

Learning About Trauma Online: What Works and What Is?

Monica Pauls, Mount Royal University, Canada

Natalie Hoa, Mount Royal University, Canada

Francine Nelson, University of Calgary, Canada

ABSTRACT

Trauma-informed care guides a growing approach to practice across the field of human services and, as such, increasing efforts have been made to integrate a trauma-informed orientation into post-secondary human service programs. While most approaches to teaching trauma-education are designed for in-person instruction, online training programs are increasingly being employed. However, there are questions about the effectiveness of teaching for this particular topic online. The purpose of this study was to gain a better understanding of the impact of learning about trauma-informed practice online. Specifically, by asking “what works?” and “what is?,” the authors assessed the effectiveness of an online training program, called Being Trauma Aware, to teach about trauma-informed care and prepare post-secondary students for their field of practice. Findings reveal that Being Trauma Aware provides foundational knowledge on trauma-informed practice and develops competence and confidence in future practitioners. The training also increases students’ preparedness for the field, shifting their approach when working with children and youth. Future research can further explore whether online learning facilitates the transfer of knowledge to the field, connecting theory to practice.

Keywords: online learning, trauma education

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Trauma-informed care guides a growing approach to practice across the field of human services (Harris & Fallot, 2001; Moss et al., 2023). Being trauma-informed means that practitioners acknowledge the possibility that clients may have experienced some form of trauma in their past (Knight, 2019). Trauma has far-reaching and pervasive consequences for people and significantly affects one's ability to cope; practitioners, therefore, should work to ensure that no further harm is done within the context of their practice (Hunt et al., 2018). This type of practice paradigm is thought to result in improvements in overall outcomes for clients (Champine et al., 2018; Conners-Burrow et al., 2013).

Over the past two decades, increasing efforts have been made to integrate a trauma-informed orientation into post-secondary human service programs, such as social work, education, and child and youth care (Knight, 2019; Layne et al., 2014; Li et al., 2019). Moss et al. (2023) suggest that trauma education is particularly needed at an undergraduate level. Trauma-informed care is only possible when practitioners are trained and competent in understanding trauma, its prevalence, and its impacts (Champine et al., 2018; Conners-Burrow et al., 2013). Post-secondary programs with practicum components allow opportunities for the inclusion of this kind of training, which can occur before and during students' time in the field.

Most models and approaches for teaching trauma education are designed for in-person instruction (see Black, 2008; Carello & Butler, 2014; Cless & Goff, 2017). However, with the onset of the COVID-19 pandemic in 2020, courses and curriculum in post-secondary education, even those that were practice-based, needed to shift online. Online learning, or e-learning, is defined by Clark and Mayer (2016) as "instruction delivered on a digital device (such as a desktop computer, laptop computer, tablet, or smartphone) that is intended to support learning" (p. 30). It includes both the content of a course and the instructional methods or techniques employed to deliver that information (Clark & Mayer, 2016). While many universities were expanding their online learning options prior to 2020 (see Ravenscroft & Luhanga, 2018, as an example), the pandemic forced institutions to move entirely online for a period, and much of this has continued, at least in part, at many universities and colleges (Cruz & Grodziak, 2021).

It is with this context in mind that the authors pursued the following study. As will be described below, the purpose of this research was to assess the effectiveness of an online training program, Being Trauma Aware, to teach about trauma-informed care and prepare post-secondary students for their field of practice. The effectiveness of this approach is examined through SoTL questions posed by Hutchings (2000), namely "what works?" and "what is?". The authors discuss their findings alongside other evidence-based research conducted in this area. In light of technological advancements and evolving post-secondary conditions due to the pandemic, these findings can contribute to further conversations about the role of online learning in practice-based post-secondary programs.

