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Proposals for intervention and training of therapists and supervisors: an overview of LAPICC-USP'S online programs

Propostas de intervenção e formação de terapeutas e supervisores: overview dos programas on-line do LAPICC

ABSTRACT

The COVID-19 pandemic significantly influenced the relationships established in society. Social distancing, for example, provoked great adaptations of different intensities around the world. Thus, online interventions have become essential as a way to maintain health care for the population. Therefore, the aim of this article is to report the experience of different online interventions offered at the Cognitive-Behavioral Research and Intervention Laboratory (LaPICC-USP). Proposals for intervention, training and supervision were drawn up to meet the demands that emerged during the COVID-19 pandemic, namely: online group intervention; individual online intervention; asynchronous intervention for university students; training of therapists; and a training program for supervisors. All proposals were based on the Cognitive-Behavioral Therapy approach, differing by the objective and intensity of each intervention. The results obtained were very positive, elucidating reflections on evidence-based innovation in Psychology, and the construction of interventions anchored in cultural, social and historical adaptations in face of diversity.

Keywords: Cognitive Behavioral Therapy; Internet-Based Intervention; COVID-19.

RESUMO

A pandemia da COVID-19 influenciou de forma significativa as relações estabelecidas em sociedade. O distanciamento social, por exemplo, provocou grandes adaptações de diferentes intensidades ao redor do mundo. Assim, as intervenções online tornaram-se essenciais, como forma de manutenção de assistência em saúde para a população. Diante disso, o objetivo deste artigo é relatar a experiência de diferentes intervenções online oferecidas no Laboratório de Pesquisa e Intervenção Cognitivo-Comportamental (LaPICC-USP). Foram elaboradas propostas de intervenção, de formação e de supervisão que fossem de encontro com as demandas que emergiram durante a pandemia da COVID-19, sendo elas: propostas de intervenção online em grupo; proposta de intervenção online individual; intervenção assíncrona para universitários; formação de terapeutas; e programa de treinamento para supervisores. Todas as propostas foram embasadas na abordagem da Terapia Cognitivo-comportamental, diferenciando-se pelo objetivo e intensidade de cada intervenção. Os resultados obtidos foram muito positivos, elucidando reflexões sobre inovação baseada em evidências na Psicologia, e a construção de intervenções ancoradas em adaptações culturais, sociais e históricas diante da diversidade.

Palavras-chave: Terapia Cognitivo-Comportamental; Serviços On-Line; COVID-19.

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Due to the rapid spread of the new coronavirus known as COVID-19 starting from December 2019, some governmental measures were taken to suppress the contamination and aid in the sustainment of health systems (Brasil, 2020). One of the most pronounced measures adopted was the social distancing that happened at different intensities around the world, from milder surveillance and control measures, such as education about the consequences of social meetings, awareness about the importance of leaving the house only when necessary and closing of select services, to total isolation by lockdown, with the prohibition of going out and the closing of roads and establishments completely and indiscriminately, with the exception of strictly essential services. The restriction of activities, face-to-face communication and direct contact is known as quarantine and has been applied several times in world history since the Black Death in 1377. Initially, the restriction would last for 30 days, but throughout history, it became established as 40 days. Currently, the understanding is that the time of quarantine must be adapted to the disease in question, with cases in history lasting from hours to decades (Huremović, 2019).

Although an important health care method, quarantine also brings other challenges to people and communities, such as the impact on the economy and the changes in routine, daily chores and activities, as well as on interpersonal relationships, whether family, professional or friendly (Schmidt et al., 2020). This new reality requires high adaptability from people and communities, demanding new and creative ways of navigating relationships, work and leisure.

According to Lu et al. (2020), the World Health Organization (WHO) estimates that most of the population may experience health reactions to the measures of social distancing. These go from specific psychopathology symptoms to the development of full psychiatric disorders if no adequate care is taken in applying these measures. Since there is understanding that the world population is exposed to the risk of being affected with COVID-19 somehow, commonly identified emotions include worry, stress, feeling of lack of control and state of alert. Some common sentiments in quarantine, for instance, are the fear of contamination, the fear of illness and death of oneself or loved ones, the fear of being unable to shelter or care for loved ones, and the fear of loss of financial security due to job uncertainty and possibility of dismissal. Moreover, these can increase irritability, anxiety and the perception of impotence and vulnerability, which in turn feeds the cycle of influence on the mental health state. Other important changes may be connected to this moment, impacting and being impacted by mental health, such as sleep disorders, interpersonal conflicts, violence, stigma, recurrent dysfunctional thoughts facing the pandemic and risky or less healthy behavior (Fundação Oswaldo Cruz [Fiocruz], 2020).

