

Carrion, V. Cue-Centered Therapy Online Training Package: An Innovative Tool for Mental Health Practitioners to Aid Healing of Chronically Traumatized Communities

I. SPECIFIC EDUCATIONAL AIMS:

Cue-Centered Therapy (CCT) is a novel, manualized, multi-modal and empirically supported psychotherapeutic intervention for chronic trauma exposure in youth developed by Dr. Victor Carrion and his team at the Early Life Stress and Pediatric Anxiety Program (ELSPAP) at Stanford University [1,2].

We plan to develop a compact, clinically-oriented and culturally inclusive online training package focusing on core CCT principles, psychoeducation and CCT-specific visual tools. It will complement the existing CCT manual, which is available in both English [2] and Spanish [3]. The aim is to help train medical students and mental health practitioners in concepts of CCT to address chronic traumatic stress in youth through engaging and innovative practices. To ensure sustainability, the package will be used for several purposes. First, it will aid the currently existing training model (delivered as in-person experience to licensed practitioners) to enable the best acquisition of knowledge and skills necessary to prepare practitioners for real-life interaction with clients. Second, it will be used to enhance existing medical students' curriculum in psychiatry and behavioral sciences to increase knowledge in principles of trauma-informed health care and to inspire more young physicians to later choose careers in trauma studies and psychiatry. Third, multi-media didactic materials will be a tool for practitioners to deliver psychoeducation and therapy to children and families. Furthermore, the training package will serve as a pilot project and basis for development of the larger nine-module CCT online course.

CCT has been introduced in several historically underserved communities with large numbers of ethnic minority residents living below the poverty line and a high prevalence of children exposed to chronic trauma such as Bayview (San Francisco), East Palo Alto, Alum Rock (San Jose) and Sacramento. Over the last decade, we have established long-term collaborative partnerships with clinics, schools, and community organizations and have actively participated in capacity building within these communities.

As part of continuing efforts to strengthen collaborative relationships beyond academia, the package will be presented and disseminated to (1) Stanford-affiliated mental health professionals, medical students, residents, fellows, graduate students, and physicians; (2) practitioners in our community partner organizations.

II. PROJECT RATIONALE:

A significant portion of youth in the United States have been exposed to multiple traumatic events and complex forms of adversity. National survey data report that 38-70% of youth have witnessed community violence, 20-25% of youth experienced a natural or man-made disaster, 8-12% of youth have been sexually assaulted, and 9-12% have experienced physical abuse or assault [4]. For many children, such exposure may lead to Post-Traumatic Stress Disorder (PTSD) as well as anxiety, depression, and substance abuse. Furthermore, ongoing adversity and chronic exposure to multiple traumatic events have pervasive impacts on child development and can lead to chronic, deleterious consequences in various domains of functioning; these domains include: social-emotional development, interpersonal relationships, academic performance, and physical health [2,5,6]. CCT is unique among other interventions because it focuses on the accumulation of stressors throughout the lifespan rather than examining traumatic events in isolation, thereby addressing complex trauma reactions. The core feature of CCT is active engagement of youth during intervention. Children are empowered as they gain insight on how traumatic stress responses develop through classical conditioning processes to create emotional, cognitive, physiological and behavioral responses to trauma cues.

Most of the children with post-traumatic stress symptoms, especially those from minority populations and recent immigrant communities, remain underdiagnosed and untreated due to lack of access to mental health care and/or lack of training in empirically supported interventions among practitioners [7]. In addition, many practitioners are not prepared or equipped to address complex trauma reactions stemming from chronic exposure to adversity in childhood. Our project aims to bridge this gap by: (1) raising awareness of chronic trauma exposure in children among medical students and mental health practitioners, (2) increasing knowledge of the mechanisms leading to complex trauma reactions, and (3) teaching practitioners the skills to assess, treat, and empower children experiencing complex posttraumatic stress. We will achieve these goals through development and dissemination of an accessible, learner-friendly, self-paced, open-source CCT online training package that will be available to practitioners both during their active learning experience and for later reference.

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III. APPROACH:

The goal of this project is to develop a compact and easy-to-use online training package, created on the basis of the team's extensive experience in creating, delivering and teaching CCT in multiple contexts. The training package predominantly focuses on core underlying principles, psychoeducation and CCT-specific visual tools (for example 'a toolbox'). Core theory concepts will be explained through short videos, visuals and simple animations. We will use a branching design scenario format to provide examples of therapist-client communication models and to enhance practitioner problem-solving and decision-making skills. One of the important therapeutic strengths of CCT is its utilization of visual tools. The package will present these tools through interactive graphics and simple animations. Knowledge is consolidated through multiple interactive exercises, quizzes and self-assessments. There will be a summative assessment (10 multiple-choice questions) at the beginning and at the end of curriculum to test the knowledge acquisition with personalized feedback. The package will include links to external relevant resources about chronic trauma in youth.

