



Safe4Child - Trauma informed approaches to support staff working with children and adolescents exhibiting behaviors that challenge

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## SAFE4CHILD MODULE - PILOTING PHASE

#### By CORK and Plovdiv

The course developed as part of the Safe4Child research study was made available on learning management systems (Moodle and Canvas) and piloted in the four partner countries between January and May of this year. A total of 123 participants completed the course over a five-week period. A variety of healthcare staff working in the area of child and adolescent mental health residential care undertook the course, including nurses and nursing students, occupational therapists, healthcare assistants and teachers.

The course aims included:

• To introduce a trauma-sensitive approach that considers the underlying dynamics and "good reasons" for escalating distress

• To emphasise the therapeutic environment and the therapeutic use of self

• To teach students about de-escalation and highlight strategies to enhance the safety and wellbeing of young people and professionals

• Using virtual reality (VR) headsets participants are provided with an immersive experience that makes learning more engaging and transforms abstract concepts into hands-on experience.

The course consisted of five modules, four online asynchronous and the final VR-based simulation in person.

	Module 1	Module 2	Module 3	Module 4	Module 5
Module	Infant, child, and adolescent mental health	The therapeutic environment and therapeutic use of self	Ethical, legislative and trauma in- formed perspectives on restrictive prac- tice, restraint, and seclusion	Trauma in- formed interven- tions for working with children and adolescents who engage in behaviours that challenge	VR simulation of trauma informed interventions for working with chil- dren and adoles- cents who exhibit behaviours that challenge
Content	Developmental and neurobiolog- ical influences on mental health and mental well- being	Therapeutic use of self in the con- struction a safe en- vironment	Contextual factors in relation to restrictive practice, restraint and seclusion	Trauma-informed interventions that may reduce coer- cive and restrictive practices in child mental health and residential settings.	VR Simulation

As stated, the course was completed independently using theoretical components, videos, suggestions for self-reflection, taking approximately 25 hours to complete the modules. Whilst there were some minor issues accessing course materials or links on the learning platforms for the asynchronous modules, overall, the participants managed to engage well with the materials and any issues identified were quickly rectified. At the end of each module students were asked to complete a short 10 question quiz to self-monitor their learning before progressing to the next module. Students engaged well in this component also.

The fifth and final module was the VR-based simulation, which was facilitated in person at the four partner universities. Having completed the simulation, students then participated in a guided tutorial to explore perceptions and learning from the simulated scenario.

All students were asked to complete a survey pre and post course participation aimed at measuring attitudes and knowledge about trauma-informed practice and the management of aggression. The survey responses are currently being collated and will inform the evaluation of the course.





# DEVELOPING A TRAUMA-INFORMED CARE CURRICULUM USING VIRTUAL REALITY SIMULATION FOR NURSES AND SOCIAL WORKERS

#### By HAW

Nurses and social workers frequently encounter children and youth who have experienced trauma, whether it's due to abuse, violence, neglect, or other distressing events. However, understanding and effectively responding to a young persons' needs, requires more than just clinical knowledge – it demands a deep empathy and an awareness of the complex ways trauma impacts an individual's behavior, emotions, and overall health.

To meet this need, we turned in the Safe4Child project to an innovative approach in which we used Virtual Reality (VR) to develop a trauma-informed care curricula that goes beyond traditional training methods. This blog will explore the process of creating a content tailored for nurses and social workers, highlighting the benefits of this immersive approach.

We began developing a curriculum by conducting a needs assessment to identify the specific trauma-informed competencies that nurses and social workers need to have in the fields of child and adolescent psychiatry, pedeatrics and residential social work. For focus groups with frontline workers in Ireland, Finland, Bulgaria and Germany were conducted to learn more about the challenges faced when working with traumatized young patients.

Based on the needs assessment and current literature we developed a realistic scenario that reflects a common situation nurses and social workers may encounter followed by a guided debriefing session. This scenario is embedded in an online course covering subjects, such as developmental and neurobiological influences on mental health and wellbeing, the therapeutic use of self and principals of trauma-informed care.

