The Core Curriculum on Childhood Trauma (aka Core Curriculum or CCCT) is an initiative undertaken by the UCLA/Duke University National Center for Child Traumatic Stress, in partnership with the National Child Traumatic Stress Network (NCTSN) to further the Network’s mission of raising the standard of trauma-informed care for children and families nationwide.

Core Curriculum and CCCT Community Trainings
The Core Curriculum has two branches that can be flexibly adapted to suit a range of settings and audiences. The traditional Core Curriculum is being used across the United States to help mental health professionals incorporate trauma-informed care into their professional practice settings, including community-based mental health centers; teaching hospitals; graduate schools; terminal undergraduate programs; and internship, residency, and post-doctoral training programs. This branch is centered on professional and clinical applications. A full case can be completed in between 3-6 hours of training depending on the case and your learning objectives.

Recently, the Core Curriculum has expanded to offer trauma-informed trainings for community organizations and professionals working in youth-serving systems. CCCT community trainings can be including schools, community centers, juvenile justice settings, and after school settings. These trainings use short cases or multiple case sections to explore how trauma-informed approaches can be used to support communities. CCCT Community Trainings can generally be completed in 1-3 hours.

Core Curriculum General Learning Objectives
Each element of the Core Curriculum supports the acquisition of one or more of six general learning objectives. These broadscope, cross-disciplinary learning objectives reflect recent calls for competency-focused training issued across multiple mental health disciplines including psychology, social work, and child psychiatry. These general learning objectives and their underlying intentions include:

1. Apply the 12 Core Concepts as conceptual lenses to frame information and guide critical reasoning about the case study.
   **Intent:** To provide learners with a conceptual framework that helps them to organize their foundational knowledge about child traumatic stress, while also capturing the richness and complexity of children’s “real-life” traumatic experiences.

2. Identify ecological factors hypothesized to influence children’s traumatic experiences and contribute to their post-traumatic adjustment.
   **Intent:** To strengthen learners’ decision-making skills regarding which factors in a child’s life and environment may be contributing, for good or ill, to children’s traumatic experiences. Conversely, unidentified factors can lead to incomplete case formulation, inaccurate diagnosis, and less successful intervention planning and delivery.

3. Incorporate relevant ecological factors into a case conceptualization, and use that framework to evaluate the hypothesized contributions of different case factors and guide case-related reasoning.
   **Intent:** To help learners develop ways to organize, prioritize, and reason through the various roles that factors may play in a child’s surrounding ecology in strength-based, trauma-informed ways.

4. Use critical reasoning to make judgments about the relative impact of various factors hypothesized to influence a child’s traumatic experience and post-traumatic adjustment.
   **Intent:** To help learners examine their critical reasoning about case material, including how they sequence their planned course of action, to ensure they are using the best available evidence to guide their professional decisions and taking appropriate steps to minimize bias.

5. Clearly and accurately communicate appropriate trauma information to fellow professionals, clients, and family members within and across settings.
   **Intent:** To help learners develop effective language skills and communication patterns that support trauma-informed care.
Apply a trauma-informed conceptual lens to real-world aspects of professional practice, including assessment, case management, and treatment planning.

**Intent:** To help learners view their professional work through a complex trauma-informed lens—one that extends beyond assigning diagnoses and prescribing treatment approaches to take in the rich phenomenological world in which children and families experience traumatic events.

**Core Curriculum Elements**

The Core Curriculum is a form of experiential learning. Instead of containing scripted lessons, the Curriculum contains a variety of elements that can be flexibly utilized to support the general learning objectives. The basic structure of a training involves a skilled facilitator who carries out three tasks. These include: (1) Determining the most important learning objectives for the audience of learners to be trained at a specific site. (2) Selecting the case that applies best to this audience, and choosing those Core Concepts that are most relevant to the training needs. (3) Using Problem-Based Learning (PBL) and appropriate learning tools to guide the learners in collaborative case discussions.

The Core Curriculum consists of multiple elements, including:

- Detailed case studies written by recognized experts in the field, which feature a range of types of childhood trauma. These case studies unfold in sections to help learners understand what it is like to live through a traumatic experience and its aftermath from a child’s perspective.

- The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families (12 Core Concepts) serve as the Curriculum’s primary conceptual framework for organizing foundational knowledge about trauma-informed care.

- Problem-Based Learning (PBL), a highly interactive instructional method that invites learners to explore multiple perspectives as they work together to find solutions to complex problems. The facilitator acts as a guide to help small groups of learners collaboratively sort through the evidence, develop proposed explanations, decide how best to proceed, and determine what they still need to know to adequately address a child’s traumatic experience. This is strengthened with tools to improve facilitator support and fidelity.

