019). If organizations are not proactive in addressing worker concerns related to safety, problems will be compounded over time (Muttillio, 2019). The findings of the current study support these assertions in that CYC Counsellors who experience connection and safety at the various levels in their work are better positioned to acquire TIC knowledge and enact TIC. Interestingly, what did not emerge from the data were any specific mentions of aspects of safety related to the impact of structural factors such as racism or colonialism. This is surprising given the addition of what has more recently been termed as Cultural Safety to the continuum of TIC (Pihama et al., 2017).

Towards the Optimal Acquisition of TIC Knowledge

The current study demonstrates that TIC knowledge is not only acquired from training in trauma-informed theory, but also as a result of learning (both inside and outside of the direct-care setting), observing, and gaining practical experience through both doing the work and observing more skilled workers within the treatment setting. Structuring training that incorporates these methods is needed to implement and maintain the highest standards of TIC.

Since operationalizing TIC is complex and dynamic, it can be challenging for front-line service providers to know how to put theory into action without experiencing it at the practice level (Donisch et al., 2016; Muttillio, 2019). As noted in the current findings, CYC Counsellors often value the wisdom cultivated from practical, hands-on experiences. This is consistent with research demonstrating that knowledge in group homes and other settings serving youth is primarily acquired directly in the treatment setting (Muttillio, 2019; Smith, 2017). Holstead et al. (2010) similarly noted how essential it was for skilled professionals to provide CYC Counsellors with interactive instruction when attempting to reduce one organization's reliance on restraints.

And Bryson et al.'s (2017) review found that TIC is best implemented when front-line workers are supported through consistent and “ongoing training, coaching, and supervision” (p. 11).

The findings in this study are consistent with Vygotsky's (1978) theory asserting that knowledge is primarily socially constructed through interactions with others. Participants described how more experienced CYC Counsellor peers, clinicians, and organizational leaders facilitated their processes of growth and development. Given the interactive nature in which CYC Counsellors acquire the optimal amount of TIC knowledge, Vygotsky's (1978) Zone of Proximal Development (ZPD) model is a valuable approach to considering how this process can be improved. Challenging people to enter a space that is slightly beyond their current level of competence while being simultaneously guided by more experienced teachers, Vygotsky (1978) argues, is how optimal learning and development is advanced in the ZPD model.

Smith (2017) also proposes that learning in group homes is maximized when CYC Counsellors can observe and practice in the presence of more skilled peers. The current research project would add to this by saying that in order to promote the optimal acquisition of knowledge and mastery of TIC, all CYC Counsellors should have access to more knowledgeable individuals that can both provide feedback on their practices and/or facilitate their growth within the ZPD when necessary. The ZPD model can be a useful tool to ensure that experienced trainers are providing instruction within the optimal learning space: challenging, while not overwhelming them. Improving how CYC Counsellors acquire TIC knowledge and skills in the treatment setting is important, as without experiential approaches to teaching TIC in front-line practice, knowledge gains may decline over time (Muttillio, 2019; Unick et al., 2019) and such a lack of skills and training opportunities have been identified as barriers to optimizing TIC (Donish et al., 2016).

Learning from experienced peers facilitates trauma-informed knowledge and skill development in less experienced workers (Muttillio, 2019). Ensuring newer CYC Counsellors have opportunities to learn from, observe, and practice in the presence of more skilled workers is therefore important if training is to be optimized in group homes (Smith, 2017), especially in the face of known challenges of high rates of burnout and turnover in the field (Connor et al., 2003; Seti, 2008; Smith, 2020). In CYC work (Griffing et al., 2020; Steinlin et al., 2017; Zelechowski et al., 2013) and the human services field more broadly, the omnipresent reality of financial limitations threatens the viability of TIC's successful implementation (Unick et al., 2019). Organizations that may not have the financial resources to facilitate such an in-depth approach to professional development face an even greater hardship to training CYC Counsellors, although, there are cost-effective training alternatives being presented and discussed in the literature (e.g., Griffing et al., 2020). Indeed, a comprehensive training regimen that facilitates the acquisition of TIC knowledge utilizing learning, observing, and gaining practical experience within CYC Counsellors' ZPD is an ambitious, yet necessary goal for the field. Knowledgeable and skilled CYC Counsellors will also be better positioned to maintain a mindset capable of facilitating the operationalization and ultimate enactment of TIC.

