Intervention IP-095: COMPASS for Courage: Cognitive Behavioral Therapy with Focused Social Effectiveness Training

The intervention was designed to address youth anxiety in a school setting. The strategy was to modify an existing protocol to address issues such as length of time, compatibility with school calendars, a lengthy manual, and burden of training. The new protocol is streamlined with fewer sessions that did not last as long, lessons redesigned to be more game-based, a shorter manual, and feasible training. Findings showed that the redesign may have achieved intended goals of an appropriate intervention to address youth anxiety.

Overview

Purpose of Intervention:

To provide school and community-based service providers with a streamlined and gamified package of cognitive, behavioral, and social skills training strategies known to prevent and reduce anxiety symptoms and disorder escalation in children ages 8 to 13

Intervention Type:

Research-Tested — *Interventions with strong methodological rigor that have demonstrated short-term or long-term positive effects on one or more targeted health outcomes to improve minority health and/or health disparities through quantitative measures; Studies have a control or comparison group and are published in a peer-review journal; No pilot, demonstration or feasibility studies.*

Intervention Details

Intervention was Primarily Driven, Led, or Managed by:

Both Community and Academic/Clinical Researchers

Citations:

- Pina AA, Gonzales NA, Mazza GL, Gunn HJ, Holly LE, Stoll RD, Parker J, Chiapa A, Wynne H, Tein JY. Streamlined Prevention and Early Intervention for Pediatric Anxiety Disorders: A Randomized Controlled Trial. Prevention science : the official journal of the Society for Prevention Research. 2020 May;21(4):487-497.
  Relevance: Main Intervention, Post-Intervention Outcomes
- Pina AA, Zerr AA, Villalta IK, Gonzales NA. Indicated prevention and early intervention for childhood anxiety: a randomized trial with Caucasian and Hispanic/Latino youth. Journal of consulting and clinical

psychology. 2012 Oct;80(5):940-6. Epub 2012 Jul 23.
Relevance: Post-Intervention Outcomes

Adaptation of Another Research-based Intervention:

No

Contact Information

Primary Contact Affiliation:

COMPASS for Courage

Intervention URL:

https://www.compassforcourage.com

Results

Intention

Improve minority health or the health of other populations with health disparities (e.g. rural populations, populations with low SES)

Intervention Primary Outcome:

Child anxiety symptoms and anxiety levels

Intervention Secondary Outcome:

Self-efficacy for managing anxiety-provoking situations, social competence, and negative cognitive errors

Key Findings:

At the 12-month follow-up, youth in the intervention group reported greater self-efficacy for managing anxiety-provoking situations, strengthened social competence, and fewer negative cognitive errors relative to youth in the control group. Relative to youth in the control group, higher-risk children (per baseline levels of the primary outcomes) in the intervention group reported fewer anxiety symptoms and lower anxiety levels at the 12-month follow-up.

Statistical Method Used:

We used inferential statistics and effect sizes from multi-source (e.g., youth, parent, provider) and methods (e.g., self-report, observer ratings) centering on repeated measure, randomized control design, and efficacy and effectiveness studies conducted within school- and community settings.

Evaluations and Assessments

Were Any of the Following Assessments Conducted (Economic Evaluation, Needs Assessment, Process Evaluation)?:

Yes

- **Needs Assessment:** COMPASS for Courage was developed around needs assessment data. We conducted surveys, focus groups, and prototype feedback sessions with school stakeholders. Survey data revealed provider preferences for school mental health anxiety services/interventions (e.g., ideal # of sessions). Focus groups and prototype feedback sessions revealed service barriers to uptake, implementation, sustainability, and corresponding enabling strategies. These were incorporated into the COMPASS program.
- **Process Evaluation:** Observers reported high child participation in the sessions (M = 4.40 on a 0 to 5 scale). Youth reported adequate satisfaction (M = 7.63 on a 1 to 10 scale) and low stigma (M = 2.03 on a 1 to 10 scale). Program providers and observers reported high fidelity (M = 3.46 on a 0 to 4 scale) and excellent clinical process skills (M = 4.50 on a 1 to 5 scale). Providers also reported few adaptations (M = 1.35 on a 1 to 5 scale) and high satisfaction with the intervention (M = 3.87 on a 0 to 4 scale).

Demographic and Implementation Description

Diseases, Disorders, or Conditions:

Mental and Behavioral Disorders and Conditions

Race/Ethnicity:

Hispanic or Latino, White

Populations with Health Disparities:

People with Lower Socioeconomic Status (SES), Racial and Ethnic Minority Populations

Age:

Youth

Socio-demographics / Population Characteristics

Community Type:

Unspecified

Other Populations with Health Disparities:

Unspecified

Geographic Location:

Arizona

Socio-Economic Status:

Low SES, Middle SES, High SES

Research Framework

		Levels of Influence			
		Individual	**Interpersonal**	**Community**	**Societal**
Determinant Types	**Biological**	✔	✔		
	Behavioral	✔	✔	✔	
	Physical / Built Environment	✔	✔		
	Sociocultural Environment	✔	✔	✔	
	Health Care System	✔	✔	✔	

Community Involvement

The community's role in different areas of the Intervention (Choices are "No Role", "Participation", and "Leadership"):

Design:

Participation

Dissemination:

Participation

Evaluation:

Participation

Implementation:

Leadership

Outreach:

Leadership

Planning :

Leadership

Recruitment:

Leadership

Sustainability:

Leadership

Characteristics and Implementation

Intervention Focus Area:

Behavior Change

Disease Continuum:

Primary Prevention, Secondary Prevention

Delivery Setting:

Schools / Colleges

Mode of Delivery:

In-person

Who delivered the Intervention?:

Community Health Worker/Promoters, School-based mental health professionals (e.g., school social workers, school counselors)

Conceptual Framework

Intervention Theory:

Diffusion of Innovation Theory, Social Support / Social Network Theory

Intervention Framework:

Small Theory Framework

Implementation

Intervention Study Design:

Individual Randomized Controlled Trial/Comparative (requires random assignment, a control/comparison group, and pre and post intervention outcome assessments), The sample sizes below represent enrolled youth. The enrolled sample size is the total number of youth randomized. Of the total, 59 youths were randomized to COMPASS.

