A PRACTICE SKILLS COURSE TO SUPPORT THE WELLBEING OF TF-CBT-TRAINED THERAPISTS IN PUERTO RICO: AN EXPLORATORY STUDY

UN CURSO DE DESTREZAS PRACTICA PARA APOYAR EL BIENESTAR DE TERAPEUTAS CON FORMACIÓN EN TF-CBT EN PUERTO RICO: UN ESTUDIO EXPLORATORIO

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ABSTRACT

Therapists who work with trauma-exposed clients are at increased risk for developing symptoms of secondary traumatic stress (STS) and burnout, and therapists who experience shared traumas are at heightened risk for experiencing psychological distress. To help mitigate these negative effects, we offered a self-care course to previously trained Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) therapists in Puerto Rico. The course, which occurred over eight one-hour Zoom sessions, involved supporting therapists in personally using the coping skills they teach their TF-CBT clients. This exploratory, mixed method study assessed the impact of the course, which included cultural adjustments to address some of the unique experiences of therapists in Puerto Rico. The majority of participants reported personal (95.8%) and professional (87.5%) benefits from course participation. From pre- to post-course, participants ($N = 26$) reported significant increases in the use of PRACTICE coping skills ($p < .001$) and significant decreases in STS symptoms ($p = .041$). Benefits related to participants' wellbeing and clinical work were also qualitatively described by participants ($n = 19$). Qualitative responses also referenced specific cultural elements. Findings will inform future adjustments to the course to help enhance its impact and cultural applicability to trauma professionals in Puerto Rico.

KEYWORDS: secondary traumatic stress, burnout, PRACTICE skills, self-care, TF-CBT competency.

RESUMEN

Las personas terapeutas que trabajan con clientela expuesta a traumas tienen más riesgo de desarrollar síntomas de estrés traumático secundario (ETS) y quemazón, y quienes experimentan traumas compartidos tienen más riesgo de experimentar angustia psicológica. Para ayudar a mitigar esto, ofrecimos un curso a terapeutas de la Terapia Cognitiva Conductual Enfocada en el Trauma (TF-CBT, por sus siglas en inglés) con capacitación previa en Puerto Rico. Este implicó apoyarles para usar personalmente las destrezas de afrontamiento que enseñan a su clientela de TF-CBT. Este estudio exploratorio de método mixto evaluó el impacto del curso, que incluyó ajustes culturales para abordar algunas experiencias de las personas terapeutas. La mayoría de las personas participantes reportaron beneficios personales (95.8%) y profesionales (87.5%). Informaron aumentos significativos en uso de las destrezas de afrontamiento PRACTICA ($N = 26$; $p < .001$) y disminuciones significativas en los síntomas de ETS ($p = .041$). Quienes participaron ($n = 19$) describieron cualitativamente los beneficios relacionados con su bienestar y su trabajo clínico. Las respuestas cualitativas aludieron a elementos culturales. Los hallazgos informarán los ajustes futuros del curso para ayudar a mejorar su impacto y aplicabilidad cultural para profesionales del trauma en Puerto Rico.

PALABRAS CLAVE: estrés traumático secundario, quemazón, destrezas PRACTICA, autocuidado, competencias TF-CBT.

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It is well documented that therapists who work with trauma-exposed clients experience secondary traumatic stress (STS) and burnout at high rates (e.g., Bride et al., 2004; Craig & Sprang, 2010). As a result, they may experience feelings of anxiety, depression, hopelessness, and irritability, as well as intrusive thoughts and sleep difficulties, (e.g., Caringi et al., 2017; Yang & Hayes, 2020). Moreover, therapists with high numbers of clients with posttraumatic stress on their caseloads have increased symptoms of STS and burnout (e.g., Craig & Sprang, 2010). A personal history of trauma can also increase therapists' vulnerability to developing symptoms of STS and burnout (e.g., Stahnke & Firestone, 2024). These risk factors are particularly important to consider in the context of therapists who have experienced the same environmental stressors and traumas as their clients. Shared trauma may be experienced when a therapist is indirectly exposed to clients' traumas as part of their work, while simultaneously being directly exposed to the same collective trauma (i.e., an event where a large number of people experience the same traumatic event) as their clients (e.g., Stahnke & Firestone, 2024). When therapists experience shared trauma, they function in a "dual capacity" (i.e., survivor and mental health professional actively helping others). Thus, having shared traumatic experiences may put therapists at even greater risk of experiencing psychological distress (Bauwens & Tosone, 2010), including symptoms of STS and burnout.

Many risk factors for experiencing psychological distress may be present for therapists living in Puerto Rico (PR). In the past few decades alone, many residents of the archipelago have experienced considerable stressors, resulting in compounded adversity (i.e., impact is amplified as adverse events accumulate). Along with the rest of the world, PR experienced the physical and emotional impact of the COVID-19 pandemic. Additionally, PR's geographical location in the northeastern Caribbean makes it particularly susceptible to extreme weather events (United States Geological Survey, 2022), such as the major hurricanes Irma and Maria, which made landfall in 2017 and caused extensive destruction. PR's unique political landscape has made it difficult to both prepare for and rebuild from such catastrophes. Its status as an unincorporated territory without political representation (i.e., no representatives in Congress) has impacted PR's access to federal resources and services (e.g., Federal Emergency Management Agency). Factors related to this status and unique political landscape have also led to delays in aid being allowed into PR following disasters (e.g., the Jones Act, which requires international ships to be taxed at a mainland port before docking in PR; see Lichtveld, 2018).

It has been documented that helping professionals impacted by climate disasters, such as hurricanes, have a higher risk of experiencing symptoms of STS and burnout. For example, in a study of service providers in PR, 95.3% of respondents reported experiencing high levels of STS one year after Hurricane Maria and about half (50.4%) were experiencing medium to high levels of burnout (Powell et al., 2020). Another study documented that 91.9% of therapists in PR had medium to high levels of STS and 54.4% had medium to high levels of burnout following Hurricane Maria (Powell et al., 2022). Additionally, no other US state or territory has fewer mental health professionals per capita (Rivera et al., 2024) and community mental health agencies in PR are largely underfunded and under-resourced (McSorley et al., 2024). As a result, therapists in PR have reported feeling overloaded personally and professionally resulting, in part, from high caseloads and workloads (Cruz-González et al., 2024). These factors may also put therapists in PR at increased risk of experiencing STS and burnout.