- Instructional Tools, including communication aids, interactive learning activities, and assessment measures, that are specifically designed to focus on one or more of the Core Curriculum’s general learning objectives. These tools enable facilitators to work on specific learning objectives and assess learner progress and understanding at various points throughout the learning process.

**Core Curriculum Case Studies**

Core Curriculum case studies are designed to build decision-making skills from a strength-based perspective. These case studies feature a diversity of factual evidence, which challenges learners to use and strengthen their perspective-taking, critical reasoning, decision-making, case formulation, and communication skills. The variety of CCCT case studies available allows PBL facilitators to flexibly adapt the CCCT for a range of different training audiences, needs, and formats. The case studies currently include both full-length cases and short cases. The full-length cases come with detailed facilitator guides to help identify and achieve a range of site-specific learning objectives.

**The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families**

The 12 Core Concepts are foundational concepts of child traumatic stress that provide a framework for organizing and thinking through Core Curriculum case material. The Core Concepts help learners to focus their thinking about trauma-informed care through multiple lenses, such as the various traumatic moments that make up a traumatic experience, and the ways in which various ecological factors contribute to the experience and its aftermath. Applying the Concepts during hypotheses generation and testing encourages learners to adopt a strength-based perspective while strengthening their critical reasoning and case conceptualization skills. The 12 Core Concepts are available on the NCTSN website at:

Problem-Based Learning: An Instructional Method for Strengthening Reasoning Skills

PBL is a collaborative learning experience that presents learners with complex problems resembling those encountered by practicing professionals. These complex problems contain multiple decision-making points that require learners to repeatedly sort through, integrate, and develop solutions for case information as it unfolds. Learners work in groups to reason through the problem, share different perspectives, and collaboratively propose and evaluate possible solutions to the problem under the guidance of a trained PBL facilitator.

The Core curriculum uses two types of PBL, a medical PBL cycle and collaborative experiential learning. The medical PBL cycle guides learners through a four-step PBL process comprised of (1) Facts, (2) Hunches and Hypotheses, (3) Next Steps, and (4) Learning Issues. Each step in the PBL cycle is designed to help students slow down their thinking, check the impulse to make assumptions and immediately intervene, and instead gather relevant evidence and reason through various options in a systematic, logical, and transparent way. Collaborative experiential learning uses the same cases and groups as the PBL cycle. It uses graphic organizing instructional tools and discussion questions to support case-based reasoning using a PBL format.

Working as a collaborative team, PBL groups engage in a variety of professional decision-making tasks. These tasks include: sorting through facts about the case, identifying important features of traumatic stress responses, conceptualizing case information, formulating hypotheses, gathering the best available evidence, weighing the evidence for or against their hypotheses, identifying information that is still missing, deciding on next steps, assigning learning issues to promote professional development, and communicating appropriately with other stakeholders. Selected CCCT exercises also encourage learners to plan how to integrate the trauma-informed methods they are learning into their professional settings and practices.

A Strength-Based Approach

The Core Curriculum uses a strength-based approach that emphasizes supportive factors and positive outcomes as strongly as risk factors and negative outcomes. This emphasis on strength-based critical reasoning and case formulation makes the Curriculum an especially useful complement to training in manualized interventions, which commonly focus on pathology and dysfunction. Many sites that have adopted the Core Curriculum utilize it as an educational tool either prior to, in parallel with, or after their students and staff have been formally trained in trauma-focused interventions.

As a practical necessity, most manualized treatments focus primarily on the more commonly-seen or “typical” client difficulties. However, the inherent complexity of each child’s traumatic experiences and surrounding ecology often requires providers to tailor and adapt interventions according to each child’s and family’s specific needs, strengths, and life circumstances. A primary purpose of the Core Curriculum is to address this need by helping professionals to identify specific factors that may be influencing a child’s experience and taking steps to effectively address them. In particular, the Core Curriculum helps professionals to determine what they are trying to achieve, formulate a clear rationale as to why, and prioritize their intended course of action.

Getting Involved

All Network sites—both actively funded and affiliate status—are strongly encouraged to invite a trained Core Curriculum facilitator to conduct a live in-person training demonstration at your site. A trained Core Curriculum advanced facilitator can work flexibly with you to tailor the training demonstration according to your specific staff needs and the time and space available. Moreover, if you would like to learn more about how elements of the Core Curriculum could be implemented at your site or to request a CCCT demonstration at your NCTSN site, correspondences should be directed to: Dr. Hannah M. Grossman, hmgrossman@mednet.ucla.edu.