CONTEXT OF THE STUDY

Advancements in technology and the COVID-19 pandemic have greatly impacted the delivery of post-secondary education. SoTL scholars have responded to this shift, asking different questions of teaching and learning, particularly in regard to that which happens online (Cruz & Grodziak, 2021; Quezada et al., 2020). Al-Karaki et al. (2021), for example, assessed the effectiveness of online learning in a number of universities in the United Arab Emirates (UAE) during COVID-19 and found that e-learning was a good alternative to a traditional face-to-face approach. They also identified a number of challenges that may hinder learning in an online context, such as the absence of hands-on experience and a lack of visual communication between students and instructors. In another example, Bao (2020) conducted a case study at Peking University to explore how teaching and learning had shifted in response to the pandemic. Findings indicate that there are several ways for educators to make online learning effective for students.

These studies note several advantages of online learning, such as ease and convenience, removal of barriers (e.g., transportation, childcare), student engagement with content, social networking, and the ability to self-pace one's learning. However, the authors of the study at hand questioned whether the content being taught in an online course would change such outcomes. Trauma and trauma-informed care, for example, are topics that require greater care and consideration when teaching in post-secondary programs. Trauma content and trauma-informed practices prepare students for certain careers but carry a risk of negative psychological impacts; therefore, it is important that content is managed safely in the classroom (Harrison et al., 2023; Carello & Butler, 2014). Pica-Smith and Scannell (2020) suggest that faculty focus on students' psycho-social needs and emotional well-being by employing a trauma-informed teaching paradigm that recognizes the existence of invisible trauma and intersectionality. This forms the basis for a trauma-informed pedagogy in the classroom, an approach that has quickly emerged post-COVID (Brunzell et al., 2019; Cruz & Grodziak, 2021).

As explained above, online approaches to trauma education are few and there is limited research in this area (Moss et al., 2023). Of note is an online undergraduate trauma course in the School of Social Work at Tulane University, New Orleans, which emerged as one of three trauma courses in response to the impact of Hurricane Katrina (Elmhurst et al., 2019). The authors show how a trauma education course, online, can present opportunities for student learning and growth, providing greater knowledge and understanding of trauma and preparing students for the field. However, they call for future research to examine the effectiveness of online courses (Elmhurst et al., 2019).

The authors of this study also wondered about the effectiveness of teaching trauma content online. Could students learn and understand foundational knowledge on trauma and trauma-informed care, and would they be able to translate that knowledge into practice once in the field? The authors started with a practicum course in the Bachelor of Child Studies at Mount Royal University to answer these

questions.

Practicum in the Bachelor of Child Studies

The Bachelor of Child Studies (BCST) at Mount Royal University has two majors: Early Learning and Child Care (ELCC) and Child and Youth Care Counsellor (CYCC). Experiential education provides the foundation for both of these majors and students have practicum placements in every year of the degree. The first practicum experience for CYCC majors occurs in the winter semester of the students' first year in the program. This placement is designed to be predominantly observational, as students are new to child and youth care (CYC) practice and have little or no experience working with youth. Students increase their understanding of the field through reflection on practice and/or project involvement.

Practicum courses are seen as opportunities to bridge theory and practice. Evidence-based approaches are learned in the classroom before they are integrated into front-line practice so that students build competence and confidence prior to their field experiences. To facilitate this connection, educators need to question not only what is taught in CYC education, but also how it is taught, particularly in an ever-changing and technologically advanced world. Bellefeuille et al. (2008) argue that innovative strategies are needed to create a broader set of competencies in CYC students that will better enable them to cope with their future practice experiences. The authors suggest using information technologies to support new teaching and learning models. This is an important consideration given the reduction in resources in higher education and ever-changing learning environments (Nguyen, 2015). Research has shown that online learning is a rapidly growing industry within post-secondary institutions across the globe (Davis et al., 2019). As discussed earlier, this has increased dramatically post-COVID (Al-Karaki et al., 2021; Bao, 2020; Cruz & Grodziak, 2021).