In an effort to help improve the wellbeing of mental health professionals who work with clients exposed to trauma, a multi-session virtual course—the PRACTICE course—was developed for therapists trained in Trauma-Focused Cognitive Behavioral Therapy (TF-

CBT; Cohen et al., 2017; Deblinger et al., 2015). The self-care course is based on a practice what you preach philosophy and has previously been referred to as PRACTICE Makes Progress (Deblinger et al., 2024) to acknowledge that the repetition of skills leads to improvements (but not perfection) in using the skills. Objectives of the PRACTICE self-care course include enhancing participants' coping skills and wellbeing, improving their feelings of TF-CBT competency, and increasing their empathy for clients' experiences learning and adopting skills in the context of TF-CBT. Course participants are encouraged to personally use many of the PRACTICE skills and activities included in TF-CBT (i.e., **P**sychoeducation/Parenting, **R**elaxation, **A**ffect expression and modulation, **C**ognitive coping, **T**rauma narration and processing, **I**n vivo mastery, **C**onjoint parent-child sessions, and **E**nhancing safety and future development), with some adjustments to make the coping skills/components more applicable to therapists. Examples of these adjustments include asking participants to "take time to journal" helpful and positive experiences instead of asking them to share their thoughts and feelings about experienced traumas (i.e., trauma narration) as a client would be asked to do in the context of TF-CBT. Instead of being asked to participate in sessions with a supportive caregiver as they would in TF-CBT (i.e., conjoint sessions), participants were asked to "connect with others" in their personal and professional lives to receive and give positive support (i.e., praise).

Previous studies have demonstrated significant increases post-course in the use of the evidence-based PRACTICE coping skills (Deblinger et al., 2024; Deblinger et al., 2025). Significant improvements in symptoms of STS (Deblinger et al., 2024; Deblinger et al., 2025) and burnout (Deblinger et al., 2024) have also been reported, as have significant increases in self-reported TF-CBT competency (Deblinger et al., 2025). Significant increases in PRACTICE skills and benefits noted qualitatively were also found when the course was provided to therapists in Ukraine experiencing the shared trauma of war (Pollio et al., 2025).

The current study seeks to build on prior research by exploring the impact of an iteration of the PRACTICE course that included changes to increase its cultural applicability for TF-CBT- trained therapists in PR. To assess the course's impact, we used an exploratory mixed method approach to gain understanding and insight by leveraging the complementarity of standardized assessment measures and written responses completed by participants. Although exploratory, we hypothesized that participation in the PRACTICE course would lead to significant improvements in self-report measures of PRACTICE skills use, levels of STS and burnout, and feelings of TF-CBT competency. The goals of our qualitative analyses were to illustrate and clarify the impact on participants. Another objective was to inform additional enhancements of the course to increase its effectiveness and cultural applicability to therapists in PR.

METHOD

Participants

To be eligible to participate in the course, applicants had to (1) have previously completed TF-CBTWeb 2.0, a web-based training, (2) have previously completed a TF-CBT training program, (3) be located in PR, (4) speak Spanish, and (5) commit to attending the eight course sessions. At the time of acceptance into the course, therapists were required to be actively providing TF-CBT to more than one client, and supervisors were required to either be personally providing TF-CBT to at least one client or supervising at least one therapist who was actively implementing TF-CBT. Applicants were excluded if they previously participated in a self-care augmented TF-CBT training program or another iteration of the PRACTICE course.

Study participants were doctoral level (92.3%) and master's level (7.7%) licensed psychologists located in PR who were previ-

ously trained in TF-CBT. Two participants (7.7%) had completed the national TF-CBT Train-the-Supervisor program, and four (15.4%) additional participants were nationally certified in TF-CBT. Most participants identified as female (96.2%), and their mean age was 41.1 years (*SD* = 6.7). With respect to race, 34.6% of participants identified as White; 38.5% identified as Biracial/Multiracial, 11.5% identified as Black/African American, and 11.5% identified as "other". One participant (3.8%) preferred not to answer the question related to race. All participants identified as Hispanic/Latino.

Course Description

The course was comprised of the following PRACTICE skills, activities, and concepts: **P**raise (e.g., positive/nurturing interactions), **R**elax mind/body (e.g., mindful/deep breathing, humor/laughter), **A**ffect regulation (e.g., physical activity, positive self-talk, mantras), **C**ognitive coping (e.g., challenge unhelpful thoughts), **T**ake time to journal (e.g., writing about positive experiences, gratitude journaling), **I**n-Vivo Mastery and Integration (create PRACTICE habits), **C**onnect with others (for positive support and accountability), and **E**nhance well-being/work environment (with self-care and self-compassion). Course session content and associated activities parallel the session structure of TF-CBT. In each session, the facilitator provided psychoeducation, taught and/or practiced a skill, assigned homework to use the skill between sessions (i.e., PRACTICE assignment), and at the beginning of the following session, reviewed successes and barriers related to implementation of the skill assignment. Sharing successes and barriers with the group served to increase accountability as well as to provide space to celebrate successes and problem solve barriers. Because there was only one Spanish-speaking facilitator, the weekly PRACTICE assignment review—where participants shared their application of skills and supported colleagues by listening to their experiences—took place with the full group. This format differs from the pilot study (Deblinger et al., 2024), where assignment review occurred in smaller breakout groups. Sessions also combined storytelling (e.g., using personal and professional stories to make the content relevant and dynamic), integrating research findings, and modeling (e.g., giving personal and professional examples of skill utilization, highlighting successes and challenges). Additionally, before the first session, we shipped materials to participants. These materials were meant to serve as tangible reminders to personally use the PRACTICE skills (e.g., magnets with the word "praise" to remind participants to praise the people who are important to them) and were referenced during course sessions.

