WEBSITE TESTING OF iTF-CBT (internet TRAUMA FOCUSED – COGNITIVE BEHAVIOR THERAPY) AS AN INNOVATION FOR THE PREVENTION OF TRAUMA AND MENTAL DISORDER

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Abstract: This study has produced the internet Trauma Focused - Cognitive Behavior Therapy, also known as iTF-CBT, as an innovation for the prevention and treatment of trauma and mental health disorder. This study aims to present the development result of the TF-CBT website and to test the percentages of agreement of the content, software interaction and technical aspects of iTC-CBT. The iTF-CBT module consists of five modules, namely i. Psycho Education; ii. TF-CBT; iii. Exposure Therapy; iv. Cognitive Therapy; and v. Anxiety Management. All of these modules are supported by 12 activities. Besides, this study is divided into two phases: i. Module development phase; and ii. iTF-CBT testing phase. The first phase involved data collection by conducting interviews with the experts as well as literature review. The second phase involved getting the percentages of agreement for the development of iTF-CBT among 42 trainee counselors of the Sultan Idris Education University (UPSI). Results of this study indicate that the mean of percentages of the agreement between content, software interaction and technical aspects in the final test of iTC-CBT are high between 93 to 100 percent. These findings show that TF-CBT modules are applicable in the training to enhance the efficiency of trauma and mental health counselling. As a result, this study has further expanded the theory and practices of counselling in the context of mental health particularly in Post-Traumatic Stress Disorder (PTSD) and trauma.

Keywords: TF-CBT Modules, iTF-CBT, Trauma, Crisis, Mental Disorder

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Introduction

Trauma has been a main concern in the aspect of mental health and physical wellbeing of a person (Beck & Sloan, 2012; Brown et al., 2011). Studies indicate that 82.8% of individuals in the United States of America have experienced trauma throughout their lives and majority of them have undergone at least one stress disorder after the trauma (PTSD) based on the criteria and levels defined by the Diagnostic Statistical Manual - 5 (DSM-5; *American Psychiatric Association*, 2013) (Beck & Sloan, 2012).

In Malaysia, mental disorder has become a common problem and the number of patient with mental disorder receiving psychiatric treatment in the public hospitals has increased. Malaysians are often startled by sudden tragedy, wars, economy or politic crisis, accidents, and pandemic of sickness which could bring traumatizing impact to most of its victims. If these victims do not received immediate treatment physically or psychologically, their conditions will get worse, causing serious Post Traumatic Stress Disorder (PTSD) and might even lead to suicide. Nevertheless, having a good mental health condition can reduce the risks of traumatic stress or PTSD which could lead to more serious mental disorder (Samsiah et al., 2014).

Based on literature review, TF-CBT shows good treatment effect, good security and also cost-efficient (Strom, Pettersson, Andersson, 2000; Ost, 2008; Butler et al., 2006). In other words, TF-CBT is a promising treatment based on its efficiency with a combination of good treatment effect and security. However, the access to TF-CBT is limited. Only small amount of patients have been able to receive such efficient psychology treatment due to limited trained therapist as well as limited clinics provided in area with less population. As such, there is need to enlarge the availability of treatment to more people in which therapy and access to CBT can be offered more efficiently. As a result, the researchers have come together to create an innovation of treatment which is way more efficient as it is accessible 'online', namely the iTF-CBT.

TF-CBT uses CBT concepts to help a person cope with trauma. CBT concepts guided this study in focusing on how TF-CBT helps a person address and change his or her negative thoughts, feelings, and behaviors. CBT relates to the idea of structured psychotherapy that focuses on helping a person become aware of inaccurate or negative thinking so they are more able to respond clearly and effectively. Thinking impacts feeling which also impacts behavior and results in a multidirectional link. Since people respond differently to different situations, it is important to understand how an individual experienced a situation in order to best help that specific individual. Life's events may lead a person to have inaccurate or negative thoughts about future situations; often this shapes how people respond not only to situations and experiences, but how people respond in social interactions and relate to others. Therefore, a person's relationships may be impacted or harmed by previous experiences. As a result, CBT theorists believe that it is important to help a person address negative cognitions and restructure them so that they are more accurate and less negatively impactful to the person's future (Hernandez, 2014).