In this regard, the literature review by Brooks et al. (2020) summarizes the main stress factors that may affect people in this period: the duration of social distancing, the fear of contamination (and contaminating others), feelings of frustration and

boredom due to lack of routine and proximity among people, inadequate supplies (such as water, food, clothes, etc.) and inadequate information. Corroborating this, an increase in Common Mental Health Disorders is being observed worldwide, both in the general population as well as in health professionals (Cruz et al., 2020).

Therefore, it follows that, among other health care actions, psychosocial and psychotherapeutic care remain fundamental and indispensable, including the health professional's self-care. In this manner, online or remote care has become the essential form of psychological support amidst the pandemic. According to Lopes et al. (2020), online psychotherapy happens synchronously between patient and therapist by videoconference. On the other hand, interventions mediated by the internet are programs that occur through communication or other specific applications, asynchronously, built with the objective of addressing less complex situations and which may or may not offer synchronous communication with a psychologist. Online psychotherapy, in general, is a type of intervention characterized as high intensity, while internet-based interventions are characterized as low intensity (Bennett-Levy et al., 2010). In this sense, interventions that combine different components could be considered of medium intensity, in which online interventions of short duration are offered to help with symptom relief with a specific and targeted focus.

The effectiveness of an online intervention will be based, among other things, on the adjustments that are necessary for both the psychologist and the person who will receive care, as well as the format in which these services will be offered. Professional organizations, such as Regional Councils of Psychology (*Conselhos Regionais de Psicologia*, CRP), the Federal Council of Psychology (*Conselho Federal de Psicologia*, CFP) and national associations, have been publishing notes with recommendations for carrying out online assistance. Some indications have been made, such as, for example, avoiding in-person appointments and, in case such appointments are unavoidable, using all the necessary safety equipment as well as adapting the setting to provide as much ventilation as possible. Guidance on the regulation of remote care has also been widely disseminated, in addition to the possibility of using other resources from Information and Communication Technologies (ICT) for those who have greater access difficulties, such as using phone calls (Resolução nº 4, 2020; Santana et al., 2020; Schmidt et al., 2020).

Even though there is a growing demand for mental health care, Schmidt et al. (2020) emphasize the precarious qualification of health professionals, especially from psychology, to meet such demand. According to the authors, one of the difficulties is the lack of training, knowledge and management to effectively receive the specific demand related to the pandemic or to the proper practice of online care. Duan and Zhu (2020) contribute to this line of thought by pointing out that some countries have procedures for psychological interventions in crisis and

emergency situations, while others do not follow any guidelines or do not offer adequate training for professionals. Similarly, Sampaio et al. (2021) reinforce the importance of training psychologists to work in telehealth, as research has shown that there are gaps in online care skills and insufficient training for this class of professionals. One example of this is that, although it is possible to provide care via phone in public health services, the lack of training for this type of psychological intervention, added to the difficulty of health management and planning, may not favor its implementation (Duan & Zhu, 2020).

On the other hand, there is an increase in the offer of online psychological care by professionals, either in the form of private clinic or offered through voluntary care networks. In Brazil, although there has been clearance for online care since November 2018 (Resolução nº 11, 2018), psychological care mediated by ICTs was not very widespread. However, due to the pandemic and the CFP (2020) recommendation for remote interventions, there was an instantaneous increase in supply. Cruz et al. (2020) emphasize that social support and access to the psychological services offered during the pandemic may be essential to strengthen the people and the communities. Moreover, remotely conducted appointments, in a home office setting, protect the health professionals themselves, minimizing their risk of being affected by COVID-19 (Santana et al., 2020). Additionally, Santana et al. (2020) stress that this proposal for remote care can be extremely challenging to the traditional model of clinical psychology. They highlight challenges such as ethical issues, therapeutic setting, and all the specificities that involve services mediated by ICTs, such as caution about the platform used and the storage of patient records. Therefore, it is clear that professional qualification and training for this type of service is essential, in addition to the challenge of establishing guidelines and infrastructure in a culturally and socially diverse context such as Brazil's (Caetano et al., 2020).