Cultural Considerations

Much like TF-CBT, the PRACTICE course has a structure within which there is flexibility to tailor discussions to participants' needs, circumstances, and cultural backgrounds. A lens of cultural and language humility was applied by the facilitator to make several changes to the course to enhance the applicability to therapists in PR. Sessions were facilitated in Spanish by a Puerto Rican doctoral-level licensed psychologist who is a nationally approved TF-CBT trainer with extensive experience teaching in PR. Course slides and handouts were translated into Spanish by this facilitator and checked for accuracy by another bilingual TF-CBT trained psychologist from PR. Providing content in the primary language of participants removed linguistic barriers and made the content more accessible. Throughout the course, the facilitator and participants acknowledged the impact of shared traumas and applied PRACTICE skills to help them cope in the aftermath of natural disasters (e.g., power grid issues, internet connectivity), and other stressful experiences. Culturally relevant clinical and personal examples were also added to the course content by the facilitator. For example, during a discussion of the power of laughter and humor, participants were invited to reflect on ways they cultivate joy.

The facilitator then jokingly asked if anyone else was "obsessed with facial creams and beauty products." This led to laughter and reminiscing about familiar cultural references such as baba de caracol, Pond's cream, the Mirta de Perales hair products, and iconic character Cuca Gómez, famous for her line *yo lo fabrico, yo lo uso y yo lo recomiendo* (I make it, I use it, and I recommend it). These shared moments of humor underscored the Puerto Rican tendency to use laughter as a form of self-care. Additionally, the purposeful use of regional dialect, reference to local traditions and practices, spirituality, humor, and common lived experiences helped promote a sense of community throughout the course. For example, during a discussion on emotional expression, the facilitator reflected on the common Puerto Rican tendency to respond *estoy bien* (I'm fine), regardless of ongoing hardship. Participants explored how this phrase often masks exhaustion or pain while serving as a cultural expression of endurance. The group connected this theme to popular culture, referencing the song "Estamos Bien," by the musician and producer Bad Bunny (2018), which captures both "the denial" and the pride embedded in the collective Puerto Rican resilience narrative. This conversation helped participants recognize how cultural scripts about emotional strength can shape both clients' and clinicians' responses to stress, and how awareness of these patterns supports more authentic self-care and empathy in practice.

Procedure

After being accepted into the course, but prior to completing the pre-course survey, we asked the 26 participants to provide consent for their survey responses to be used for research purposes. We informed them that providing research consent was not required to participate in the course, they could withdraw research consent at any time, and there were no incentives for allowing survey responses to be used for research purposes. All participants (N = 26; 100%) agreed to allow their survey responses to be used for research purposes; 24 (92.3%) completed both the pre- and post-course surveys. The two participants who did not complete the post-course survey were similar demographically to the other participants (e.g., identified as Latina; ages fell within the range of other participants), and all their pre-course measures fell in the range of values for the overall sample. Of the 24 participants who completed the post-course survey, 19 (79.2%) completed the personal narrative assignment. As all research-related procedures were conducted by study personnel at the Child Abuse Research Education and Service (CARES) Institute, the study was approved by the RowanSOM IRB (PRO-2021-485).

We provided this course to two cohorts of participants. One cohort attended the course from mid-October 2022 to mid-December 2022 (n = 15); the other cohort attended from late March 2023 to late May 2023 (n = 11). Each cohort engaged in eight 60-minute interactive sessions virtually via Zoom. The course developers designed the course to be provided weekly for seven consecutive weeks with a weeklong break between sessions seven and eight. However, the timing of the course sessions varied for the current study cohorts due to logistical issues related to the residual effects of Hurricane Fiona, such as internet connectivity and power issues as well as other scheduling difficulties. Because of these logistic issues, it took one additional week (i.e., 10 weeks) to complete the eight course sessions for both cohorts.

Recruitment Process

Recruitment for cohort 1 began August 2022 and ended when 15 participants were enrolled in the course. We sent applications for the course via email to previously trained TF-CBT clinicians in PR who were identified by Spanish-speaking TF-CBT trainers, including the first author. Recruitment for cohort 2 began January 2023 and ended two weeks before the first session. This cutoff was to ensure participants had enough time to complete the pre-course survey. We asked appli-

cants who missed the cutoff for cohort 1 if they were available for the dates of cohort 2. If they were available, we enrolled them. We also sent applications for cohort 2 to clinicians who had either completed their training between the two course cohorts or who had been identified by the network of TF-CBT trainers after we sent the initial applications.

Data Collection Procedure

Participants completed quantitative surveys using an online data collection tool (Qualtrics) within four weeks before their cohort's first course session (pre-course) and within four weeks after their cohort's final course session (post-course). The surveys contained standardized measures to assess participants' use of PRACTICE skills, symptoms of STS, levels of burnout, and self-reported TF-CBT competency. In the pre-course survey, we included additional questions to gather demographic and background information. To evaluate the overall benefits of the course, we asked participants at post-course, using yes/no questions, if they experienced any benefit from utilizing the PRACTICE skills in their (1) personal and (2) professional lives. Additionally, between the seventh and eighth course sessions, we asked participants to complete a personal narrative assignment, which was a PRACTICE activity designed to parallel trauma narration in TF-CBT. For this assignment, we prompted participants to intentionally write about their thoughts and feelings related to course participation.

Measures

With the exception of the Spanish Burnout Inventory which was developed in Spanish, all survey questions and measures were translated into Spanish with the permission of the developers. Due to limitations in funding and time constraints, we did not conduct a pilot validation study with the Spanish translations of the measures prior to their use in this study. However, methodologically rigorous steps were taken in their translation. The translations, which were originally done for another project, were completed by a bilingual team in PR led by a doctoral-level researcher with extensive experience translating mental health-related content. The translation team consulted other doctoral-level researchers in PR with experience providing TF-CBT as part of this process. A certificate of accuracy was provided when the translated measures were provided for use in the current study. The certificate contained a description of the translation process which included the use of gold standard methods (see Bernal et al., 2014) such as a combination of back- and forward-translations, separate teams of bilingual researchers, and discussion to come to consensus. This process helped to ensure the translated measures in Spanish were accurate and conceptually and semantically equivalent to the original English versions.

