

# Asking the right questions 2

## PROJECT EVALUATION AND REPORT FALL 2008



Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

# Asking the right questions 2

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# EXECUTIVE SUMMARY

Asking the Right Questions 2 (ARQ2) is an assessment tool and a one-day training session that provides clinicians with a helpful guide for initiating discussions on gender identity and sexual orientation with clients. Developed at the Centre for Addiction and Mental Health (CAMH), it addresses key definitions and concepts, unique issues of concern to lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer (LGBTTIQ) people, the health impact of heterosexism and genderism, and ways that organizations can increase their cultural competency to better meet the needs of these diverse communities. Over the years, this initiative has involved staff from many CAMH programs including Provincial Services, Education Services, Nursing Practice and Professional Services, Program Development, Rainbow Services, Human Resources and Research.

Since 2004, the ARQ2 Project has been co-ordinated through Policy, Education and Health Promotion (PEHP) as part of a five-year Diversity Priority Plan resourced through the CAMH Development and Dissemination Fund. Project activities have included the co-ordination of the ARQ2 training across Ontario and a train-the-trainer initiative. In 2007–08, an evaluation plan for the ARQ2 Project was also developed and implemented. This included:

- a summary of evaluation scores for 2006–07 and 2007–08
- post-training telephone interviews with 30 training participants
- telephone interviews with the new external trainers and the core trainers on the train-the-trainer strategy.

Evaluation results showed that between April 1, 2004, and March 31, 2008, 33 ARQ2 trainings were conducted across Ontario, involving more than 900 participants. Tabulated evaluation scores in 2006–07 and 2007–08 were consistent and exceptional (3.5 to 3.8 out of a possible 4), with the highest scores being reserved for the ARQ2 faculty. Post-training interviewees provided very positive feedback about the training as well. They felt that ARQ2 raised their awareness, made them more open and sensitive to the issues, and gave them a language with which to speak to clients. They would like to see training expanded to all levels of organizations and felt that the training “should be standard for all front-line workers.”

In the past two years, nine external ARQ2 trainers, situated in various locations in the province, have been recruited and mentored by four lead trainers at CAMH. Seven of the nine have been able to stay with the project and two new internal trainers recently joined the team. All 13 trainers have indicated that they remain committed to ARQ2 and would like to facilitate more training sessions in the future. There is considerable outside interest in a second call for trainers as well.

The ARQ2 project has proven to be a very successful capacity-building initiative with tremendous growth potential. Twelve more trainings are scheduled for this fiscal year, and interest and need for the training, at both the community and agency level, remain high.

To move forward next year, the ARQ2 Project will require continued collaboration and dedicated staff from the various CAMH programs to organize and facilitate training sessions, co-ordinate internal and external trainers and provide administrative support. A balance of cost recovery measures and new funding will also be needed to ensure that the training remains geographically and financially accessible.

# BACKGROUND

Asking the Right Questions 2 (ARQ2) is a CAMH initiative that culminated in a provincial training project to address the need for mental health and addiction service providers to increase their

comfort, knowledge and skills in working with lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer (LGBTTTIQ) clients in mental health, addiction and counselling settings. ARQ2 is based on ARQ, a training that was originally geared exclusively to addiction treatment settings.

ARQ2 provides clinicians with a helpful guide for initiating discussions on gender identity and sexual orientation with clients. Through group activities, scenarios and role plays, it addresses key definitions and concepts, unique issues of concern to LGBTTTIQ people, the health impact of heterosexism and genderism, and ways that organizations can increase their cultural competency to better meet the needs of these diverse communities.

The training, and accompanying manual, were initially created and led by staff in CAMH's Rainbow Services (an addiction program for LGBTTTIQ clients) in 2001. Staff recognized a need for a set of standardized questions to improve CAMH Addictions Program's assessment process when they consistently heard about LGBTTTIQ clients who were having difficulty accessing Rainbow Services. Clients told them that they were never asked about their gender or sexual orientation during the assessment process, and often felt unsure or unsafe to disclose their identities to assessment staff. As a result, they weren't referred to Rainbow Services, and often experienced homophobia or a sense of alienation in addiction groups they joined. To help rectify

**I HAD THE MOST POSITIVE FEEDBACK FROM ONE OF THE NIAGARA HEALTH SYSTEM PARTICIPANTS WHO ATTENDED THE MARCH 23 ARQ2 [TRAINING]. SHE THANKED ME FOR HOLDING THE TRAINING AND INDICATED THAT IT HAD CHANGED HER PRACTICE ALREADY. SHE WAS ASKING MORE IN-DEPTH QUESTIONS AND WAS GETTING MUCH MORE DETAILED INFORMATION FROM CLIENTS. SHE HOPED THAT WE WOULD HOLD THIS TRAINING AGAIN AND THOUGHT IT WAS FANTASTIC.**

— BONNIE POLYCH, CAMH PROGRAM CONSULTANT, NIAGARA REGION

this, Rainbow Services developed a set of questions for the clinician to ask clients during the addiction assessment process, as part of a research process, and created a one-day training program. This training was initially designed for CAMH assessment staff. Later, a manual was developed and the training was offered province-wide.

Since 2004, the project has been co-ordinated through Policy, Education and Health Promotion (PEHP) as part of a five-year Diversity Priority Plan resourced through the CAMH Development and Dissemination Fund. Internal staff members from a variety of programs and external consultants support the project.

# 2 PROJECT OVERVIEW

## 2.1 THE PROJECT TEAM

The ARQ2 project team consists of a PEHP project leader and four core/lead trainers. The project leader co-ordinates training, team meetings and the project work plan. The core trainers, who are experienced in delivering the training, operate as a planning group for the project. For a complete list of the project team members and trainers, see **Appendix A**.

## 2.2 THE TRAINING

The ARQ2 project team works with Provincial Services program consultants to organize the training in their community. The program consultants are provided with a “how to” co-ordination package created by the project team clarifying their roles and responsibilities. Up until April 2008, the registration fee for the training was \$40 (to cover the cost of the ARQ2 manual and lunch). The fee was recently increased to \$50 to offset costs; however, trainer fees and travel expenses, venue and equipment rental are primarily covered by project funds. See **Appendix B** for more information on the training and co-ordination package.

## 2.3 THE TRAIN-THE TRAINER INITIATIVE

In an effort to increase the project’s ability to deliver training across the province, the ARQ2 project team implemented a train-the-trainer initiative targeting external experts for recruitment. This initiative has four phases, with three phases completed to date, as follows:

### PHASE 1 RECRUITMENT/SELECTION AND TRAINING (MARCH TO MAY 2006)

During Phase 1, new trainers were recruited by e-mail, word-of-mouth and the assistance of CAMH program consultants. They were screened, interviewed and selected from all over Ontario (Sault Ste. Marie, Thunder Bay, Toronto, Ottawa, St. Catharines, Hamilton, Barrie). A total of 29 people applied, 13 were interviewed

and nine were selected to join the ARQ2 training team. See **Appendix C** for the application form, interview questions and interview template.

All new trainers are:

- members of, and knowledgeable about, their local LGBTTTIQ communities
- experienced in clinical group facilitation, training and/or other clinical work and familiar with adult education principles. Clinical expertise with LGBTTTIQ communities is preferred but not required.

All new trainers observed a one-day ARQ2 training session and then attended a one-day knowledge exchange session, facilitated by the lead trainers, on how to deliver ARQ2. New trainers' travel expenses were paid through the project.

## PHASE 2 MENTORSHIP AND SUPPORT (MAY 2006 TO MARCH 2007)

During Phase 2, the new trainers practised their skills by pairing up and assisting in the co-facilitation of two ARQ2 training sessions led by a core/lead trainer. In this training, new trainers delivered one-quarter to one-third of the content, and received a \$200 honorarium for each one. New trainers were offered mentorship from the core trainers. This included periodic check-ins, post-training follow-up and feedback on co-facilitation. A listserv was created to ensure good communication with the new trainers. Members post news related to LGBTTTIQ issues. All forms and updated training materials are also posted on the listserv.

In March 2007, a one-day skills training and feedback session was held for new trainers. New trainers were paid \$300 to attend this training.

During this phase, two new trainers left the project due to other commitments.

## PHASE 3 ONGOING PRACTICE AND EVALUATION OF THE PROJECT (APRIL 2006 TO MARCH 2008)

During Phase 3, the new trainers each delivered half of the content of the ARQ training, with the help of a core/lead trainer. New trainers were paid \$400 per training. Core trainers continued to offer mentorship and feedback.

During this phase, an evaluation study was initiated to track the impact of ARQ2 on the individuals and agencies attending the training. An evaluation of the train-the-trainer process was also initiated.

Two new internal trainers were recruited in January 2008 and began Phase 2 of the train-the-trainer process.

#### PHASE 4

#### SUSTAINABILITY

(APRIL 2008 TO MARCH 2009—IN PROGRESS)

New trainers are now experienced trainers and have been invited to co-facilitate a minimum of one to two ARQ2 training sessions during this phase. They will no longer need to train with a more experienced trainer and will receive \$500 (the going rate) per training day. Trainers who liaise with program consultants and carry out administrative tasks related to workshop delivery are now called liaison trainers. A brief liaison trainer orientation and information package was implemented in April 2008 for interested trainers. Liaison trainers will receive an additional \$150 for the three additional hours required to prepare for an ARQ2 training session. A trainer meeting was held in April 2008 to allow new trainers to discuss current training and future sustainability options. The new internal trainers recruited in January 2008 will continue Phase 2 of the train-the-trainer process (co-facilitating one quarter to one-third of a training session, along with another new trainer and a more experienced trainer).

## 2.4

### FUTURE PLANS

The ARQ2 project team has been examining options to ensure the sustainability of ARQ2 trainings past Year 5. Some possibilities include recruiting more new trainers, and developing a facilitator's manual and an organizer's manual to allow broader use of the ARQ2 package. Other possibilities include seeking ongoing project funding, developing partnerships, reducing costs, increasing fees and offering the training on a cost-recovery basis. See **Appendix H** for more information on the ARQ2 Sustainability Plan.

# 3

## THE PROJECT EVALUATION

The ARQ2 project evaluation consisted of three parts. Part I involved gathering and summarizing the scores provided by all training participants who completed an evaluation form at the end of a training day in 2006–07 and in 2007–08. Part II was a follow-up evaluation with a random sample of workshop participants approximately three months following the workshop, and Part III was an evaluation of the train-the-trainer strategy.

### 3.1

#### **ARQ2 TRAINING: EVALUATION SUMMARIES FOR 2006–07 AND 2007–08**

On the ARQ2 training evaluation form, participants are asked to score learning objectives, content and format, and faculty, on a scale of 1 (strongly disagree) to 4 (strongly agree).

In 2006–07, 304 people attended the ARQ2 training and 264 completed an evaluation form. During this time frame, new trainers were paired with lead trainers at a 2:1 ratio to facilitate the ARQ2 sessions. Out of a possible score of 4, the mean score for all items measured ranged between 3.5 and 3.8. Most participants “strongly agreed” that the learning objectives were met; that the content was helpful and flowed well; and the faculty were knowledgeable, clear in their presentation, strong facilitators and responsive to issues that came up.

In 2007–08, 301 people attended the ARQ2 training and 258 completed and submitted an evaluation form. During this time frame, new trainers were paired with lead trainers at a 1:1 ratio. Out of a possible score of 4, the mean score for all items measured ranged between 3.5 and 3.8, with more scores being 3.7 and 3.8 compared to the previous year. The highest scores (3.8) were reserved for the faculty, demonstrating that the new trainer screening, selection and mentorship was very successful.

