

Special Issue Editorial: The Art and Science of Trauma-Focused Training and Education

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Exposure to potentially traumatic events places individuals at risk for a range of deleterious psychological, social, and physical consequences (e.g., Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kilpatrick et al., 2003). Thus, most psychology and allied professionals will encounter trauma-related issues in their work, regardless of specialty or context. Trauma-related information, therefore, is a necessary part of undergraduate and graduate (Courtois & Gold, 2009) as well as ongoing professional education. In spite of the importance of trauma education, efforts on the part of the Division 56 Education and Training Committee to identify higher education programs that emphasize trauma reveal surprisingly few programs (e.g., see http://www.apatraumadivision.org/resources/apa_doctoral_sites.pdf). Lack of trauma education at undergraduate and graduate levels increases the urgency to develop effective training for postgraduate professionals. Compounding the problem of integrating effective trauma education and training at all stages of professional development, relatively little information about pedagogy is shared in our professional journals.

This special issue addresses that gap by presenting articles focused on practices, theory, and data from a wide range of training/education settings (e.g., community clinics, VA settings, classrooms) focused on diverse forms of trauma exposure (e.g., disaster, military, child abuse/neglect, violence against women). The breadth of the topics and ideas conveyed in these articles reveals that we have many stakeholders whose interests lie in the development of high quality education and training practices, from higher education programs involving undergraduate and graduate students to practitioners seeking continuing education and managers/supervisors transforming health care delivery systems. To serve all stakeholders, we must recognize critical interconnections to other movements in psychology, such as calls for culturally responsive and empirically informed practices.

The first half of the special issue focuses on trauma-focused education in undergraduate (DePrince, Priebe, & Taylor, this issue; Zurbriggen, this issue) and graduate (Sigel & Silovsky, this issue; Newman, this issue; Layne et al., this issue) education contexts. These contributions offer practical tips for instructors new to trauma education as well as advanced instructors engaged in supervision and management of trauma-focused treatment teams.

Several articles provide emerging evaluation data, from objective knowledge measures to community partner and trainee assessments. These initial data start us down the path of integrating evaluation into training/education efforts to ultimately identify and fine tune best practices.

The second half of the special issue tackles training and education issues in larger systems and communities. Mattar (this issue) opens this conversation by calling for training and education practices that support system-wide, culturally responsive practice. But, all the high quality training in the world is for naught if practitioners do not integrate trauma training and trauma-informed treatments in their practices. Focusing on the important issue of uptake of trauma education and training, Couineau and Forbes (this issue) document a range of self-reported barriers to uptake of trauma-focused treatments at both individual and organizational levels. Hansel et al. (this issue) add the perspective of practitioners' own disaster exposure when responding to training regarding disaster-related services, especially in one's own community.

Next, Straits-Troster, Brancu, Goodale, Pacelli, and Kudler (this issue) and Bernardy, Hamblen, Friedman, Ruzek, and McFall (this issue) delve into important process issues: how can big systems develop new procedures/protocols for different constituents? Bernardy and colleagues emphasize the need to help administrators examine structural issues of trauma-focused clinical care delivery, staff education, and resource allocation. Finally, translating the lessons of a decade of exposure therapy practice, Zoellner and colleagues emphasize the ultimate goal of training and education: to help trauma-exposed clients process trauma memories effectively in the context of safe therapeutic relationships, where clinicians' lack of knowledge or discomfort does not interfere with healing.

Across contributions, we note two major themes that highlight what is present and absent in this collection. First, methodologies for describing and evaluating particular educational approaches are still developing. DePrince et al. (this issue) describe pre-to-post gains, relative to a nonequivalent control group, in knowledge about a specific trauma issue; however, few studies have prepost data and fewer yet have control groups. As a field, we need to think about how to evaluate the impact of education and training programs in meaningful ways that capture qualitative as well as quantitative changes. We also need meaningful outlets for scholarship related to the important work of trauma education and training. We applaud this journal's leadership for supporting this special section as a critical first step in dialoguing about the emerging scholarship around education and training practices. If the field generally (and Division 56 specifically) is to fulfill goals of developing and implementing high quality trauma education and training, we simply must have outlets for this scholarship.

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Providing outlets for this scholarship demonstrates that we, as a field, value education and training as well as provides an important forum for the development of ideas and methodologies.

Second, the work collected in this special section reflects creative and thoughtful efforts to educate students and trainees in higher education contexts as well as postgraduate professionals embedded in communities and systems. Those creative efforts are happening in the context of critically important conversations about ethics; responsibility to trauma-exposed clients and communities; and the emotional engagement required when focusing on trauma in diverse education/training settings. Noticeably absent are articles describing training and education efforts with allied professionals, such as nursing, primary care, emergency responders, as well as journalists. Additionally, absent is work describing public (broadly defined) and precollege education about trauma. Although online learning is mentioned in several articles, detailed critical analyses of these efforts are also missing. Finally, only one contribution comes from outside the U.S. and no work addresses trauma education/training outside Western settings.

We hope that this special section is the beginning of an ongoing conversation about trauma education and training best practices and that the next phase of the conversation widens to include those

stakeholders and settings currently absent. Further, we hope that this collection will foster and promote efforts to include trauma training and promote trauma-informed competency at all levels of educational and professional development.

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