Internet Interventions 1 (2014) 118–131

Contents lists available at ScienceDirect

Internet Interventions

journal homepage: www.invent-journal.com/

Developing an integrated, Internet-based self-help programme for young people with depression and alcohol use problems

Mark Deady [a,b,*], Frances Kay-Lambkin [a,b,c], Maree Teesson [a,b], Katherine Mills [a,b]

[a] National Drug and Alcohol Research Centre, University of New South Wales, NSW, Australia
[b] NHMRC, Centre for Research Excellence in Mental Health and Substance Use, NSW, Australia
[c] Centre for Brain and Mental Health Research, University of Newcastle, Newcastle, NSW, Australia

A R T I C L E   I N F O

Article history:
Received 9 May 2014
Received in revised form 26 June 2014
Accepted 27 June 2014
Available online 11 July 2014

Keywords:
Depression
Alcohol
Comorbidity
Internet interventions
Youth

A B S T R A C T

Depression and alcohol use problems represent two of the major causes of disease burden in young people today. These conditions frequently co-occur and this co-occurrence is associated with increased risks and poorer outcomes than either disorder in isolation. Integrated treatments have been shown to be effective, however, there remains a significant gap between those in need of treatment and those receiving it, particularly in young people. The increased availability of Internet-based programmes to complement health care presents a unique opportunity in the treatment of these conditions. This paper presents the findings of a development stage of the first Internet-based programme for young people (aged 18–25 years) with co-occurring depression and alcohol use problems: the *DEAL Project* (*DEpression-ALcohol*). This stage involved engaging young people and mental health professionals to provide feedback regarding the acceptability and feasibility of a draft version of the programme. The 4-module draft programme incorporated evidence-based cognitive-behavioural therapy techniques and motivational enhancement principles. A series of focus groups with young people (n = 25) and interviews of key professionals (n = 6) were conducted. The feedback provided by this phase of testing was used to inform revisions to the programme.

Overall, the *DEAL Project* programme was well-received and provides an innovative new platform for the treatment of co-occurring depression and alcohol use problems in young people. The next phase will include an evaluation of programme efficacy. If found to be efficacious, the programme has the potential to improve outcomes, reduce disease burden, and increase treatment uptake in this vulnerable group.

Crown Copyright © 2014 Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/3.0/).

1. Introduction

Depression and alcohol use problems are two of the major causes of disease burden in young people (Gore et al., 2011) and commonly these conditions co-occur (Teesson et al., 2009). Where this occurs these conditions serve to maintain and ex]acerbate one another (Quello et al., 2005). Compared to those with a single condition 'comorbidity' is associated with increased symptom severity and suicidality (Esposito-Smythers and Spirito, 2004; Sher et al., 2009; Sher and Zalsman, 2005), and poorer functioning (Erfan et al., 2010; Sullivan et al., 2005) and quality of life (Lubman et al., 2007).

The National Comorbidity Survey — Adolescent version (NCS-A) found approximately one-quarter (25%) of young people affected by at least one class of disorder also met criteria for a disorder from one additional class; 11% were affected by three classes of disorders; and 7% were affected by four or five classes of disorder (Merikangas et al., 2010). Similarly, data from the Australian National Survey of Mental Health and Well-Being (NSMHWB) indicates that 18.4% of young people (aged 16–25) with a lifetime alcohol use disorder (AUD), also met criteria for major depressive disorder (MDD) at some point in their lives (ABS, 2008). Conversely, 36.6% of those with a lifetime MDD also met criteria for AUD at some point in their lives.

AUDs are defined as substance use disorders and sub-classified as mild, moderate, and severe by Diagnostic and Statistical Manual-5 (American Psychiatric Association, 2013). Similarly, MDD (commonly referred to as depression) a mood disorder characterised by varying degrees of sadness, disappointment, loneliness, hopelessness, self-doubt, and guilt. These diagnostic criteria are only part of the story especially in younger populations who show high rates of hazardous alcohol use (Australian Institute of Health and Welfare, 2010) and subthreshold depression (Fergusson et al., 2005), which have the potential to dramatically affect vitally supportive relationships, or significantly disrupt career and study plans (Davis et al., 2004; Masten et al., 2004; Vander Stoep et al., 2000).

* Corresponding author at: National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia. Tel.: +61 2 9385 0320; fax: +61 2 9385 0222.
E-mail address: m.deady@unsw.edu.au (M. Deady).

http://dx.doi.org/10.1016/j.invent.2014.06.004
2214-7829/Crown Copyright © 2014 Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/3.0/).

As a result of the severe impact of these conditions intervening early is crucial to long-term health and wellbeing. However, this group is considerably less likely to access traditional health services (Reavley et al., 2010) and therefore innovative intervention approaches are needed to resolve this gap. Internet-based interventions have recently emerged as an effective means of treating depression (Andersson and Cuijpers, 2009; Cuijpers et al., 2011) and alcohol use problems (Riper et al., 2011; White et al., 2010). Despite increasing support for integrated psychotherapeutic approaches to comorbidity (Hesse, 2009; Kelly et al., 2012), no Internet-based comorbidity interventions of this kind exist (Deady et al., in press; Deas and Brown, 2006; Singh, 2009).