The evaluation summaries can be found in **Appendix D**.

## 3.2 ARQ2 IMPACT EVALUATION

The ARQ2 impact evaluation was conducted to determine if the training participants were using the ARQ2 training information and assessment tool after the session. Cindy Smythe from the Social, Prevention and Health Policy Research Division at CAMH developed the interview questions, with input from the ARQ2 project leader and lead trainers. The interview questions and responses can be found in **Appendix E**.

Cindy received 107 names of people who attended eight ARQ2 workshops between September 2007 and January 2008. These individuals voluntarily signed up at their respective training sessions to participate in the follow-up evaluation. They were informed that only a small, random number of participants would be contacted for the follow-up interview.

There was a three-month period between an ARQ2 training and the follow-up interview. This time frame was chosen for both budgetary reasons and to allow enough time for participants to be able to try out some of what they learned from the training while the material was still relatively fresh in their minds. Research assistant Roseanne Pulford interviewed participants on the telephone. Of those who agreed to be contacted, 30 were successfully reached and interviewed. By then, the researchers chose not to pursue more participants because they felt they had interviewed enough people and were getting enough similarity in answers to feel confident in their results.

The researchers reported that the evaluation participants were extremely positive about their ARQ2 training experiences; for example, participants conveyed feedback such as:

“I thought it was excellent, really good job” and “everyone should have this training, it should be standard for all front-line workers.”

When asked if they had the opportunity to use all or part of the ARQ2 assessment tool since the training, most participants indicated that while they had not used the assessment tool per se, they were applying other components of the training to their work. This included:

- adapting what they had learned for their own use
- being more sensitive, aware and/or comfortable with the topic
- sharing some of the information (i.e., the glossary of terms) with their colleagues
- providing an in-service on the topic for their colleagues

- getting a diversity committee formed at work
- providing support and resource information when a student “came out.”

These changes represent significant practice and organizational shifts that improve the care LGBTQ clients will receive from these clinicians and agencies.

Many of the participants’ agencies already had such things as LGBTQ-friendly posters, pamphlets and policies in place, as well as culturally competent staff and a general culture of inclusiveness: these may have been spurred on by their colleagues who had attended previous ARQ2 trainings. Following the training, those who did not have LGBTQ-friendly materials in their workplace ordered them for themselves but indicated they did not distribute them throughout the agency.

When asked if the training had any effect on the way they worked with LGBTQ people, 21 of the 30 respondents indicated “yes.” Of the nine respondents who said “no” or “not sure,” the reasons provided were that:

- the training confirmed what the person already knew
- an opportunity had not presented itself since the training.

Impediments to implementation of the assessment tool included:

- a lack of compatibility with the computer software they currently use; for example, “the software our agency uses only asks if client is male, female or other”
- a consensus that all staff should be trained before implementing the tool
- a belief that the agency is already inclusive so taking steps specific to the LGBTQ population is unnecessary
- other priorities at the agency.

At the end of each training day, participants were given an opportunity to write down a personal commitment and place it in a self-addressed envelope. These envelopes were then mailed to the participants eight to 12 weeks later. When the researcher asked if they were able to meet these commitments, two-thirds indicated that they had or that they were making progress. The other one-third noted that they didn’t complete a commitment pledge, had not received it yet, or had not had the opportunity to follow through.

When asked if they would be interested in a more in-depth training on LGBTQ cultural competency in clinical care, 23 of the respondents indicated “yes.” Topics of interest included youth, addiction, mental illness, developmental disabilities and

LGBTTTIQ clients. Other training suggestions were about how to implement the ARQ2 assessment tool and how to make the workplace more LGBTTTIQ-friendly. Of the seven who said “no” to more in-depth training, two indicated that it should be offered to others. The cost of additional training was identified as a deterrent for two of the respondents.

Overall, respondents felt the ARQ2 training raised their awareness, made them more open and sensitive to the issues, and gave them a language with which to speak to clients. They would like to see training expanded to all levels of organizations.

As one participant said, “the training has made me more sensitive to differences overall, and this opens the doors to conversation.”

### 3.3 ARQ2 TRAIN-THE-TRAINER EVALUATION

As the train-the-trainer initiative got underway, the project team realized that it would be important to document and evaluate this component of the project. Train-the-trainer initiatives are an excellent way to build capacity when an initiative is provincial in scope. Everyone involved was eager to learn what had worked well and what could be improved upon (for the sake of the new ARQ2 trainers and for other project teams exploring a similar course).

#### FEEDBACK FROM THE NEW TRAINERS

Cindy Smythe established interview questions for the new trainers, with input from the project leader and two core trainers. The interview questions and responses can be found in **Appendix F**. All seven trainers agreed to participate in a telephone interview with the researcher. Each of them received a \$30 honorarium for their time.

All the new trainers indicated that they really enjoyed doing the workshops, with all but one indicating that there were not enough opportunities to facilitate ARQ2. (Each trainer gets approximately two training opportunities per year.)

The trainers were asked about the importance of the six criteria to be an ARQ2 trainer. The criteria on the trainer application were:

1. clinical group facilitation experience
2. clinical/counselling experience
3. clinical experience with LGBTTTIQ communities
4. training and adult education experience
5. self-identify as LGBTTTIQ

6. self-identify as a member of another diverse/marginalized group.

The criterion endorsed by all facilitators was having training and adult education experience. Comments such as “being a facilitator, not a lecturer,” “being able to engage an audience” and “being lively” all emphasize the importance of working with adult participants who choose to attend. The least important criterion seemed to be clinical/counselling experience. Identifying as a member of the LGBTQ community was considered extremely helpful.

One trainer indicated that the rate of compensation was much lower than their other source of income. This, however, would not stop them from participating because they really enjoyed doing the workshops and felt strongly about the topic.

Should the program expand, there was interest in getting the trainers’ ideas about how to recruit more facilitators. Although it was pointed out that what was needed was more workshops, not facilitators, ideas included using the existing queer and social service networks. One person noted that it was important that facilitators have varied skills and that some come from mainstream organizations so that participants from these settings would not discount any of the workshop material as being impractical in their organization.

During the interview, the new trainers were asked about the training they received and the workshops they facilitated where a core trainer was providing mentorship. Everyone thought the training was good, with ratings of 4 or 5 out of a high of 5, except for one rating of 3. Everyone enjoyed working with the lead trainers and the other new trainers and felt that working with different partners every time makes the experience fresh and dynamic, with trainers learning from each other. No one reported having any problems working with any of the other trainers. A few people thought the length of time between the training, the first opportunity to facilitate, and subsequent opportunities to facilitate ARQ2 was too long. All seven trainers indicated that they would like to continue to facilitate ARQ2 training sessions. Recommendations for the future included more communication from the project leader, more compensation and, for the majority, more opportunities to facilitate ARQ2 trainings.

#### FEEDBACK FROM THE LEAD/CORE TRAINERS

As seems to be the norm with this program, all four lead trainers indicated that they very much enjoy being part of the ARQ2 project. They had very little negative to say or changes to suggest. The lead trainer interview questions and responses can be found in **Appendix G**.

When asked about the criteria for ARQ2 trainers, two of the core trainers felt that the mix of the six criteria made sense and produced good results in the high quality of trainers selected. All felt that it was important to be from the LGBTQ community, especially in order to be aware of current issues. Two people thought clinical experience was important because it gave the trainers credibility with the audience, most of whom are clinicians. When recruiting new trainers, should the need arise, it was mentioned that it would be good to recruit from marginalized ethnocultural communities (currently, five of the 13 trainers identify as people of colour).

When asked how well the training prepared the new trainers, the lead facilitators rated the training either 4 or 5 out of 5. They felt the content was very good and emphasized that all the trainers had previous training experience, which contributed to the high quality of the ARQ2 workshop delivery.

Everyone enjoyed working with the new trainers and felt they always learn from co-facilitating with someone new. They also liked being paired with a trainer from, or near, the community where the training occurred.

The lead trainers indicated that working with local program consultants when planning a workshop was a good experience about 80 per cent of the time. Strategies have since been identified to further improve this outcome.

The lead trainers were positive and enthusiastic about the ARQ2 project leader, finding her organized, transparent, respectful, committed and communicative.

Final comments about the project emphasized how important the trainers feel the ARQ2 training is for the community and their concern should funding for the project be discontinued.

# 4

## EVALUATION SUMMARY

Over the past four years, 33 ARQ2 sessions have been offered across Ontario. More than 900 participants have been encouraged to increase their comfort, knowledge and skills in working with lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer (LGBTTIQ) clients in mental health, addiction and counselling settings. They have been introduced to key definitions and concepts, unique issues of concern to LGBTTIQ people, the health impact of heterosexism and genderism, and ways that organizations can increase their cultural competency to better meet the needs of these diverse communities.

In the past two years, feedback from 522 participants, through the evaluation form, has yielded very high scores and positive comments about the training experience. The follow-up interviews with 30 of these participants have provided encouraging feedback as well. Three months post-training, most interviewees reported that they were applying components of the training to their work. Moreover, participants felt that ARQ2 training should “be standard for all front-line workers” and expanded to all levels of organizations.

The ARQ2 train-the-trainer initiative has successfully increased CAMH’s capacity to provide the training in Ontario. Nine experts were selected from across the province to join the training team. Seven external trainers remain committed to the project and would like more opportunities to facilitate training and increased compensation, if possible. The train-the-trainer initiative has resulted in a valuable learning opportunity both for the four lead trainers and the new trainers.

# ARQ2 MOVING FORWARD: RECOMMENDATIONS

By March 31, 2009, the ARQ2 Project will have completed 45 ARQ2 trainings. This represents a significant contribution to increasing clinicians' LGBTTTIQ cultural competency and to improving addiction and mental health services for LGBTTTIQ communities. Although much has been accomplished, training participants and project team members have both indicated that much more needs to be done. To this end, it is recommended that:

- CAMH continue to promote ARQ2 as community training across Ontario
- CAMH explore funding opportunities, partnerships and cost recovery measures to ensure that community training continues to be geographically and financially accessible
- CAMH promote ARQ2 as a customized training for agencies with the aim of increasing adoption of the ARQ2 assessment tool
- ARQ2 be promoted as an internal training available to CAMH employees
- CAMH Provincial Services, Education Services, Nursing Practice and Professional Services, Rainbow Services and Human Resources continue to collaborate and support ARQ2 with dedicated staff resources
- a “level 2” workshop be created to assist agencies who would like support to reduce barriers to implementing the ARQ2 assessment tool in the workplace, as well as support to implement other strategies recommended in the training
- the ARQ2 training be promoted with primary care professionals, in keeping with emerging priorities at CAMH
- funding be sought by the ARQ2 project team for CAMH to vigorously market and advertise the ARQ2 manual across Canada, the United States and communities outside North America
- the ARQ2 workshop materials include a listing of other provincially available LGBTTTIQ training courses, such as those identified by Rainbow Health Ontario, for those seeking training in specific areas such as the LGBTTTIQ community and youth, people with developmental disabilities, people of colour and transgender health care
- a brief report, with a link to the full ARQ2 Project Report, be widely disseminated within CAMH and across Ontario so that the knowledge gained from ARQ2 can be used by key stakeholders.