Facilitating the Optimal TIC Mindset

One key finding from the current study is that supplying CYC Counsellors with the necessary background information on young people's experiences is required if they are to contextualize youth's stories in order to tailor services and provide individualized care. The most beneficial material may be a combination of information about youth's common behavioural patterns contextualized within the details of their life experiences. When presented in this way

such information may dramatically improve CYC Counsellors' ability to notice and respond to youth behaviours.

Supplying CYC Counsellors with comprehensive information on young people's experiences may also reduce the likelihood that they will negatively label children based solely on their observable behaviours, something that has been documented as a challenge in fields serving traumatized children (Levin, 2009; van der Kolk, 2005). It can be helpful for professionals to obtain this information, as it may assist them in contextualizing some of the challenging behaviours that traumatized children in group homes present with. This is an important factor to acknowledge given how CYC Counsellors can struggle with holding youth accountable for their behaviours without considering all the factors that might contribute to such behaviours (Gharabaghi & Phelan, 2011). Comprehensive overviews of youth life experiences can promote flexible, creative, and empathetic thinking within workers, decreasing the likelihood of rigid and uncompassionate mindsets (Muttillio, 2019).

These findings also indicate that cognitive flexibility and inquiry rather than rigidity and indifference are the major practical hallmarks of a CYC Counsellor's TIC mindset. This finding is further supported by how frequently the TIC literature promotes flexible practices within trauma-informed spaces (Bath, 2017; Brown et al., 2013; Fallot & Harris, 2011; Izzo et al., 2016). The flexible TIC mindset considers more than one perspective at a time, which greatly enhances CYC Counsellors' ability to keep the youth's needs at the centre of mind.

Few of the current study's participants connected the use of physical restraints to their every-day practices of TIC, consistent with literature suggesting that organizations are moving away from restraints-based intervention as part of this new approach to care (e.g., Holstead et al., 2010). This was apparent in this study's findings as participants noted a TIC mindset is a more

important component of their practice than the use of physical restraints. TIC training has been shown to help CYC Counsellors consider the harm of such forceful practices while appreciating the value of non-physical approaches to caring for young people (Denison et al., 2018).

Baker et al. (2018) reported that front-line youth workers may struggle when attempting to apply TIC, particularly in stressful moments. Workers who struggle to manage the stress of the job are less likely to perform TIC (Muttillio, 2019). This is consistent with findings from the current study indicating CYC Counsellors may become cognitively overwhelmed and stressed in the moment, diminishing their effectiveness. Supporting training initiatives that target CYC Counsellors' regulatory capabilities and encourage improved affect management may address this issue (Griffing et al., 2020). This current study found that the development of a TIC mindset can vary between CYC Counsellors, due to knowledge, skill, ability and organizational or team dynamics.

The current findings also support previous research indicating that violence directed at CYC Counsellors, by youth in their care, is not uncommon (Alink et al., 2014; Andersson, 2019; Fraser et al., 2016; Smith, 2020; Smith et al., 2021; Steinlin et al., 2017) and can be an added barrier to keeping the youth's needs at the centre of mind. For example, a recent Swiss-based study found that a staggering 83 percent of CYC Counsellor participants ($n= 265$) expressed having been exposed to workplace situations "which could have resulted in death or injury" (Steinlin et al., 2017, p. 165). In the province of Alberta over the past 20 years, four CYC Counsellors have been killed by youth they were working with (Malin, 2008; Rosborough, 2018; Russell & Rusnell, 2015; Smith, 2019). This underscores the very real dangers that can accompany this work and reinforces the legitimacy of CYC Counsellor concerns with safety in the workplace. Moreover, client violence has been found to have debilitating emotional and

physical impacts on CYC Counsellors, all of which negatively influence their ability to provide optimal care in the treatment setting (Smith et al., 2021).