These therapies have the unique potential to overcome a number of traditional barriers (via flexibility, anonymity, and accessibility) to treatment-seeking in young people (Rickwood et al., 2007). Furthermore, widespread youth Internet use (ABS, 2009; Fox, 2011) makes this form of treatment particularly encouraging for use with younger populations (Burns et al., 2009; Christensen and Griffiths, 2000). Research suggests that young people also feel empowered online (Valaitis, 2005), and are comfortable accessing both general health information and specific mental health treatment online (Gould et al., 2002; Nicholas et al., 2004). Furthermore, Internet-based treatments have the potential to increase treatment standardisation (McCrone et al., 2004; Taylor and Luce, 2003), reduce costs associated with treatment (by reducing contact time with the therapist), and overcome imbalances in access and availability (Blanchard et al., 2008).

In response to this treatment gap, the authors began the development of the *DEAL Project*—the first Internet-delivered, integrated treatment package for young people (aged 18–25 years) with co-occurring depression and alcohol use problems. The draft *DEAL Project* consists of four, 1-hour modules, to be completed (one per week) over a 4-week period and uses cognitive behavioural therapy (CBT) and motivational interviewing (MI) techniques to deliver an integrated psychological treatment for depression and alcohol use problems.

This paper presents the final development phase (Craig et al., 2008) of the *DEAL Project* in which young people and mental health professionals were engaged in order to enhance and refine the programme and explore the acceptability and preliminary feasibility of programme elements.

2. Method

2.1. Programme development

Clinical content of the programme is based on the *SHADE* (Self Help for Alcohol/other drug use and DEpression) programme, a general population computerised comorbidity intervention targeting these disorders (Kay-Lambkin et al., 2009, 2011a,b,c). Modifications were made to the *SHADE* programme's length, language, design, and flow in line with current best practice regarding ‘youth-friendly’ treatment (Chanen and McCutcheon, 2008; Hides et al., 2007; McDermott et al., 2010; Proude et al., 2009; Saunders and Rey, 2011; Winters et al., 2011) in an attempt to make it more youth appropriate. In order to create a programme relevant to the experiences of young people, tailored youth case study vignettes were incorporated. These case studies aimed to engage, via the use of storytelling, and to elucidate depression and alcohol use experiences for the user (McDrury and Alterio, 2002). They also provided examples of skill practice and the recovery process. In a review of current alcohol/drug support websites, Kay-Lambkin et al. (2011a,b,c), found that inclusion of life stories was important, as it personalised the experience, accentuated information, relevance, and engendered hope. Visual elements are a critical part of youth engagement (Sauter et al., 2009) particularly online. Kay-Lambkin et al. (2011a,b,c) reported that a site's “look and feel” was important in attaining and maintaining young user interest in alcohol-related websites. As such the programme incorporated the key features recommended by this study:

- Engaging use of colour, graphics, or images and interactive elements;
- Clear, easy-to-read text (language level and typography);
- A ‘clean’, uncluttered layout (minimal text, inclusion of graphics);
- Simple navigation (e.g., ability to readily returning to the home page);
- A logical flow of information throughout the site.

A major change to the programme was a reduction in length, producing a brief intervention. Although extended interventions have been shown to be more effective compared to brief interventions (Baker et al., 2012), attrition was a significant issue in longer programmes, particularly Internet-based trials (Christensen et al., 2006). Furthermore, secondary analysis on the *SHADE* dataset suggests that although most participants failed to complete all ten sessions, young people (aged under 30) completed significantly fewer sessions than their older counterparts (Deady et al., in press). Specifically, the *DEAL Project* modules are as follows:

1. Where Are You At?: Psycho-education, assessment, goal-setting, mood/activity/alcohol use monitoring.
2. Getting Moving Again: Behavioural activation, decisional balance (alcohol use), negotiation of change plan, activity scheduling.
3. Taking Charge of your Thoughts: Mood monitoring, cognitive restructuring.
4. Coping with Tough Situations: Coping skills including mindfulness and relaxation, problem solving, drink reduction and refusal, relapse-planning and management.

2.2. Recruitment

2.2.1. Youth focus groups

Participants for the youth focus groups were recruited via university campus advertisements and snowball sampling (i.e., word-of-mouth). Advertisements explained that participants would help in the development of an online self-help programme for young people with depression and alcohol use problems. To be eligible for inclusion, interested individuals needed to be aged between 18 and 25 years and report regular alcohol use (past month weekly use) or past month depressed mood. Although not indicative of specific problems in these areas, these criteria were used to attain feedback from young people on specific age-related patterns of alcohol use or depression, appropriateness of language, design, etc. Comorbidity was not a requirement as this would have limited recruitment and was not believed to be associated with differential outcomes in the areas of interest.

2.2.2. Professionals

Twelve field professionals (clinicians and researchers) were contacted via email and asked to provide feedback on the development of an online self-help programme for young people with depression and alcohol use problems.

2.3. Procedure

Five 2- to 3-hour youth focus groups and six professional interviews were conducted to enhance and refine the programme, and evaluate its acceptability (appropriateness, accuracy, usefulness, satisfaction) and feasibility (deliverability, potential effectiveness). Ethical approval was obtained from University of New South Wales (UNSW) Human Research Ethics Committee (HREC; # HC12147) and all participants provided informed consent.

2.3.1. Youth focus groups

Each participant was allocated sequentially to one of the five focus groups and provided with a comprehensive booklet of screenshots of

Download English Version:

https://daneshyari.com/en/article/557156

Download Persian Version:

https://daneshyari.com/article/557156

Daneshyari.com