# Community Resilience Story Capture Project - Final Public Report

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## Summary of Qualitative Results

All interviewees described vastly altered work environments as a result of COVID. Some organizations were able to use digital communication as a way to keep going and even improve their processes, while others felt that an increased focus on paperwork became a barrier to providing the kind of support people needed. CRI’s ACE training was seen as helping people separate logistical from philosophical issues in order to still provide service.

Several interviewees referenced specific language CRI trainers had used and which had produced great aha moments that led to positive changes in people’s personal and professional lives. The ‘Insight’ piece in CRI’s foundational KISS model was often cited as a reason for improved family and client relationships. Interviewees reported improved self-awareness about their own trauma and inner voice, self-regulation, and seeing behavior as communication of a deeper need waiting to be met.

While most interviewees felt that their organizations had improved as a result of becoming more trauma-informed, none reported systemic policy changes that would guarantee a sustained trauma-informed approach. Efforts at being trauma-informed appear to be voluntary and are thus fragile, especially given the increased employee turnover in the wake of COVID. The same is true for contextual resilience at the community level, as organizations work together based on individual people knowing each other in a small town, not because there are policy requirements in place that would mandate such work.

Increased interaction with law enforcement was mentioned as a way to improve things that affect marginalized groups. However, there was a realistic sense that it is always easy to point out what other organizations aren’t doing, while the fear about things getting too expensive dominates one’s own organizational thinking. Therefore, it is helpful to ask: “What’s keeping my organization from going to the next level?” Agencies that often get blamed by the public for things gone wrong, like the police, need to practice self-compassion and realize what trauma does to their brains, and then go from there to revamp processes.

Setting healthy boundaries, patience, and understanding the client’s perspective on moving forward (or not) were seen as crucial when working with clients one to one. At a contextual level, the lack of considering the role of local social determinants of health became apparent. Interviewees interpreted trauma and resilience mostly in the narrow context of an individual or at best an individual’s family.

With regard to transferring one’s trauma-informed knowledge to others, the answers were mixed, which presents a clear opportunity for CRI. Some interviewees make a conscious effort and use every opportunity to share their knowledge of trauma-informed practices to create a ripple effect. Some organizational leaders appear to overestimate their ability to convey adequate information and in some cases showed a lack of understanding of trauma and resilience concepts themselves. They were not aware of the latest science after taking just one course with CRI quite a few years ago, relying instead on their recollection of sound bites or highlights. Previously successful training efforts were reduced due to COVID, increased employee turnover, and because of the limited ways in which employees can get credit for this type of training. At the same time, organizational leaders emphasized that employees and volunteers need ACEs training in order to do meaningful work because of the ACEs they may carry themselves. Organizational leaders also expressed a need for more contextualized training that meets employee’s immediate work challenges.

## Project Objective and Set-Up

After a decade of training and community engagement, Community Resilience Initiative (CRI) wanted to determine to what extent three organizations in Walla Walla affiliated with CRI had implemented trauma-informed care practices and policies aimed at increasing individual and contextual resilience following the KISS model.

Three differently structured organizations agreed to participate: government agency, non-profit with employees, and non-profit with mostly volunteers. A separate organization agreed to a test interview in order to assess the flow and clarity of interview questions.

The people to be interviewed in each of the three target organizations were the director/head of the organization plus three front-line employees or volunteers interacting directly with clients. Based on this set-up, CRI estimated to be doing a total of 12 interviews with 3 directors and 9 employees or volunteers.

Front-line employees or volunteers would be randomly selected from a list provided by the director or by mid-managers based on the following criteria:

* Highly experienced employee/volunteer working toward trauma-informed outcomes
* Employee with average experience of working toward trauma-informed outcomes
* Employee who is new or struggles with working toward trauma-informed outcomes

## Interview Process

Interviews began in January of 2021 and were conducted on Zoom due to COVID restrictions. As a result of the stressors and shortages created by the pandemic, participation among the three organizations was uneven and two organizations ended up not being able to involve front-line employees/volunteers. Consequently, only seven (7) of the twelve (12) interviews were completed and the project was cancelled in April of 2021 as it became clear that circumstances would not be improving for some time.

With only seven (7) samples, the project was no longer statistically viable. Consequently, no rubrics were used to convert qualitative information into quantitative data that could have been analyzed statistically. The interviews nevertheless produced important anecdotal feedback captured in this final report, which CRI can use to define its post-pandemic path forward both at the community and national level. As the final report is limited to qualitative information, it also includes the results from the test interview with a fourth local organization.