# 6

## A NOTE FROM THE PROJECT LEADER

The success of the ARQ2 Project is due in large part to the phenomenal trainers, within CAMH and across Ontario, and the dedicated program consultants who have organized ARQ2 sessions in their community. Those who attend the training are making an important contribution as well. Participant questions, feedback and information-sharing lead to new learning for everyone involved. Behind the scenes, project funding helps to ensure that the training is geographically and financially accessible while dedicated leadership and exceptional administrative support provide a solid infrastructure. All together, a strong, diverse and sustainable team has been formed that exceeds the sum of its parts. With continued support from the CAMH program partners, the ARQ2 team is poised to move forward in 2009–10 and beyond!

# APPENDICES



## **ARQ2 Project Team Members & Trainers**

### Lead Trainers / Team Members

Dale Kuehl  
Farzana Doctor  
Ishwar Persad  
Janet Mawhinney

### New Trainers (External)

Catharine Vandelinde  
Chy Spain  
Denis Beaulieu  
Hershel Russell  
Jennifer Fodden  
Linda Gluck  
Lori Weldon

### New Trainers (Internal)

Mair Ellis  
Matthias Kaay

### Administrative Support Person

Stephanie Faroldi

### Project Leader

Marcia Gibson  
Former project leaders: Nina Acco-Weston; Louise LaRocque-Stuart

## APPENDIX B

**Please Note:** The embedded files referred to throughout this version of Appendix B are not working links and are referred to here to provide a complete overview of the training coordination package. These files will be available when in training.


### ARQ2 2008/09 UPDATE: EVERYTHING YOU NEED TO KNOW TO MAKE IT HAPPEN!


#### MATERIALS NEEDED FOR THE REGIONAL PROGRAM CONSULTANT:

**1) THE ARQ2 TRAINING COORDINATION CHECKLIST** itemizes the responsibilities of the Program Consultant hosting the event as well as the responsibilities of the project lead and lead trainer. If you have any questions at all please discuss with Marcia Gibson or the lead trainer for the event. If another PC or an Admin person is assisting you, you will want to share this checklist with them as well.

 [ARQ2 Training Coordination Checklist.doc]

**2) PROMOTIONAL MATERIAL / REGISTRATION TEMPLATES** - You can use the registration template provided or any other form that works for you. It is also useful to include the Flyer Cover Sheet (provides more information). Re: the registration fee: Some PC's will accept payment on the day of the training; others will not confirm registration until payment has been received. The choice is yours but the number of participants must not exceed 34.


 [ARQ2 flyer cover sheet.pdf]


 [ARQ2 flyer 2008.doc]

 [ARQ2 Registration Form.doc]


#### 3) MATERIALS FOR EACH PARTICIPANT PACKAGE


- This is the **Agenda and the Power Point slide presentation**. The **PP handout** can be printed three slides to a page (with space for notes), and stapled together


 [ARQ2 Agenda.doc]


 [ARQ2 Power Point July 2008.ppt]

- The **scenarios and roles** go into the package, along with the **brief glossary**, and a **framework on social justice** - all in the package for participants

 [Scenarios 07-07 update.ppt]

 [Roles 0707.ppt]

 [Glossary Short revised.doc]

 [Social Justice Framework.pdf]

- **Part A and Part B of Assessment** (staple A and B separately - to create two handouts for the package)



[ARQ2 tool A&B 2004.pdf]

- **The evaluation form** is easy for participants to identify if it's on coloured paper. Please update the date, location and trainers names as highlighted



[Evaluation NEW ARQ2 2006-2007.doc]

- **The actions step commitment form** (nice if this can be on another coloured paper too) - also need a regular letter size envelope in each package.



[action step commitment.doc]

- **ARTICLES:** We like to provide participants with photocopies of the following articles to give them some extra context and information from external sources. If you are able to include these copies in the package that is a great. Please let the lead trainer know if you have any difficulties. The articles can be downloaded and printed from:


- a) There are 3 good short articles that CAMH has published – all available from: [http://www.camh.net/Publications/Cross\\_Currents/crosscurrents\\_backissues.html#winter200405](http://www.camh.net/Publications/Cross_Currents/crosscurrents_backissues.html#winter200405) The articles are: “Better dead than queer”; “Straight Talk”; and “Double Jeopardy”
- b) This is a quick explanation about 2-spirit people <http://www.mcgill.ca/interaction/mission/twospirit/>
- c) <http://www.aifs.gov.au/ysp/pubs/bull3hillier.pdf> "Abused, silenced and ignored" an article on creating more supportive environments for youth
- d) This article is good and can be accessed with Medscape (which is free, but you have to register to get it). Understanding the Needs of Lesbian, Gay, Bisexual, and Transgender People Living With Mental Illness Posted 05/02/2006 MedGenMed Psychiatry and Mental Health from Medscape web MD Christian Huygen, PhD <http://www.medscape.com/viewarticle/529619?src=mp>
- e) <http://cnews.canoe.ca/CNEWS/Canada/2006/03/14/1487516-cp.html> Gay Seniors Face Bias in Health System, by Dene Moore
- f) [http://www.the519.org/programs/trans/access\\_project/tips.shtml](http://www.the519.org/programs/trans/access_project/tips.shtml) A tip sheet on transgender access from the 519 Church Street Community Centre
- g) Heterosexual Questionnaire




[Heterosexual Questionnaire.htm]

4) The ARQ2 MANUAL - Participants should receive a copy of this when they arrive. For information on how to order the manuals from Toronto, please see the 'ARQ2 Training Checklist' document above. This should be done in advance to allow time for delivery.

5) Here is the template of the **LETTER of COMPLETION** to be copied on CAMH letterhead for participants and handed out at the end of the training (just modify the signature to the Project consultant who can sign them).


 [blank Completion letter template.doc]

6) This **EVALUTION SUMMARY TEMPLATE** includes Excel formulas and will calculate the totals and mean for you for the evaluation summary after the training. **Please complete and forward to the trainers and the project lead. For data collection purposes this template must be used.**

 [FINAL ARQ2 Evaluation Summary Template.xls]

7) **AUDIO/VISUAL EQUIPMENT, ETC.** will be required. See the **ARQ2 Training Checklist** for details.

8) **OPTIONAL: AFTER THE TRAINING - A GROUP EMAIL CAN BE SENT TO ALL PARTICIPANTS** (This is **optional**, some Program Consultants have wanted to encourage dialogue after the training - as described in the **ARQ2 Training Checklist**. Here is the template you can use if that is of interest to you.

 [ARQ2 Post Training Email to All Participants.doc]

**THANK YOU!**

## THE ARQ2 KNOWLEDGE EXCHANGE PROJECT

### What's ARQ2?

- **Asking the Right Questions 2 (ARQ2)** is a CAMH project that culminated in a provincial training program to address the need for agencies and service providers to increase their comfort, knowledge and skills in working with lesbian, gay, bisexual, transgender, transsexual, Two-Spirit, intersex and queer (LGBTTTIQ) clients in mental health, addictions and counselling settings.
- ARQ2 provides clinicians with a helpful guide for initiating discussions on gender identity and sexual orientation. Through group activities, scenarios and role-plays, it addresses key definitions and concepts, unique issues of concern to LGBTTTIQ people, the health impact of heterosexism and genderism and ways that organizations can increase their cultural competency to better meet the needs of these diverse communities.

### Why Do A Knowledge Exchange Project?

- *Community feedback and demand for ARQ2 trainings has been exciting!* The training has consistently been described as helpful, well delivered and needed. We can't keep up with the demand and need to increase our roster of trainers.
- The next step of this project is a 3-year project that will train and support nine people from across Ontario to deliver the ARQ2 training in their own communities, on a contract basis.

### How Will The Knowledge Exchange Happen?

The project will happen over 3 years and in 4 phases:

- Phase 1 (March-May/06)—9 new trainers will be selected. They will observe one ARQ2 training and attend a day-long knowledge exchange training on how to deliver ARQ (offered by Janet Mawhinney and Farzana Doctor). Travel costs will be covered.
- Phase 2 (May/06-March/07)—the new trainers will practice their skills by assisting in the co-facilitation of 2 ARQ trainings led by a CAMH trainer. Travel costs will be covered and they will also receive a \$200 honoraria for each of these 2 trainings.
- Phase 3 (Fall/06-March/08)—the new trainers will co-facilitate one ARQ2 training with a CAMH trainer. Travel costs will be covered and the new trainers will be paid \$400.00.
- Phase 4 (April/08-March/09)—the new trainers will co-facilitate a minimum of 1-2 ARQ2 trainings (along with a new trainer or CAMH trainer), depending on need. They will receive \$400 per training day and have their travel costs covered. (Training will be coordinated by a CAMH Project Consultant in the region.)

### What will new trainers get out of this project?

New trainers will gain new skills, meet great people, and earn some extra money for themselves or their organization.

### Great! Who is Eligible to Participate and How Do I Apply?

We are looking for a diverse group of new trainers from across the province who are:

- Members of, and knowledgeable about their local LGBTTTIQ communities
- Experienced in clinical group facilitation, training (familiarity with adult education principles) AND/OR other clinical work. Clinical expertise with LGBTTTIQ communities is preferred but not required.
- You may apply as an individual, or through a partnership between CAMH and your agency (typically the agency would pay for your time in the project and receive payments from CAMH)
- Complete the attached application form and send us an updated CV
- The deadline to apply is March 8<sup>th</sup>/06

Have more questions? Call Nina Acco Weston, ARQ2 Project Lead, Tel: 416.535.8501 x7718, email:nina\_accoweston@camh.net

**THE ARQ2 KNOWLEDGE EXCHANGE PROJECT**  
**Application Form**

Please tell us about yourself. Point form is fine. Please use this form instead of a cover letter. Attach your CV. Provide 2 reference contacts. Please fax to Nina Acco Weston at 905.568.4159 or email to: [nina\\_accoweston@camh.net](mailto:nina_accoweston@camh.net)  
 We will be contacting applicants for interviews by March 15<sup>th</sup>/06

Name: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Email: \_\_\_\_\_

1. Why is this training initiative of interest to you? What do you hope to gain from your involvement in this project (skills, learning, experience, connections, exposure etc.).
2. Tell us about your experience with, involvement in, and knowledge of LGBTTTIQ communities.
3. Tell us about your experiences working with diverse marginalized communities (issues of race, class, ability, age, gender, immigration, geographical location etc.).
4. Please give us a few highlights about any clinical experience, including any with LGBTTTIQ communities.
5. Please give us a few highlights of your training/facilitation knowledge and experience.
6. Would you be involved in this project be as an individual consultant/trainer or as an employee (during work time) of your agency? If you will be involved as an employee of your agency, please give us the contact information of the person you report to (manager or ED so that we may discuss the benefits and obligations of partnering with CAMH on this project).
7. Please provide contact information for 2 references.

**We are committed to recruiting people with a range of skill sets and experiences with diverse and marginalized communities. We are asking the following questions to help us ensure we recruit candidates who meet our eligibility criteria. Please check the items that apply to you:**

- I have clinical group facilitation experience
- I have clinical/counselling experience
- I have clinical experience with LGBTTTIQ communities
- I have training and adult education experience
- I self identify as LGBTTTIQ
- I self identify as a member of another diverse/marginalized group

ARQ2 Knowledge Exchange Interview Questions
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Preamble: Welcome, introduce selves, role with the project. Interview 45 minutes, 8 questions...time at the end for your questions.