PRACTICE Activity Scale-Revised

The PRACTICE Activity Scale-Revised (PRACTICE Activity Scale; Deblinger et al., 2020) is a self-report measure that assesses the frequency with which respondents utilize each of the 11 listed PRACTICE skills and activities. It uses a 7-point Likert scale ranging from *never* (1) to *all the time* (2). Total scores range from 11 to 77, where higher scores indicate more frequent use of the skills. Mean total scores at baseline ranging from 45.05 to 48.65 have previously been reported (Deblinger et al., 2025 and Deblinger et al., 2024, respectively). Of note, this measure originally included a timeframe of "the past four months". However, due to revisions made to the length of the PRACTICE course since the pilot study (Deblinger et al., 2024), the timeframe was removed from the completion instructions for this measure by the measure developers. Alpha coefficients of .82 and .84 have been reported (Deblinger et al., 2024; Deblinger et al., 2025). For the translated version of the measure we used in the current study, the Cronbach's coefficient α was .91.

Secondary Traumatic Stress Scale

The Secondary Traumatic Stress Scale (STSS; Bride et al., 2004) assesses self-

reported symptoms of STS in professionals who work with trauma-exposed clients. Respondents are asked to rate how frequently they experienced the listed thoughts/feelings in the past week. Each of the 17 items is responded to using a 5-point rating scale ranging from *never* (1) to *very often* (5). Total scores range from 17 to 85 and can be interpreted as follows: less than 28 indicates little to no STS symptoms, 28 to 37 indicates mild STS, 38 to 43 indicates moderate STS, 44 to 48 indicates high STS, and 49 or higher indicates severe STS (Bride, 2007). Bride and colleagues (2004) reported a Cronbach's coefficient α of .94; the Cronbach's coefficient α for the translated version of the measure we used in the present study was .91.

Spanish Burnout Inventory

The Spanish Burnout Inventory (SBI; Gil-Monte, 2011) is a 20-item self-report measure that assesses symptoms of burnout. Respondents are asked to rate how often they experience symptoms where 0 is *never*, 1 is *rarely* (a few times a year), 2 is *sometimes* (a few times a month), 3 is *frequently* (a few times a week) and 4 is *very frequently* (every day). In the present study, we focused on the total score which is obtained by combining the means of three of the four subscales: Enthusiasm Towards the Job (reverse scored), Psychological Exhaustion, and Indolence. Total scores, when converted into percentiles, can be interpreted as follows: < 11 is very low burnout; 11 to 33 is low burnout; 34 to 66 is medium/average burnout; 67 to 89 is high burnout; and > 89 is critical burnout (Gil-Monte, 2011). The SBI has been found to be a reliable and valid measure when used in research in Spanish-speaking countries and regions, including PR (Gil-Monte et al., 2023). García Borrero et al. (2022) reported a coefficient α of 0.79. The Cronbach's coefficient α in the present study was .90.

TF-CBT Competency Self-Report Survey

The TF-CBT Competency Self-Report Survey (Competency Survey; CARES, 2014) is a 20-item measure that assesses self-reported TF-CBT competency. Using a 5-point Likert scale ranging from *not at all* (1) to *exceptionally* (5), respondents rate how competent they feel implementing TF-CBT skills and related activities. There is no timeframe for this measure. Total scores range from 20 to 100, with higher scores indicating higher self-reported TF-CBT competency. Deblinger and colleagues (2024) reported a mean baseline total score of 78.35 and a coefficient α of .95. The Cronbach's coefficient α for the translated version of the measure we used in the current study was .91.

Personal Narrative Assignment

In the personal narrative assignment, we asked participants to intentionally write about their thoughts and feelings. First, we asked them to describe a specific example of intentionally using a PRACTICE skill and its impact. Then, we asked them to describe how their experience in the course helped provide insight into clients' experiences learning and practicing new skills. We de-identified written responses prior to coding.

Data Analysis

First, we conducted a sensitivity power analysis to determine what effect size would be detectable with standard levels of power (0.80) and significance (0.05). Using G*Power 3.1.9.7 (Faul et al., 2007), we found that the pre-post within-subjects design would be sufficient to detect a moderate effect size (0.61) with a power level of 0.80 and a significance level of 0.05. We then inspected the frequency distributions for pre-course, post-course, and change scores for the outcome measures. Since the number of post-course and change scores were affected by the absence of post-course measures for two of the clinicians, we screened these measures using three missing data approaches: listwise deletion, last observation carried forward (LOCF), and mean substitution. None of the scales' total scores or change scores had a skewness or kurtosis index > |2.0| indicating that these measures were normally distributed. Additionally, none of the individual

pre-, post-, or change scores had a standardized value >|3.0|, indicating a lack of undue influence from non-normal outlier scores. These results were unaffected by the missing data strategy chosen (Tabachnick & Fidell, 2019). Therefore, we concluded that the proposed parametric paired t tests analyses were appropriate and did not require using square-root or log10 transformations for the data.

We calculated confidence intervals for pre- and post-course means using the bias-corrected and accelerated bootstrapping method (1000 samples). The effect sizes presented employ Cohen's d, with the denominator being the standard deviation of the mean difference, adjusted by the correlation between pre- and post-course measures (Lakens, 2013). Due to the exploratory nature of this study, we did not employ a Type I error reduction approach such as Bonferroni adjustments. We performed the statistical analyses using SPSS Version 31.

For the qualitative analyses, we used content analysis (Elo & Kyngäs, 2008) to capture certain basic elements of the impact of the course (e.g., which PRACTICE skills were mentioned most often). For most of the qualitative analyses, however, we took a descriptive thematic approach (Braun & Clarke, 2006) where themes and codes were derived inductively from the data, including capturing important cultural elements mentioned in responses. The development and refinement of the coding guidelines occurred throughout the analytic process through independent and group reviews of the data. The coding team was comprised of three of the authors (YM, JH, FM). JH had prior qualitative coding experience and trained the other members of the coding team in the coding scheme through individual and group meetings, discussions, and through group coding practice.

