Increasing Child Trauma Competence among Mental Health Providers through a Problem-Based Learning Approach

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Building a Trauma-informed Mental Health Workforce: Increased recognition of psychological trauma's significant and complex impact on the lives of children and families has led to an increased need for a trauma-informed workforce. In collaboration with the National Child Traumatic Stress Network (NCTSN), the National Child Trauma Workforce Institute (NCTWI) at the Silberman School of Social Work at Hunter College and the National Center for Child Traumatic Stress (NCCTS) at UCLA have been implementing a program to train Facilitators to deliver effective trauma education for those serving children and families.

The Core Curriculum on Child Trauma (CCCT): The NCTWI/NCCTS Facilitator training project prepares mental health practitioners to use the Core Curriculum on Child Trauma (CCCT) as a training tool to build trauma-competence among mental health practitioners and child/family serving staff. The CCCT is a case-based learning approach, which increases knowledge about childhood trauma and improves critical reasoning, decision-making, and case formulation. The CCCT includes: a framework of 12 Core Concepts for understanding traumatic stress responses in children and families; detailed case studies that feature a range of different types of childhood trauma; a problem-based learning (PBL) facilitation approach; and additional instructional tools that facilitators can use to support learning and assess learner progress.

Early Evidence of Effectiveness: 334 post-training evaluation surveys collected between January and June of 2018 (from 20 CCCT trainings delivered by 25 trained Facilitators) show statistically significant change[1] in eight core child trauma skill areas (see table below). Excel was used to calculate the P value (one tailed) using paired t-tests. (Note that the E- notation signifies e to the negative power.)

Evaluation Question: *Please rate your abilities in the following areas…*	**Average BEFORE training**	**Average AFTER training**	**Average Change**	**95% CI**	**Statistical Significance (P(T<=t) one-tail)**
1. Identify relevant information about a client's trauma history.	3.41	4.40	0.98	0-1.98	P<.0005 *(exact P =1.98E-53)*
2. Understand the complex impacts of trauma on children and adolescents.	3.46	4.49	1.03	0-2.09	P<.0005 *(exact P =1.15E-57)*
3. Use clinical reasoning to process client information. (E.g., relevant facts, hunches & hypotheses, next steps, etc.)	3.21	4.40	1.19	0-2.40	P<.0005 *(exact P =3.47E-59)*
4. Use gathered facts to weigh the evidence for or against an existing hypothesis.	3.32	4.41	1.08	0-2.19	P<.0005 *(exact P =2.03E-54)*
5. Use provided facts to formulate hypotheses that may explain a particular problem.	3.45	4.41	0.97	0-1.97	P<.0005 *(exact P =8.47E-46)*
6. Use trauma-related concepts as a guide to intervene with caregiving systems.	3.21	4.32	1.11	0-2.23	P<.0005 *(exact P =1.73E-53)*
7. Use appropriate self-care strategies to deal with the stresses of working with trauma survivors.	3.35	4.10	0.75	0-1.52	P<.0005 *(exact P =1.75E-31)*
8. Work effectively with traumatized children and adolescents.	3.34	4.28	0.94	0-1.89	P<.0005 *(exact P =7.78E-45)*

Participants with five or more years of practice experience had significantly higher post scores in four of the eight skill areas (Questions 1,2,3 and 8) and participants with less than five years of practice experience had significantly higher change scores in five of the eight skill areas (Questions 1,2,3,7 and 8).

[1] Paired t-tests compared pre and post scores, and standard t-tests compared post scores and change scores across various groups of learners.

Use of the CCCT with Psychiatrists and Medical Students: Child psychiatrists and Medical Students have been underrepresented in CCCT Facilitator trainings and CCCT trainings, however available data (25 post-training evaluation surveys) show change scores comparable to those seen across all disciplines. The small size of the total number of Psychiatrists and Medical Students precluded analysis for statistical significance.

Evaluation Questions:	Average Change (After-Before) for Psychiatrists and Medical Students	Average Change (After-Before) for All Disciplines
1. Identify relevant information about a client's trauma history.	0.96	0.98
2. Understand the complex impacts of trauma on children and adolescents.	1.12	1.03
3. Use clinical reasoning to process client information. (E.g., relevant facts, hunches & hypotheses, next steps, etc.)	0.84	1.19
4. Use gathered facts to weigh the evidence for or against an existing hypothesis.	0.60	1.08
5. Use provided facts to formulate hypotheses that may explain a particular problem.	0.52	0.97
6. Use trauma-related concepts as a guide to intervene with caregiving systems.	1.36	1.11
7. Use appropriate self-care strategies to deal with the stresses of working with trauma survivors.	1.04	0.75
8. Work effectively with traumatized children and adolescents.	1.28	0.94

Conclusions and Next Steps: The CCCT shows promise as a tool for increasing mental health practitioners' knowledge and skills relating to child trauma, including case conceptualization and clinical reasoning. Further expansion into under-represented sectors such as child psychiatry are needed, along with continued evaluation to assess differential training needs and potential workforce development impacts across multiple mental health professional sectors.

For More Information on Using the Core Curriculum: More information about the Core Curriculum on Child Trauma is available online at: https://www.nctsn.org/treatments-and-practices/core-curriculum-childhood-trauma If you are interested in hosting a demonstration or a full training at your site, please contact: Laura Katz, Project Director, NCTWI: lka0003@hunter.cuny.edu

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