1. Why are you interested in working on this project?
2. Can you describe your training approach or style?
3. Please give us an example of a challenging training moment, and how you handled it?
4. a) What are some of the issues faced by the LGBT community? B) How does that relate to their ability to access services (mental health, addiction and related health services)?
5. The ARQ2 training draws a range of participants (mostly clinical, addiction, MH, or related fields), but most have limited knowledge and experience with LGBT issues (but good intentions). What is your experience facilitating this kind of equity/cultural competency/awareness training with this kind of learner, and give us one example.
6. ARQ2 is an existing, tested tool and curriculum. New trainers will be learning to deliver this existing curriculum. How do you feel about working with an already developed training (with little room for adaptation)?
7. A) What is the extent of your co-facilitation experience (none, some, lots, tons) B) What do you think contributes to a successful co-facilitated training?
8. All of the ARQ2 trainers are members of the LGBT community. How do you deal with the challenges of facilitating a training where the content is related to this aspect of your identity?
9. ARQKE dates will require some flexibility. Tell us about your work schedule and ability to be flexible.

Any questions?

We'll contact you by end of March (time to complete all interviews etc).

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***Draft* KEY POINTS FOR SCORING:**

1. Why are you interested in working on this project?
2. Can you describe your training approach or style?

*Adult ed, interactive, recognizes learners' expertise, small group, mini didactic, respect, humour, use examples, prepared but flexible*

3. Please give us an example of a challenging training moment, and how you handled it?

*Demonstrate understanding of all elements that contributed to the challenge (environment, preparation of participants or facilitator, room and numbers, misleading promotion/expectations, time constraints); types of challenging participants (hostile, fearful, controlling, etc.) HANDLING: recognize, validate person, challenge behaviour, redirect, bring to group, respectful challenge, positive spin but 'shut them down'...*

4. What are some of the issues faced by the LGBT community? B) How does that relate to their ability to access services (mental health, addiction and related health services)?

5. The ARQ2 training draws a range of participants (mostly clinical, addiction, MH, or related fields), but most have limited knowledge and experience with LGBT issues (but good intentions). What is your experience facilitating this kind of equity/cultural competency/awareness training with this kind of learner, and give us one example.

*Recognize and respect different levels of understanding, establish a safe and open learning environment; contextualize AOP as a learning process – everyone starts as a beginner; work at a level appropriate to the group; cover key concepts but focus on practical and applied; provide opportunities to apply*

6. ARQ2 is an existing, tested tool and curriculum. New trainers will be learning to deliver this existing curriculum. How do you feel about working with an already developed training (with little room for adaptation)?

*Willingness, they 'get' that it is already developed; bring personal touch, comfort using existing curriculum....*

7. A) What is the extent of your co-facilitation experience (none, some, lots, tons) B) What do you think contributes to a successful co-facilitated training?

*Awareness of your own training style, preparation with co...; reliability (show up on time, prepared to deliver, deliver according to expectations, demonstrate support of colleague). Willingness to participate in feedback/evaluation.*

8. All of the ARQ2 trainers are members of the LGBT community. How do you deal with the challenges of facilitating a training where the content is related to this aspect of your identity?

*Boundary strategies, show an awareness of what it takes to present this kind of material....*

## ARQ2 PROVINCIAL TRAINING - Summary of 2006- 07 Evaluations

*June 18, 2006 - CRTR Nursing Project*  
*June 28, 2006 - Sudbury*  
*October 13, 2006 - Fort Frances*  
*October 26, 2006 - Ottawa*  
*November 3, 2006 - Peel*  
*November 23, 2006 - Newmarket*  
*November 24, 2006 - Windsor*  
*February 13, 2007 - Kingston*  
*March 9, 2007 - Thunder Bay*  
*March 23, 2007 - Niagara*

Number of participants:  Number of evaluations:

Rate of return:  Number of Agencies attended:

**Scale:**

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

Learning Objectives	#	1	2	3	4	Total	Mean
Increased understanding and awareness of LGBTTTIQ issues?	264		3	101	160	949	3.6
Increased understanding of unique clinical issues related to working with LGBTTTIQ people?	264		4	116	144	932	3.5
Learned some tools and ideas to help you and your colleagues/service/dept work more effectively with LGBTTTIQ people?	264	1		91	171	958	3.6
Content & Format	#	1	2	3	4	Total	Mean
The content was helpful	264	1	3	93	167	954	3.6
The content flowed well	260		3	89	168	945	3.6
Faculty	#	1	2	3	4	Total	Mean
The faculty was clear in their presentation	263			86	177	966	3.7
The faculty was knowledgeable about the subject	264		1	44	219	1010	3.8
The faculty facilitated the group discussions well	263	1	1	70	191	977	3.7
The faculty was responsive to issues that came up	262			72	189	972	3.7

## ARQ2 PROVINCIAL TRAINING - Summary of 2007- 08 Evaluations

*June 19, 2007 - London*  
*September 28, 2007 - Thunder Bay*  
*October 12, 2007 - Sault Ste. Marie*  
*October 19, 2007 - Guelph*  
*November 2, 2007 - Hamilton*  
*November 30, 2007 - Ottawa*  
*December 4, 2007 - Peel*  
*January 10, 2008 - Penetanguishene*  
*January 11, 2008 - Penetanguishene*  
*March 7, 2008 - Ottawa*  
*March 28, 2008 - Sarnia*

Number of participants:

301

Number of evaluations:

258

Rate of return:

86%

Number of Agencies attended:

Scale:

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

Learning Objectives	#	1	2	3	4	Total	Mean
Increased understanding and awareness of LGBTTTIQ issues?	258	4	1	85	168	933	3.6
Increased understanding of unique clinical issues related to working with LGBTTTIQ people?	256	4	2	107	143	901	3.5
Learned some tools and ideas to help you and your colleagues/service/dept work more effectively with LGBTTTIQ people?	257	4		76	177	940	3.7
Content & Format	#	1	2	3	4	Total	Mean
The content was helpful	256	3		81	172	934	3.6
The content flowed well	257	4	2	73	178	939	3.7
Faculty	#	1	2	3	4	Total	Mean
The faculty was clear in their presentation	256	3		54	199	961	3.8
The faculty was knowledgeable about the subject	257	3		36	218	983	3.8
The faculty facilitated the group discussions well	255	3		48	204	963	3.8
The faculty was responsive to issues that came up	256	3	1	41	211	972	3.8

## ARQ2 Training Participant Follow-up Interviews

<b>1. Have you had the opportunity to use all or part of the tool since the training?</b>			
<b>I.D.</b>	<b>i. If yes, please describe how you used it and the outcome</b>	<b>ii. Did you use the tool as is or did you adapt it for your agency? If you did adapt it, please describe how.</b>	<b>If no, can you tell me why you haven't and if you do plan to use it in the future?</b>
1	-	Put up posters at (place of work). Talked about it at Staff Mtgs. Questions are going to be added to intake material – not done yet, but in process.	
2	-	-	Took information back and it was discussed at Staff Mtgs. Conversation ongoing by staff. Centre does have a Youth Counsellor that deals with Sexual Orientation. Consensus was that all staff should be trained before implementing tool.
3	-	Adapted training personally. Now more sensitive and aware with clients.	
4	Tool will be taught as part of curriculum in 2 <sup>nd</sup> semester (upcoming)	In the meantime had a student come out so the training was helpful to deal with that. Training provided information and resources that she was able to pass on to the student.	
5	Photocopied the terms and definitions given out at training and gave them to fellow staff. Now familiar with terms.	Training (not tool) has been incorporated & adapted. The training has made him more sensitive to differences overall – this opens doors to conversation.	
6	-	She and another staff member presented material from training – but organization feels they are very inclusive overall so don't feel need to take steps specific to LGBT population. Discussion has created some very interesting staff meetings.	No, because too much else is going on. However, she is now using the language and feels more comfortable with the topic.
7	-	He now has more sensitivity to issues. The training was helpful to teach him how to	

APPENDIX E

<b>1. Have you had the opportunity to use all or part of the tool since the training?</b>			
<b>I.D.</b>	<b>i. If yes, please describe how you used it and the outcome</b>	<b>ii. Did you use the tool as is or did you adapt it for your agency? If you did adapt it, please describe how.</b>	<b>If no, can you tell me why you haven't and if you do plan to use it in the future?</b>
		be sensitive to LGBT population.	
8	-	After the training he used new knowledge to give an In-service to Bd. Of Ed. Staff and colleagues. This is a sensitive topic in the school system.	
9	-	Used training to hold a workshop on the topic for Masters students doing practicum at (place of work). Will be holding more workshops in the spring.	
10	-	Incorporated training into her job, but not adopted by agency.	
11	-	Adapted in a way (to her particular role – but not by Ministry) because she now has empathy & understanding of LGBT population. This makes her clients feel safe.	
12		She has adapted it for her own use	The tool is not compatible with the computer software they use for intake (Catalyst system)
13	Has lots of experience with Gender Issues – extensive training and this field is the main focus of his work		
14			No, haven't had an opportunity yet
15			In the process of talking about adapting the tool. They are looking at using new forms and hope to add the questions. Currently in the hands of the newly formed Diversity Committee.
16			When she first returned from the training she recommended at a Staff Mtg to include the tool in the intake process, but nothing has happened as of yet. It had slipped her mind and my

APPENDIX E

<b>1. Have you had the opportunity to use all or part of the tool since the training?</b>			
<b>I.D.</b>	<b>i. If yes, please describe how you used it and the outcome</b>	<b>ii. Did you use the tool as is or did you adapt it for your agency? If you did adapt it, please describe how.</b>	<b>If no, can you tell me why you haven't and if you do plan to use it in the future?</b>
			call will prompt her to follow-up.
17			Agency was already asking similar questions but she likes the tool so in process of introducing it in Team Mtgs. Will work on getting staff more comfortable before putting it in place.
18		She has adapted the tool and using it personally but it has not been accepted by her agency	She is trying to encourage her agency to use it. But so far has not been successful.
19		Shared the tool with her co-workers and managed to get a Diversity Cte formed to explore this further	Unfortunately the software her agency uses will not accommodate changes and additions like the tool. Right now they only ask if client is male, female or other.
20		Somewhat adapted because she is incorporating part of the training into her job	
21		In part, in her job. Not implemented by agency	She presented the tool to colleagues and there has been lots of talk about the tool – enthusiastically rec'd. Just a matter of time to implement
22		No	Their referral packages do not include the sexuality piece. Needs to be included, but hasn't happened yet. Has not been addressed by the hospital
23		No	She will be presenting the material at a staff meeting
24		No	Haven't had an opportunity to address issue with clients
25		No	Haven't had opportunity yet, but will use tool when opportunity arises
26	Yes. In past clients were only asked if Male or Female. She has now expanded her questioning to include sexual orientation and gender identity		

APPENDIX E

<b>1. Have you had the opportunity to use all or part of the tool since the training?</b>			
<b>I.D.</b>	<b>i. If yes, please describe how you used it and the outcome</b>	<b>ii. Did you use the tool as is or did you adapt it for your agency? If you did adapt it, please describe how.</b>	<b>If no, can you tell me why you haven't and if you do plan to use it in the future?</b>
27	Yes. Shared the workshop information with a client that identified themselves as homosexual. They looked over the material together and the client was pleased by the depth of material. It went well		
28		Part of the concept is already in place. There hasn't been an opportunity to use the tool, but has shared the material with Dr's, Team Leader and nurses on the floor/unit	
29			No. The Group Home that she works in only has clients that do NOT have communication skills
30		Informally adapted the tool. She reviewed it so that she felt comfortable and conscious about asking questions. Since training has only had one Lesbian client. They have only had one meeting and will use more of the training as she builds relationship with client	

