

The importance of a personalised experience in eTherapy

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A little about my background...

Business Bust! HDip + Masters (Psych.)

PhD in Psych. (Soton)

Clinical Psychologist in Training

AP roles

Lecturing

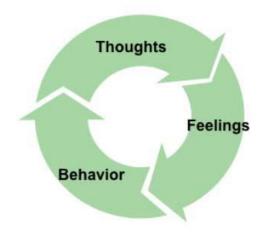
Introduction to eTherapy

Psychological therapy is effective but difficult to access





To increase access, therapeutic content can be delivered remotely using computerised CBT





Remoteness

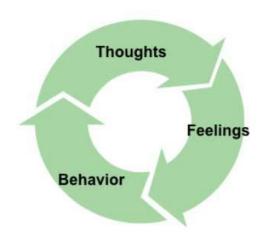
Privacy

24hrs a day

Immediacy

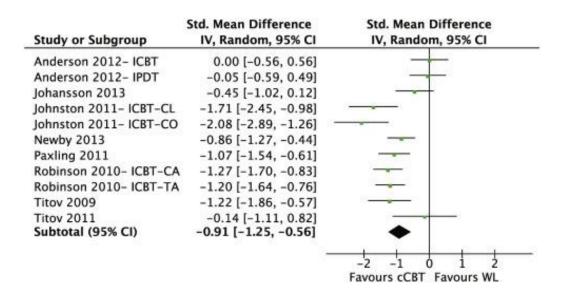
Clinician time saved

Low cost to provide





cCBT is effective, on average, for the treatment of common mental health problems in both adults and adolescents



Arnberg et al. (2014). Internet-delivered psychological treatments for mood and anxiety disorders: A systematic review of their efficacy, safety, and cost-effectiveness. PLoS One 9 (5).

Ebert *et al.* (2015) Internet and Computer-Based Cognitive Behavioral Therapy for Anxiety and Depression in Youth: A Meta-Analysis of Randomized Controlled Outcome Trials. PLoS One 10 (3).

Richards *et al.* (2015). The efficacy of internet-delivered treatment for generalized anxiety disorder: A systematic review and meta-analysis. Internet Interventions, 2(3), 272-282

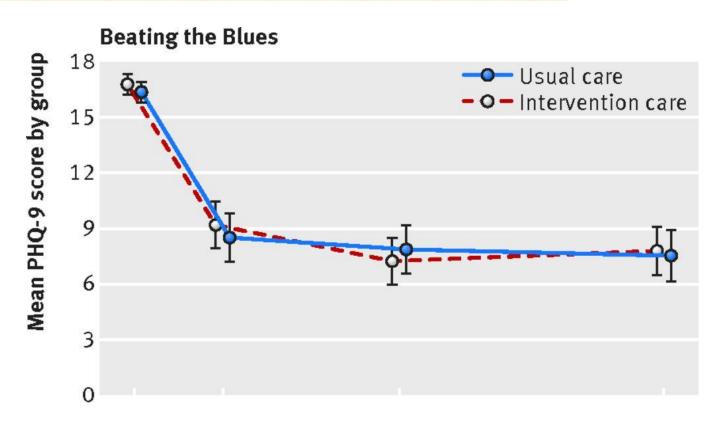
Issues with cCBT

1) High dropout rates

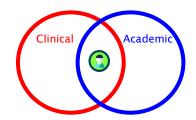
Pre-intervention	
Individual CBT	10%
Group CBT	14%
cCBT	24%

During intervention	
Individual CBT	25%
Group CBT	25%
cCBT	34%

2) Reduced effectiveness in clinical settings



Gilbody *et al.* (2015). Computerised cognitive behaviour therapy (cCBT) as treatment for depression in primary care (REEACT trial): large scale pragmatic randomised controlled trial. Bmj, 351. doi: 10.1136/bmj.h5627