Indeed, several participants in the current study expressed how when they are thinking about enduring serious harm or even death, it was a substantial barrier to thinking flexibly, considering the youth's individualized needs, and ultimately enacting TIC. Smith's (2017) research has found that CYC Counsellors who are attuned and responsive, or, as she terms it, "sensitive" to the ever-changing group home environment, will be optimally effective when operating within it. This current research supports this position, adding that CYC Counsellors may be challenged to consider and respond to needs outside of their own if they are focused on their survival.

Similar studies have found that for workers who fear for their physical safety, it can be a barrier to thinking in terms of the needs of youth (Muttillio, 2019). Fraser et al. (2016) hypothesized that CYC Counsellors may react inappropriately to youth in the face of challenging behaviours and can therefore increase the likelihood of escalating violence. In this sense, further training in non-violent strategies may be required to avoid escalation and violence in group homes. Nevertheless, to optimize the services being provided in group homes, the goal should be to reduce all violence in any capacity, regardless of who perpetrates it or is victimized from it (Smith, 2020). CYC Counsellors working with youth who have a noted history of aggression and violence should also be afforded sufficient staffing resources to ensure youth receive proper care and everyone remains safe (Smith, 2020).

Addressing the impact that client violence has on CYC Counsellors is critical to facilitating care within group home settings (Smith, 2020; Smith et. al., 2021). Muttillio (2019) also identified that if school-based workers have not been provided enough time to recuperate

from stressful events, it can negatively influence their interaction styles with youth. This reinforces the utility of providing open, inviting, and validating spaces aimed at serving everyone in a trauma-informed setting (Griffing et al., 2020; Hodgdon et al., 2013), as well as encouraging organizations to debrief and approach violence in ways that empower all parties (Vogus et al., 2010). CYC Counsellors who have developed the appropriate TIC mindset are also best positioned to enact it.

Towards Enacting TIC in Group Homes

The current study's participants have all defined the performative element of TIC as meeting the individualized needs of each youth in their care, a specific conceptualization that has also been found in other studies examining professionals' experiences with TIC (e.g., Muttillio, 2019). Although participants in this study had positive attitudes of TIC, they did consider it to be an extremely high standard to attain without adequate resources.

Some of the current study's participants claimed that their organizations provide them with sufficient resources and established structures to connect with knowledgeable professionals capable of helping them meet this standard. Meanwhile, many others described how they are frequently under resourced and experience significant disconnection in their work, diminishing their ability to meet each youth's unique needs from moment to moment. Attempting to serve youth with optimal TIC absent sufficient resources is a practical challenge that many fields face (Baker et al., 2018; Donish et al., 2016; Muttillio, 2019).

Given the challenges that come with supporting TIC throughout an entire organization, such as a lack of funding (Griffing et al., 2020; Zelechowski et al., 2013), it is not surprising that group home organizations may not have the resources to provide CYC Counsellors with the

necessary supports to optimize their work. Having high expectations for care while under-resourcing CYC Counsellors may, however, lead to the loss of the critical sense of connection and safety within the work environment.

Implications and Recommendations for Social Work Practice

The findings from this study have indicated the importance of providing opportunities for CYC Counsellors to have their experiences in group homes understood, considering how to structure training around the ZPD, and balancing expectations for care with sufficient resources.

Provide Opportunities for CYC Counsellors to Have Their Experiences in Group Homes Understood. The current findings complement others (e.g., McNamara, 2010) that have demonstrated the importance of having CYC Counsellors' experiences heard, validated, and appreciated. Consistent with recommendations from Muttillio (2019), front-line CYC Counsellors in TIC environments must have their perspectives and experiences acknowledged and understood. In group home settings, creating a culture in which CYC Counsellors feel comfortable sharing their experiences and perspectives amongst other professionals, in team meetings, supervisions, when interacting with leadership, and when providing overall organizational feedback will encourage connection, safety, and facilitate the enactment of TIC. Moreover, by consulting with and including workers in staff task groups throughout TIC implementation (Unick et al., 2019), organizational policies and practice procedures will be better informed. Tools such as Brown et al.'s (2013, p. 17) "Milieu/Team Check In Form" can also help teams connect with one another and determine what adjustments could be made to ensure the environment is optimally responsive to youth's needs.