Cognitive-Behavioral Therapy (CBT) has been undergoing adaptations for over 20 years already to be offered via internet in an adequate manner, with vast research in the area focusing on the implications of this modality (Carlbring et al., 2018). These authors conducted a systematic review and meta-analysis to identify the effectiveness of CBT conducted over the internet compared to CBT conducted in-person. The review included 20 studies focusing on psychiatric and somatic conditions, totalizing 1.418 participants, and the main result found was that the psychotherapeutic effects of both CBT modalities were equivalent.

Similarly, other literature reviews found no significant differences in effectiveness or user satisfaction when comparing in-person and online care. As an example, the review conducted by Berryhill et al. (2019) with 34 studies, of which 14 were randomized clinical trials, found statistically significant reductions in depression symptoms, concluding that online psychotherapy is a promising method of mental health care. Another recent literature review of 40 studies, six of which randomized clinical

trials, found that remote group care is viable, and presented satisfactory results similar to in-person treatment, including high participant satisfaction. Still, it stressed that technical challenges and small decreases in the therapeutic alliance should be observed (Gentry et al., 2019).

Based on the recognition of online psychotherapy and the current pandemic, and with awareness of the commitment to social responsibility needed from health professionals in challenging times like this, this article aims to share actions taken with a focus on providing interventions for the population, training therapists and training supervisors in this scenario. In this sense, the aim of this article is to report the experience of offering intervention and of teaching and training therapists and supervisors in the Cognitive-Behavioral Research and Intervention Laboratory from the University of São Paulo (LaPICC-USP).

CONTEXT

The educational structure of clinical training offered by LaPICC-USP ranges from undergraduate Psychology students to graduate students affiliated to the laboratory. In this context, the laboratory's axiom is the integration between research, the qualification of therapists and supervisors (teaching), and the provision of quality service to the population (extension) (Neufeld et al., 2014).

Until the beginning of 2020, activities were offered for qualification in CBT that included: a) scientific initiation, in which students attend the CBT group sessions (GCBT) and clinical supervisions as observers, beyond their research; b) supervised internship for third, fourth- and fifth-year undergraduate students, who could choose between the group or the individual intervention (ICBT). Students who participated in the GCBT could act as a co-therapist or therapist and participated in different group intervention programs, which could focus on therapy or prevention/health promotion and have different group modalities (aid, psychoeducation, guidance/training and therapy). Students who opted for individual care attended to two adult/elderly patients and one child/adolescent (Neufeld et al., 2014).

For graduate students, the qualification included supervision, research activities, classroom monitoring, extension activities and organization of scientific events, in addition to the research training typical of graduate studies. The proposal, in educational terms, was that the Master's or PhD student would gradually develop skills, knowledge and responsibility for clinical supervision, starting in the role of observing supervisor. Sequentially, following their development, the graduate student could fulfill the roles of monitoring supervisor, assisting supervisor and associate supervisor. Along this entire process, from undergraduate to graduate training, the head supervisor provided assistance, mediation and educational support through meetings and training activities (Neufeld et al., 2014).

However, as previously mentioned, the pandemic required several adaptations in health services, and at LaPICC-

USP it was no different. All intervention, qualification and supervision proposals had to be rethought. Given the need for short-term alternatives, in the first semester of 2020, the qualification activities were maintained through videoconference meetings. The meetings featured role-play practices, case studies and theory, which satisfied the immediate educational needs for undergraduate students. Concomitantly, it was necessary to reassess the educational supply, focusing on new strategies, methodologies and educational priorities, in order to provide adequate and safe qualification activities. The use of ICTs as a form of adaptation was immediately implemented.

In the same vein, the sensitivity about the demands at hand and the awareness about social responsibility led to the implementation of a pilot project of online emergency care labeled “LaPICC against COVID” throughout 2020. This action was the embryo of the programs that will be presented below. A group of volunteer psychologists from LaPICC-USP were willing to offer interventions for anxiety and stress related to the pandemic along two intervention modalities: one based on Group Cognitive-Behavioral Therapy (GCBT) and the other on Group Compassion-Focused Therapy (GCFT). The accounts of these two experiences can be found in more depth in Neufeld, Rebessi et al. (2021) and Almeida et al. (2021).

