

Internet-Assisted Cognitive Behavioral Therapy



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KEYWORDS

- Internet-delivered cognitive-behavioral therapy • Anxiety • Mood disorder
- Information technology

KEY POINTS

- The Internet is used by a large number of people and also in health care.
- Cognitive-behavioral therapy (CBT) has been adapted and transferred for Internet delivery.
- A large number of psychiatric conditions can be treated using clinician-assisted Internet treatment.
- An increasing number of studies suggest that guided Internet-based CBT can be as effective as face-to-face CBT.

BACKGROUND

The Internet, including modern information technology, has had a dramatic impact on many areas of life, including health care and psychological treatment. In particular, cognitive-behavioral therapy (CBT) has been found to be a form of psychological treatment that has been possible to transfer to other modes of delivery than regular face-to-face and group formats.¹ The Internet is not only useful for providing CBT, but has a significant role in providing information about CBT and conditions that are treated using CBT.² In addition, modern information technology also has a major role in assessment procedures, such as online administration of self-report measures.³ In this article, we focus mainly on Internet-supported treatments, although another emerging format is to use video conferencing systems⁴ and conduct real-time face-to-face CBT, CBT training,⁵ or supervision.⁶

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Abbreviations

CBT	cognitive-behavioral therapy
ICBT	Internet-assisted CBT

The present article has 3 aims. First, we provide a brief description of Internet-assisted CBT (ICBT), and then we review evidence for mood and anxiety disorders. We briefly discuss moderators and mediators of outcome, and end with a discussion about future directions. Given several previous systematic reviews and meta-analyses we only provide examples of programs tested in randomized, controlled trials.

A DIFFERENT WAY TO DO COGNITIVE-BEHAVIORAL THERAPY

The history of ICBT is relatively short and scattered, given the inconsistent terminology and confusion regarding the role of technology versus the role of the supporting clinician.⁷ Computers were used early in CBT,⁸ but the evidence base grew slowly and use of CD-ROM and other offline formats were more or less abandoned (or at least less popular) when similar programs became available on the Internet. Another background is bibliotherapy and a large number of studies showing that CBT can be described in self-help books for use either supported or unsupported by clinicians.⁹ Self-help books are still commonly sold and used, frequently as adjuncts to face-to-face CBT.¹⁰ The first studies on ICBT were published in the late 1990s. One form of ICBT relies heavily on self-help texts and can be referred to as “net bibliotherapy,”¹¹ even if that term adds even more confusion as the amount of interactive computerized features have varied for as long as ICBT has been around. Herein we describe how ICBT can be delivered and also highlight differences in approaches when motivated. The first necessary component is the treatment platform. Even if there have been numerous published trials on ICBT, there are few descriptions of the platforms behind.^{12,13} Briefly, the functionality and appearance of the websites delivering ICBT always include some public web pages and often closed pages requiring password (Fig. 1 for a screenshot from a program). When there is interaction between a client and a clinician, more security is called for; email contact should be contained in a secure online environment, resembling Internet banking, with encrypted communication and a double-authentication procedure at login. The actual content of the treatment programs is often based on established CBT models, but increasingly also newer approaches that may not have been tested in face-to-face controlled trials. A typical ICBT program for anxiety and mood disorders may contain 8 to 15 treatment modules (sometimes referred to as lessons) and a structure that is similar to manual-based CBT. A treatment needs to start with psychoeducation and a rationale, and end with a closure and advice on how to handle setbacks. In between, typical CBT components are presented such as diary keeping, behavioral activation, exposure exercises, cognitive restructuring, relaxation, and a range of other techniques and procedures that are presented in text, as streamed video, in sound files, and increasingly with a presentation format that is responsive to where the web site is presented. Because many clients access the Internet via their phones, systems need to be sensitive to where the clients view their treatment (eg, on a smartphone, computer, or tablet). There are also specific smartphone apps that are developed and used as adjuncts to ICBT,¹⁴ but also as a separate treatment format.¹⁵ Two additional forms of Internet treatment should be mentioned also, with one being bias modification training¹⁶ and the other use of virtual reality programs.¹⁷ We do not comment further on these 2 approaches in this article, because they belong to a different category of treatments than regular ICBT.

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