RCT of MoodGYM within HSE services

MoodGYM

>1 million registered users

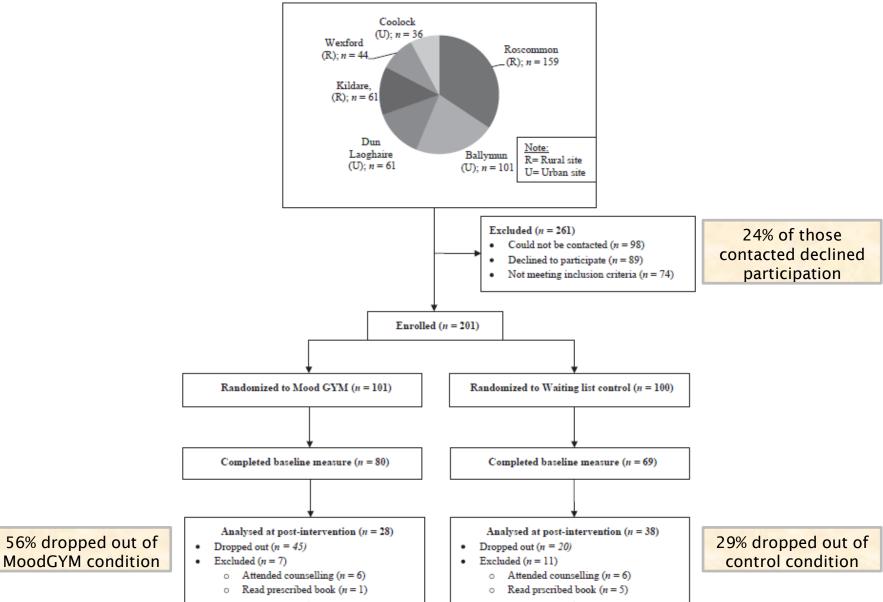
6 site RCT 3 Urban: Ballymun, Coolock, **Dun Laoghaire** 3 Rural: Wexford, Kildare

Roscommon

201 public mental health service users currently on a waiting list. 101 assigned to MoodGym 100 assigned to waiting list

Depression, Anxiety & Stress Scale (DASS-21) Work & Social Adjustment Scale DASS total improvement DASS Stress improvment Large drop-out (56.3%)

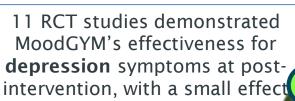




Meta-analysis of MoodGYM

Twomey, C., & O'Reilly, G. (2016). Effectiveness of a freely available computerised cognitive behavioural therapy programme (MoodGYM) for depression: meta-analysis. *Australian & New Zealand Journal of Psychiatry*, 51(3), 260-269.

MoodGYM



size (g=0.36).



>1 million registered users

6 RCT studies demonstrated MoodGYM's effectiveness for **anxiety** symptoms at post-intervention, with a medium effect size (*q*=0.57).

Works in variety of settings.

Did better in Australia.

Better with assistance

Drop-Out rates 0-73%



3) Greater efficacy when cCBT provided with regular guidance...





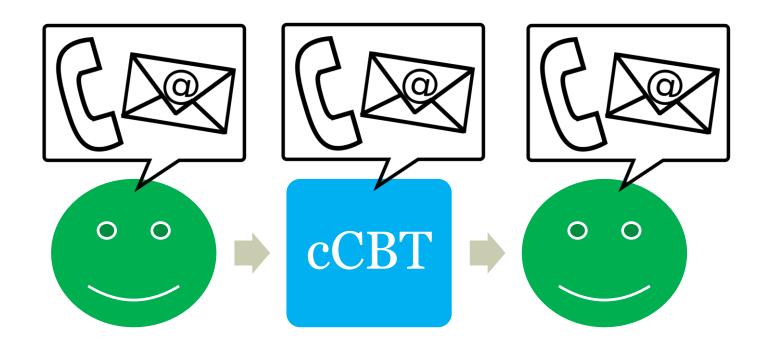






Guided cCBT: Can we save clinician time while providing a personalised experience?





iapt Improving Access to Psychological Therapies





J Consult Clin Psychol. 2009 Dec;77(6):1021-32. doi: 10.1037/a0017391.

The YouthMood Project: a cluster randomized controlled trial of an online cognitive behavioral program with adolescents.

Calear AL¹, Christensen H, Mackinnon A, Griffiths KM, O'Kearney R.