Structure Training around the ZPD. Learning, observing, and gaining practical experience through doing is an important process towards equipping CYC Counsellors with the knowledge and skills necessary to enact TIC. Newer CYC Counsellors are less likely to receive adequate training if they are not provided with proper learning opportunities and will therefore be less responsive to youth in their care (Smith, 2017). Workers may not learn and develop optimally if they are performing tasks that are too difficult for them to complete on their own and/or without interactive support from skilled professionals. Furthermore, CYC Counsellors must be challenged while they work, but not overwhelmed, and they must feel empowered to communicate when their tasks are too difficult. In such cases, it may be useful for workers to have access to knowledgeable individuals that can assist them. For example, promoting opportunities for job shadowing, being thoughtful when pairing teams of CYC Counsellors in scheduling, creating teams of skilled CYC Counsellors whose specific role is working with less-skilled workers, or scheduling on-call managers that can provide guidance over the phone and/or attend in-person if necessary.

Balance Expectations for Care with Sufficient Resources. Over time, there is an expectation that organizations and service providers produce “more and more with less and less”, which risks overwhelming and eroding the system of care as a whole (Fallot & Harris, 2011, p. 2). The aim of providing individualized care in group homes is important but challenges remain with respect to the resources, in particular adequate staffing levels, required to meet these needs. Unless families or communities can pay for care independently, organizations are at the mercy of governments to fund their programs. Without holding governments accountable to both appreciate the work and properly resource these settings, organizations and front-line workers will shoulder a disproportionate amount of responsibility in caring for vulnerable populations

(Muttillio, 2019). Without the necessary resources, practitioners may be forced into managing youth rather than caring for them and TIC will remain theoretical.

Policy Implications

The Canadian Association of Social Workers ([CASW], 2005a) *Code of Ethics* states that everyone has a right to live “free from violence or threat of violence” (p. 5), which includes considering both youth and worker’s rights in organizational practice and policy development. This research supports others (e.g., Smith, 2020) advocating for group home organizations to create dedicated, comprehensive, and systemic organizational policy initiatives aimed at maximizing both youth and CYC Counsellor safety. Policies designed to address CYC Counsellor rights to physical and emotional safety would be an important component of an organizational culture that supports the implementation of TIC.

Staff retention policies that identify competent workers through performance evaluations and then incentivize them to remain with their organization in specialized training/coaching capacities would be a positive step towards adequately preparing CYC Counsellors to enact TIC. Policies and practices should also be reviewed continuously to ensure that they meet the evolving needs of the agency (Fallot & Harris, 2011; Unick et al., 2019). Workers may experience a sense of detachment and lack of buy-in to policies that do not accurately represent the realities of front-line care (Muttillio, 2019). Therefore, in order for trauma-informed organizational policies and initiatives to be successful, they must be consistent with the realities of front-line practices and reinforced by leaders who demonstrate it in their every-day actions through supporting staff in the change process (Bryson et al., 2017).

Applicability to Social Work Education

Social workers may be found in several capacities within group home organizations. They may work as front-line CYC Counsellors, managers, clinicians, upper-level administrators, policy developers, or researchers. Consistent with CASW (2005b) *Guidelines for Ethical Practices*, social work leaders, administrators and clinicians in group homes should ensure that vulnerable young people and their families are always their first priority. However, social work educators, practitioners, and students must not lose sight of considering all factors that influence service user outcomes, such as how CYC Counsellors' needs shape their ability to meet the needs of youth and families.

Given how TIC knowledge is acquired through learning, observing, and doing, social work educators may want to consider blending theoretical learning with practical experiences into their curriculums. For example, teaching students how a youth's brain responds physiologically to a stressful environment can be supplemented with interactive role-playing exercises in which students intervene with a distressed and potentially violent youth in a non-violent and trauma-informed manner. Subsequent classroom discussions can encourage students to describe their observations and internal experiences while linking them to theoretical knowledge obtained in the classroom.

