Project HEAT’s third professional development module resulted in measurable changes. This module covered developmental and cultural factors, screening tips, legal overview, and was guided by Prochaska and DiClemente’s (1983) Transtheoretical Model of Change (TTM). This model addresses individuals at different levels of behavior change, i.e. faculty adopting human trafficking curriculum. Precontemplation is the stage in which people are not intending to take action in the foreseeable future. Contemplation is the stage in which people are intending to change. Preparation is the stage in which people are intending to take action. This summary documents findings and inferences of Project HEAT’s module 3 for immediate dissemination.

The majority of participants (n=12, 58% female, Mage=52, Mpractice=27 years, 92% doctorates) reported having domestic violence (83%), child abuse (83%) and elder abuse (67%) training. The majority (70%) of participants do not currently practice clinically. The majority of participants reported that they were current with their curriculum updates (75%) and were not on human trafficking (92%). The following measures were collected at this module: Willingness to Adopt Human Trafficking Curricula with 7 point response stems of not at all likely to very likely (Gibbons, Gerrard, Ouelette, and Burzette, 1998); Human Trafficking Knowledge with 5 point response stems of nothing to a great deal (Popa, 2005); Stage of Change (Velicer et al., 1995).
Participants reported an increased mean difference between pre-post scores on their willingness to adopt human trafficking, although not statistically significant.

Due to a small sample size reliability analysis were not conducted for this modified human trafficking knowledge scale. Therefore subscale items were examined for mean differences: Clinical Setting and Educational Setting Knowledge. Paired-samples t-tests were conducted to compare the human trafficking knowledge pre-post scores. The Bonferroni adjustment was used for the multiple knowledge item pre-post score comparisons. The calculation ensures that the use of the adjusted a in pairwise comparisons decreases the chance of Type I error, e.g. false positive.

**Clinical Setting Human Trafficking Knowledge**

There was a significant pre-post mean score difference in a health care professional’s knowledge on how to prevent human trafficking (2d), \( t(11) = -3.63, p < .005 \), with reported increased scores after the module three.

There was a significant pre-post mean score difference in a health care professional’s knowledge on how identify victims in the health care setting (2e), \( t(11) = -5.93, p < .005 \), with reported increased scores after the module three.
There was a significant pre-post mean score difference in a health care professional’s knowledge on where to direct victims of human trafficking to resources (2f), $t(11) = -6.19, p < .005$, with reported increased scores after the module three.

Educational Setting Human Trafficking Knowledge

Participants’ knowledge on how to incorporate HT into the curriculum significantly increased, pre (M=2.00, SD=.1.0) post (M=3.50, SD=1.0), $t(11) = -5.19, p<.005$.

Participants’ knowledge on student learning activities for HT curriculum significantly increased, pre (M=2.00, SD=.78) post (M=3.50, SD=.78), $t(11) = -5.93, p<.005$.

Adoption Of Human Trafficking Curriculum

The majority of participants reported being current on their curriculum updates (75%) and not on human trafficking curriculum (92%). The majority of the participants reported seriously thinking about updating their curriculum (68%). For this project this response is associated with the TTM contemplation stage.

The majority of the participants reported seriously thinking about updating their human trafficking curriculum (67%). For this project this response is associated with the TTM contemplation stage.
REMARKS

The participants in module 3 were an experienced group of health care professionals and educators. Relative to modules 1 and 2 (see Preliminary Reports 1 and 2) these participants had more terminal degrees, more practice years, more training on vulnerable populations. One of Project HEAT’s goals is to educate and inform but in module three changes were demonstrated. These participants reported greater knowledge after the module. There was no “staging” change however, it wouldn’t be expected from one session. It is important to note that these participants were in the contemplation stage for both updating current and human trafficking curriculum. This may indicate that there are other factors that need to be considered in reference to adopting human trafficking curriculum. Module 3 provides evidence that Project HEAT is making a difference in increasing human trafficking awareness and knowledge.