<b>2. What does your organization/unit currently have in place to demonstrate inclusion for LGBT people?</b>			
<b>I.D.</b>	<b>Visual look, e.g. posters, pamphlets, inclusive forms, culturally competent staff, LGBT staff</b>	<b>i. Has this changed since you attended the training?</b>	<b>ii. If yes, please describe:</b>
1	Posters	Yes	Now have posters
2	-	Going to order posters & pamphlets. Evaluation phone call was a good reminder to follow-up.	
3	Pamphlets outlining agency's Anti-oppression policy. Staff ensure everyone is respected – particularly in group work	No	

<b>2. What does your organization/unit currently have in place to demonstrate inclusion for LGBT people?</b>			
<b>I.D.</b>	<b>Visual look, e.g. posters, pamphlets, inclusive forms, culturally competent staff, LGBT staff</b>	<b>i. Has this changed since you attended the training?</b>	<b>ii. If yes, please describe:</b>
4	Posters, parades, representation, etc. Student Council does a lot to ensure inclusion of all groups	No, this was already in place	
5	Posters and culturally competent staff	No, was already in place	
6	On the Youth floor there are posters and pamphlets. Nothing specific on Adult floors	No, staff has always been inclusive	
7	Posters, LGBT staff	Only the posters are new since training	
8	Nothing visual – but have policies. For e.g. Safe Schools and new Inclusion Policy being written right now	No	
9	Nothing other than being client centred. (Place of work) not ready to take step of displaying rainbow.	No	
10	Nothing – we are very bad	No	
11	No	No	
12	Posters, pamphlets. Lots of advertising for “The WELL” (lgbtq Community Wellness Centre of Hamilton)	No – however they are still working on it – they are very careful to be inclusive	
13	Culturally competent staff	No	
14	Inclusive parents	No	
15	Posters, stickers, pamphlets	No	
16	Posters, pamphlets, LGBT staff	No	
17	Posters, culturally competent staff. Strict policy that clients must be inclusive with each other	No	
18	Posters, pamphlets, Rainbow Care Bear on her desk	No	
19	Posters, pamphlets	No	
20	Pamphlets	No	
21	Flag and posters. Probably more too	No	
22	Posters	Yes	She picked up posters at the ARQ2 training and ordered more from the CAMH website. She put one up on her office door and so did a couple of her colleagues. But she is

<b>2. What does your organization/unit currently have in place to demonstrate inclusion for LGBT people?</b>			
<b>I.D.</b>	<b>Visual look, e.g. posters, pamphlets, inclusive forms, culturally competent staff, LGBT staff</b>	<b>i. Has this changed since you attended the training?</b>	<b>ii. If yes, please describe:</b>
			reluctant to distribute more because she is uneasy about how this would be received by her employer. The hospital is old fashioned in its attitude and doesn't see a need to reach out to diverse groups
23	LGBT staff	No	
24	Pride flag and stickers	No	
25	Posters	Yes	She ordered the posters after the training and has put them up – but on her floor only
26	Nothing	She wants to order posters but didn't know how. I gave her the phone number and email for CAMH publications	
27	All of it – posters, pamphlets, diverse staff etc.	No	
28	When they were in old building they used to have Rainbow stickers on their office doors, but in their new location there don't have anything (stickers were left behind on doors and building has since been torn down). I gave here the CAMH phone number to request posters.	No	
29	Don't think so		
30	Pamphlets sitting on her desk	Yes	Picked up pamphlets at training. Plans to contact CAMH for more materials

APPENDIX E

<b>3. Does your organization/unit have other diversity and/or cultural competency initiatives?</b>				
<b>I.D.</b>	<b>Yes/No</b>		<b>i. If yes, are LGBT issues integrated into these initiatives?</b>	<b>ii. If yes, please describe:</b>
1	Yes		Not yet	
2	Yes		Yes	If youth, will refer to a specific counselor that deals with LGBT. Currently offer group sessions for LGBT youth
3	Yes		Yes	Overall the agency is very inclusive. So without being specific to LGBT, inclusiveness is understood
4	Yes		Yes	Young people (students) are inclusive by nature
5	Yes		Yes	Staff are very open
6	Yes		Sort of	Organization is very inclusive overall – so don't feel need to take steps to be specific to LGBT
7	Yes		Yes	This is new and evolving
8	Yes		No	
9	Yes		No	
10		No		
11	Yes		Yes	Ministry provides training for staff to ensure tolerance & inclusion
12	Yes		Yes	
13		No		Staff is inclusive
14			Don't know	
15		No		
16	Yes		Not specifically	
17	Yes		Not specifically	
18	Yes		Not sure	
19	Yes		Yes	
20	Yes		Probably not specifically	Organization is very inclusive in general
21	Yes		No	
22		No		
23		No		
24	Yes		Yes	Generally very inclusive
25	Yes		No	
26	Yes		No	
27	Yes		By virtue of very diverse staff	
28	Yes		Yes	LGBT is covered briefly in other training on diversity
29	?	?	Don't know	
30	Yes		Yes	Not formalized, but used by colleague in First Nations community

<b>4. Did the training have any effect on the way you work with LGBT people?</b>		
<b>I.D.</b>	<b>Yes/No/ Not sure</b>	<b>i. If yes, please describe:</b>
1	Not sure	At this point have not worked with LGBT population. But feels the training has made her more aware and open
2	Yes	Gave her more tools and questions to ask, if needed. More knowledge and now have better questions to ask
3	Yes	She liked the opportunities to practice in the workshop and see others put training into practice. Understands in principle but it was new theory – so practice was important. Increased her comfort with the practice
4	Not sure	Nice to have the refresher. She knows the theory but it was good to have the reminder in the training
5	Yes	More sensitive to LGBT issues. Comfortable with current terms and jargon
6	Yes	Feels more open. Training took down barriers for her. Nurtured open mind & attitude
7	Yes	Felt comfortable to ask questions at training. Learned a lot. Now more sensitive to LGBT population needs. Now more aware of issues
8	Yes	The training was very useful. The best professional training he has ever attended. He is now more understanding and has awareness. He feels more comfortable discussing these issues
9	Yes	The training has been used in her personal life with a family member – it gave her the language to discuss
10	Yes	Excellent training. Now feels more insightful, has more language and sensitivity thanks to training
11	Yes	Has more knowledge and language to talk to clients
12	Yes	Gave her more language, feels more open
13	Yes	Reinforced what he already knew
14	If there was ever an opportunity, then yes	But opportunity has not presented itself
15	No	No opportunity personally, but eventually the agency will use
16	No	No encounters yet. Her agency and she personally is already inclusive – but would use the material if needed. It is always good to improve skills.
17	Yes	She has used it in her personal life. She had thought she was very open and inclusive but the workshop has made her more aware and has given her more insight.
18	Yes	Much more vigilant about wording and more open
19	No	Training only confirmed what she already knew and practiced. She is a recent grad of Social Work and her education was inclusive and covered all diverse populations
20	Yes	Feels more open and able to ask questions. Better appreciation – never make assumptions
21	Yes	Didn't go into training "cold" as she has worked extensively in the field of AIDS. So she thought was well informed, but as result of training she now understands the importance of communication and she recognizes her own assumptions
22	No	Her contact with clients is brief so there is no opportunity for topic to come up
23	Yes	More aware now. Learned a lot. The biggest epiphany was that sexual orientation is in the brain and not the body – prior to workshop she thought sexual orientation was biological
24	Not sure	

<b>4. Did the training have any effect on the way you work with LGBT people?</b>		
<b>I.D.</b>	<b>Yes/No/ Not sure</b>	<b>i. If yes, please describe:</b>
25	Yes	More understanding. Training has made her notice that her hospital doesn't make LGBT population feel safe to raise issues. Not obviously inclusive at hospital
26	Yes	Learned more questions to ask – in past had thought it was only about sexual orientation, but now also asks about gender identity
27	Yes	Increased awareness
28	Yes	Added to her comfort level on the topic
29	Yes	Not necessarily in the workplace, but in general she feels she uses better words and thinks she comes across as more open now
30	Yes	Training opened her eyes. Thinks of herself as an open person, but felt the training was helpful – good to have tool and more information

<b>5. At the training you made some personal commitments and these were mailed to you. Were you able to meet these commitments? Please describe. Of course, these commitments are confidential and you need not tell me what they are.</b>	
<b>I.D.</b>	
1	Yes. Didn't choose to elaborate
2	No. Still working on them
3	Yes. Follow-up is a good reminder to keep working on them
4	About to meet commitment when she teaches her class of students
5	Yes. Commitments were to remain open and sensitive
6	Have met ½ commitments. The one not met was to get organization "buy-in". That has not been successful
7	Doesn't recall
8	Working on commitment. The Board assessment process is being streamlined and he has advocated that ARQ tool be included. This is a process.
9	Yes. Offering workshops on topic to students
10	Left training early – so didn't have opportunity to make commitments
11	Yes. Treating clients with dignity
12	Some of them. He has shared posters, pamphlets and talked with co-workers about ARQ
13	Ongoing
14	No – hasn't been a reason
15	Working on it. She has ordered the ARQ2 manuals for staff
16	Yes – she is sharing with her colleagues
17	Commitments are in the works and ongoing. She is sharing her training at Staff Meetings. As a result of training she is initiating a Support Group for LGBTQ women – providing space and direction for them to meet & support each other, particularly around addiction issues. This will provide a healthy meeting place instead of the bar scene
18	Feels like she is working on them. Part of her commitment was to get her agency to use the tool – but that has not been successful yet
19	Yes. Shared the info/material with staff
20	Trying to meet commitments – in particular, to have an open mind
21	Hasn't rec'd them
22	Hasn't rec'd them yet
23	Hasn't rec'd them yet
24	Yes. She has joined the Diversity Committee and will raise the issue whenever it is appropriate

<b>5. At the training you made some personal commitments and these were mailed to you. Were you able to meet these commitments? Please describe. Of course, these commitments are confidential and you need not tell me what they are.</b>	
<b>I.D.</b>	
25	Hasn't rec'd them yet
26	No. It was stormy weather the day of training so she left early and missed opportunity to complete personal commitments
27	No, didn't make any personal commitments
28	Didn't receive them and doesn't even remember if she wrote commitments
29	No, she isn't in a situation yet where she can implement
30	Yes. Feels she has more openness and is sharing training info with colleagues

<b>6. Now that some time has passed since the training, do you feel there was anything you would change about it, that is add or leave out?</b>	
<b>I.D.</b>	
1	Really good as is. Informative.
2	Thought it was excellent! Really good job.
3	Needs more time – two days? Felt rushed. Would like more practice time
4	Leave out the film. It was too hard to hear and see because t.v. was too small and the audio quality was poor
5	No
6	No. EVERYONE should have this training. This should be standard training for all front-line workers
7	Perhaps clarify the advertising for the training – it wasn't clear. Workshop met his needs but felt some of the attendees had expected something different
8	No, excellent as is
9	Would like more in-depth training
10	Excellent as is
11	Wished she had asked more questions
12	Yes, show the entire video. She thought the video was excellent and should be shared in its entirety
13	Training was good generalized, basic introduction
14	No
15	No
16	It was pretty good as is. Thinks there were some things she didn't agree with – perhaps language issues (e.g. gay vs. homosexual). She tries to stay with standard acceptable English. Are diverse populations too sensitive?
17	Wonderful. Facilitators were great! So well put together. Visual aids were great. Contest was neat. Info. Was outstanding.
18	No. She has attended both ARQ and ARQ2. Both times it was fantastic. Great opportunity!
19	No. It was not new material for her, but thinks for a lot of attendees it was.
20	Needed a bigger room – because it was cramped it was too warm. Very good training
21	Fabulous! Clear directions, good content, very professional. Facility was fantastic – perfect size
22	Within the workshop she would have liked a presentation that makes LGBT population seem more normal – perhaps a historical piece. Population has always been part of society – just not “out”. They are not new to society.
23	Great setting – it was very nice! Nice touch – she had never been there before. Workshop well done. If felt safe to talk about anything. Very human
24	No, fine as is
25	Would have liked more group work. Learned a lot from each other in the smaller groups.