ONLINE PROGRAMS

Faced with the need for adaptation, LaPICC-USP supervisors and researchers conducted studies on online clinical interventions. From this initial movement, the programs that would be put into practice in the second semester of 2020 were designed, with the remote undergraduate supervised internship being released. The stages of program development went through: description of activity plans and structuring of interventions, content planning and selection of support material, based on new evidence presented in the literature.

Table 1 presents the online interventions proposed by LaPICC-USP, as well as its new program for supervisors. Undergraduate students are those who are in the third, fourth and fifth year of the Psychology course and are scientific initiation scholarship holders and/or laboratory interns. The psychotherapists affiliated to the laboratory are professionals in the process of being admitted to the graduate program or who are co-supervised by the head supervisor and actively participate in the laboratory projects. The supervisors are Master’s and PhD students affiliated to LaPICC-USP. This applies to all levels of development, from the observing supervisors to the associate supervisors. The so-called senior supervisors comprise the head supervisor and the postdoctoral researchers who are members of LaPICC-USP. They provide, for example, the supervisory training for supervisors. All supervisors, at different levels of qualification, actively participate in the discussions and the development of the qualification and intervention processes, coordinated by the head supervisor.

To implement the proposals presented in Table 1, some ethical and practical procedures were structured, as shown in Figure 1.

Regarding the clinical interventions, whether synchronous or asynchronous, the implementation of the services went through the steps described in Figure 2.

IMPLEMENTATION OF THE PROGRAMS

The “LaPICC against COVID” Program was a pilot experience carried out by psychotherapists (graduate students and psychotherapists affiliated to the laboratory) and consisted of two online group interventions, namely GCBT (Neufeld, Rebessi et al., 2021) and GCFT (Almeida et al., 2021), which benefited 176 people in total. The GCBT groups consisted of two sessions taking place in the same week and directed at anxiety and stress management. The GCFT groups, on the other hand,

Table 1. Online programs and activities offered by LaPICC-USP

	Online activities	Program	Duration	Provided by
Intervention	LaPICC against Covid	GCBT	2 meetings	Supervisors and psychotherapists affiliated to the laboratory
		GCFT	3 meetings	
	Synchronous CBT	ICBT	8 sessions	Undergraduate students in supervised internship
		GCBT	6 sessions	
	Asynchronous CBT	GCFT	6 sessions	
CBT		4 modules		
Qualification	Trainings	ICBT	10 weeks	Supervisors and senior supervisors
		GCBT	10 weeks	Supervisors and senior supervisors
		GCFT	10 weeks	Supervisors and senior supervisors
		Asynchronous CBT	5 weeks	Supervisors and senior supervisors
		Supervisors	12 weeks	Senior supervisors
	Supervised meetings	Supervision	12 weeks	Supervisors



Figure 1. Flowchart of the steps to implement the online services.

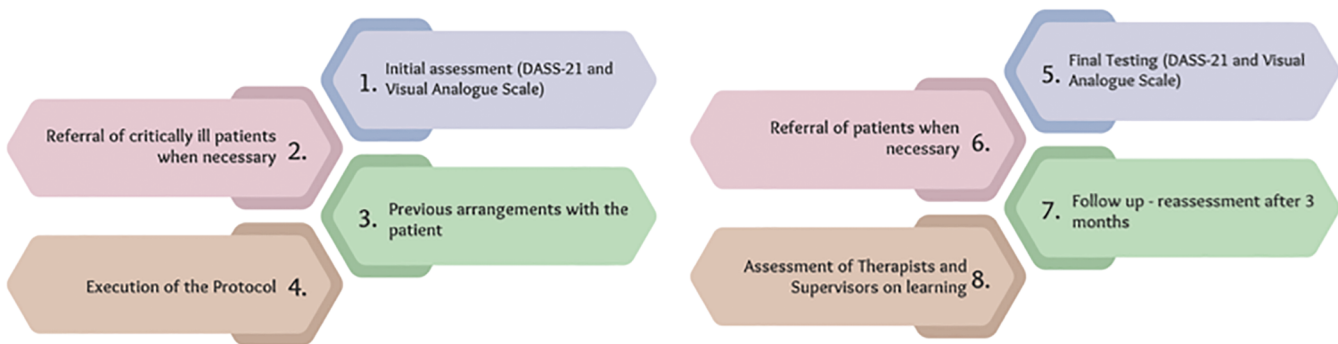


Figure 2. Flowchart of the steps to implement the online services.

consisted of three sessions held weekly and adapted from a 12-week program. In both interventions, the sessions lasted approximately two hours. The themes were aimed at decreasing symptoms of anxiety, depression and stress related to the COVID-19 pandemic.

