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Original article

Efficacy of a cognitive-behavioural therapy administered by videoconference for generalized anxiety disorder

Efficacité d'un traitement cognitif et comportemental pour le trouble d'anxiété généralisée administré en vidéoconférence

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ABSTRACT

Introduction. – Delivering psychotherapy by videoconference could considerably extend the accessibility of empirically validated treatments.
Objective. – The aim of this study was to evaluate the efficacy of a cognitive-behavioural therapy (CBT) for generalized anxiety disorder (GAD), administered via videoconference.
Method. – Five participants with a primary diagnosis of GAD took part in an experimental multiple baseline case study protocol. The efficacy of the treatment was evaluated using a semi-structured interview, self-report questionnaires, and daily self-monitoring diaries.
Results. – The results demonstrate that overall, participants' conditions were improved following treatment and they no longer met the diagnostic criteria for GAD in the short-term. Participants' conditions improved clinically and statistically at each follow-up point, achieving a greater global level of functioning at post-test, as well as at 3-month and 12-month follow-up.
Conclusion. – Clinical implications of this new treatment modality and directions for future research are discussed.

Mots clés :
Télépsychothérapie
Visioconférence
Thérapie cognitive comportementale
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Efficacité

RÉSUMÉ

Introduction. – Offrir des services de psychothérapie par l'entremise de systèmes de visioconférence pourrait améliorer considérablement l'accès à des traitements psychologiques empiriquement validés.
Objectif. – Cette étude tente d'évaluer l'efficacité d'une thérapie cognitive comportementale (TCC) pour le trouble d'anxiété généralisée (TAG) administrée en visioconférence.
Méthode. – Cinq individus souffrant d'un TAG ont pris part à un protocole expérimental à cas uniques à niveaux de base multiples. L'efficacité du traitement a été évaluée à l'aide d'une entrevue semi-structurée, des questionnaires auto-rapportés et des carnets d'auto-observations quotidiennes.

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Résultats. – Les résultats démontrent que, dans l'ensemble, les participants fonctionnent mieux à la suite du traitement. À court terme, ils n'ont plus de diagnostic de TAG. Pour l'ensemble des participants, on observe une amélioration de leur condition, à la fois statistiquement et cliniquement, et ce, à tous les moments de mesure. Entre autres, ils atteignent pour la plupart un niveau de fonctionnement global élevé au post-test ainsi qu'aux suivis de 3 et 12 mois.
Conclusion. – Les implications cliniques de cette nouvelle modalité de traitement et des pistes de recherches futures sont proposées.

Generalized anxiety disorder (GAD) is one of the most common anxiety disorders. Its annual prevalence rate in the general population is as high as 3%, and its lifetime prevalence rate is 5% (American Psychiatric Association [APA, 2001]). In fact, several epidemiological studies have shown that the female/male ratio is about two to one (APA, 2000) and that prevalence rates are similar in rural and urban areas (Grant et al., 2005) This anxiety disorder significantly impacts the functioning and quality of life of those affected, and creates a considerable social and economic burden (Andlin-Sobocki, Jönsson, Wittchen, & Olesen, 2005; Kroenke, Spitzer, Williams, Monahan, & Lowe, 2007).

Cognitive-behavioural therapy (CBT) is the treatment of choice recommended by international experts (Barlow, Raffas, & Cohen, 2002; British Psychological Society Center for Outcomes Research and Effectiveness [CORE], 2001; Institut National de la Santé et de la Recherche Médicale [Inserm], 2004) in the treatment of anxiety disorders and particularly GAD. Although the number of affected individuals is significant, Swinson, Cos, Kerr and Kuch (1992) have shown that access to specialised treatment is not easy. They reported that out of 117 Canadian hospitals responding to a survey on hospital services, only 18 had clinics specialising in anxiety disorders; most of these hospitals were located in urban centres. Today, the number of anxiety disorder clinics remains very limited, and the small number of clinicians adequately trained to treat these disorders work mainly in urban areas. Thus, access to the treatment of choice for GAD is limited, particularly for individuals living in remote areas or areas without specialised services, for whom attending regular therapy sessions involves travelling to the centres that offer the specialised services. As a result, access to the services is associated with considerable financial costs (e.g. travel, absence from work) and personal inconvenience (e.g. time away from family) (Simpson, Bell, Knox, & Mitchell, 2005). Given the scarcity of available services, the use of remote communication technologies offers a promising solution for improving access to specialised professional health services in regions not adequately served. These technologies would allow more equitable distribution of these resources, and would reduce exorbitant health care costs. The aim of telepsychotherapy is to offer remote psychological evaluation and consultation services, using communication technologies.