Before rolling out the curriculum, pilot tests with a small group of learners (about 25 in each country) took place. Feedback from participants during the pilot phase has been invaluable in making necessary adjustments. The feedback from learners showed the importance of paring the VR simulations with debriefing sessions where learners coul reflect on their experiences, discuss challenges, and reinforce their understanding of traumainformed care principles.

As healthcare continues to evolve, so too must the ways in which we train our professionals. By incorporating VR simulation into trauma-informed care curricula, we can provide nurses and social workers with the tools they need to deliver compassionate, effective care to trauma survivors. This innovative approach not only has the potential to enhance learning outcomes but also ultimately contribute to better patient care and recovery with a workforce that is better prepared to meet the needs of all patients.



### PIONEERING CHILD SAFETY EDUCATION: THE JOURNEY OF SAFE4CHILD

#### By Turku UAS

In the realm of continuous professional development (CPD), our team is currently piloting an innovative project, Safe4Child. This initiative aims to enhance the mental health skills of professionals working with children in child mental health, pediatric, and residential settings.

The cornerstone of Safe4Child is a highfidelity mental health case study developed on a Moodle platform compatible with VR headsets. This immersive environment allows frontline workers to engage in escalating interactions, providing them with repeated opportunities to practice therapeutic communication and dialogic skills.

The Safe4Child project comprises an online course (S ECT) and a high-fidelity simulation in a virtual environment, both designed to deepen knowledge. The virtual learning environment includes a case of an encounter with a child in acute distress. In this scenario, CPD students can repeatedly practice situations, deepening their understanding of triggering experiences and de-escalation skills. The flexibility of the platform allows students to progress through the case independently and at their own pace.

The Safe4Child Handbook is a comprehensive guide that includes:

- 1. Introduction to the Safe4Child Course
- 2.Safe4Child Partners
- 3. Course Curriculum and Content of the Course
- 4. Course Guideline
- 5. Modules of the Course
- 6. Guidelines for Course Implementation in Higher Education
- 7. Conclusions

A virtual environment offers a safe space for practice and learning, preparing CPD students to face challenges in real nursing practice. By building on current knowledge and developing new teaching and learning approaches, Safe4Child is poised to make significant contributions to the field.

The project introduces innovative pedagogical opportunities such as a virtual environment and high-fidelity simulations. These tools are designed to address distress and responses to behaviors that challenge in mental health and residential settings. As a result, the simulation training on psychiatric care for CPD students offers a fresh, muchneeded approach to education.

While the journey of developing Safe4Child has been challenging, the outcomes thus far have been promising. As we continue to pilot and refine the platform, we look forward to seeing the transformative impact of Safe4Child on child safety education.



### SAFE4CHILD PARTNER MEETING IN TURKU UNIVERSITY OF APPLIED SCIENCES JUNE 2024

#### By CORK

Members of the project team met in Turku between June 4th and 6th as part of the Safe4Child project. We spent a highly constructive time considering the course handbook, the implementation guide, and the technicalities of Moodle. Ways to ensure sustainability of the content and troubleshooting access and contemporality of the course were also examined. The pilot course has been completed across all countries and pre/post course surveys being collated by the team in Bulgaria. Focus groups and debriefing sessions were also undertaken with participants from the pilot course, with positive feedback and some suggestions for improvement received. Expert panel discussions with key stakeholders were presented by our Finnish and Bulgarian partners with more expert panels planned in Ireland and Germany. These findings will guide the future development and roll-out of the course.

The team also had the opportunity to review safety data across the partner countries, presented as part of a Masters thesis. We explored the potential development of Safe4Child 2 and the opportunities to support younger children and parents with an educational programme. Potential publications and how to create the implementation guide were agreed, with a video to be developed for the latter. The team appreciated th opportunity to participate in the rich culture of Finland, using open spaces, including an invigorating trip to Lake Littoinen including hot tub and cold pool in Järvelä, stimulating our creativity and engagement with the process.



