Integrating Online Psychotherapies Into Clinical Practice

A Look at Apps, Websites, and e-Therapies

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Goals and Objectives

- Better understanding of e-therapies - their strengths and limitations
- In-depth look into current e-Therapy Program at TSH
iCBT for Mood & Anxiety

- Several meta-analyses with generally supportive results - BJPsych: “some evidence” but “high dropout rates”, BMC Psychiatry: “supports efficacy”; Cognitive Behaviour Therapy: Internet and other computerized treatments “hold promise”; MJA: similar conclusion

- J Clinical Psychology: 19 studies reviewed, iCBT beats placebo; J Affective Disorders: 23 randomized studies, “did not differ significantly” from face-to-face therapy

http://www.nhs.uk/Conditions/Cognitive-behavioural-therapy/Pages/How-does-it-work.aspx
iCBT Problems

Great evidence but...

- Drop out rates are high (adherence) - MoodGYM > 74%
- Long term effects aren’t known - and one paper questions effects on functionality (depression)
- Not everyone has access to computers (esp. inpatients)

The vision: E-therapy Hub

- Interactive online platform accessible to all clients
  - iCBT, iMindful, and iFamily Education available to *all* clients
  - Incorporating other e-therapy modules over time
iCBT Solutions

How TSH addresses these problems...

- E-therapy Program:
  - iCBT
  - iMindful
  - iFamily Psychoeducation
  - TSH MH App Library
iCBT at TSH

- Developed in 2014 and improved in 2015
- 6 e-mail-based modules

Involves:
- Clear modules with homework
- Detailed email responses from designated therapist
- Flexibility
  - Telephone sessions and follow-up check-ins, as needed
  - No deadlines
- Lower drop out rates with TSH iCBT Program (37%)
CBT Model Continued

- As you can see the five aspects are interconnected.
- This means that each aspect influences all the others.

Environment/Situation

Environmental influences help determine the attitudes, beliefs, and thoughts that develop in childhood and often persist into adulthood.

Thoughts

Thoughts help define our moods. They influence how we behave and our biological responses.

It's The Thought That Counts: Although all the parts of the model are interconnected, our thoughts are what trigger our emotional and behavioral responses.

Example

- **Situation:** Jane walks into a party and everyone starts laughing.
- **Thought:** Jane thinks “They are laughing at me.”
- **Mood:** Jane feels sad and embarrassed.
- **Behaviour:** Jane leaves the party.
- **Physical Reaction:** Jane experiences increased heart rate and starts to sweat.
Increasing Access to Services

- T.W., 25-year-old female, wanted refresher of CBT
- Primary diagnosis: Schizophrenia
  Secondary diagnosis: Depression and anxiety

“In the beginning, I was eager to start the program [...] I also started to worry that I would not complete the program [...] I noticed how aware it was making me to become. When it came to certain situations, I experienced less negative emotions. It made me mindful; I was able to take unhealthy thoughts [...] out of the equation. At one point, I felt the exercises/homework would not be helpful, but in fact, it did.”
Increasing Access to Services

- G.T., 41-year-old male
- Primary diagnosis: Depression and alcohol dependence
- Shift work and long hours

“I am using the techniques to calm [my]self in difficult situations. I'm really happy that I took this course. I'm going to read all your modules every day as they are very helpful in making your thoughts and beliefs change.”
Increasing Access to Services

• S.J., 27 year-old female, Major Depressive Disorder
• On maternity leave, and required flexibility
• 8 months pregnant, expecting her first child
• “Thank you so much for giving me the time to complete the program. I find that during the days when I am really tired my thoughts become more negative and are triggered from feeling like I don’t have enough help. Learning about the “hot thoughts” will allow me to target those thoughts that affect me the most and deal with them accordingly.”
ICBT2.0 vs Group

- Q-LES-Q-SF
- DASS-21 Depression
- DASS-21 Anxiety
- Dass-21 Stress

\( n=69 \)
iMindful: 5-Step Model

- Step 1: Mindfulness and introduction to our MH Services
- Step 2: Empowered Self Help
- Step 3: Peer Support with therapist intervention
- Step 4: e-Mindfulness
- Step 5: Traditional Mindfulness Groups
iMindful Feedback & Results

- Steps 1 & 2: Relaxation in the oncology treatment room is effective in reducing moment-to-moment distress in hospital setting

- Steps 3 & 4: Online platform feedback positive (e.g., helpful, flexible)
iFamily Education

- Developed in 2015; 5 E-mail-based modules
- Provide families with support, education, problem-solving skills and resources during times of crisis
- Homework involves developing crisis plan and recognizing early warning signs
- Flexibility
Family Education Outline for Psychosis

Week 1: Introduction to education and psychosis
Week 2: Psycho-education and problem solving
Week 3: Early intervention and problem solving
Week 4: Reducing relapse prevention and social support in the community
Week 5: Coping with burnout and strategies

Early Warning Signs

Early warning signs may include:
- There may be early warning signs of psychosis
- Early warning signs may include withdrawal from family members, friends, appearing suspicious, harsh words, irritability, or depressed
- Changes in the person's concentration, memory, and thinking can also be affected
- Changes in appetite, sleep, and energy levels may also occur

Family Reactions to Mental Illness

Families often feel a range of emotions when coping with their loved one's illness. Some common emotions include:

- Guilt/Blame
- Fear
- Frustration
- Anger
- Hopelessness
Thank You!
Questions and Comments