With the emergence of internet, a new internet-based treatment method focusing on trauma (iTF-CBT) is created, known as the internet CBT (iCBT). TF-CBT is an online service which offers treatment and information on iTF-CBT, accessible to enhance knowledge on mental healthcare and traumatic stress prevention. In Malaysia, the development of an online iTF-CBT has not yet been carried out. As such, the researchers have initiated the development of iTF-CBT and hopefully the result can offer benefits to the treatment and prevention of trauma and mental health problem. Findings from the pilot study indicate that the TF-CBT module has

good validity value and high reliability value over level .60 which is .835; hence, this module is regarded as a complete module (Samsiah et al., 2017).

Problem Statement

In Malaysia, based on the latest data of survey in 2015 by National Mental Health Morbidity Survey (NHMS) (New Straits Times, September 26, 2016 in Samsiah et al., 2017), 4.2 million out of 14.4 million of Malaysians age 16 and above have experienced problems related to mental disorder. Besides, statistics by NHMS have also shown drastic increment on the cases of mental disorder since 1996 (10.7%), 2006 (11.2%) and up till 2015 (29.2%). In terms of psychiatric assistance, since 2013, statistics indicate around 400,227 mental patients have received psychiatric treatment in public hospitals. These show an increment of 15.6 % compared to 346,196 patients in 2012. Moreover, 3 million out of 26 million of Malaysians including children are estimated with problems of emotional and mental disorder, with 6 suicide cases daily, 2,500 yearly, and 50,000 cases of attempt suicide yearly. The amount of suicide cases in Malaysia is almost equivalent to those of the developed countries such as the United States of America (Samsiah et al., 2015).

Cognitive Behavior Therapy or CBT is proven as a well-established and effective psychological treatment method to treat PTSD and several other mental and health disorders such as depression, anxiety disorder and obsessive compulsive (Andersson, 2009; Dobson, 2001). Among the random treatment group sampling, TF-CBT has been proven effective in treating all of those disorders (Ost, 2008; Butler, 2006) and used as the main treatment because of its combination of excellent treatment effect and good security (Strom, Pettersson, Andersson, 2000; Ost, 2008; Butler et al., 2006). Besides, CBT focusing on trauma is also viewed as a potential and promising treatment in terms of cost-efficient within the community.

iCBT can be used as an alternative strategy to assist clients with PTSD as well as other mental disorders. Moreover, through the 'online' method, more clients or individual with needs of mental health treatment who are shy to reach out and see the doctor because of stigma could be benefited through self-guidance while receiving minor supervision by counsellors or therapist. Besides, this method is also time-saving and enable the counsellors to identify clients with trauma and mental disorder as early as possible so that help and treatment can be given at once in a proper way before the problem turns into chronic.

Nevertheless, access to TF-CBT is still limited especially to those in need. Only small amount of patients are able to receive such efficient psychology treatment due to limited trained therapist available as well as limited outpatient clinics provided in area with less population (Shapiro, et al., 2003). As such, there is need to enlarge the availability of treatment in which the time of therapy can be used efficiently with wider access to TF-CBT. As a result, this study aims to develop an internet-based TF-CBT training module in order to increase the accessibility level of the trauma and mental health counselling services and to improve the mental wellbeing of clients. In accordance with the globalization era, therefore, a new internet-based treatment method is developed, namely the TF-CBT.

Research Aims

This study aims to develop a TF-CBT website, known as the iTF-CBT; and to test the interface design, content, software interaction and technical aspects of iTF-CBT as early prevention strategies of mental health disorder. The module of iTF-CBT is developed through literature review in which it is adapted and made based on the TF-CBT model by Cohen, Mannarino &

Deblinger (2012). Mean while, the training module of iTF-CBT is made based on the module development procedures by Rusell (1974) and Sidek and Jamaludin (2005). This training module is made to enhance the competency level and sensitivity of counsellors towards counselling cases involving trauma and crisis as well as mental health.

Research Methodology
Research Design
The design of this study is the preliminary study in the forms of literature review and survey in order to gather information on the CBT theories, CBT theories focusing on trauma, and to develop the iTF-CBT module. Besides, literature review and survey are carried out to identify the components of TF-CBT training module, to review the best literature, theories and model as well as the requirements of the module. Furthermore, survey is carried out to gather the percentages of agreement based on the research sample among the trainee counsellors of UPSI.

Research Location
42 undergraduates of the Bachelor Degree of Guidance and Counselling Education are involved as respondents in this study to test the iTF-CBT website. Research location is the lecture room of Psychology and Counselling Department of the Sultan Idris Education University in Tanjung Malim.