In line with this thinking, in the Winter 2021 semester, faculty in the Bachelor of Child Studies Program implemented an online training program as a requirement in the first-year CYCC practicum course. This training program, entitled Being Trauma Aware (BTA), is available for free through the Luna Child and Youth Advocacy Centre, a national "centre of excellence in child abuse intervention and prevention" (Luna Child and Youth Advocacy Centre, 2023). BTA provides foundational knowledge for those working with children and youth who may have been affected by maltreatment and trauma. The five-module program is intended to be an entry-level overview of issues around abuse, trauma, and trauma-informed practice, providing learners with the background and basics necessary to pursue further learning. The BTA program also comes with a facilitator's guide, which we used to facilitate in-class dialogue and discussion with students (Luna Child and Youth Advocacy Centre, 2023).

Trauma-informed care had not been taught in this practicum course before, despite having significant relevance to student experience. While students had been introduced to the approach in other courses, their understanding was limited as it

was not taught in great detail (this happens further along in the degree). Having students complete the online program independently allowed for the topic to be covered comprehensively in an already full curriculum. While it was acknowledged that online training alone is not enough to fully understand and engage in trauma-informed practice, it was a first step in the learning and preparatory process for students heading out into the field.

The fact that the BTA training was delivered online (as mentioned, most trauma education is delivered in person) was perhaps more significant given the contextual factors at the time of the first phase of the study. While the practicum course is normally delivered in person, the restrictions associated with COVID-19 resulted in online delivery of all courses in the Bachelor of Child Studies program and virtual practicum placements for the CYCC students. Faculty saw the incorporation of the BTA training as an opportunity to enhance the e-learning experience in the CYCC practicum course. They also wanted to see if trauma-informed practice can be learned and effectively employed in a virtual setting.

During the second phase of this study, course delivery in the Bachelor of Child Studies program had returned to in person, including the practicums. This provided a strong rationale for replicating the study now that placements were in person. In addition, the principle investigator learned that the BTA training was being implemented into other degree programs at Mount Royal University, namely the Education and Health and Physical Education degrees. As will be described below, students in those programs taking BTA were also invited to participate in the study.

METHODOLOGY

The purpose of this project was to gain a greater understanding of the effectiveness of the online training program Being Trauma Aware in providing foundational knowledge on trauma-informed practice, in developing competence and confidence in future practitioners, and in bridging the research-to-practice gap for first-year fieldwork students (Bauer et al., 2015; Mullen et al., 2008). Hutchings (2000) suggests that when one examines the impacts of a new teaching approach, it is important to ask the right questions. Asking “what works” seeks evidence about the effectiveness of an approach and asking “what is” aims to describe the approach and identify constituent features (Hutchings, 2000). The following questions were designed to address these aspects of the BTA training and gain a better understanding of the impact of learning about trauma-informed practice online:

- 1) Is BTA an effective delivery method for introducing students to trauma-informed practice?
 - a) Has student knowledge about trauma-informed practice increased?
 - b) Has the gap between theory and practice decreased?
- 2) Do students feel more confident and prepared to go into their first field experience after completing BTA?
- 3) How have the BTA online training and class discussions/activities related to BTA impacted the students as they prepare to begin their field placements?

Questions about “what works” are more evaluative in nature while questions about “what is,” in this case, explore what is going on for the students as they complete BTA and then go out into the field. Answers to “what is” questions may also lead to “visions of the possible” (Hutchings, 2000, p. 4), helping us understand how to utilize and modify the online training to reach future goals and outcomes.

The Sample

PHASE 1

As mentioned above, the BTA e-learning program was included as a course requirement in the first-year CYCC practicum course in the BCST. At the time, the principle investigator did not know of other courses at MRU where BTA was being implemented, so only students in this course (n=45) were invited by the research assistant to participate in the study. This involved completing pre- and post-program surveys and optional participation in a focus group.

PHASE 2

During Phase 1, the principle investigator learned of courses in other programs at MRU where BTA was a requirement. In an effort to further explore the research questions and obtain a larger sample, Phase 2 of the study was conducted the following year. First-year CYCC students (n=45) were again invited by the research assistant to participate in the study, as were students in the Bachelor of Education (EDUC) (n=70) and the Bachelor of Health and Physical Education (HPED) (n=70) who were taking courses in which the BTA training was being implemented. These students were also invited to participate in a focus group.