The LaPICC against COVID program, which served as a pilot experience, provided encouraging results that corroborated the effectiveness of online interventions applied in several studies (Andersson et al., 2017). This positive result inspired LaPICC-USP researchers to structure Synchronous and Asynchronous Online Intervention Proposals, expanding the potential to benefit the population with innovative programs. These programs began to be offered as supervised clinical activities for qualification of undergraduate students in CBT. The synchronous proposals were composed of the following programs: ICBT, GCBT and GCFT (see Table 1). Interventions, whether group or individual, were offered through the videoconference platform and had similar focuses: psychoeducation, values, cognitive distortions, anxiety, stress, emotional regulation, self-compassion, gratitude, self-care and raising expectations, concerns and main changes caused by the pandemic. So far, approximately 110 people have been assisted, adding to the participation in all synchronous programs offered.

The asynchronous intervention proposed was directed at university students and consisted of four modules based on CBT concepts such as Psychoeducation about the ABC model and about emotions, relaxation strategies, self-care and self-compassion. The modules were made available to participants weekly through a communication application and associated with a synchronous contact, via text message and carried out by team members. So far, the asynchronous intervention program for university students has had the participation of approximately 50 people and has shown very positive results in terms of adherence and satisfaction rates.

For the Synchronous and Asynchronous Online Intervention Program to be put into practice, based on LaPICC-USP's purpose to form therapists and supervisors, training activities were also offered starting from the second semester of 2020. The supervisors actively participated in the elaboration of the online intervention programs, as well as in the development and application of the training with students. The objective of the student training was to reinforce previously acquired knowledge about CBT and encourage discussion about the proper and ethical application of this knowledge in the online modality. This training was offered weekly over 10 one hour and a half long meetings through synchronous videoconference and asynchronous activities between meetings. It was divided into two groups of students: one with those who participated

in ICBT and the asynchronous intervention, and another with those who participated in GCBT and GCFT. The themes of the meetings covered the presentation of the interventions and programs, online care, case formulation, service structure, cognitive distortions and psychoeducation, values, emotional regulation, mindfulness and compassion, problem solving and therapy conclusion. The synchronous meetings were directly related to the asynchronous training activities and were based on active methodologies and ICTs, with the aim of increasing everyone's interaction and participation, promoting experiential and reflective learning, as well as minimizing theoretical and procedural doubts.

The training for the asynchronous interventions was based on the literature principles for this type of intervention and included 5 weeks of training with synchronous and asynchronous activities. The topics addressed included evidence on asynchronous interventions, low intensity vs high intensity interventions, taxonomy of interventions, self-efficacy, self-regulation and iatrogenic interventions, among others. The main techniques used were flipped classroom, role-play, case analysis, self-reflection and self-practice.

The supervisors, in turn, were also trained in the supervision program elaborated by the head supervisor and senior supervisors, as well as in matters related to online issues. Programs with 12 supervision sessions were created to help supervisors in the supervision process of each of the intervention programs, namely ICBT, GCBT, asynchronous. The supervision programs were divided into three stages:

- a) the first five supervision sessions that preceded the start of clinical care were focused on welcoming students' anxieties and expectations, establishing the supervision contract, psychoeducating about the objectives of intervention programs, training for procedural aspects of the interventions and evaluations with role-play and demonstrations, as well as settle doubts;
- b) the following eight supervision sessions, which took place concurrently with the clinical care, had as guiding principles: visiting the difficulties the students had in the care, training skills relevant to the intervention program and clinical practice with experiential educational strategies with role-play, demonstrations and direct observation by revisiting the recordings of the sessions, and also strengthening reflection and self-reflection, with formative activities of self-practice and competence assessment;
- c) a supervision session after the conclusion of the intervention program, whose focus was to reflect on the learning process and clinical practice, including the assessment and identification of the perception of gains and difficulties of the students and people cared.