Research Sample
42 undergraduates of the Bachelor Degree of Guidance and Counselling Education from UPSI are involved in testing the usability of iTF-CBT. Purposive sampling is used to select the sample of this research in order to fulfil the objectives of this study and answer the queries from a study (Kerlinger & Lee, 2000). Selection of undergraduates from the Guidance and Counselling stream are mainly based on their specialization, having been exposed theoretically, practically and clinically in conducting the guidance and counselling session individually.

Research Tool
Data of the usability of the website is gathered by conducting early and final tests using the iTF-CBT Module Development Questionnaire Survey. These questionnaires consist of two parts: Part A and Part B. Part A contains information on the background of the respondents; whilst Part B contains a list of questions related to the iTF-CBT Module Development. There are two types of questionnaires used in the early and final tests, namely the questionnaire on Interface Design, Content and Overall; and the questionnaire on Interface Design, Content, Software Interaction and Technical.

Research Findings
In this study, the TF-CBT module is adapted and made based on the model by Deblinger, Cohen & Mannarino (2006). The overall components of TF-CBT module consists of five modules with 12 activities. Module 1: Psycho education aims to increase involvement in order to develop therapeutic relationship, offer information related to trauma, normalize trauma symptoms, and to demonstrate relaxation exercises to overcome daily stress. Module 2: TF-CBT explains to the basic concepts of cognitive behavior theory focusing on trauma involving thoughts, attitude and perception of individuals about themselves and others; and how these would influence their interpretation of a traumatic event that happen; and this interpretation is important as it could influence the resurgence of emotion and behavior. The next modules are Module 3: Exposure Therapy; Module 4: Cognitive Therapy; and Module 5: Anxiety Management, mainly discussing on trauma intervention techniques based on behavior theory

focusing on the aspects of cognitive in managing anxiety. The activities in these modules aim to enhance skills such as managing anxiety, managing thoughts distortion as a result of trauma, restructuring the cognitive in order to transform the negative thoughts, managing anger, interpersonal communication, and getting ready for stress reaction (stress inoculation) and managing trauma symptoms in the future. In other words, the draft of this TF-CBT module consists of main module, activities, content and techniques as shown in Table 1 below:

Table 1: Module, Activities and Techniques of TF-CBT Module

Module	Activities/Content	Techniques
Module 1: Psychoeducation	Activity 1: Trauma and PTSD Activity 2: Traumatic Event Activity 3: Relaxation Exercises	- Explanation/talk - Tacit consent form - Discussion - In group training
Module 2: Trauma Focused-Cognitive Behavior Therapy (TF-CBT)	Activity 4: CBT and A-B-C Concepts Activity 5: TF-CBT	- Explanation/talk - Discussion - In group training - Presentation
Module 3: Exposure Therapy	Activity 6: Imagination Exposure & In-vivo Activity 7: Prolonged Exposure	- Explanation/talk - Discussion - In group training - Presentation
Modul 4: (Cognitive Therapy)	Activity 8: Negative Thoughts/maladaptive Activity 9: Cognitive Restructuring & Cognitive Diffusion	- Explanation/talk - Discussion - In group training - Presentation - Role-play
Modul 5: (Anxiety Management)	Activity 10: Stress Inoculation Therapy Activity 11: Narrative Exposure Therapy Activity 12: Relaxation	- Explanation/talk - Discussion - In group training - Presentation

The testing of iTF-CBT module involved two series: the early test and the final test. In the early test, the questionnaires are distributed to 42 undergraduates of Bachelor Degree of Guidance and Counselling from UPSI before the pre-test. The questionnaires consist of two parts: Part A and Part B. Part A contains information on the background of the respondents; whilst Part B contains a list of questions related to the iTF-CBT Module Development. In the early test, the respondents are not allowed to use the computer personally. Only one computer and a projector are used to show the development result of iTF-CBT module to the respondents in front of a lecture room. Results from this test are for Part B as shown in Table 2 below.