Limitations

The findings from this study need to be considered within the context of their limitations. To begin with, participants in this study volunteered to participate suggesting a particular motivation that may have influenced the type of information that was provided. For example, participants in this study were committed to the concept of TIC and this may have impacted the

overall findings. As well, such a convenience sample limits representation and may not adequately portray the diversity of experiences within the field. Furthermore, this study only interviewed participants within a particular geographical area which may also influence results.

What was also noticeably absent from the data but cannot be separated from children in care is the mention of the structural impacts of racism and colonialism in the experiences of youth in group home care and how that impacts the provision of TIC. Participants were not directly asked about these issues, nor were they asked to self-identify their own social location, such as race and class, therefore this additional analytical lens could not be applied. However, given the knowledge that structural factors and intersections of race, class, and gender, inevitably affect both staff as well as youth in group homes (Saraceno, 2012) and may continue to be an influence well beyond youth's time in care (Rambajue & O'Connor, 2021), this is an important area of further exploration.

Contextually, after the first participant was interviewed, a CYC Counsellor in Alberta was killed by a youth in their care. It is unknown how this may have influenced the recruitment process itself, or the degree to which experiences related specifically to client violence in the workplace were discussed. Regardless, the aim of qualitative research is not to make the findings generalizable (Creswell, 2014) and this study highlights the perspectives of a particular group of CYC Counsellors in Alberta and contributes to the existing knowledge base on how TIC can be improved in group home settings for young people.

Implications for Future Research

Given the findings of this exploratory study it is suggested that further research seeking to understand the experiences of CYC Counsellors and TIC be conducted with a larger, more

diverse sample size, and across multiple jurisdictions to further contribute to the knowledge base. Furthermore, since these findings indicated the importance of connections across multiple levels of the organizations involved (leadership, teams, and youth service users), future studies would benefit from exploring the views, definitions and conceptualization of TIC at the other organizational levels to consider points of convergence and divergence between the stakeholders involved. Future researchers should also directly inquire about structural factors in relation to TIC, including the intersections of race, class and gender, and to explore the concept of cultural safety within trauma-informed service provision.

Conclusion

Despite the growing popularity of TIC in the human services field, the direct perspectives of CYC Counsellors with this approach to intervention is limited. This exploratory study aimed to address this gap by investigating the experiences of CYC Counsellors with TIC in group home settings. Similar to the youth in their care, findings indicate that trauma-informed CYC Counsellors have a need to establish connection and safety at all levels of the organization (with leadership, team, and youth). This population will be challenged to meet the needs of youth if their own needs for connection and safety are not met. Listening to the experiences of front-line workers and forming policies with their needs in mind will promote the creation and maintenance of healthy connection and safety.

Training CYC Counsellors to become trauma-informed practitioners requires continuous learning (both inside and outside of the treatment setting), that includes both observing, and experiencing with the supportive guidance of skilled individuals. Group home organizations would therefore benefit from investing in the development of policies and initiatives aimed at

retaining competent staff members capable of supporting newer practitioners in meeting their learning goals.

The critical component of a developed TIC mindset is the ability to think flexibly. Providing CYC Counsellors with a young person's life history and experiences promotes flexible thinking, increases empathy, and allows them to keep the youth's needs at the centre of their mind. If Counsellors are forced to focus on their own needs, for whatever reason, considering the needs of youth will become more difficult. Thinking in terms of their own survival, for example, can be a major barrier to the development of a TIC mindset, significantly reducing the likelihood of meeting the individualized needs of youth.

Performing TIC and the expectations that are associated with achieving this standard requires that organizations are sufficiently funded and resourced. Although meeting youth's individualized needs is the ideal goal, CYC Counsellors will struggle to execute it in practice without adequate supports. Out of professional responsibility to young people and their families served in group homes, social workers must continue to call on governments to sufficiently resource these settings in order to optimize the delivery of TIC.

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Appendix A: Recruitment Poster



You Are Invited...

To Share your Child & Youth-Care Worker Experience In a study about Trauma-Informed Care in Group Home Care

Study's Purpose: To understand how child and youth-care workers in Alberta are experiencing trauma-informed care in group homes.