<b>6. Now that some time has passed since the training, do you feel there was anything you would change about it, that is add or leave out?</b>	
<b>I.D.</b>	
	She is shy so found the smaller groups easier to speak in front of
26	Really enjoyed it
27	Fine as is
28	The morning session was good, but the afternoon dragged. She felt 4 – 5 hours would have been enough time for topic
29	Tone down the terminology. Too many big words. Although they did explain them later
30	Thought it was great!

<b>7. Would you be interested in attending a more in-depth training on LGBT cultural competency in clinical care?</b>		
<b>I.D.</b>	<b>i. If yes, what topics would you be interested in?</b>	<b>ii. Do you feel you would be supported in this training by your organization?</b>
1	Group Home setting info rather than just agency info. More front-line tools. Did touch on this in training but would appreciate more	Absolutely
2	Therapeutic relationship tools. Would like more info.	Yes! 100%
3	More on Transgendered people	Yes
4	Youth, adolescent population	Probably in time, but not perhaps cost
5	Maybe interested in future, but not right now	Yes, very supportive of educational opportunities
6	Yes, can't think of any	Yes
7	Yes – anything	Yes
8	Yes, can't think of any	Yes
9	Addiction & LGBT population. Other problems for e.g. eating disorder in Gay population	Yes
10	Developmental disabilities & LGBT population	Yes
11	No not for me. Would prefer another staff member had opportunity to attend training. Feel more staff should attend current training	Yes
12	Yes, LGBT relationships, abuse, law (for example right to marry, but no laws governing divorce)	Yes, absolutely
13	Not personally, BUT thinks more in-depth training should be offered to others – in particular on topics of: Psychiatric Issues, Mood Disorders, Coping Mechanisms for LGBT. And definitely more training/awareness is needed for Transgendered population	
14	No	
15	Perhaps – it depends on the topics offered and she can't think of any to request	Yes, likely
16	Yes. As far as possible topics she wonders about variety in the community. She knows there are lots of different issues in the LGBT community and she would like to know more	Probably

<b>7. Would you be interested in attending a more in-depth training on LGBT cultural competency in clinical care?</b>		
<b>I.D.</b>	<b>i. If yes, what topics would you be interested in?</b>	<b>ii. Do you feel you would be supported in this training by your organization?</b>
	about the issues	
17	Yes. Don't know of any topics off hand.	Yes
18	Yes. Any topic, but in particular would like to learn more on implementing the tool. In particular, she would appreciate learning strategies on how to get her agency to "buy in" to implementing ARQ2 tool	Yes
19	Yes, but can't think of any topics at this moment	Yes
20	Yes. Open to anything	Yes
21	Yes. Topics....hmmm good question. Not off top of head	Yes
22	Yes, for personal enrichment and education. Would be interested in teenagers – not because she works with teens, but because they grow-up to be adults and she does work with adults. What is going on in high schools? How is the LGBT culture developing with teens? What is being done about suicide prevention?	Don't think so because it doesn't relate to her work. She doesn't see clients long enough for topic to come up.
23	Felt ARQ2 was front-end piece – i.e. how to make someone new to her agency feel welcome. Now would like more in-depth training on how to deal with clients that have addiction issues and sexual orientation issues. As an addiction counselor should she be the one to deal with sexual orientation issues? She realizes that once a client/counselor relationship is established it is difficult and uncomfortable for clients to change counselors. She would also like training on how to make group meetings "safe" for participants to discuss orientation issues	Yes
24	Yes. Would like to learn more about discrimination within the community	Thinks likely
25	Yes. Would like to learn how to best approach her employer about topic and encourage them to open up to LGBT issue. Wants direction on how to lead hospital to inclusion	Yes
26	Yes. Would like to learn how to make workplace more open. How to "sell" inclusion idea to management. Also would like to learn how to make information and inclusion trickle down - for example to school liaisons	Probably
27	Yes, Would like to learn more about additional resource information	Yes
28	Yes, but not sure of topics	Would depend on the cost – hospital is running on a deficit so not much \$ is

<b>7. Would you be interested in attending a more in-depth training on LGBT cultural competency in clinical care?</b>		
<b>I.D.</b>	<b>i. If yes, what topics would you be interested in?</b>	<b>ii. Do you feel you would be supported in this training by your organization?</b>
		available for training
29	Yes, any topic	Not sure
30	Maybe. Not sure what topics she would be interested in	Yes

<b>8. Other comments?</b>	
<b>I.D.</b>	
1	Really good. Really enjoyed it – feel much more aware
2	Not necessarily part of assessment protocol, but training has made her more aware. The sexual orientation questions were too lengthy for intake and would have to be used after assessment and intake She would like to see a non-gender specific washroom at her agency Training makes her think more about barriers. Still in thinking stage rather than implementing
3	Impressed! Format works well
4	In Sault Ste. Marie “Access AIDS” is the main resource for anyone dealing with sexual orientation. This is a terrible and unfortunate name. Small community so not much available. Very enjoyable. Thanks for coming to us. In north training is usually prohibitive because of travel costs. She liked that the training was only a day of commitment
5	Tool is helpful in its own way, but works better if adapted to use in ways that he is comfortable with
6	Need to make this training part of all organizations at organizational level. Extend the training to all! Practical (i.e. posters, rainbows etc.) should be implemented not just at her organization but also anywhere there are clients
7	Thanks for the training
8	No
9	The training was good value – the cost of the workshop was great. Really appreciate it.
10	Written material was very good. Amount of info. Was good
11	Great training. Thanks
12	She would love more training – she always appreciates up-to-date training. She would love to take CAMH Pharmacology course – <u>but</u> doesn't have time
13	He runs clinics for MH workers/groups in region with emphasis on gender issues, diagnostics
14	No, nothing
15	Really enjoyed the training. It was really well done. She appreciated the facilitator's directness. She is interested in other sessions with CAMH (on other topics)
16	No
17	Greatly appreciated the list of definitions. She has photocopied them and shared them with her colleagues.
18	Fantastic course and training. She still has the textbook on her desk.
19	No
20	Very good training. Really enjoyed it!
21	Thank you to organizers & facilitators. She has attended many training sessions and many are readily forgotten – but not this one! She will remember it and use material forever. It is easy to broad-brush groups we are not part of. It is important to look at specific

## APPENDIX E

8. Other comments?	
I.D.	
	populations without making assumptions. For instance Lesbians and their issues are very different from Gay issues.
22	Really enjoyed the workshop. Liked how session was divided up – it was a good mix of topics
23	Great day! Noticed that there were only 1 or 2 males in attendance. Why? Why are males not keen on training? Need to look at how to get males more involved
24	No
25	It was great! Thanks!
26	Also attended in the fall a workshop called “Making your Health Unit healthy”. ARQ2 presenters were very knowledgeable
27	No
28	She is so busy that she hasn't had much time to reflect on training and address – but she will when she has time. Thought is was good and interesting. The best thing was receiving material to pass on and share with fellow staff.
29	No
30	Video clips were great. Liked the combination of verbal, PowerPoint and DVD. It was a good mix of media. Speakers were great – they were engaging, funny, relaxed and comfortable

## ARQ2 Project: New Trainer Interviews

<p><b>1. The following criteria were part of the application form to be a facilitator. Please check the ones that applied to you:</b></p> <p>1. <i>clinical group facilitation experience</i>  2. <i>clinical/counselling experience</i>  3. <i>I have clinical experience with LGBTTTTIQ communities</i>  4. <i>training and adult education experience</i>  5. <i>self identify as LGBTTTTIQ</i>  6. <i>self identify as a member of another diverse/marginalized group</i></p>	
<b>I.D.</b>	<b>Now that you have done some training, how important do you feel the criteria are?</b>
1	<ul style="list-style-type: none"> <li>- Doesn't have 2 and 6</li> <li>- Least important 2 – clinical./counselling experience</li> <li>- Might add public speaking and ability to engage an audience but these are hard to measure</li> </ul>
2	<ul style="list-style-type: none"> <li>- Has all 6</li> <li>- most important 4 – training and adult education experience and 5. self identify as LGBTTIQ</li> <li>- Least important 1 – group facilitation experience but all relevant</li> <li>- Wouldn't add any criteria</li> </ul>
3	<ul style="list-style-type: none"> <li>- Doesn't have 2 - clinical/counselling experience</li> <li>- Most important 3,4 and first hand knowledge of LGBT community</li> <li>- Least important – formal clinical training – with co-facilitators balance each other's skills</li> </ul>
4	<ul style="list-style-type: none"> <li>- Doesn't have clinical with LGBT</li> <li>- Most important 4 and 1</li> <li>- 3 least important – clinical experience with LGBT communities</li> </ul>
5	<ul style="list-style-type: none"> <li>- Has all six</li> <li>- Most important is adult education - 4</li> <li>- It's a highly charged issue – people come with values, biases, people are emotional – need to be able to facilitate that – de-escalate, crisis management, mitigate</li> <li>- Must be a good facilitator, not a lecturer</li> <li>- Also self-identifying with LGBT important – participants talking about issues</li> <li>- Straight people could do it but also good to be able to identify</li> </ul>
6	<ul style="list-style-type: none"> <li>- Has all but 6</li> <li>- Most important 5, then 4</li> <li>- Best is that all 6 criteria covered by two facilitators</li> <li>- I used all my skills</li> <li>- Least important is 2, clinical/counselling experience but it adds credibility because participants are all clinicians</li> <li>- Participants often looking for excuses to discount what we say such as “this doesn't apply” to our agency, my practice etc – having credibility most important</li> </ul>
7	<ul style="list-style-type: none"> <li>- Has all criteria</li> <li>- Most important are 5, 4, 1, none are not important</li> <li>- Important to be lively and the ability to engage</li> </ul>

<b>2. Do you have any ideas for recruiting new trainers and would you recommend the job to a friend?</b>	
<b>ID</b>	
1	<ul style="list-style-type: none"> <li>- Go through the networks when advertising – queer, MH, addictions networks, Charity Village</li> <li>- I would absolutely recommend to friends, it's a great project, lot of fun but no one in [my city] because I want to do it</li> </ul>
2	<ul style="list-style-type: none"> <li>- Would need a wide network that encompasses larger centres and isolated areas</li> <li>- There should be geographic differences – people in small towns or north are separated from larger support networks</li> <li>- I would recommend to friends and know someone who meets criteria</li> </ul>
3	<ul style="list-style-type: none"> <li>- Neighbour forwarded announcement from CAMH about this job to me</li> <li>- Use social change initiative website</li> <li>- Queer networks</li> <li>- Would recommend to friends</li> </ul>
4	<ul style="list-style-type: none"> <li>- I had attended 2 sessions and the local project consultant in (my community) told me</li> <li>- A few people have approached me and asked how to get involved</li> <li>- Less access to these things in (my area)</li> <li>- Ask people for email at training, advertise thru attendees</li> <li>- Would recommend to friends</li> </ul>
5	<ul style="list-style-type: none"> <li>- A friend told me about the job – emailed the notice to me</li> <li>- Need to brainstorm re advertising, I think people would like to do it</li> <li>- People are busy and need communication from the project leader</li> <li>- I didn't know they changed the project leader, also I didn't know when a (new lead trainer) came on the team</li> <li>- Would recommend to friends</li> </ul>
6	<ul style="list-style-type: none"> <li>- Not sure what strategies used last time – I think a friend emailed notice to me</li> <li>- There are LGBT networks that could be used but it is important to have a diversity of job roles and organizations in the facilitators – also good to work for mainstream orgs, then there is no excuse to discount</li> <li>- Local nature of facilitators – from all over the province – is a major strength</li> </ul>
7	<ul style="list-style-type: none"> <li>- The issue is not more recruitment but we need to do more workshops</li> </ul>