Data Collection

Phase 1 of the study received ethics clearance from the Human Research Ethics Board (HREB) at MRU at the start of the Winter 2021 semester and data was collected from February to May of that year. Subsequent ethics approval for Phase 2 was obtained at the start of the Winter 2022 semester and data was collected from February to May 2022. The data collection tools included the following: a pre-program survey that asked about students’ knowledge of trauma-informed practice, their past experiences in the field, and their feelings about future practicum placements; a post-program survey, which asked about students’ knowledge of trauma-informed practice after completing the training, their experience with the e-learning program and class discussions, and their feelings about future practicum placements; and a focus group about students’ experience taking the BTA training prior to practicum placement. The same tools were used for each phase of the study, with slight modifications in the wording of the surveys and focus group protocol to acknowledge the different disciplines of participants. Students could choose to participate in one, two, or all three of these activities.

Participation rates were extremely low, with only 23 students completing the pre-program survey and 10 students completing the post-program survey in both

the first and second phases of the study. Three students volunteered to participate in a focus group during Phase 1 of the study. Only one student volunteered in Phase 2, so the research assistant conducted an interview with that participant.

Pre-existing surveys and quizzes are also embedded in the BTA program itself; these are designed for user practice and review and do not impact a participant's completion of the training program. Responses to these surveys and quizzes are automatically saved in a BTA database. Responses to the pre-program assessment survey and the end-of-program survey from any individual who completed the training and identified as a "student" during the time frame of the MRU courses included in the study (n=176) were also used as data. This was useful considering the small sample sizes from the MRU student population.

Data Analysis

A descriptive statistical analysis of the MRU student surveys was conducted for both phases of the study (combined) and comparisons were made between the pre-program survey and the post-program survey. Responses from the pre-program assessment survey and the end-of-program survey in the BTA database were also analyzed using descriptive statistics and compared. The interview data was analyzed in collaboration with the focus group data from the year prior; a thematic analysis was conducted to highlight common patterns, themes, and subthemes, which were then interpreted in response to the research questions.

FINDINGS

MRU Student Surveys

Among the MRU students who completed the pre-program survey (n=23), 70% indicated that they had little to no field experience prior to starting the course in which BTA was a requirement. Only two students had previous training in trauma-informed practice. In regard to field placements, the CYCC students indicated that they wanted to work with high-risk youth and youth with special needs, the HPED students indicated that they wanted to work with a variety of ages in sports and recreation, and the EDUC students indicated that they wanted to teach students in elementary school. When asked if they felt ready to begin their first practicum placement, 41% of participants indicated that they did not feel completely ready. Most of the respondents said that they thought they would use a trauma-informed approach in their placement, but five respondents admitted that they were unsure what this meant. None of the respondents provided a clear definition of trauma-informed care or trauma-informed practice.

Students were invited to fill out the post-program survey after they had completed the BTA program. All the respondents (n=10) were able to provide clear definitions of trauma-informed care and trauma-informed practice. When asked if learning about trauma-informed practice increased their confidence in relation to their practicum, all the respondents said "yes" and indicated that they felt prepared

to begin their placements. All the respondents also stated they would feel confident applying principles of trauma-informed practice in future placements and that it was important for them to be placed in an agency/organization that employs a trauma-informed approach in their work. As one participant expressed, “trauma-informed practice is crucial when working in a CYCC setting. I have learned a lot about how to assist children and youth with trauma and I will definitely apply that knowledge in the practicum placement.”

To better understand how participants felt about the format and structure of the training, participants in the post-program survey were asked if they enjoyed taking the program independently and online. All the respondents agreed that they enjoyed taking BTA, noting that they appreciated having the ability to work at their own pace and at a time that best suited them. One participant expressed that “the program and training was really interesting and engaging,” and another stated, “It was interactive, which I enjoyed, and it overall didn’t take up too much time—very easy to complete independently in one day!” However, some participants expressed that they would have appreciated more in-person discussions to further expand their learning.