Most of the interviews were conducted with the help of a Whitman College intern who was trained, supported and supervised by CRI staff.

## Opportunities for CRI

* Identify organizations who have never had trauma-informed training.
* Engage more with faith-based organizations.
* Help organizations contextualize training to individual requirements.
* Develop a professional credit model for training of various lengths.
* Work with organizations to implement policy changes that ensure sustained trauma-informed practices across sectors.
* Function as a local backbone that brings organizations together around the latest in trauma-informed science and practices.
* Update community leaders on the latest science so that training becomes more meaningful.
* Set up an automated system that reminds trainers with time-limited CRI certification when their credentials expire. This could function as a funding source in addition to preventing people from conducting training with outdated materials.

# Story Capture Pilot: Questions

# I**nterview Questions: Director of the Organization**

1. **Can you tell me a story about the MOST IMPORTANT way in which your current work life has improved or become more challenging? (Use rubric 1 for scoring.)**
2. When/where did this happen?
3. Who else was involved?
4. Were you actively involved in this change or just at the receiving end?
5. How did this change make you feel?
6. Why did you share this particular story?
7. **Given how your work life has changed, can you tell me a story about the MOST IMPORTANT way your own life has changed for better or worse since having an “aha” experience from CRI trainings, meetings, or conferences? (Use Rubric 2 for scoring.)**
8. Who else is affected by this change?
9. Is the effect ongoing or was it temporary?
10. How did this experience make you feel?
11. Why did you share this particular story?
12. **Can you tell me a story about the MOST IMPORTANT way your organization has changed for better or worse after your “aha” experience, specifically in how trauma-informed care was implemented? (Use Rubric 2 for scoring.)**
13. How do you recruit and train your staff/volunteers?
14. What policies or structures are in place to ensure consistent implementation and outcomes?
15. What knowledge do you consider necessary for staff/volunteers to develop the insights that will lead to trauma-informed strategies and outcomes?
16. What kind of strategies do you see your staff/volunteers apply toward improved trauma-informed practices?
17. How do you hold staff accountable for working toward trauma-informed practices?
18. What, if anything, is holding your organization back from fully implementing trauma-informed care?
19. **Can you tell me a story of either success or failure in working with other organizations to develop more support for your clients on the community or contextual level of resilience? (Use Rubric 4 for scoring.)**
20. What specifically do you attribute this success/failure to?
21. What could the community as a whole do to become more resilient?

**Interview Questions: Employees or Volunteers**

1. **Can you tell me a story about the MOST IMPORTANT way in which your current work life has improved or become more challenging? (Use Rubric 1 for scoring.)**
2. When/where did this happen?
3. Who else was involved?
4. Were you actively involved in this change or just at the receiving end?
5. How did this change make you feel?
6. Why did you share this particular story?
7. **Can you tell me a story about the MOST IMPORTANT way your own life has changed for better or worse since having an “aha” experience from CRI trainings, meetings, or conferences? (Use Rubric 2 for scoring.)**
8. Who else is affected by this change?
9. Did you share your experience and knowledge with others?
10. Is the effect ongoing or was it temporary?
11. How did this experience make you feel?
12. Why did you share this particular story?
13. **Can you tell me a story about the MOST IMPORTANT way your relationship with your clients and their families has changed for better or worse since an “aha” experience from CRI trainings, meetings, or conferences? (Use rubric 2 for scoring.)**
14. What specifically did you do?
15. How did this make you feel?
16. **Can you tell me a story about a client who became MORE RESILIENT as a result of working with you? (Use Rubric 3 for scoring; there are 2 scores for this question.)**
	1. What supports (incl. other people) made it possible?
	2. In what ways did the client become more resilient?
	3. Why did you choose to tell this particular client’s story?
17. **Can you tell me a story about a client that had challenges and did not become more resilient? (Use Rubric 3 for scoring; there are 2 scores for this question.)**
	1. What would you do differently?
	2. What resources were lacking, if any?
	3. What could the client have done differently?
18. **Can you tell me a story about the MOST IMPORTANT way your relationship with colleagues and supervisors has changed for better or worse? (Use Rubric 2 for scoring.)**
	1. Do you feel supported doing this kind of work within your organization?
	2. What could the organization do to support you more?
	3. What could you do to advocate for your unmet needs?
19. **Can you tell me a story about an important success or failure you have had working with other local Walla Walla and/or CRI organizations to support your clients better through contextual resilience? (Use Rubric 4 for scoring.)**
	1. What specifically do you attribute this success/failure to?
	2. What could the community as a whole do to become more resilient?