Table 2: Questionnaire of Interface Design, Content and Overall

Aspects	Items	Percentages (100) of Agreement
Interface Design	Usage of suitable text	68
	Usage of suitable graphics	90
	Usage of suitable animation	86
	Rapid software reaction (grain size)	90
Content	Inadequate information	30
	Complicated information	44
	Accurate information	80
	Practical information	92
	Organised information	89
	Clear and understandable information	76
	No spelling error	88
Overall	Attractive software	87
	User-friendly software	95
	Contents of software are suitable	86
	Contents of software are helpful to counsellors	93
	Contents of software are helpful to students	90
	Contents of software are helpful to clients	96

The development process of iTF-CBT module involved improvement based on feedbacks and suggestion received from the early test as shown in Table 2. Referring to the Interface Design, results show that 68% of the respondents felt that the text usage needs changes or bigger font size. However, most of the respondents agreed with the usage of graphics with 90% of agreement; and also with the usage of animation with 86% of agreement as well as the rapid software reaction (grain size) with 90% of agreement. As for the Content, 44% of the respondents felt that the information needs to be simplified; while only 30% commented that the information is inadequate. Apart from that, between 76 – 92% of the respondents agreed that the contents of the software are easy to understand, organised, practical in daily life and contain no obvious spelling error. The Overall indicates that the software is attractive, user-friendly, and its contents are helpful to counsellors, students and clients with the percentages of agreement between 87 – 96%.

The second test is carried out to the same respondents as in the early test. Results from the final test enable the researchers to identify the level of satisfaction on software interaction and technical aspects. The questionnaires are further amended with the addition of technical aspects and software interaction. Results of the test are shown in Table 3.

Table 3: Findings on Interface Design, Content, Software Interaction and Technical in Final Test

Aspects	Items	Percentages (100) of Agreement
Interface Design	Attractive screen design	95
	Clear text	90
	Attractive graphics	83
	Attractive colors	85
	Effective usage of audio	70
	Effective usage of animation	86
	Animation aid learning	78
	Suitable interaction	80

	Appropriate feedback/response time	76
	Combination of text, graphics, audio, video, animation and colors enhance learning	93
	Clear software instructions	86
	Easy-to-understand software instructions	80
	Manual available anytime	96
	Easy-to-understand choices of icons	86
	Consistent usage of icons	85
	Presentation without facilitator	90
	Organised reference list for easy-to-reach additional information	95
Content	Shallow/limited knowledge	43
	Information too easy to users	95
	Accurate information	97
	Practical information in daily tasks	100
	Information related to users' current knowledge	95
	Organised information	93
	Easy-to-understand language	95
	No typo error	92
Software Interaction	User can move forward and backward whenever necessary	95
	User can log out from the program anytime	97
	User can stop and restart from the same location	87
	Well-organised presentation	93
	Presentation suitable to users' learning style	95
	Attractive presentation	95
	Software stimulate users	97
	Software enhance learning	100
	User-friendly software	100
Technical	No technical problem	100
	Software compatible with computer	90
	Software without error	95
	Software without crash	95
	Software will not hang when used wrongly	91

Table 3 shows between 70 to 96% of the respondents agreed that the interface design of iTF-CBT website in the Trauma and Mental Health Counselling is attractive with clear text, attractive colors and graphics, with manual that is accessible anytime and helps users get additional information. On the other hand, the usage of audio needs some improvement or updates in order to achieve higher efficiency because only 70% of the respondents agreed with this design. Besides, animation to aid learning and the appropriate feedback/response time also need improvement with only 70% and 76% of agreement respectively from the research samples. Apart from that, around 93 to 100% of the research samples agreed with the content of information. However, the content still needs to be upgraded because 43% of the research samples agreed that the content is still shallow; while 8% of the research samples agreed that there are spelling error. Furthermore, between 87 to 100% of the research samples agreed that software interaction and navigation are suitable to the needs of the users. In terms of technical, between 90 to 100% of the research samples agreed and are satisfied with the software.

Discussion
The development and testing of iTF-CBT website is based on current needs with themes related specifically to the prevention and treatment of trauma and mental disorder. Besides, the

development and needs of the iTF-CBT are in accordance with the CACREP standards which have approved the needs to include issues related to trauma for crisis intervention. According to Webber and Mascari (2009), *"The 2009 CACREP standards provide competencies for crisis, disaster, and trauma response that are infused in both core counselling and program specific curricula"* (pg. 125). These standards can enhance competency of counsellors when managing trauma and calamity cases; while bringing innovation to the basic training needs of counsellor.