All three coders had attended and/or facilitated versions of the course. YM and JH are practicing TF-CBT therapists. YM served as the facilitator for the course in the current study, identifies as Puerto Rican, and is fluent in Spanish and English, which may lend to the credibility of the analyses. All participants wrote their responses in Spanish and YM coded all responses in Spanish. As JH and FM are not fluent in Spanish, to ease the burden of translation on YM, we used Google Translate as a first step to translate responses into English. YM checked the English translations for accuracy and made changes as necessary (see Kunst & Bierwiaczonek, 2023, and Steigerwald et al., 2022 for justification of this method). YM had access to both the Spanish and English versions of responses during the coding process. All responses were coded independently by all members of the coding team; coders took frequent breaks to help limit coding fatigue.

After independent coding was complete, the coding team met again to review codes and resolved discrepancies through consensus. Given their diverse backgrounds and experiences, the coding team protected ample time for the consensus-related discussions, particularly as it related to culturally relevant content. The coding team discussed the emergence of novel themes and took steps to capture, and review as a group, important cultural elements mentioned in the responses. YM was able to provide cultural context and insight into how to interpret responses based on the Spanish language and Puerto Rican culture. The coding team implemented steps to enhance rigor and trustworthiness throughout the coding process, including reflexivity journaling (Berger, 2015) and memoing (Birks et al., 2008).

TABLE 1.
Means, Standard Deviations, and Paired *t* tests for Outcome Measures Before and After Course Participation.

Measure	Before		After		*r*	*t*	*d*	*d* 95% CI
	M (SD)	95% CI	*M (SD)*	95% CI				
PRACTICE Activity	51.27 (11.64)	[45.99, 56.39]	58.77 (10.56)	[54.31, 63.14]	0.733***	-4.68***	-.671	[-1.025, -.317]
STSS	29.31 (9.05)	[25.62, 33.12]	26.31 (6.54)	[24.00, 28.92]	0.625***	2.15*	.365	[-.001, .731]
SBI	14.12 (6.95)	[11.54, 16.74]	13.65 (6.00)	[11.54, 15.85]	0.780***	0.536	.070	[-.199, .339]
Competency	77.96 (9.16)	[74.96, 81.00]	79.85 (8.12)	[77.10, 86.69]	0.587**	-1.22	-.217	[-.589, .156]

Note. We conducted all analyses with 26 cases and 25 degrees of freedom. PRACTICE Activity = PRACTICE Activity Scale-Revised; STSS = Secondary Traumatic Stress Scale; SBI = Spanish Burnout Inventory; Competency = TF-CBT Competency Self-Report Survey-Revised
*p < .05, **p <.01, *** p < .001

RESULTS

Quantitative Analyses

Table 1 displays the means, standard deviations, and paired t tests for the pre- and post-course means as well as the pre- and post-course total score correlations, Cohen's (1992) *d* (effect size) statistics, and two-tailed levels of significance for the mean differences. We ran all paired *t* tests using the three previously described approaches to missing data: pairwise deletion, LOCF, and mean substitution. No significant changes in the Table 1 results occurred among these three approaches. Therefore, in the interests of maximum participant inclusion and a conservative approach that was consistent with previous work (Deblinger et al., 2024), we conducted all analyses presented using the LOCF approach to missing data.

Study participants were fairly uniform on a number of demographic and background characteristics, including gender, ethnicity, and educational level. Two variables which displayed less uniformity were age and the amount of time elapsed between the participant completing the pre- and post-course measures; as both were normally distributed with no outliers, we used Pearson's r to evaluate potential relationships between these two variables with the changes in outcome measures. One correlation, between STSS change and age, was marginally significant, at r = -.375 (p = .059). As a precaution, we re-analyzed the STSS data, using analysis of covariance, with age as the covariate. The results did not differ in significance from the results presented below. Therefore, for consistency, we used the paired t test approach for all four outcome variables.

Participants described significant (p < .001) increases in the PRACTICE Activity Scale scores and significant (p = .041) decreases in STSS scores after completing the course. The d statistic for the PRACTICE Activity Scale mean differences represents a moderate-to-large effect size; the corresponding statistic for the STSS mean differences represents a small-to-moderate effect size according to Cohen's (1992) interpretive guidelines. We found no significant changes for burnout (i.e., mean percentile-based levels of burnout were in the medium/average range at pre- and post-course survey) or self-reported TF-CBT competency.

In addition to analyzing the pre-post change in total STSS scores, we also examined the categorical levels of STS over time. None of the participants reported a severe level of STS at either time period, and a majority of clinicians reported little to no STS at both pre (53.8%) and post (65.4%) time periods. Consistent with the results for the STSS total score, however, when we ranked the severity categories ordinally, the change from pre to post was significant, according to a related-samples Wilcoxon signed rank test (W = 16.5, Z = -2.14, p = .033).

Finally, we examined relationships among pre-course values and changes in outcome scores. Among all possible pairings, only the relationship between STSS total pre-course scores and the change in PRACTICE Activity

Scale scores was significant, r (24) = .39, p = .046. This indicated that higher initial STSS scores were associated with greater increases in PRACTICE Activity Scale scores. Standardized residualized gain scores for STSS total score and PRACTICE Activity Scale scores suggested that the correlation between the actual change scores for the two measures ranged from non-significant in the sample without LOCF imputation r (22) = -.26, p = .225 to marginal in the sample with LOCF imputation, r (24) = -.36, p = .075.

Of the participants who completed the post-course survey (*n* = 24), the majority reported personal (95.8%) and professional (87.5%) benefits from course participation. The three participants who did not report professional benefits from course participation were similar demographically to the other participants. Although their pre- and post-course measures fell within the range of values for the overall sample, PRACTICE Activity Scale scores were lower for participants who did not report a professional benefit than for those who did report professional benefits. Given the small sample size in both groups (benefits reported versus benefits not reported), we could not conduct statistical analyses. Of note, one of the participants who did not report professional benefits also did not report personal benefits.