To be part of the study you must:

- Be currently employed as a child and youth-care worker in a group home in Alberta
- have a **minimum of 1.5 years experience** as a child and youth-care worker, averaging 20 hours per week (includes casual workers)

Participation Includes:

- Engaging in a 60-90-minute interview on the phone or through the web-based video service *Zoom*, depending on your preference

What will you receive for participating?

- As a thanks for your time, you will receive a \$25 Amazon gift card through email

This study is **NOT** linked to any particular agency or organization, and participation in this study is **COMPLETELY VOLUNTARY**. Your participation in the study is confidential, and you will remain completely anonymous in the study's findings.

If you are interested or you would like more information, please send your contact information to: [REDACTED]

Student Researcher: Quinn Schwickrath
Master of Social Work Student

Principal Supervisor: Dr. Angelique Jenney
University of Calgary
[REDACTED]

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study – **REB19-0571**

Appendix B: Interview Guide

Introductory script: *Thank you for coming today. I am trying to better understand the experiences of Child and Youth-Care Counsellors with trauma informed care. I will be asking you a number of questions about your experiences. If you don't understand a question, please don't hesitate to ask for clarification. You do not have to answer any question that you don't wish to. Do you have any questions before we begin? Are you okay being audio (and/or) video-taped?*

Initial prompt: I would like to know a little bit about yourself and how you came to become a Child and Youth-Care Worker.

1). Tell me to how you came to Child and Youth-Care work?

a). Since I am talking to so many people, I'm wondering if you would be able to give me a quick description of the young people that you work with (e.g., age-range).

The next series of questions are focused on when you were first introduced to trauma-informed care.

2). When did you first become aware of trauma-informed care?

Probes:

a). Who (or what) introduced you to trauma-informed care?

b). How would you describe your initial thoughts of trauma-informed care?

The next series of questions aims to understand how you and your organization define/describe trauma-informed care.

3). How would you describe what trauma-informed care is?

Probes:

a). How do you come to this understanding of what trauma-informed care is?

b). Did your organization explain to you what trauma-informed care is? If so, how did they explain it?

c). (If applicable) Please describe the training that you have received in trauma-informed care. What did you learn at this training?

4). How would you say your organization defines/describes trauma-informed care?

5). What is trauma-informed care not?

6). When you reflect on your overall experiences with trauma-informed care at your workplace, what comes to mind?

7). Is there anything that has influenced how you experience of trauma-informed care in your workplace? If so, what are they?

Prompt:

a). (If applicable) Tell me how this has influenced you?

The next series of questions aims to understand some of the factors that make implementing trauma-informed care easier for you as a Child and Youth-Care Worker. This can be about anything that comes to mind.

7). What, if anything, has made practicing trauma-informed care in your day-to-day work easier?

Probes:

a). How has _____ been helpful?

The next series of questions aims to understand some of the factors that make implementing trauma-informed care more difficult for you as a Child and Youth-Care Worker. This can be anything that comes to mind.

8). What, if anything, has made practicing trauma-informed care in your day-to-day work more difficult?

Probes:

a). How has _____ not been helpful?

I have asked you a lot of questions. I would like to conclude this interview with two final questions.

9). Is there anything that I have not asked that you wish I had?

10). Is there anything else that you would like to share about your experiences with trauma-informed care in your workplace before we conclude the interview?

Thank you for participating in this interview!

Appendix C: Participant Consent Form



Standard Consent Form for Participants

Title:

Constructing Trauma-Informed Care: Highlighting the Voices of Child and Youth-Care Workers in Alberta

Student Researcher:

Quinn Schwickrath
Master's Student
Faculty of Social Work, University of Calgary



Principal Supervisor:

Dr. Angelique Jenney
Wood's Homes Research Chair in Children's Mental Health
Faculty of Social Work, University of Calgary



This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. Please take the time to read this carefully and to understand any accompanying information. If you would like more details about something mentioned here, or information not included here, please don't hesitate to contact the investigator named above.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study. Participation is completely voluntary and confidential.