The BTA Database

As mentioned, Being Trauma Aware requires participants to complete a number of surveys as part of the course. Participants start with a pre-program assessment survey, which evaluates current knowledge, skills, behavior, understanding, confidence, and preparedness in being trauma aware. Upon completion of the training, participants fill out an end-of-program survey, which includes the same questions as the pre-program assessment. For this study, responses from any participant who identified as a “student” (no matter the program) and completed the pre-program assessment and end-of-program survey were aggregated and compared to determine changes in knowledge, skills, understanding, and preparedness among participants. Measures reported here are based on the student participants who completed both surveys between January and May of 2022 (n=176). This was the time frame of the Winter 2022 semester during which BTA was offered to students at MRU in Phase 2. Findings are very similar to those from the analysis done on the BTA survey data in Phase 1 (January–May 2021).

CHANGES IN UNDERSTANDING AND KNOWLEDGE

To measure changes in knowledge, understanding and/or skills among participants, the responses to the following statements from both the pre-program assessment survey and end-of-program survey were compared:

- I have a good understanding of the contributors to child trauma.
- I have a good understanding of trauma.
- I have a clear understanding of what “trauma-aware” means in my professional role.

- I have a good understanding of the impacts of trauma on children and youth.
- I have a good understanding of the impacts of trauma on the community.
- I am aware of the importance of using a trauma-informed lens.
- I have a clear understanding of what trauma-informed practice means in my professional role.

When participants were asked to what extent they agreed to the above statements in the pre-program assessment survey, an average of 64% (n=112) of respondents agreed or strongly agreed, while an average of 95% (n=167) of respondents agreed or strongly agreed to the same statements in the end-of-program survey. The greatest increase was seen in respondents' understanding of what trauma-informed practice means in their professional role; 51% agreed or strongly agreed prior to the program compared to 95% after the program.

CHANGES IN CONFIDENCE AND PREPAREDNESS

To measure the changes in behaviour among participants, we compared responses to two statements included in both the pre-program assessment and end-of-program survey. Participants were asked to what extent they agreed that they were open to trying a trauma-informed approach with children and families, and also to what extent they were confident in addressing issues of child maltreatment and trauma. On average, 60% (n=106) of respondents agreed or strongly agreed to these statements prior to taking the training, compared to 92% (n=162) of respondents after taking the training. Of particular significance was participants' confidence in addressing issues of child maltreatment and trauma; only 51% of respondents agreed or strongly agreed to this statement in the pre-program survey, while 95% of respondents agreed or strongly agreed in the post-program survey.

DECREASING THE GAP BETWEEN THEORY AND PRACTICE

The analysis also suggests a decreased gap between theory and practice among participants. Changes were found when comparing the respondents' levels of agreement to four statements presented in both the pre-program assessment and end-of-program survey. The first statement asserted that the impact of complex trauma extends to multiple sectors such as education and health; 91% of respondents agreed or strongly agreed to the statement pre-program, compared to 98% agreeing or strongly agreeing post-program. The second statement asserted that direct care providers should be encouraged to have regular contact (with proper consent) with other service providers working with the same child/family; in the pre-program assessment, 81% of respondents agreed or strongly agreed that they should,

while 99% of respondents agreed or strongly agreed post-program. The third statement asserted that service programs should work together to provide integrated care for each child and family; in the pre-program assessment, 91% of respondents agreed or strongly agreed that service programs should work together compared to 97% of respondents agreeing or strongly agreeing post-program. The final statement asserted that workers should receive cross-training with other child-serving systems (e.g., courts, mental health, schools, etc.). In response, 89% of respondents agreed or strongly agreed prior to the program, while 99% of respondents agreed or strongly agreed after completing the program.

Participants were also asked an open-ended question about what they would like to apply to their practice once they had completed the training. Several respondents indicated they were now more sensitive towards the possibility that the children they work with have experienced trauma. This was exemplified by one participant who stated, “I know I can make simple changes to my mindset/attitude towards the children I work with ... simply by asking what happened to them instead of what’s wrong with them.” Respondents also indicated that they are more aware of how trauma can impact children’s behaviour. One participant explained that “people who might react or behave in negative ways might have experienced negative things in the past which influence their actions.”