A variety of technological systems is available, such as telephone, fax, Internet or videoconference. The videoconference is an interactive communication system that allows people in different locations to see and hear each other simultaneously in real time thanks to a computer screen or a video monitor. Thus, the videoconference allows observation of non-verbal behaviour, and is therefore the technological means most closely resembling face-to-face therapy.

A growing number of studies tend to show that treatments delivered by videoconference may improve the clinical condition of patients belonging to various populations. More specifically, several studies have shown the efficacy of CBT delivered by videoconference to treat various problems, such as eating disorders (Simpson et al., 2003, 2006), gambling (Oakes, Battersby, Pols, & Cromarty, 2008), emotional distress in cancer patients (Shepherd et al., 2006), obesity (Harvey-Berino, 1998) and other clinical conditions (Day & Schneider, 2002).

As far as anxiety disorders are concerned, the efficacy of CBT delivered by videoconference has been primarily examined, so far, in pre-experimental studies (Cowain, 2001; Deitsch, Frueh, & Santos, 2000; Dunstan & Tooth, 2012; Griffiths, Blignault, & Yellowlees, 2006; Himle et al., 2006; Pelletier, 2003; Todder, Matar, & Kaplan, 2007; Vogel et al., 2012). The results obtained in these studies are very encouraging. Up to the present, several rigorous, validated and controlled trials have assessed the efficacy of CBT delivered by videoconference to treat panic disorder with or without agoraphobia (Allard et al., 2007; Bouchard et al., 2004) and post-traumatic stress disorder (PTSD) (Frueh et al., 2007; Germain, Marchand, Bouchard, Drouin, & Guay, 2009; Gros, Yoder, Tuerk, Lozano, & Acierno, 2011; Marchand et al., 2011; Morland, Hynes, Mackintosh, Resick, & Chard, 2011; Strachan et al., 2012). Most of these researches were quasi-experimental studies with non-equivalent group design, that is, conventional face-to-face therapy (Allard et al., 2007; Bouchard et al., 2004; Germain et al., 2009; Gros et al., 2011; Marchand et al., 2011) and other studies with pre-test/post-test design with equivalent control group design (Frueh et al., 2007; Morland et al., 2011; Strachan et al., 2012). Overall, results are promising. When compared to face-to-face therapy, the telepsychotherapy results of all these studies (except Gros et al., 2011) are encouraging. In fact, the data shows no significant differences in terms of maintenance of these gains at the follow-ups (3, 6 and 12 months), for the clinical parameters of the main anxiety diagnosis, as well as the auxiliary clinical parameters.

Very few studies on the efficacy of telepsychotherapy among patients with GAD have been conducted to date. However, the particular characteristics of a disorder may have different impacts on CBT delivered by videoconference. For example, given that individuals with GAD experience excessive anxiety and worries, they may be excessively worried about negative consequences associated with the reliability of videoconference systems, about the physical distance from the therapist, or the therapeutic relation – factors which could all reduce the efficacy of the therapy (Bouchard & Renaud, 2001). Therefore, it is important to evaluate this method of treatment specifically in relation to GAD. Studies on the efficacy of CBT using advanced technology as the main means of delivery (such as virtual reality or computer-assisted psychotherapy) have shown that it is possible to obtain good therapeutic effects with GAD patients (Amir & Taylor, 2012; Lorian, Titov, & Grisham, 2012; Paxling et al., 2012; Robinson et al., 2010). Only one study has been conducted to assess telepsychotherapy efficacy in GAD patients. However, the preliminary results of the study conducted by Bouchard and Renaud (2001) investigating telepsychotherapy with two participants suffering from GAD are promising. This case study showed improvement in generalized anxiety and depressive symptoms following CBT delivered by videoconference, as well as an excellent therapeutic relation. Nevertheless, it is important to note that this study was exploratory and no information regarding its methodology was presented. The aim of the present study