Qualitative Analyses

In the qualitative responses to the personal narrative assignment, participants described the impact of the course on their wellbeing as well as on their clinical work. Some specific elements of Puerto Rican culture were also present in the written responses that were captured during the coding process. Of note, in the qualitative analyses and results sections, the term "participant" refers to those who completed the personal narrative assignment (*n* = 19).

Impact on Wellbeing

Regarding general impacts of the course, participants noted substantial changes in their ability to cope and handle stressors as well as a general increase in understanding the importance and value of self-care. As one participant shared, "[the course] has helped me to have a greater commitment to myself," and another participant stated, "self-care is one of the most important aspects for health professionals." In terms of specific changes to self-care practices, the majority of participants (15; 78.9%) reported that the course helped them to practice new skills. Almost half reported the course helped to increase the use of a skill they had already been using (9; 47.3%), with some of these participants (5; 26.3%) overlapping and reporting both the adoption of new skills and an increase in skills already in use. Although asked to describe the use of a single PRACTICE skill in the prompt, most participants (14; 73.7%) described the use and impact of more than one PRACTICE skill. This reflected the general enthusiasm for the course and skills that many participants incorporated into their responses.

Of note, participants mentioned using the PRACTICE skills to help manage a range of stressors, including general life and family stressors, personal health issues, and difficulties at work. They were enthusiastic when describing the benefits they received from the course, with one of them sharing, "I love it and it has been of great benefit to me. I feel at peace, it helps me focus on the present moment and stay in touch with my body and emotions." Another participant shared that adding self-care to their routine during the course led to, "being more in the present moment with intentionality [which] makes me feel less stressed and enjoying myself [more]."

Gratitude was the PRACTICE skill mentioned most often (7; 36.8%), with many participants noting a considerable impact. One participant described the use of gratitude journaling as "transformative," with another noting it "allows me to access an x-ray of how blessed I have been." In describing their experience with gratitude journaling, another participant wrote, "I am struck by how such a simple activity can be so helpful. Intentionally realizing the goodness that the day brings me

has been a gift of well-being for me." Physical activity (6; 31.6%) and mantras (i.e., a brief, positive statement; 5; 26.3%) were also mentioned as PRACTICE skills that were used to manage stressors and negative emotions. About adding exercise to their routine, one participant noted, "[it] helps me to self-regulate and physiologically drain all that load from the week." Another participant shared, "the technique that I have been incorporating into my daily routine has been physical activity…I recognize that I feel much better after walking." Regarding personal mantras, one participant shared, "I have used my personal Mantra and placed it in a visible place. This has helped me to have more responsibility for my self-care. This makes me feel energized and calm." Another stated:

> I will first describe my mantra, "One day at a time." I say this to myself every day and it has helped me both at work and at home. I think that saying it helps me to lighten my burdens, to be more considerate of myself. By saying it, I feel calmer and more peaceful.

Impact on Clinical Work

Participants were also prompted to share how the course impacted their understanding of their clients' experiences in therapy. Many (17; 89.5%) reported that the experience of trying to use the skills themselves gave them increased insight into the barriers clients may face when asked to implement the PRACTICE skills and activities in TF-CBT. As one participant wrote,

> The empathy and considerations we must have when working on a plan or tasks with [clients]. Sometimes we show frustration and the therapeutic process can be affected because we interpret that difficulty as a lack of commitment. And the reality is that on many occasions this is not the case, and this has helped me take that into consideration to improve the relationship with my [clients].

Some participants (4; 21.1%) also noted that their participation in the course improved their confidence in the benefits the skills can have:

> By practicing these skills with commitment and dedication, I can say that we are significantly impacting the lives of our clients. There is no doubt that the skills they are working on will help them heal from their traumatic experience.

A number of participants (5; 26.3%) also indicated that they were better able to teach the skills to clients after having participated in the course. One shared "In relation to my role as a therapist, it allowed me to better understand and be more empathetic regarding skill recommendations, I can be clearer with my examples and I have a greater repertoire of strategies." Many therapists (7; 36.8%) also shared that practicing and benefitting from the skills themselves gave them better motivation and/or ability to help clients work through barriers with skill utilization. As one participant commented:

> From the "outside" when one makes the recommendation, one thinks that it is easy, simple and that the self-care activity will not take much time… now that I am the one doing it, that I supposedly have the knowledge and know the benefits of the technique, I realize that it is not as easy as I [thought]. I am more aware of the effort that must be put in, the different obstacles that stand in the way (physical and cognitive), leading me to manage the frustration when a client does not complete their task. At the same time, I am more creative and persevering with my clients to help them and accompany them in their process… it is a process of

perseverance and compassionate accompaniment.

Cultural Elements

Participants' written responses contained important elements of Puerto Rican culture. For example, resiliency is an important aspect of Puerto Rican culture that appeared throughout responses. To help illustrate, one participant shared that their mantra had been "this is difficult but temporary" which had become a "reminder of hope despite the adversity I am experiencing due to [a significant health issue]" and that it "keeps me in personal growth despite the physical and emotional pain, having hope, maintaining strength." Another participant, in describing the benefits of gratitude journaling, touched on resiliency when they said:

> [the journaling] really helped me connect with the positive experiences that happened during my days, even when they were highly stressful and busy… stopping at the end of the day to recognize the moments I could be grateful for made me feel joy, calm, and with expectations that the next day something to be grateful for would happen.

The importance of resiliency may be noteworthy to consider given that "demands for excellence" (i.e., having unrealistically high expectations of performance and achievement, including perfectionism) and a tendency toward self-criticism are common in Puerto Rican culture. These high standards have been imposed by societal expectations and norms created over centuries of colonialism, often become internalized, and are used by some individuals as key measures of success and worthiness (Rivera Pichardo et al., 2022). Of note, resiliency, enhanced by PRACTICE skills, may have served as a buffer for self-criticism and demands for excellence for some participants. For example, one therapist mentioned using the cognitive coping worksheet from the course to help with self-criticism about their clinical work, sharing that they had the thought "I am not competent for this case" and used the thought challenging worksheet from the course to change it to: "You are doing the best you can, you have been preparing to work this case, and you are being responsible to your client." Additionally, mantras, cognitive coping, and positive self-talk were sometimes mentioned as strategies used to work through harsh negative thoughts that may otherwise have prevented completion of a self-care goal. For example, one participant shared that this practice included gently reminding themself that "I really want to keep up with my self-care" when feeling "fear related to keeping my commitment… [and] sadness and anger on the days I didn't."