Another common theme among participants’ responses was the importance of acting as a caring adult in a child’s life and providing children with meaningful and nurturing relationships. Building positive relationships with children may be facilitated by participants’ increased awareness of the prevalence of trauma and its impact on children, as discussed above. Participants reported that the BTA training helped them understand how to handle disclosures of abuse or trauma. A number of responses also included an intention to integrate self-care into their practices going forward, in an effort to prevent burnout and vicarious trauma.

In regard to practice, participants were also asked about the potential barriers to employing what they learned. Despite the tremendous increase in confidence evidenced in the quantitative data, several participants expressed that they fear making mistakes in taking a trauma-informed approach to practice. These respondents discussed how their limited experience might hinder their ability to apply these new skills. Another barrier identified by participants was feeling unsure about how to communicate with people using a trauma-informed lens. This gap between theory and practice is illustrated by one participant who said they were worried about “not knowing the exact right words to say in the moment or how to interact with children who have been affected by these things.”

Participants identified personal trauma as a potential barrier, explaining that they need to be aware of their own trauma and how it impacts their

work with young people, as trauma triggers may be encountered. The need for self-care and support from others in order to avoid burnout and vicarious trauma was also emphasized. However, as one participant stated, “it can be difficult to ensure that one does not get burnout/vicarious trauma; while we were taught strategies from this module, it can be difficult to find the time and space to implement these in day-to-day life.”

THE STRUCTURE OF BTA

When participants were asked what they liked about the course, the responses were overwhelmingly positive with numerous comments alluding to the videos, the case studies, the interactive exercises, and the online learning format. Respondents described the content as “simple,” “straightforward,” and “clear.” Visual aids, such as animations and videos, increased participants’ interest in the course and understanding of the content. Similarly, participants reported that the course’s interactive elements, including quizzes, aided in keeping their attention and helped them to remember the material. Case studies were also noted as being helpful to participants’ overall understanding of the content. Case studies helped participants see how the information from BTA can be applied to real-life situations, making the course particularly relevant to their work in the field.

Participants were also asked what they would change about the course. They said that they would have liked more real-life examples (similar to the Sheldon Kennedy story¹), more in-depth case studies, more content tailored to specific professions (e.g., education, youth justice), and more activities, exercises, and quizzes (with feedback included). Some respondents criticized the pace of the course, which they thought was too slow, and would have appreciated an option to skip sections, go back to other sections to review, and to read slides as opposed to watching and listening.

Focus Group and Interview

Data from the focus group and interview (n=4) showed a solid understanding of trauma-informed practice among participants and an intention to use this approach in their future work with children and youth. According to one focus group participant, “trauma-informed practice is crucial when working in a CYC [child and youth care] setting. I have learned a lot about how to assist children and youth with trauma and I will definitely apply that knowledge in my practicum placement.” The students reflected on the information they had learned through the online training

¹ Sheldon Kennedy is a retired professional hockey player in Canada, who played eight seasons in the National Hockey League. In 1996, he came forward to the police and revealed that he had suffered years of sexual abuse at the hands of his junior hockey coach. Sheldon Kennedy went on to become a public advocate and activist for child abuse prevention, co-founding the Calgary and Area Child Advocacy Centre in 2013 (Zarum, 2021).

program, describing the knowledge as foundational for the work they were going to be doing.

The students discussed how important it is to recognize the impacts of toxic stress and what trauma does to a child's brain. They connected this understanding to the approach they will take in practice, as explained by one participant:

Well, you might just see them [children/youth] acting out or they might not be paying attention in class or to anything. They might not be able to focus, just so stressed out all the time. So that's what you would see, behaviours like that. In the past, people would have [said], "come on, pay attention, do this, do that." But [it's important] to understand that they physically can't do those things because the stress has rewired their brain.