Background:

Trauma-informed care has become a popular practice framework within the area of child welfare. However, the perspectives of child and youth-care workers are noticeably absent within the trauma-informed care literature. The Student Researcher would like to better understand how child and youth-care workers are experiencing trauma-informed care in group home settings. In order to do that, the Student Researcher would like to speak with current child and youth-care workers who work within group homes in Alberta to gain their perspectives (experiences and ideas) on trauma-informed care. The Student Researcher would like to hold interviews with approximately 10-17 child and youth-care workers who have worked as child and youth-care workers on a regular basis (minimum 20 hours per week) for at least 1.5 years.

What is the Purpose of the Study?

The study's purpose is to better understand how child and youth-care workers who work in group homes experience trauma-informed care in their workplaces. It aims to:

- understand how child and youth-care workers themselves describe trauma-informed care
- understand who and what has an influence on how child and youth-care workers experience trauma-informed care
- understand some of the factors that influence the successful provision of trauma-informed care in group homes

What Would I Have to Do?

Participants will be invited to engage in an **interview** with the Student Researcher. The interviews will take approximately 60-90 minutes, at a time and location convenient to you.

Participants will have a choice between participating in a phone interview or using a *Zoom* online meeting room. With the consent of the participant, interviews will be digitally **audio-recorded**.

Participation is completely voluntary and confidential, and individuals may refuse to participate altogether, may refuse to participate in parts of the study, and may decline to answer any and all questions. Participants are free to withdraw from this study at any time. If you withdraw, we will destroy your data if it is still in an identifiable format for removal. Your data cannot be withdrawn if it has been published or otherwise shared.

Since the interviews will not be occurring in person, there is a possibility that the connection may be lost between the interviewer and the participant. In the event that this connection is lost during the course of the interview, the interviewer will attempt to contact the participant a total of three (3) times through the same method that the connection was initially made. If the Primary Interviewer is unable to establish contact after three (3) attempts, the interviewer will stop attempting to make contact and will assume that the participant is no longer interested in participating in the interview unless the participant contacts the researcher.

What Type of Personal Information Will Be Collected?

Should you agree to participate, you will be asked to provide your age, the amount of time that you have been working as a child and youth-care worker, your current employment status, the average number of hours per week that you work as a child and youth-care worker, your email address, and your highest level of education obtained, and what, if any, formal training you have obtained in the area of trauma-informed care. After your study involvement, we will delete your contact and demographic information.

Only the student researcher will have access to the audio/video recordings. These recordings will never be made public.

The researcher may take notes during the interview. You can request to listen to the recordings or to read the transcripts. You can have them edited if you should wish to do so. The interviewer will listen to the recordings. The interviewer will remove identifying data from the transcripts. The study reports will never show your name or any identifying information.

There are several options for you to consider if you decide to take part in this research. You can choose all, some, or none of them. **Please review each of these options and choose Yes or No:**

I grant permission to be audio-recorded: ☐ Yes ☐ No

I grant permission to be video-recorded: ☐ Yes ☐ No

I wish to remain anonymous: ☐ Yes ☐ No

I wish to remain anonymous, but you may refer to me by a pseudonym (a fake name): ☐ Yes
☐ No

The pseudonym I choose for myself is: _____

You may quote me and use my pseudonym: ☐ Yes ☐ No

Would you like to have a copy of the interview transcript sent to you? ☐ Yes
☐ No

If no, leave this space blank. If yes, please provide how you would like to be contacted with it:

What Are the Risks if I Participate?

There are **minimal risks** if you participate in this study. You may not feel comfortable discussing some issues or concerns (e.g., being exposed to uncomfortable events in your workplace). In the event that a participant becomes distressed as a result of the content within the interview and wishes to access mental health services, the researcher will have a list of mental health referrals that are in the participants' regional area.

Participants are free to discuss their involvement in this study at their own discretion. Pseudonyms will be

used within this study as a means of ensuring anonymity.

No one except the student researcher and their supervisor will have access to any of the data collected. Any identifiable information (e.g., your name) will not be included in transcripts or written reports.

Will I Benefit If I Take Part?