The CCT training curriculum has been developed by our interdisciplinary team with widespread experience in mentoring, teaching and training. The team has collaborated with Kim Walker (EdTech) and Alison Brauneis (VPTL) during the development and design of the curriculum and will continue to consult their expertise occasionally during the process of production and LMS upload (Stanford Lagunita).

Our instructional design follows a modified ADDIE model [8]. We completed a needs assessment by conducting qualitative and quantitative research with our target audience. Design is informed by the results of data analysis and is tailored to best address the learning needs of practitioners in a dynamic mental health care setting.

IV. TIMELINE AND PLAN FOR IMPLEMENTATION

October-November 2019: Final adjustments to the design and curriculum content. Completion of script writing with proofreading. Final corrections in assessments and interactive exercises. Preparation of materials for production phase. Plan the production carefully.

Collaborate with partner organizations to recruit practitioners for beta testing.

December 2019-January 2020: Production phase: film videos, create animations, and other visual content.

February 2020 – mid-March 2020: Post-production and editing, upload on LMS (Stanford Lagunita).

Mid-March-April 2020: Beta testing.

End of April 2020: Conduct the audience research: survey, focus groups and interviews with beta testers.

May 2020: Analysis of the results. Iterative design: implement the changes according to insights generated.

June-July 2020: Disseminate the final version among Stanford-affiliated and community partner organization practitioners. Obtain feedback. Iterative design: implement changes according to feedback. Organize in-person training for practitioners who are licensed and would like to become fully trained CCT therapists.

V. ANTICIPATED WORK PRODUCT

An innovative and interactive online training package that focuses on core principles, psychoeducation and CCT-specific visual tools to complement the CCT manual and aid the currently existing in-person training model. It will consist of carefully written and presented content to tailor the learning needs of mental health professionals and help practitioners master common therapeutic challenges (as detailed in *Approach*) and provide better patient care for youth affected by complex trauma.

VI. EVALUATION PLAN:

We have created several levels of efficacy assessment: 1) needs assessment focus-groups and interviews to inform curriculum building and content presentation (completed, results available); 2) beta testing with audience representatives; 3) learning analytics and feedback on learning engagement); 4) summative pre- and post-learning tests to assess knowledge acquisition; 5) a survey, focus-groups, and interviews after beta testing to generate insights for improvement.

VII. DISSEMINATION OF THE RESULTS:

Results of evaluation will be disseminated within the Stanford community through the Psychiatry department newsletter as well as to our community partners. Results will also be submitted for publication in journals (such as *Journal of Traumatic Stress*) as well as for presentations at national and international symposia and conferences (such as the Annual Meeting of The International Society for Traumatic Stress).

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XI. APPENDIX. REFERENCES:

1. Carrion, V.G., Kletter, H., Weems, C.F., Berry, R.R., & Rettger, J.P. (2013). Cue-centered treatment for youth exposed to interpersonal violence: A randomized controlled trial. *Journal of Traumatic Stress, 26*(6), 654-662.
2. Carrion, V. G. (2016), *Cue-Centered Therapy for youth experiencing posttraumatic symptoms: A structured, multimodal intervention*. Oxford: Oxford University Press.
3. Carrion, V. G. (2018). *Terapia de claves traumáticas: manual de intervención para niños y adolescentes con síntomas postraumáticos*. Barcelona: Editorial Gedisa.
4. Saunders, B.E., & Adams Z.W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics of North America, 23*(2), 167-184.
5. Carrion, V.G, & Kletter, H. Posttraumatic Stress Disorder: Shifting toward a Developmental framework. *Child and Adolescent Psychiatric Clinics of North America, 21*(30), 573-591.
6. Landolt, M.A, & Kenardy, J.A. (2015). Evidence-based treatments for children and adolescents. In U. Schnyder, & M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians*, 363-379. Heidelberg: Springer, Cham.
7. American Psychological Association. (2008). *APA presidential task force on posttraumatic stress disorder and trauma in children and adolescents. Children and trauma: Update for mental health professionals*. Washington, DC: Author.
8. Shelton, K., & Saltsman, G. (2011). Applying the ADDIE Model to Online Instruction. In I. Management Association (Ed.), *Instructional Design: Concepts, Methodologies, Tools and Applications* (pp. 566-582). Hershey, PA: IGI Global. doi:10.4018/978-1-60960-503-2.ch305