Other important aspects of Puerto Rican culture also appeared in responses, including how central spirituality is in the lives of many Puerto Ricans. For example, one participant described how their mantra served as a coping skill and a spiritual practice:

> I am a very Christian person and therefore my mantra is "God is in control." I repeat it to myself several times and it applies to everything. It is a good tool to manage thoughts but it has also served as a spiritual practice for me.

Another shared that, "Establishing a habit for meditation and prayer… has allowed me to establish time for myself, to connect with myself and with God. When I practice it, I feel at peace and relief." When describing their experience with gratitude journaling, one participant shared it "changes our focus to positivity immediately and improves our mood... and helps me to focus on those little miracles that God gives us every day."

Social connection was a concept also touched on by many participants, especially when describing the skill of praise, where the given examples highlighted the cultural values

of family, relationships, and connections with others. One participant noted the power that praise had in bringing them closer to their partner and family members during a family trip that could have easily become tense and chaotic. Another participant mentioned using praise at work to "promote social connections and relationships" as well as with family to both open up to and set a boundary with a partner. One therapist shared that they had increased empathy for their clients after recognizing that they too have difficulty making time to connect with others, even though they recognize it as an important self-care skill. This cultural value of connection with others was also highlighted when participants mentioned how helpful it was to hear from their colleagues during the course. One participant shared "hearing that other colleagues are in the same boat, or their circumstances are even worse and they make their effort... encourages me not to give up." Another stated:

> The universality that occurs when we talk about how we feel, the challenges we face, and the ideas that other colleagues share is one of these very helpful aspects… I felt that [this course] moved me to try to make what we keep in mind as a goal a reality, you feel committed to the team to share your experiences.

DISCUSSION

The current exploratory study examined the impact of a virtual self-care course that encourages TF-CBT-trained therapists to utilize the PRACTICE coping skills they teach their clients. The course facilitator, in consultation with the course developers, made several adjustments to make the course more consistent with Puerto Rican culture, such as providing the course in Spanish by a first language speaker and including culturally relevant clinical and personal examples in the course sessions. We used an exploratory mixed method to more fully evaluate the course, given the language and cultural adjustments made to more optimally address the specific needs of the study population. This allowed us to explore the effects of participation and to inform additional adjustments to the course to better support the wellbeing of trauma therapists in PR.

Our hypotheses that significant improvements would be found across all measured outcomes were partially supported. More specifically, from pre- to post-course, participants reported significant increases in their use of PRACTICE coping skills and significant improvements in their STS symptoms. Significant increases in PRACTICE coping skills use have been found in all investigations of the course to date (Deblinger et al., 2024; Deblinger et al., 2025; Pollio et al., 2025). The initial pilot study of the course (Deblinger et al., 2024) also documented significant decreases in STS symptoms from pre- to post-course. The current study replicating these findings is particularly meaningful as participants in the culturally modified course not only had regular exposure to traumatic content through implementing/supervising TF-CBT but also shared some of the collective traumas endured by their clients, including the effects of the COVID-19 pandemic, major hurricanes, and other island-wide stressors.

We gained additional insight into the benefits of the course through the analysis of qualitative data from open-ended responses to two narrative prompts. In general, the narrative accounts reflected enthusiasm for the course and its benefits, particularly regarding personal coping with stress, enhancing participants' empathy for clients, and increased confidence in motivating and assisting clients in the context of therapy. The first narrative prompt asked participants to share their thoughts and feelings about implementing one PRACTICE skill. In their responses to this prompt, participants were enthusiastic in describing their participation in the course and wrote about the considerable positive impacts the course and the use of PRACTICE skills had on their wellbeing. The

majority of participants shared accounts of adopting more than one new PRACTICE skill and almost half described increasing the use of a skill they had already been using; some noted both. The skills participants most frequently commented on, with respect to enhancing their wellbeing, included gratitude journaling, physical activity, and positive self-talk. Many participants described how the skills helped them cope with a wide range of personal (e.g., family and health related) and professional stressors.

In response to the second narrative prompt—which asked about the impact of the course on their clinical work—most participants acknowledged that engaging in PRACTICE skills themselves heightened their appreciation for the challenges that clients faced in adopting new skills. In addition, some participants reported their experience in the course increased their motivation and effectiveness in helping clients overcome obstacles faced when attempting to complete PRACTICE assignments. Understanding, from personal experience, that intentionally utilizing new skills in daily life can be challenging seemed to enhance participants' empathy for clients, especially in terms of their responses to therapy homework assignments. Several participants also acknowledged that the course enhanced their confidence in teaching the skills as well as enhanced their appreciation for how the skills would benefit clients.

Culture plays a significant role in individuals' experiences of wellbeing (e.g., Gopalkrishnan, 2018; Huang & Zane, 2016). Across the two personal narrative prompts, themes emerged that reflect values and issues that are common in PR. Some participants shared how gratitude journaling and other PRACTICE skills helped them focus on positive moments and personal strengths when facing adversity, reflecting a belief in the resilience of the human spirit. Pressure for achievement/perfection also appeared in participants' accounts, with some reporting they were able to counter these thoughts/feelings with the PRACTICE skills of positive mantras and cognitive coping. Others highlighted the universality of the need for connection with family and community, and described the use of PRACTICE skills to nurture relationships. One participant, for example, used praise at work to encourage feelings of connectedness. Finally, some of the narrative accounts emphasized the centrality of spiritual customs in their coping repertoire, including describing the benefits of establishing a habit for meditation and prayer.