In addition, the supervisors also held weekly meetings with the head and senior supervisors to understand the

difficulties taking place in the supervision, including: managing the pace and time of the supervised session, maintenance of structure, issues in interpersonal relationship, application of pedagogical activities such as role-play and direct observation via session recording, elements related to content and theory, and management of students' clinical cases.

DISCUSSION AND FINAL CONSIDERATIONS

Ebert et al. (2017) state that interventions offered over the internet are considered promising, as they increase the accessibility of evidence-based psychological techniques for people on a larger scale, with greater accessibility and low cost. Huang et al. (2021) performed a 6-month longitudinal study with patients hospitalized for COVID-19. They aimed to evaluate the main consequences after hospital discharge. The results showed that two of the main implications were the presence of anxiety and depression symptoms among the participants. Another study showed that, in previous studies of other pandemics, symptoms such as post-traumatic stress, irritability and worry can affect the population on a large scale in face of the sudden changes caused by isolation or social distance (Schmidt et al., 2020). This demonstrates that people's mental health has been directly and indirectly affected by the new coronavirus pandemic and how important it is to expand care options for the population.

Online interventions, both online psychotherapy and internet-based interventions, have been applied and studied since the 1990s in several countries across the world, especially the Cognitive-Behavioral Therapy approach (Andersson et al., 2017). In face of the growing need for mental health interventions, many countries have been trying to provide health care systems with more accessible and scalable services, especially through telehealth and digital mental health services. Moreover, this type of service has become essential amidst the COVID-19 pandemic, considering the social distancing measures proposed by the WHO to contain the contamination rate from the virus (Brasil, 2020). In many countries, this type of service has become even stronger, becoming one of the main means of providing assistance to the population (Mahoney et al., 2021).

Based on this international trend, LaPICC-USP sought to implement care options that would follow this direction in innovation, building care programs based on evidence for both CBT and the premises of e-health. Therefore, this article aimed to report the experience of building online care programs based on CBT. The results presented by the programs have been quite positive, demonstrating strong potential for building research to assess their effectiveness.

In recent years, the literature on synchronous and asynchronous online interventions has been slowly increasing in Brazil (Lopes et al., 2020), although still rather scarce. In addition, training programs have been understood as a fundamental part of the entire process of offering online intervention programs, corresponding to the research that has been pointing out the

need for adequate training for online interventions (Sampaio et al., 2021). It is understood that the development of intervention, supervision and training programs that are brief, structured and have a specific focus favored the application of the entire intervention proposal. Additionally, since the training involved all participants (undergraduate and graduate students, professionals affiliated to the laboratory and researchers) and went through both online issues and the development of professional skills, it was possible to support LaPICC-USP's educational proposal. Adding to this experience in online interventions, even though for only a year and a half so far, LaPICC-USP has a long history of professional training, including training in interventions, in supervision, in teaching, in research and for the community (Neufeld et al., 2014). It should also be noted that the "LaPICC against COVID" pilot experience was an excellent initial basis for preparation of online interventions culturally anchored in historical and social reality. The adaptation to the local cultural, historical and social reality has been the focus of LaPICC studies in recent years and is seen as a pressing need (Neufeld, Barletta et al., 2021).

Another innovative aspect to be noted is that the intervention proposals are based on a low and medium intensity logic of CBT (Bennet-Levy et al., 2010). Interventions designated as *low intensity* are still scarce in Brazil, and the training of therapists and supervisors in this type of intervention are even more scarce. The subject is still surrounded by a lot of prejudice and little advance has happened in this direction (Neufeld, Barletta et al., 2021).

Among the difficulties encountered, the following are of interest: a) the need for rapid adaptation facing the crisis situation; b) the need to develop various programs, including group, individual and asynchronous intervention, for supervision and for training; c) the establishment of inclusion criteria for participants to receive interventions that were appropriate to the intervention proposal (low-medium intensity), online or mediated by the internet, and at the time of each program; d) intense level of work and preparation of students and supervisors.

This article is not intended to exhaust the discussion, and much less dictate guidelines for CBT practice in Brazil. It serves simply as a proposal to innovate in the provision of interventions, qualification and supervision for a reality that came to stay, which are technology mediated interventions and trainings. It is an invitation to a possible reality, and which has overwhelming evidence accumulated in the international literature. It is also an invitation to evidence-based innovation and the construction of evidence anchored in cultural, social and historical adaptations, a sensitive knowledge and respect for diversity.

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