

National Child Traumatic Stress Network Position Statement: Prerequisite Clinical Competencies for Implementing Effective, Trauma-informed Intervention

The dissemination of standardized, effective, trauma-informed clinical interventions is a central means by which the NCTSN seeks to advance the standard of care for traumatized children and to increase the nation's capacity to meet the needs of these children. The safe and effective implementation of these interventions requires proficiency in several basic areas of clinical competency. This position statement contains the NCTSN consensus regarding the clinical competencies that must, at minimum, be present before a provider can be trained to effectively deliver an NCTSN-endorsed trauma-informed intervention.

Agencies seeking to implement these interventions should have processes in place to (1) ensure that certain clinical competencies are present before providers receive training in an NCTSN endorsed trauma-informed intervention, and (2) monitor the implementation of these competencies during the course of care.

The NCTSN regards the following as the foundation for competency in any clinical intervention disseminated through the NCTSN:

1. **Basic Assessment:** The clinician can efficiently and accurately gather the relevant clinical information to determine the appropriate problem(s) to be addressed in treatment and the various factors that may facilitate or impede a child's likelihood to benefit from treatment. This assessment includes identifying the ability of caregivers—and others in the child's environment—to support the child's specific needs.
2. **Risk Assessment:** The clinician can efficiently and accurately gather clinical information to determine (a) a child's likelihood to harm him or herself and/or others, (b) a child's likelihood to be harmed by others, and (c) the ability of caregivers—and others in the child's environment—to protect the child given his or her level of risk; the clinician has the knowledge and experience to use all this information to preserve safety.
3. **Case Conceptualization:** The clinician can integrate the assessment information to form an understanding of the child's key problems and strengths, including the developmental and sociocultural factors of race, ethnicity, culture, socioeconomic status, gender identity and expression, immigration status, and spirituality that may affect intervention.
4. **Treatment Planning:** The clinician can use the case conceptualization to determine treatment goals, selecting the most effective and feasible clinical approaches to address the child's identified clinical problems, including the referral to appropriate providers.
5. **Treatment Engagement:** The clinician can form a working alliance with the child and his or her family based on a treatment plan to address a set of problems that are meaningful to the child/family.
6. **Treatment Implementation:** The clinician can consistently deliver a course of treatment based on a defined treatment plan to meet the identified goals and objectives.
7. **Treatment Quality Monitoring:** The clinician can appraise progress and outcomes of treatment based on objective information and can adjust the treatment approach as needed to meet treatment goals.