Targeted Intervention Sample Size:

109

Actual Intervention Sample Size:

59

Start Year:

2011

End Year:

2013

Intervention Exposures

Duration of Intervention/How Long it Lasted:

1-3 months

Frequency of Intervention Delivery:

Weekly

Number of Sessions/Meetings/Visits/Interactions:

5-6 Sessions

Average Length of Each Session/Meeting/Visit/Interaction:

Less than 1 Hour

Format of Delivery:

Group (e.g. Community leaders)

Highest Reading Level of Intervention Materials Provided to Participants:

Grade 4-5

Impact, Lessons, Components

Produced an impact or change beyond the primary or secondary outcome:

No

Essential Aspects for Success:

• Gamification keeps youth engaged and makes learning feel less like a chore.
• Between-session practice of the skills in familiar environments helps generalize them to real situations and everyday life.
• Well-trained leaders are necessary for accurate and effective delivery of the intervention.

Lessons Learned

Key Lessons Learned and/or Things That Could be Changed or Done Differently:

COMPASS uses credible interventions and game elements to enhance skills. It’s brief, structured, and offers free materials for communities via PBS LearningMedia to improve accessibility and reduce costs. Future plans include enhancing real-time data feedback and parental roles for longer-term benefits.

Insights Gained During Implementation

Insight Category	Insight Description
Cost of Implementing or Sustaining	A focus on quantifiable metrics such as school attendance, anxiety reductions, and improved academic outcomes helps with ongoing funding efforts. At the state level, there are possibilities of using Current Procedural Terminology codes to make the intervention reimbursable through insurance.
Logistics	COMPASS is high on adaptability rather than a cookbook approach to improving academic, social, and emotional outcomes. As such, the program needs to adapt to the ever-changing realities of schools, families, and communities and be malleable for long-term sustainment and effectiveness.
Administrative Resources	The sustainment of the program benefits from administrative buy-in and dedicated resources. This includes time for group leaders to participate in training and supervision, materials to communicate about the program to families, and time and space available for regular program delivery.
Training / Technical Assistance	The gamified nature of the intervention enables streamlined provider training. Regular booster training sessions help staff keep updated with the latest practices and COMPASS updates. These sessions also offer assistance, for example, with any issues related to the program, its elements, and limits.
Staffing	The intervention is best implemented by trained school professionals (e.g., school social workers, school counselors, behavior specialists) or para-professionals and community health workers with ample support.

Intervention Components

Intervention Has Multiple Components:

No

Assessed Each Unique Contribution:

N/A

Products, Materials, and Funding

Training is associated with implementing this intervention. Therefore, please contact researcher for guidance and additional materials.

Expertise, Partnerships, and Funding Sources

	Used for Implementation	Needed for Sustainability
Expertise		
Key informants, Tribal leaders, Community gatekeepers	Yes	Yes
Health communication, health marketing/publicity	No	Yes
Community mobilization, community organization/coalition building	No	Yes
Media design and production	Yes	No
Partnerships		
School system (e.g. school administrators, health educators, daycares, preschools, private & public schools)	Yes	Yes
Community groups (e.g. faith-based organizations, barbershops, beauty-salons, laundromats, food markets, community centers, cultural associations, tribal groups)	Yes	Yes
Local Business/Retail Companies	No	Yes
Mobile/Information Technology (e.g. information/mobile/electronic)	Yes	Yes
Funding Sources		
Public funding (e.g., federal, state or local government)	Yes	Yes
Private funding (e.g., foundations, corporations, institutions, facilities)	Yes	Yes

Product/Material/Tools

	Tailored For Language	Language(s) if other than English	Material
Outreach/Recruitment Tools			
Publicity Materials (e.g. Posters, Flyers, Press Releases)	No		https://www.compassforcourage.com
Participant Educational Tools			
Informational Slide Deck	No		https://www.compassforcourage.com
Measurement Tools			
Standardized Instrument/Measures	No		https://www.compassforcourage.com

Implementation Materials and Products

	Material
Implementation/Delivery Materials	
Coordinator or Facilitator's Guides	https://az.pbslearningmedia.org/collection/asu-compass-for-courage/
Guidebooks/Workbooks/Participant Manual	https://az.pbslearningmedia.org/collection/asu-compass-for-courage/
Curricula	https://az.pbslearningmedia.org/collection/asu-compass-for-courage/
Implementation/Output Materials	
Websites (include URL/link)	https://www.compassforcourage.com

Articles Related to Submitted Intervention

	Article
Reports/Monographs	
No Reports/Monographs provided.	
Additional Articles	
Intervention design and development process, Methodology, Qualitative findings	https://pubmed.ncbi.nlm.nih.gov/36517320/
Assessment of anxiety symptoms in school children: A cross-sex and ethnic examination	https://pubmed.ncbi.nlm.nih.gov/24993313/
Evidence-based psychosocial interventions for ethnic minority youth	https://pubmed.ncbi.nlm.nih.gov/30746965/