As previously mentioned, the current iteration of the course included changes to increase the cultural applicability of its content for therapists in PR. For example, the facilitator infused cultural and language humility throughout the course by using the first language of the participants. Considering culture when designing and refining interventions is important, as making cultural adjustments to interventions can positively impact outcomes (Chu & Leino, 2017; Nagayama Hall et al., 2016). Thus, the information gathered during this exploratory mixed method study will be used to make additional cultural adjustments to future iterations of the course to further enhance the wellbeing of therapists in PR. For example, additional efforts can be made to further leverage the protective factor of resiliency prevalent in Puerto Rican culture. This could include additional efforts to demonstrate how PRACTICE skills can support therapists' own resiliency with examples that parallel and celebrate the national resilience of Puerto Rican people in the face of compounded adversity. Although a drive to achieve excellence can generally be considered positive, thoughts that contribute to an overly high pressure to achieve excellence and perfectionism can be unhelpful (Flett et al., 2022). Thus, in future versions of the course, examples of mantras and cognitive coping can be used to demonstrate how to counter unhelpful thoughts related to a high pressure to achieve, including specific examples of how to use those skills to challenge thoughts of perfectionism that may serve as barriers to completing PRACTICE assignments.

Given the importance of spiritual connection for many in PR, encouragement for participants to use PRACTICE skills to enhance already-used methods for coping and connections to sources of strength in their lives, such as meditation, prayer, and connection to God may be valuable. Further, a stronger focus on using the PRACTICE skill of "praise" to support relationship-care (i.e., enhancing positive relationships), in addition to self-care, can be included to highlight the importance of connecting with others and how it can serve as a protective factor. This idea is in line with cultural values of community and family and is further supported by research that indicates positive relationships and social capital (i.e., networks facilitating positive social connections/social support) can be protective factors against STS and burnout (Brugman et al., 2022; Caringi et al., 2017; Eliacin et al., 2018). In fact, social capital has been shown to be a very valuable resource for people in PR, particularly in the wake of natural disasters (Ahumada et al., 2024). For this reason, it may be helpful to provide participants with methods for staying in touch with each other and/or continuing to serve as accountability partners after the course ends.

Of note, other investigations of the course have found significant improvements in burnout (Deblinger et al., 2024) and in feelings of TF-CBT competency (Deblinger et al., 2025), but we did not find significant changes in those outcomes in the current exploratory study. Several factors may have contributed to these differences, one being the small sample size of the current study. For example, Deblinger et al. (2024) reported an effect size for burnout of 0.47, which is smaller than the current sample had the power to reliably detect. The low-to-average burnout levels reported at baseline by the majority of participants may have also played a role. These initial non-elevated burnout levels may be due, in part, to pre-existing protective factors such as having advanced degrees (Hubbell et al., 2024; O'Connor et al., 2018) and using evidence-based therapy practices (Aminihajibashi et al., 2022; Craig & Sprang, 2010). With respect to the lack of significant change in TF-CBT competency, this sample included TF-CBT expert supervisors and nationally certified TF-CBT therapists (i.e., highly experienced TF-CBT professionals) for whom increased competency may be less likely.

Findings from this exploratory study should be interpreted in the context of its limitations, which include a very small sample size and a lack of power to reliably detect effect sizes smaller than 0.61. Additionally, we used a pre-post study design that did not involve a control or comparison group, randomization, or a follow-up period. As such, the generalizability of these findings is limited, it is not known if changes may be attributable to the passage of time, and if the changes were maintained. Further, there may have been a selection bias given that overall participants had non-elevated levels of STS and burnout at pre-course. That is, those therapists with higher levels of STS and burnout may not have responded to recruitment efforts. Additionally, therapists with lower levels of STS and burnout could represent individuals who are already committed to self-care and chose to participate in the course in an effort to continue to effectively manage their stress levels. Notably, pre-course scores for PRACTICE coping skills indicated that many participants in the current study were already actively using at least some of the coping skills encouraged in the course. This may have helped many to keep their symptoms of STS and burnout at manageable levels, despite their exposure to traumatic events and stressors. As such, the current sample may represent an "ideal" group of participants–individuals already mindful about the importance of self-care with relatively low overall STS and average burnout levels. It is also important to note that no validation studies were conducted with the translated measures used in this study with the targeted population (i.e., Spanish-speaking TF-CBT trained therapists) prior to their use. Thus, it is possible that the translated versions of the measures need some adjustments or

adaptations to be functionally equivalent to the English versions. Additionally, because the analyses for the current study were exploratory, familywise error corrections were not performed. In future investigations based on these preliminary findings, it will be important to employ appropriate statistical adjustments for multiple comparisons.

To optimally evaluate the impact of the course with the cultural adjustments, future research should utilize randomized controlled trials with larger samples and formally validated versions of the translated measures as well as a follow-up period. A larger sample would increase statistical power and would also allow for the comparison of the course's impact on those with lower STS and burnout pre-course to those with higher pre-course levels while minimizing selection bias. Long-term assessments will help determine if initial changes are maintained over time. Given that resiliency is an important element of Puerto Rican culture, it may also be important to include a standardized measure to capture changes in resiliency. Future studies should also include a focus on leadership and organizational factors given that research has demonstrated STS-informed organizational change efforts can significantly impact work-related distress experienced by mental health service providers (Sprang et al., 2021).

Conclusion

Mental health professionals in PR encounter unique stressors that may contribute to increased psychological distress that potentially leave them more vulnerable to developing STS and burnout. The findings of the current mixed method exploratory study demonstrate the promise of the PRACTICE course designed to support mental health professionals' efforts to cope with indirect trauma exposure as well as shared trauma (e.g., major hurricanes). Most participants reported that the course, which included cultural adjustments, was both personally and professionally beneficial. The post-course surveys and qualitative responses suggest that participants' personal implementation of the PRACTICE coping skills enhanced their personal self-care efforts and wellbeing as well as their confidence in their professional efforts. These promising findings can help to inform future adjustments to the course to further enhance its cultural applicability to trauma professionals in PR, as well as inform future research to more rigorously examine the impact of the PRACTICE course.

Research Ethics Standards

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Informed Consent: After being accepted into the course, but prior to completing the pre-course survey, we asked the 26 participants to provide consent for their survey responses to be used for research purposes. We informed them that providing research consent was not required to participate in the course, they could withdraw research consent at any time, and there were no incentives for allowing survey responses to be used for research purposes.

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