<b>3. How did you find the training and the workshops you have facilitated?</b>	
<b>ID</b>	
1	<ul style="list-style-type: none"> <li>- Has facilitated 5 or 6 groups and would like to do it more often</li> <li>- Likes the money and I really enjoy it</li> <li>- The more I do the better I am at it – it's had to have a long time between</li> </ul>
2	<ul style="list-style-type: none"> <li>- Has facilitated 3 groups and would like to do it more often</li> <li>- I get anxious prior to training because I don't do it often enough</li> <li>- It takes me a long time to get up to speed because it has been about a year between trainings and a year between being trained and facilitating</li> </ul>
3	<ul style="list-style-type: none"> <li>- Has facilitated 4 workshops and would like to do more</li> </ul>
4	<ul style="list-style-type: none"> <li>- Facilitated 3 and would like to do more</li> <li>- I like to do prep time and it's hard with long intervals</li> <li>- Fortunately the materials haven't changed so don't need too much prep time</li> </ul>
5	<ul style="list-style-type: none"> <li>- Facilitated 5 or 6 workshops and that is about right</li> </ul>

<b>3. How did you find the training and the workshops you have facilitated?</b>	
	<ul style="list-style-type: none"> <li>- I would do more if it paid more</li> <li>- I make more money in private practice and it takes a lot of time away from my practice to do this</li> </ul>
6	<ul style="list-style-type: none"> <li>- Facilitated 4-5 groups and would like to do more</li> <li>- Doesn't feel like there have been enough opportunities</li> <li>- I was offered one and then had to give it up to give someone else a chance</li> <li>- It's not transparent how trainers are chosen around the province – I always wonder if someone is getting more work</li> </ul>
7	<ul style="list-style-type: none"> <li>- Has facilitated 4 and would like to do about one a month</li> <li>- Need to increase the visibility of the program, advertise with non-profits</li> <li>- Like going out of Toronto to access other communities without so many resources</li> </ul>

<b>4. How would you rate the facilitator training on a five point scale with 1 being poor and 5 being excellent and comment on your rating.</b>	
<b>ID</b>	
1	<ul style="list-style-type: none"> <li>- Rated a 5 – excellent training</li> <li>- the only change I'd make is being to do a workshop right after the training</li> <li>- loved the training – great opportunity to meet people and see the material</li> <li>- I liked attending a workshop first and then receiving the training</li> </ul>
2	<ul style="list-style-type: none"> <li>- Rated 3 on five point scale</li> <li>- I was confused at the outset – we came for 2 day training and the first day was an actual group – it was a dry run but I didn't understand that</li> <li>- I figured out the second day was going to be training for us</li> <li>- We spent a lot of time discussing people's past experience and not much time looking at the different units in training</li> <li>- The notes provided were put together quickly so I wrote my own notes for training</li> <li>- I do (another) training and we have sheets on 'how to present' and 'key points'</li> <li>- These may be in place now – I didn't know there were notes attached to the PowerPoint</li> <li>- There is now a trainer manual that outlines each component – a 'blueprint' and then trainer uses his/her autonomy in presentation</li> <li>- The audio-visual material not good – one video has very poor sound and the participants are straining to hear and looking at each other – I find it embarrassing</li> <li>- It's very important for the participants to have time to practice the material</li> <li>- When time runs short, practice should not be cut</li> <li>- Questions are perceived as difficult to ask, seen as too personal, fear that people may be offended</li> <li>- Participants need time to practice asking these questions and realize it their own experience that makes them feel these questions are difficult</li> </ul>
3	<ul style="list-style-type: none"> <li>- Rated training 4</li> <li>- There was too much time between trainings</li> <li>- 2 days of training really helped me to make it concrete</li> <li>- Watching it being presented to us was helpful</li> </ul>
4	<ul style="list-style-type: none"> <li>- Rated training 4</li> <li>- I had taken ARQ2 workshop twice and found it more valuable than the actual</li> </ul>

<b>4. How would you rate the facilitator training on a five point scale with 1 being poor and 5 being excellent and comment on your rating.</b>	
	training - There's an advantage to having seen it – you can hear the questions people will ask
5	- Rated training 4 - Taking two days was too much time, I liked to observe but not as a participant – would have preferred a train the trainer model
6	- Rated training 5 - I felt well supported by the training - The training was well facilitated and time sensitive - My only complete is that it was too long between the training and workshop - I liked seeing the workshop on the 1 <sup>st</sup> day – it gave us all a common experience of the training, a shared experience
7	- Rated training 5 - Good, not boring – a lively and thoughtful day

<b>5. How was your experience working with a co-leader?</b>	
<b>ID</b>	
1	- Fantastic working with co-facilitators – haven't worked with same person twice and it's great - Working with the same person would be nice too because you can get into a rhythm
2	- Very positive experience, very supportive - I've co-lead with new person and veteran and with veteran alone - We are conscientious about bringing our own experience but we must be careful to keep it balanced – give appropriate coverage to all areas, not to just your particular experience
3	- Learn different things about training from shuffling the deck that way – working with different co-facilitators - Good to have folks who are knowledgeable in different areas - Develop trust with the same co-facilitator – get into a rhythm – one or two you work with most frequently
4	- I like working with new people – I learn from them
5	- It was easy for me to work with other people - Like the option for teleconferencing with host before the training
6	- Fine working with various leaders – keeps it fresh and interesting - Some co-leaders more successful at coordination – all the bits and pieces
7	- Love it – dynamic and interesting

<b>6. Do you wish to continue being an ARQ2 facilitator?</b>	
<b>ID</b>	
1	<ul style="list-style-type: none"> <li>- Definitely wants to continue</li> <li>- the only thing she would change is in the presentation some of the studies are outdated and could be brought up to date</li> </ul>
2	<ul style="list-style-type: none"> <li>- Would like to continue</li> </ul>
3	<ul style="list-style-type: none"> <li>- Want to continue</li> <li>- I've been doing this work for a long time and would like to do more – that is, more frequent trainings</li> <li>- I would like to be able to meet with other facilitators more often</li> </ul>
4	<ul style="list-style-type: none"> <li>- Want to continue</li> <li>- I was told by a MH professional that people in the audience are hesitant about asking questions – they feel stupid because of lack of knowledge</li> <li>- I suggest there be a question box for people to use during the break so we don't miss questions people are embarrassed to ask</li> </ul>
5	<ul style="list-style-type: none"> <li>- Want to continue – I love to teach and it's a good way to give back to the community</li> <li>- There needs to be better communication among the project leader and the facilitators</li> <li>- The lead trainer had different overheads than I did – someone needs to tell us when to delete old ones, etc</li> </ul>
6	<ul style="list-style-type: none"> <li>- Wants to continue – a very positive experience</li> <li>- I appreciate the attempts to keep us connected as a group and the yearly refresh group</li> <li>- Communication over emails fine</li> </ul>
7	<ul style="list-style-type: none"> <li>- Want to continue but we need to expand the program – there are a lot of agencies that would like it</li> <li>- Need a pay raise to minimally \$750/day plus expenses – I have to cancel clients to do this – standard workshop rate now \$1000 -1200 plus expenses</li> </ul>

## ARQ2 Project: Lead Trainer Interviews

<p><b>1. The following criteria were part of the application form to be a facilitator. Please check the ones that applied to you:</b></p> <ol style="list-style-type: none"> <li>1. <i>clinical group facilitation experience</i></li> <li>2. <i>clinical/counselling experience</i></li> <li>3. <i>I have clinical experience with LGBTTTIQ communities</i></li> <li>4. <i>training and adult education experience</i></li> <li>5. <i>self identify as LGBTTTIQ</i></li> <li>6. <i>self identify as a member of another diverse/marginalized group</i></li> </ol>	
<b>I.D.</b>	<b>Now that you have worked with the new trainers, which of the criteria do you feel are very important and which are less important?</b>
1	<ul style="list-style-type: none"> <li>- I feel it's important to have experience with LGBT communities so you can speak with experience</li> <li>- Also people not from the community are less current, especially about trans issues – they need to be trained on working with this community</li> <li>- Less essential are 6, identifying with other group and 2, clinical/counselling experience</li> </ul>
2	<ul style="list-style-type: none"> <li>- The only necessary criterion is that trainers be part of the LBGT community, have the lived experience</li> <li>- It's an introductory course, awareness building – don't need clinical background</li> <li>- The content is rich enough</li> <li>- Training gives people an opportunity to think differently</li> </ul>
3	<ul style="list-style-type: none"> <li>- All really important</li> <li>- Having clinical background a boon but group or therapist doesn't matter</li> <li>- Works really well with practitioners if they are therapists, adds to credibility</li> <li>- They need to be members of the LGBT community – not a challenge to get and adds value</li> </ul>
4	<ul style="list-style-type: none"> <li>- The cluster or requirements make sense</li> <li>- It adds weight to have a clinician in the room</li> <li>- Two-non-clinicians would not be good</li> <li>- Don't need clinical group experience specifically</li> <li>- A good mix is group facilitation skills and clinical experience</li> <li>- Also need an understanding of equity and diversity</li> </ul>

<b>2. Are there any criteria you would add?</b>	
<b>ID</b>	
1	- no
2	<ul style="list-style-type: none"> <li>- Sense of humor, patience, good listening</li> <li>- In this train the trainer model, people always experienced on board</li> </ul>

<b>2. Are there any criteria you would add?</b>	
	- If we developed a manual and put it out there for others to adapt, then I would change my thinking
3	- We learned already to come up with the six criteria - They need training experience – we don't support developing those skills
4	- no

<b>3. Do you have any ideas for recruiting new trainers?</b>	
ID	
1	- We need to recruit new trainings - We lose our major funding and people will have to pay to come to trainings - We need to put the program out there and have trainers in the community with skills to promote and put on trainings - We have a lot of trained people – how to give them opportunities
2	- Go to ethno-cultural specific communities - Hearing the experiences of someone from that community has a greater impact
3	- A broad recruitment strategy using health and LGBT networks - It's not worth the energy if we are not doing a large recruitment
4	- Not asked

<b>4. How well did the training prepare the new trainers?</b>	
ID	
1	- Rating 4 out of 5 - The training is good enough – already have really skilled people to be trained - It would be a 5 if they were given more opportunities - We are having 1 reunion a year – I would like to know if they are useful or would more teleconferences be better
2	- Rating 5 out of 5 – training excellent, comprehensive, supportive, room to practice and get feedback
3	- Rating 4 out of 5 - The training is very good but they need a certain level of expertise and we are frank about that - The level of support we provide is adequate for those with training skills already - Wish we had time for informal mentoring and were more on top of using the formal evaluation tools we developed - I find the ARQ2 program inspiring, people are hungry for it, the curriculum is the right balance of rigor and challenge – working with people where they are at
4	- Rating 5 out of 5 - Training is fairly systematic – the content and how to deliver it - People did one or two exercises at first and then increased as they became more comfortable

