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A qualitative examination of psychology graduate students' experiences with guided Internet-delivered cognitive behaviour therapy

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ABSTRACT

Guided Internet-delivered cognitive behaviour therapy (ICBT) is efficacious for the treatment of a variety of clinical disorders (Spek et al., 2007), yet minimal research has investigated training students in guided ICBT. To contribute to the training literature, through qualitative interviews, this study explored how ICBT was perceived by student therapists ($n = 12$) trained in guided ICBT. Additionally, facilitators and challenges encountered by students learning guided ICBT were examined. Qualitative analysis revealed that students perceived training to enhance their professional skills in guided ICBT such as how to gain informed consent, address emergencies, and facilitate communication over the Internet. Students described guided ICBT as beneficial for novice therapists learning cognitive behavior therapy as asynchronous communication allowed them to reflect on their clinical emails and seek supervision. Further, students perceived guided ICBT as an important skill for future practice and an avenue to improve patient access to mental health care. Specific facilitators of learning guided ICBT included having access to formal and peer supervision as well as technical assistance, ICBT modules, a functional web application, and detailed policies and procedures for the practice of guided ICBT. Challenges in delivering guided ICBT were also identified by participants such as finding time to learn the approach given other academic commitments, working with non-responsive clients, addressing multiple complex topics over email, and communicating through asynchronous emails. Based on the feedback collected from participants, recommendations for training in guided ICBT are offered along with future research directions.

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1. Introduction

Depression and anxiety are among the most commonly experienced mental health disorders (Health Canada, 2002). These debilitating disorders create a significant burden at various levels—from personal difficulties (e.g., Dewa et al., 2002) to the overuse of healthcare resources (Jacobs et al., 2008). Research consistently shows that individuals with depression and anxiety often encounter difficulties accessing treatment for reasons including mobility challenges as well as time and financial constraints (Collins et al., 2004). Unfortunately, while evidence suggests that even a minor improvement of depressive symptoms can result in a major impact on the disease burden, evidence-based interventions are not widely accessible, particularly in rural and remote communities (Andersson and Cuijpers, 2008).

The integration of Internet technology with the practice of psychotherapy is an innovative method for increasing accessibility and affordability of mental health treatment. Recently, attention has turned to the delivery of cognitive behavior therapy (CBT) via the Internet, often referred to as Internet-delivered Cognitive Behaviour Therapy (ICBT; Andersson and Titov, 2014). ICBT involves clients reviewing cognitive and behavioral treatment strategies over the Internet. These materials are commonly presented on a weekly basis in modules (Hadjistavropoulos et al., 2011). ICBT can be either self-directed or guided by a therapist. When ICBT is guided, a therapist provides support and encouragement, and directs therapeutic activities via e-mail or telephone. Considerable evidence indicates that ICBT is efficacious for depression and anxiety. A meta-analysis that reviewed 12 randomized controlled trials of ICBT for anxiety and depression reported a moderate mean effect size ($d = .40$; Spek et al., 2007). More recently, a meta-analysis of computer-based psychological treatments for depression reported high participant treatment satisfaction, and a moderate post-treatment effect size ($d = .56$), with therapist-guided interventions yielding better outcomes and greater retention when compared to self-directed interventions (Richards and Richardson, 2012). Moreover, similar effect sizes have been reported for guided ICBT and traditional face-to-face therapy (Cuijpers et al., 2010).

Given the strong empirical evidence for the efficacy of guided ICBT, there is a movement to incorporate ICBT into clinical practice

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(Andersson and Titov, 2014). There is a growing awareness of the importance of translating evidence-based research into clinical practice (Barwick et al., 2009). Training students in ICBT has the potential to accelerate the knowledge transfer process. Students, for instance, generally hold fewer preconceived notions regarding particular treatments and are often more open to explore novel ideas (Meyers et al., 1998). Arguably, if students are trained in guided ICBT, they would potentially bring this experience into the workforce, facilitating the incorporation of guided ICBT into routine clinical practice. Further, introducing students to novel therapeutic techniques, such as guided ICBT, is ideal given the supervision available in graduate training programs (Cardenas et al., 2008). Preliminary research has also shown that student therapists generally have positive evaluations of the teaching–learning process and report satisfaction with using Internet therapy (Cardenas et al., 2008).

Despite expanding literature in the area of ICBT, there is currently no standard method to train therapists in this novel form of treatment. To illustrate, in a survey of 93 counselors, 94% reported that their professional program did not include training in e-counseling and 92% stated that personal reading on the subject was their primary education in the provision of Internet-delivered therapy (Finn and Barak, 2010). The lack of training programs focused on Internet-delivered therapy and the paucity of research with regard to these programs are concerning. Indeed, some researchers have questioned the assumption that face-to-face therapy skills can be fully transferred to Internet-delivered therapy skills (Shandley et al., 2011). It has been noted that without formal training and professional guidelines, Internet-delivered therapy will be based upon individual perceptions resulting in a wide variation in the delivery of this type of therapy (Finn and Barak, 2010).