This module is not developed to solely fulfil the needs of trauma counselling competency standards, but also to meet the current needs nowadays with various types of traumatic events and emergency. The iTF-CBT module consists of five main modules with 12 activities, namely Module 1: Psycho education which aims to increase involvement in order to develop therapeutic relationship, offer information related to trauma, normalize trauma symptoms, and to demonstrate relaxation exercises to overcome daily stress; Module 2: TF-CBT explains to the participants about the basic concepts of cognitive behavior theory focusing on trauma involving thoughts, attitude and perception of individuals about themselves and others; and how these would influence their interpretation of a traumatic event that happen; and this interpretation is important as it could influence the resurgence of emotion and behavior. The next modules are Module 3: Exposure Therapy; Module 4: Cognitive Therapy; and Module 5: Anxiety Management, mainly discussing on trauma intervention techniques based on behavior theory focusing on the aspects of cognitive in managing anxiety. These activities within the TF-CBT module aim to enhance skills such as managing anxiety, managing thoughts distortion as a result of trauma, cognitive restructuring in order to transform the negative thoughts, managing anger, interpersonal communication, and getting ready for stress reaction (stress inoculation) and managing trauma symptoms in the future. Most of these activities within the TF-CBT module are new and have not been expose to most participants.

The iTF-CBT website is not only developed for the purpose of prevention and treatment, but also to educate users about the knowledge on mental healthcare and methods to avoid traumatic stress. Besides, this website can also serves as a good reference source about issues on trauma / PTSD or mental disorder to the community whether professional or non-professional groups. As such, by having this module, counsellors can enhance their level of competency and awareness on the treatment and prevention of trauma and mental disorder; as in accordance with most of the trauma counselling models by several researchers which have given some guidelines to the counsellors (Powers, 2006; Eagle, 1998; Hobfoll, 2009; Egan, 1998; Prout and Schwarz, 1994; Lewis, 1999; Du Tolt, 2002; Goleman, 1995; Greenberg, 2002).

Research Implications
Counselling nowadays has begun to recognise the importance of positive mental health and the consequences of ignoring it. American Psychological Association (APA) and American Counselling Association (ACA) have declared that mental health is an important element because it is related to the wellbeing of human life. Besides, plenty of studies show that positive mental health would help individuals to remain sensible even in an emergency.

Findings of this study indicate that TF-CBT module has high validity and reliability values. In other words, it has achieved its development objectives and suitable to its target users. Besides, this module can serves as an intervention to enhance the competency level of trauma and mental health counselling practices particularly in the treatment and prevention of trauma and mental disorder. The TF-CBT module can also be used by school counsellors to identify

students with traumatic stress which could have lead to more serious problem (such as suicide, taking any substance or run away from home) if early assistance is not provided.

This study introduced the 'online' training approach using the online trauma and mental health module to enhance competency level of counselling practices. Moreover, the approaches used in the development of this module can also serve as guidelines to other researchers to develop future module in order to verify validity or reliability of the module. These methods were used by previous researchers to developed training modules related to trauma and counselling to train counsellors, social workers and those involved in the profession of helping others with the aim to enhance their skills in helping the trauma victims efficiently (Van Houten & Tom, 2006; McEvoy & Ziegler, 2006; Jordons, 2002; International Planned Parenthood Federation, 2002).

Besides, findings of this study could also enhance knowledge on counselling based on trauma and mental health as well as other related aspects such as crisis and traumatic stress. In Malaysia, study on development of iTF-CBT module has not yet been carried out systematically and comprehensively; therefore, this study has further enhanced the available theory of trauma and mental health counselling. Furthermore, this study has also enriched the available practices in the guidance and counselling theory; directly enhances competency and professionalism. Counsellors can enhance their competency while using it in counselling.

Conclusion

Trauma-focused Cognitive Behavioral Therapy or TF-CBT has been proven as an efficient psychological treatment method in treating PTSD and other mental disorders. As such, a more efficient 'online' treatment innovation, known as TF-CBT or internet-based CBT (iCBT) focusing on trauma (iTF-CBT) is developed with five modules and 12 activities based on TF-CBT. The iTF-CBT module has undergone testing and is proven with high validity and reliability values, as well as with high percentages of agreement in the final test in terms of the content, software interaction and technical aspects of the module. This brings positive influence to the development of counselling theory while enhances skills in counselling practices. As such, further research in trauma and mental health counselling could be expanded as a knowledge field of study that helps counsellors and those involved in the profession of helping others for the wellbeing of mankind.

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