<b>4. How well did the training prepare the new trainers?</b>	
	- All were qualified trainers and had expertise to begin with

<b>5. How did you find working with various new trainers?</b>	
ID	
1	<ul style="list-style-type: none"> <li>- I like it – I learn from them – we all teach in different ways</li> <li>- Like the role of mentoring, it made the project more interesting for me</li> <li>- One cancelled only two days before the workshop</li> <li>- Some new trainers don't realize they have to step up – not zone out when they aren't presenting, show up on time – a lack of professionalism</li> </ul>
2	<ul style="list-style-type: none"> <li>- Overall lovely – nice to have local person to present with, not someone parachuted in from TO – they understand the needs of the community</li> <li>- I like the variety and learn every time from other trainers</li> <li>- I don't always know the new trainer's personality – I'm laid back and have been doing this for a long time and have to understand not everyone is so cool – some are anxious and I need to be more aware of other's needs</li> </ul>
3	<ul style="list-style-type: none"> <li>- Generally very good</li> <li>- One person who just couldn't step us left</li> <li>- Critical piece early on is we give feedback to trainer on challenging issues, e.g., awareness of time, use of self disclosure, digressing</li> <li>- Important to give honest feedback and we straightforward about expectations – key to success</li> </ul>
4	<ul style="list-style-type: none"> <li>- Really positive experience</li> <li>- I like working with different people – I always learn something new</li> <li>- We bond and share and I learn their community's core issues</li> <li>- All are personable and friendly</li> </ul>

<b>6. How did it work out negotiating and planning with the local Program Consultant?</b>	
ID	
1	<ul style="list-style-type: none"> <li>- Went really well 80% of the time – they were organized, communicative</li> <li>- Sometimes not, for example handouts not there</li> </ul>
2	<ul style="list-style-type: none"> <li>- Varied – some extremely organized, detailed, others, I questioned what they did</li> </ul>
3	<ul style="list-style-type: none"> <li>- Generally very positive with a few challenges</li> <li>- Sense that the program consultant didn't take ownership of hosting a community event</li> <li>- Really had to hand hold every step of the way</li> <li>- We have a specific check list and people still not doing it</li> </ul>
4	<ul style="list-style-type: none"> <li>- Overall good – 4 on scale of 5</li> <li>- Some program consultants not really doing 100% of their jobs – a lot of hand holding, not reading emails</li> <li>- It's frustrating – I don't want to tell someone how to do their job</li> <li>- Most see the training as a value to the community</li> </ul>

<b>7. How well does it work negotiating and planning with your Project Manager?</b>	
<b>ID</b>	
1	<ul style="list-style-type: none"> <li>- Working with (her) is great – she’s organized, on top of tasks we wanted to do</li> <li>- Good at the business side and the personal side of things</li> <li>- Give compliments, kudos, sends out agendas in advance</li> <li>- Good manager of staff</li> </ul>
2	<ul style="list-style-type: none"> <li>- I’d give her a 5 – no complaints, she’s patient with me, on top of things, flexible, respects trainers</li> <li>- She’s committed to the project and not passive against the bureaucracy</li> </ul>
3	<ul style="list-style-type: none"> <li>- She is fantastic – organized, consultative, follows through, communicates</li> <li>- See the big picture</li> <li>- Values the input of the team</li> <li>- I’m thrilled to have her as a lead and she is nice</li> </ul>
4	<ul style="list-style-type: none"> <li>- Really good – really organized – helps me when I’m out of the office, her end always done</li> <li>- Communication and transparency good</li> <li>- She asks good questions and gives us back information</li> </ul>

<b>8. Other comments</b>	
<b>ID</b>	
1	<ul style="list-style-type: none"> <li>- Really good project – happy to be part of it of and worried about losing funds</li> <li>- We have sustainability plan – a survival plan</li> <li>- How to cut costs, increase fees</li> <li>- Fees paid to trainers going up to \$500</li> <li>- I am a consultant to the project and may have to step back if there is no money</li> </ul>
2	<ul style="list-style-type: none"> <li>- CAMH needs to continue to fund, it’s crucial</li> <li>- More people are interested then we can offer</li> <li>- It’s a key component of CAMH’s commitment to diversity</li> <li>- Commitment to LGBT communities</li> <li>- Only one of its kind being offered in the province</li> <li>- It will go if no funding</li> </ul>
3	
4	<ul style="list-style-type: none"> <li>- I love the project, like how it gets me into the community</li> <li>- I see issues people are dealing with across the province and how they differ from life in Toronto</li> <li>- It’s really good to see overall the trainings are well attended and people are overwhelmingly positive</li> <li>- All they want now is to know how to implement the things they learned</li> </ul>

## Asking the Right Questions 2 Knowledge Exchange Project Sustainability Plan

### BACKGROUND

**Asking the Right Questions 2 (ARQ2)** is a CAMH project that culminated in a provincial training program to address the need for mental health and addiction agencies and service providers to increase their comfort, knowledge and skills in working with lesbian, gay, bisexual, transgender, transsexual, Two-Spirit, intersex and queer (LGBTTTIQ) clients in mental health, addictions and counselling settings. ARQ2 is based on ARQ; a training that was originally geared exclusively to addiction treatment settings.

ARQ2 provides clinicians with a helpful guide for initiating discussions on gender identity and sexual orientation. Through group activities, scenarios and role-plays, it addresses key definitions and concepts, unique issues of concern to LGBTTTIQ people, the health impact of heterosexism and genderism and ways that organizations can increase their cultural competency to better meet the needs of these diverse communities.

Resources for ARQ and ARQ2 have been available for over 5 years. We are now at our most fully resourced and these resources include:

- Budget for trainers' fees, venues, manuals, lunch, travel, accommodation (note: average training costs have been about \$3200 and we receive revenues from registration fees of about \$1200)
- Project Lead
- Program Consultants
- New trainers
- Core trainers (CAMH Staff)
- Core trainers/consultants (non-CAMH staff)

The project had \$50,000 allocated for 07/08 (and \$33,000 has since been allocated for 08/09). Options for the project's future sustainability were discussed during Fall/Winter 2007/08 meetings. Below is a summary of that suggested approaches and chosen strategies/tasks.

### "Status Quo"

1. This approach would require the project to seek continued funding that would ensure current CAMH resources so that the status quo (12 trainings per year using current resources) can be maintained. The following strategies were suggested:
  - Make the argument that current funding has been well-spent and that the current arrangement ensures optimal quality, and provides accessibility to the community. Without such funding, fewer people would be able to attend the training and without current level of coordination, the same level of quality could not be guaranteed.
    - Marcia Gibson will continue to advocate for optimal funding from CAMH.

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- Internal stakeholders (Diversity Programs Office, Educational Services, Human Resources, Office of Nursing Practice and Professional Services) will promote ARQ2 as an internal CAMH training available to CAMH employees. The goal is to deliver a 'blitz' of 10 trainings for 2008-2009 and 2009-2010 in order to reach approximately 500 CAMH staff. This will address a gap between our external capacity building and internal cultural competency working with LGBTQ clients. After this intensive burst of training, the plan is to ensure that the ARQ2 course be offered on a regular basis through Education Services regular calendar of courses for CAMH staff.
  - Internal leads, Dale Kuehl, Ishwar Persad and Janet Mawhinney, will work with Corporate Diversity to negotiate training for CAMH employees.
  
- Investigate and apply for a Trillium grant (or other funding) in order to ensure ongoing funding.
  - Marcia Gibson will investigate and apply for funding.
  
- Seek a partner: ie. Rainbow Health Resource Centre to provide training
  - Farzana Doctor and Marcia Gibson will investigate options for partnerships with the Rainbow Health Resource Centre to share promotion and possibly other training tasks.

**“Survival”**

2. This approach would ensure the future survival of the ARQ2 training without dedicated CAMH funding and reduced leadership. The following strategies were suggested:
- Cost recovery (higher participant fees, more customized contracts, allow more participants per training)
  - Cost reduction (free venues, no lunches, less travel, negotiate at-cost manuals, sell manuals at training, use more in-house trainers)
    - Marcia Gibson will employ cost recovery and cost reduction strategies. This will be a “stepped approach” and employed only as needed.
  - Seek some external funding to offset the costs and reduce registration fees (see plans under Approach 1)
  - Develop partnerships with New Trainers’ employers so that they pay for their time partially or fully, if applicable and possible
  - This approach could be done concurrently with option 3

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Giving the project “wings”

3. This approach would work with the assumption that the community is ready and able to “take on” the organization of this project. At this time, this approach appears to be premature. However, some preparation for this approach can be undertaken at this time:
- Develop a package that includes: an organizer’s manual and a trainer’s manual. Only Trainers who are trained by CAMH are given “permission” to use these materials. In future, these materials could be adapted for use by other “authorized” trainers not involved in CAMH coordinated ARQ2 trainings.
    - Farzana Doctor will write a draft of a “Trainer Information Package” to be used by current trainers and possibly be adapted for others in the future. Marcia Gibson will draft a similar package for Organizers. These manuals will not be available to non-CAMH trainers at this time.
  - Our current “New Trainers” could be asked to envision how this project could be “given wings” in their communities in the future.
    - Current Trainers will be asked for feedback (during April 24<sup>th</sup> meeting).
  - More trainers may need to be recruited. It is suggested that these trainers be paired with current trainers and live/work close to current trainers in Thunder Bay, Sault Ste Marie, Ottawa, and St. Catherines. Other locations could be chosen and recruited for as well. Train-the-trainer events could take place once a year to train new trainers and update previously trained trainers.
    - Marcia Gibson has reviewed the need for further internal and external trainer recruitment. Two new internal trainers were recruited in January 2008 and will be trained in 2008. At this time, it was decided that no new external trainers would be recruited in order to give current trainers increased opportunities to co-facilitate.
    - Some current trainers will be trained to take on the administrative tasks of “Liaison Trainers” (what is currently known as “Lead Trainer”). They will be able to work with Program Consultants and other organizers to plan trainings.
    - The Train-the-trainer process for ARQKE is being evaluated and new knowledge will be incorporated in future ARQ2 or other CAMH train-the-trainer activities/recruitment.

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The following strategies and tasks were brainstormed for **future** development, if needed:

- Non-CAMH Trainers “authorized” to deliver this training would partner with agencies and others to organize the training. CAMH trainers could work with these non-CAMH trainers and would offer some support to organizers. Alternatively, non-CAMH trainers could work with a partner they choose who is knowledgeable about LGBT issues and train them to co-facilitate.
- CAMH would continue to offer minimal support to Trainers and organizers. Some requests may come directly through CAMH while others may not. CAMH may assist by sharing information and linking up Trainers/organizers and those requesting training. CAMH may be able to assist with promoting training and may continue a data gathering role.
- The above role could also be carried out through the use of a committee structure instead of an individual. This committee could be made up of internal CAMH staff as well as community partners.
- A marketing plan would need to be in place so that the community continues to be aware that this training is available. Some strategies could include:
  - An agreement with the Rainbow Health Resource Centre to refer to and promote the training
  - A regular, annual mail-out or e-mail advertisement sent out to agencies
- Fees would need to be standardized and agreements regarding fee ranges and guidelines would be developed by CAMH in advance.
- A yahoo group, similar to the one currently being used, could assist with communication between CAMH and the trainers, PCs and any other partners involved in the project.

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