Few researchers have investigated training therapists in the provision of Internet-delivered therapy. Cardenas et al. (2008), at the University of Mexico, offered a clinical practicum focused on developing skills in Internet-delivered therapy to six clinical psychology students occurring over three academic semesters. The students had previously completed several comprehensive clinical psychology courses and were familiar with the use of information technologies. The first semester consisted of a 16-week (12 h per week) intensive training program, including an introduction to Internet-delivered therapy and a discussion of program content and varying CBT techniques. In the second and third semesters, students provided guided ICBT under supervision to three simulated clients and subsequently to actual clients (the authors did not report the number of clients treated). The clinical skills of the students were evaluated using the Cognitive Therapy Scale developed by Young and Beck (1980), and it was found that students showed a significant improvement in therapeutic skills over the three semesters. The student therapists further reported positive evaluations of the teaching–learning process and reported satisfaction with providing guided ICBT in both a simultaneous manner (i.e., real time via text, audio, and video) and delayed manner (i.e., via email; Cardenas et al., 2008). Additionally, the students reported that their clients accepted the Internet modality as an acceptable form of psychological treatment. While this research shed light on a specific approach to training students in guided ICBT, it did not provide an in-depth understanding of students' perceptions of guided ICBT or barriers or facilitators of the students' learning experience. This type of information is needed to further inform the development of strategies for training students in guided ICBT.

Since 2009, Shandley et al. (2011) reported that they have trained postgraduate psychology students to deliver a 12-module ICBT program to individuals with anxiety. While student experiences were not directly examined, the researchers regarded guided ICBT training as a valuable learning experience, as students are afforded more time to reflect on their emailed therapeutic responses and can seek supervision as necessary. Finally, given that the process of writing client emails occurs in a relatively non-pressured environment, the authors highlighted that students often gained confidence and mastery in their face-to-face clinical skills through ICBT training (Shandley et al., 2011).

Adding to this literature, Hadjistravropoulos et al. (2012) recently developed a workshop that provided research evidence and practical information about the delivery of guided ICBT to 20 graduate level students. All students had previous CBT training and clinical experience. In addition to providing background literature and research on ICBT, the workshop integrated an experiential component with students formulating and discussing responses to client emails. Pre and post workshop measures revealed that the workshop was successful in improving knowledge and understanding of ICBT research and practice. Furthermore, the researchers observed a positive change in students' attitudes toward the utility and professional practice of ICBT and improved confidence in the delivery of guided ICBT. While this study examined initial student perceptions of an ICBT training workshop using self-report measures, the researchers did not survey the students after they gained clinical experience delivering guided ICBT. Perceptions of ICBT could be quite different after students gain experience and may provide further insight into factors that facilitate or hinder the training process.

1.1. Objectives

The present study was a follow-up to the study conducted by Hadjistravropoulos et al. (2012). The objectives of this study were to contribute to the literature on training in guided ICBT by investigating perceptions of ICBT reported by clinical psychology graduate students, who provided guided ICBT for the treatment of depression, anxiety, and/or panic disorder and also to examine students' perceptions of factors that facilitated their training as well as variables that made learning and delivering guided ICBT challenging. A qualitative approach was utilized to gain comprehensive first-hand perspectives on the subject that could be used to develop practical recommendations for training in guided ICBT.

2. Method

2.1. Participants

Twelve graduate students volunteered to participate in this study. Participant recruitment concluded when the richness of information gathered from participants had been saturated (Glaser and Strauss, 1967). All participants were enrolled in the clinical psychology doctoral program at the University of Regina and had participated in the Online Therapy Unit for Service, Education, and Research's eight-hour training workshop. As described by Hadjistravropoulos et al. (2012), the topics covered in the workshop included: (1) research on ICBT; (2) information on ICBT for depression, generalized anxiety, and panic; (3) ethical and professional issues related to the delivery of guided ICBT; and (4) written communication skills in delivering guided ICBT. The workshop also involved a pragmatic component including participants formulating responses to sample client emails on provided laptop computers. Following the workshop, participants treated at least one client in guided ICBT. The average number of clients treated by participants was three ($SD = 1.51$). Interviews were conducted seven to 12 months after participants ended ICBT training and first began offering guided ICBT.

To contextualize their experience with ICBT, clients who were treated by the participants were either self-referred or referred by a healthcare professional to the Online Therapy Unit for Service, Education, and Research at the University of Regina (see Hadjistavropoulos et al., 2011 for a description of the Unit). Clients were first screened by a coordinator over the telephone using the MINI International Neuropsychiatric Interview (MINI; Sheehan et al., 2006), which is a structured

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