Building healthy relationships with children and youth was noted as a key component of trauma-informed practice. One participant works with children in athletic programs. They explained that many of these children encounter serious injuries, which can be mentally and emotionally draining. The participant explained that they prioritize children's mental well-being by building relationships with them. They said, "I feel like it's always good to have an instructor that they [the children] feel comfortable discussing these [things] with. And I feel like it's also good to have a healthy relationship so you can understand and tell when something's out of the ordinary or a kid is behaving differently." Another participant emphasized the need for building healthy relationships, saying that all children need "one person that they can go to when they need ... even just support or just [someone] to talk to."

Another theme that emerged was the role of the BTA training in preparing for real-life situations. While the participants appreciated the case studies and interactive examples in the program, they also felt like they needed a bit more to connect theory to practice. The participants suggested that the training include examples of how to use a trauma-informed approach in profession-specific situations; for instance, noticing signs of abuse and reporting possible abuse among students. Other areas that participants were interested in learning more about were intergenerational trauma among Indigenous people and supporting immigrants and refugees in their transition to Canada. The participants noted that these are populations with whom they will be working in their future careers.

The strongest and most evident theme in the focus group and interview data was the shifting of perspectives among participants. In particular, participants talked about reframing "What's wrong with you?" to "What happened to you?"—a key message in the BTA training. This demonstrates the participants' understanding of how trauma can impact a child's behaviour and suggests that they will adjust their practice in response. According to one participant,

I feel like it's important because your experiences, your internal feelings, and everything play a part in how you act and respond to situations. So, I feel like being able to understand what someone's going through is so important, because at the end of the day, you never know unless you know. A lot of times a child might be assumed to just be misbehaving or a troublemaker or he's just trying to

test your buttons or something like that. But deep down, there might be something that no one knows. So, I feel like it's important to give them the best care that will benefit them and help them grow.

Despite the benefits of the BTA training, the participants also emphasized the value of having practical experience as part of their learning. While the foundational concepts could be learned online, they were all anxious to get into the field and apply what they had learned. One participant compared it to their job as a swim instructor and lifeguard, saying “I even took courses to prepare me to teach swim lessons, but nothing could have prepared me for real life, like, hands-on experience of actual kids.” The participants also acknowledged that there was so much more to learn in regard to trauma, how it impacts children and youth, and how best to respond. All the participants expressed an interest in learning more about this topic.

DISCUSSION

Phillips et al. (2012) note that in order for novices to become experts, they need in-depth and organized content knowledge. This allows them to “see relationships and patterns between pieces of information, and also to retrieve important parts of their knowledge relatively easily” (p. 6). Furthermore, in order for learning to be effective, knowledge needs to be transferred to other contexts and applied in practice. This is most successful when learners see themselves as active agents in the process.

This understanding of how people learn is useful in the assessment of the effectiveness of the BTA online training program. Firstly, as demonstrated by the evidence above, BTA provides foundational knowledge on trauma-informed practice. Students reported strong understandings of trauma, its prevalence, its impacts, and how to employ a trauma-informed approach in practice. They learned this through an organized, interactive, online structure, where they could engage, make connections, and consider the application of knowledge to real-life situations. This foundational knowledge provides support and stability for learners, protects against external forces, provides solid footing in light of future mistakes, and allows room for growth as students move into professional roles and careers. In this way, BTA “works”; it is an effective method for teaching about trauma-informed practice.

This is consistent with what Moss et al. (2023) recommend when developing an online undergraduate trauma course. Based on their review of the literature on using online and hybrid models to teach trauma content (in particular, the course at Tulane University, described earlier), they suggest that courses should focus on foundational concepts of trauma and how these may show up in practice (Moss et al., 2023).

BTA also “works” as it develops competence and confidence in future practitioners. Evidence of this increase in confidence was seen throughout the survey and the focus group/interview data. The evidence also speaks to the question

of “what is?” as students’ preparedness for the field was greatly impacted by completing the BTA training. This includes a shift in perspective among the participants in this study, which informs the approach taken when working with children and youth. Preparedness is particularly important for post-secondary social service programs that include practicums as there is a need to ensure the safety of people and communities with whom students work. Preparedness can also lead to greater success for students in the field.