Participants will be provided with an honorarium of \$25.00 in the form of an online gift card to Amazon.ca for engaging in this study. This payment will be provided following the interview and will be sent through email. Participants will not need to incur any costs for engaging in this study.

Your involvement in this study may or may not directly benefit you beyond this monetary payment. Potential benefits include sharing your experiences.

Do I Have to Participate?

Involvement in this study is **completely voluntary**. Participants are free to withdraw from this study at any time, up until 4 weeks after your interview has completed. If you withdraw within that timeframe, we will destroy your data. After that timeframe, your data will no longer be identifiable and cannot be removed from the data set. Your data cannot be withdrawn if it has been published or otherwise shared.

What Happens to the Information I Provide?

No one except the Student Researcher and their Supervisor will access to the information you provide.

All physical data collected (e.g., transcribed interviews) will be in a locked filing cabinet at the University of Calgary. It is accessible only to the research team members. All electronic data will be on secured servers. Exported data will be saved to an external hard drive. It will be password protected under the supervision of the Principal Supervisor.

Only designated team members will access, review or extract de-identified data. A backup copy of this database will be maintained on an external hard drive. It will be secured under the protection of the Student Researcher.

Data collected during your time in this research study will be de-identified and will be held in a database for future use by other researchers. Any future use of this research data is required to undergo review by a Research Ethics Board.

WILL MY RECORDS BE KEPT PRIVATE?

Confidentiality:

Your choice to participate in the study or not will remain confidential. You may refuse to answer any questions. Your answers will remain anonymous. We will keep your personal information confidential. It will not be made available to your place of employment or your professional registration body (if applicable). Your information will not be identifiable in the findings.

Limits to Confidentiality:

There are limits to confidentiality set out by law. For example, should you tell the researcher about any suspicious occurrence of child abuse or neglect, the law requires the researcher to report this to the relevant authorities. If the researcher has reason to believe that you may be about to seriously harm yourself or someone else, we are required to inform the relevant authorities. In this instance, we would work with you to find a solution that allows us to respect the law.

What Happens to the Information I Provide?

All physical data collected (e.g., transcribed interviews) will be in a locked filing cabinet at the University of Calgary. All electronic data will be stored on secure servers. Exported data will be saved to an external hard drive. It will be password protected.

Audio-recordings and written notes will be destroyed after the completion of this study. Paper copies will be shredded. Electronic recordings will be erased permanently.

Would you like to receive a summary of the study's results? ☐Yes ☐No

If no, leave this space blank. If yes, please provide your contact information (e-mail address):

Signatures:

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. If you withdraw, we will destroy your data if it is still in an identifiable format for removal. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: _____

Signature: x_____

(double click image to sign)

Date: _____

Participant's Email Address: _____

Researcher's Name: _____

Researcher's Signature: _____ Date: _____

Please email this completed confidentiality agreement and the demographics questionnaire to _____ once they have been completed

Questions/Concerns:

If you have any further questions or want clarification regarding this research and/or your participation, please contact: Mr. Quinn Schwickrath (Student Researcher)

Faculty of Social Work

or

Dr. Angelique Jenney (Principal Supervisor)
Faculty of Social Work

If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at _____

_____. A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Appendix D: Participant Demographics Questionnaire

Participant Information	
1). What is your age?	_____ years old.
2). How long have you been working as a child and youth-care worker?	_____ years.
3). What is your current employment status as a child and youth-care worker?	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed as a casual <input type="checkbox"/> Other (please specify): _____ _____
4). On average, how many hours per week do you work as a child and youth-care worker?	_____ hours per week.
5). What is your gender?	Please specify: _____
6). What is your highest level of education? Please include the area if applicable (e.g., child and youth-care, social work, psychology, etc.).	<input type="checkbox"/> High school <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other (Please specify): _____ Area: _____ _____
7). Have you received any formal training in trauma-informed care? If so, where?	<input type="checkbox"/> I have not received any formal training <input type="checkbox"/> Training through my workplace <input type="checkbox"/> Training through a workshop <input type="checkbox"/> Training through formal education <input type="checkbox"/> Other (please specify): _____ _____