Author information

Abstract

The aim in the current study was to investigate the effectiveness of an online, self-directed cognitive-behavioral therapy program (MoodGYM) in preventing and reducing the symptoms of anxiety and depression in an adolescent school-based population. A cluster randomized controlled trial was conducted with 30 schools (N = 1,477) from across Australia, with each school randomly allocated to the intervention or wait-list control condition. At postintervention and 6-month follow-up, participants in the intervention condition had significantly lower levels of anxiety than did participants in the wait-list control condition (Cohen's d = 0.15-0.25). The effects of the MoodGYM program on depressive symptoms were less strong, with only male participants in the intervention condition exhibiting significant reductions in depressive symptoms at postintervention and 6-month follow-up (Cohen's d = 0.27-0.43). Although small to moderate, the effects obtained in the current study provide support for the utility of universal prevention programs in schools. The effectiveness of booster sessions should be explored in future research.

Comparing young people's experience of technology-delivered v. face-to-face mindfulness and relaxation: two-armed qualitative focus group study

Article in The British Journal of Psychiatry 210(4) · October 2016

DOI: 10.1192/bjp.bp.115.172783



1st Conall Tunney

1 5.29 · University College Dublin



2nd Patricia Cooney 11 4.83 · University College Dublin



3rd David Coyle II 19.88 · University College Dublin



4th Gary O' Reilly 11 19.98 · University College Dublin

Abstract

Background: The current popularity of mindfulness-based practices has coincided with the increase in access to mobile technology. This has led to many mindfulness apps and programs becoming available, some specifically for children. However, little is known about the experience of engaging with mindfulness through these mediums. Aims: To explore children's experience of mindfulness delivered both face-to-face and through a computer game to highlight any differences or similarities. Method: A two-armed qualitative focus groups design was used to explore children's experiences. The first arm offered mindfulness exercises in a traditional face-to-face setting with guided meditations. The second arm offered mindfulness exercises through a computer game avatar. Results: Themes of relaxation, engagement, awareness, thinking, practice and directing attention emerged from both arms of focus groups. Subthematic codes highlight key differences as well as similarities in the experience of mindfulness. Conclusions: These results indicate that mindfulness delivered via technology can offer a rich experience.

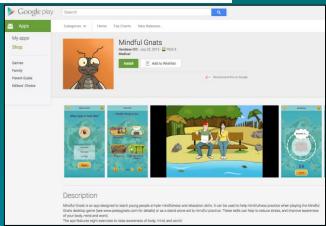


A gift for you from today's talk...

Mindful Gnats App

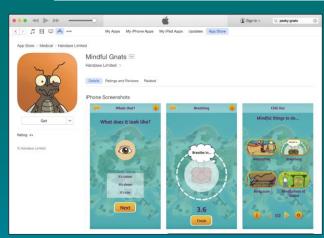
free from the iTunes store or Google Play













Guided cCBT:

some time saved and somewhat of a personalised experience...

In session cCBT



Pesky gNATs A CBT computer game for young people with anxiety or low mood

Dr Gary O' Reilly and Dr David Coyle



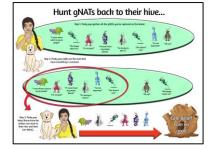


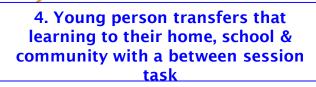


In-session computer game features



2. An in-game "previous player" provides a social model of how that CBT concept applied to them

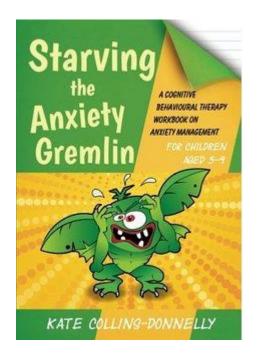


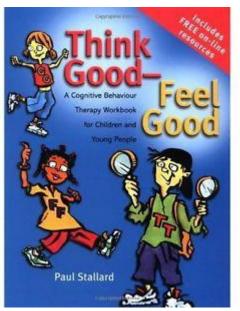
















In session cCBT:

no time saved but
enhanced
personalised
experience...