Arguably, the increase in students’ confidence reflects a teaching approach that is trauma-informed—one that recognizes the difficult feelings often associated with learning about trauma and delivers content in a way that resists vicarious traumatization. The students in this study did not report or indicate any information that would suggest they were traumatized by completing BTA. Rather, confidence and feelings of preparedness increased after completing the training. In their study of the impacts on students of teaching about the experiences of the Stolen Generation ²in Australia, Harrison et al. (2023) found that the condition that produces the most effective learning and the best outcomes is the opportunity for reflexivity. Reflexivity happens when students recognize or reflect on their own experiences of trauma when hearing the stories of others (Harrison et al., 2023). The authors suggest that this is far more likely to happen when trauma content is taught in person. However, the findings in our study suggest that components of BTA, such as the Sheldon Kennedy story, allow for reflexivity to occur among learners in an online context as well.

The final consideration of the evaluation is the bridging of theory to practice. Does BTA “work” in facilitating the transfer of knowledge to the field, enabling students to take what has been learned online and apply it in a real-life context? There is no doubt that the participants in this study saw themselves as active agents in this process. They were engaged and they thought critically about the application of a trauma-informed approach in their practice. And most of them indicated that they intended to use a trauma-informed approach in the field ... but did they? How can we know? The data collected for this study cannot answer these questions, but it suggests a way forward for future research in this area.

CONCLUSION

In a systematic review assessing the impact of online learning compared to in-person learning of clinical skills to undergraduate nursing students, McCutcheon et al. (2015) found that online learning is no less effective than traditional methods for teaching clinical skills. In some ways, this review is reassuring; online learning can be transferred to real-life practice. But clinical skills are somewhat different from a trauma-informed approach, which is embedded in practice and includes a variety of components, not always visible. Trauma-informed practice is about the

² The Stolen Generation in Australia refers to Aboriginal and Torres Strait Islander children who were forcibly removed from their families under government policy between 1910 and 1980 (O’Loughlin, 2022).

way we think about the children and youth with whom we work, the way we approach them, build relationships with them, talk to them, be with them, and understand them. This is harder to measure, but it can be done.

Phillips et al. (2012) provide a number of suggestions for evaluating e-learning programs, including seeking a number of perspectives, utilizing a number of data sources, thinking formatively rather than summatively, and examining “not only what students learn, but how they learn; reflect on the relation between learning process and outcomes” (p. 17). Moving forward, more research is needed on the effectiveness of online trauma education, not only on what works in terms of the delivery of content, but also how students carry that learning into practice. Longitudinal studies that follow students into and beyond their practicum experiences could measure shifts in understanding and approach as students grow into the professionals they are studying to be. In addition, as technology continues to evolve and impact the delivery of post-secondary education, studies could examine new models and approaches to teaching and learning about trauma. The findings from this study show that online learning about trauma “works,” but does it work for all students? Questions around the digital divide, access, and inclusion should be considered as they apply to trauma education. This type of research is an ongoing process needed to fully understand the impact of online learning about trauma on students. In this way, we can refine our teaching and learning resources to support competent, confident, and prepared students as they embark on practice in the field.

AUTHOR BIOGRAPHIES

Monica Pauls is an Associate Professor in the Bachelor of Child Studies (BCST) at Mount Royal University. She has a master’s degree in sociology and is currently a doctoral candidate in sociology at the University of Calgary. Monica’s research interests include youth activism, social media, community development, and social change. mpauls@mtroyal.ca

Natalie Hoa holds a degree in child studies from Mount Royal University. Currently, she is working as an early childhood educator and is passionate about incorporating trauma-informed practices into her work. She hopes to continue her studies at the graduate level so she can support children and families as a psychologist. nataliehoa9@gmail.com

Francine Nelson, an emerging researcher, holds a bachelor’s degree in child studies from Mount Royal University and is currently pursuing a Master of Public Policy degree at the University of Calgary. Her passion lies in fostering the well-being of individuals, families, and communities through the promotion of healthy and sustainable food systems. francinenelson03@gmail.com

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