Closing the gap between knowledge and practice in trauma-informed care: Analyzing trainings for children's service providers

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Introduction

Multiplying Connections, a cross-system collaborative, developed a set of core competencies defining trauma-informed care. Professionals serving young children in the public sector commonly acquire new knowledge by attending trainings and professional development opportunities. A sample of trainings in one city was observed to assess and evaluate the content using these trauma-informed core competencies.

Background

Definitions:

● **Trauma-informed services:** Services that acknowledge the prevalence and impact of violence and abuse on vulnerable populations.(3)

● **Trauma-informed core competencies:** The knowledge, attitudes, and skills that professionals need to provide trauma-informed and developmentally appropriate care for vulnerable populations. There are 31 core competencies categorized under 6 domains.(4)

Significance:

Early childhood trauma, such as violence, neglect and abuse, is prevalent in our society and can have long lasting, devastating health effects.(5) Therefore, the public health workforce must be knowledgeable about trauma and its impact on child development.

Research questions:

1. Which trauma-informed core competencies are addressed by existing trainings?
2. What is the quality of the trauma-informed content?

Methods

Curriculum mapping is a systematic process that generates evidence and examines the degree of alignment in the training content to the trauma-informed core competencies.

Curriculum mapping procedure:

1. Attend training in-person
2. View training as a collection of kernels of information
3. Gather specific data and concrete evidence from the training
4. Produce mapping document with summary of findings
   - Classify each piece of data under a core competency
   - Reveal which core competencies were addressed, to what degree, and with what frequency

Figure 1: Example of how the quality trauma-informed content was evaluated with a rubric

K1. Identify/describe key signs, symptoms, impact and manifestations of trauma

3= The core competency is explicitly addressed:
"A traumatic incident may act as a trigger and some may turn to substances and develop addictions to self-medicate and cope with the trauma."

2= The core competency is partially addressed:
"Some people may have addictions due to negative life experiences."

1= Opportunity for enhancement:
"Regardless of why someone has an addition, their condition must be treated."
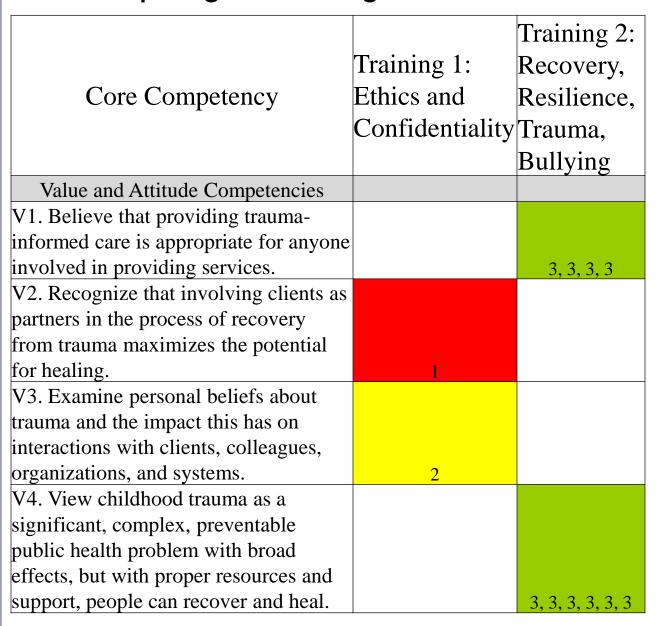
N/A= Outside the scope of the core competencies: "This is how you complete the paperwork to enroll in a drug and alcohol treatment program."

• The trauma-informed core competencies were also used to create surveys that measured the training participants' self-reported change in knowledge over time.

• Qualitative interviews were conducted with one trainer and one training director to gain their perspectives about this curriculum mapping project.

Results

• 26 trainings offered by two training agencies were observed in 10 months.
• 11 trainings were mandatory and 15 were voluntary.
• Each training was analyzed using the curriculum mapping procedure.

Figure 2: Sample curriculum mapping overview chart comparing two trainings

Core Competency	Training 1: Ethics and Confidentiality	Training 2: Recovery, Resilience, Trauma, Bullying
Value and Attitude Competencies		
V1. Believe that providing trauma-informed care is appropriate for anyone involved in providing services.		3, 3, 3, 3
V2. Recognize that involving clients as partners in the process of recovery from trauma maximizes the potential for healing.	1	
V3. Examine personal beliefs about trauma and the impact this has on interactions with clients, colleagues, organizations, and systems.	2	
V4. View childhood trauma as a significant, complex, preventable public health problem with broad effects, but with proper resources and support, people can recover and heal.		3, 3, 3, 3, 3, 3

• Curriculum mapping revealed strengths and gaps in trauma-informed content.
• Knowledge and value core competencies were addressed the most, while practice and organizational core competences were addressed the least.
• Specific recommendations were offered to the partnering organizations and positive changes were made to the trainings.
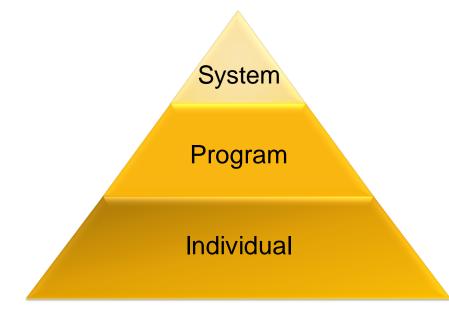
Limitations:

• We cannot directly implement the training recommendations.
• Analyzing and improving training content does not guarantee a change in participant's practice.

Conclusions

Trauma-informed core competencies and the curriculum mapping project:

• generated a baseline assessment and cross-systems snapshot of trauma-informed training
• served as a reference tool that contributed to quality improvement efforts
• collected data, created surveys, and monitored changes over time
• highlighted a common theme and provided a unified vocabulary across systems

Figure 3: Success and impact on 3 tiers

System

Program

Individual

Future steps:

• Use these resources to develop new trainings
• Organize existing trainings to help direct professionals to other trauma-informed training opportunities

Literature Cited

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