Level of Guidance and Personalised Experience (PE)

Self-help cCBT Guided cCBT

In session cCBT

Lose PE: Dropout!

Maintain PE?

Enhance PE

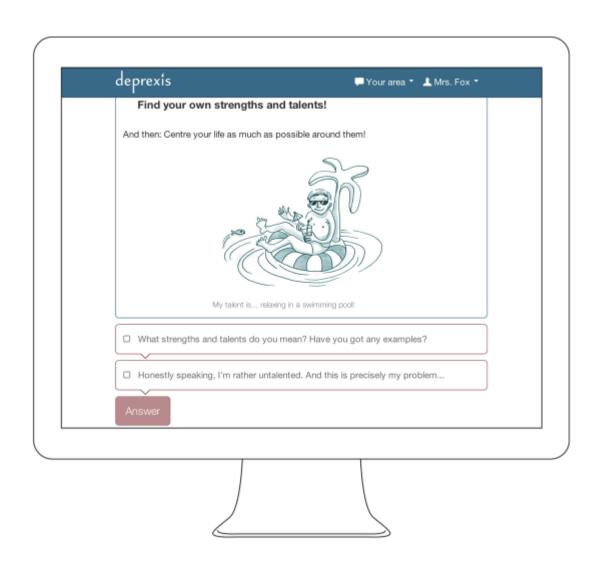
Clinician time involved

Recent developments: a personalised experience in eTherapy



1. Tailored eTherapy





http://www.deprexis.com/index.html

Behavioural activation

Cognitive Modification Relaxation & healthy lifestyle

Acceptance & mindfulness

Problem-solving

Childhood experiences

Interpersonal skills

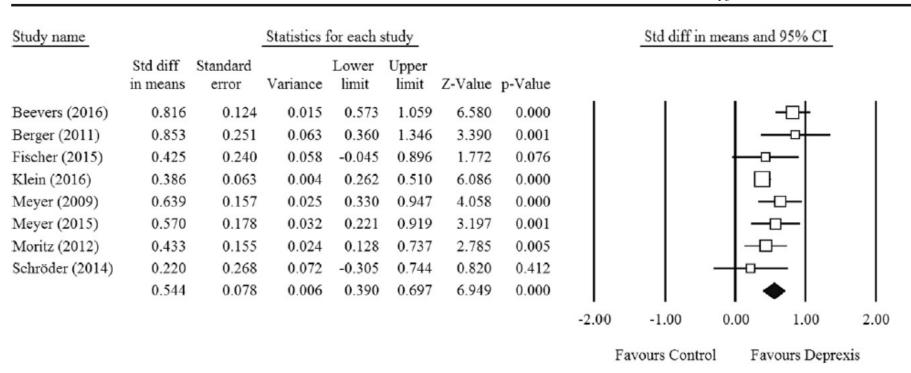
Positive Psychology

Dream work

Choice of modules in Deprexis

Study name	Statistics for each study							Std diff in means and 95% CI				
	Std diff in means	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value					
Beevers (2016)	0.816	0.124	0.015	0.573	1.059	6.580	0.000		- 1	- 1	- }	- 1
Berger (2011)	0.853	0.251	0.063	0.360	1.346	3.390	0.001			-		
Fischer (2015)	0.425	0.240	0.058	-0.045	0.896	1.772	0.076			├	—	
Klein (2016)	0.386	0.063	0.004	0.262	0.510	6.086	0.000					
Meyer (2009)	0.639	0.157	0.025	0.330	0.947	4.058	0.000			-	□ —	
Meyer (2015)	0.570	0.178	0.032	0.221	0.919	3.197	0.001			-	> —	
Moritz (2012)	0.433	0.155	0.024	0.128	0.737	2.785	0.005				-	
Schröder (2014)	0.220	0.268	0.072	-0.305	0.744	0.820	0.412			$+$ \circ	-	
	0.544	0.078	0.006	0.390	0.697	6.949	0.000			- ∢	▶	
								-2.00	-1.00	0.00	1.00	2.00
								Fa	vours Contr	ol Fav	ours Depre	exis

Level of guidance had no meaningful influence on results



Dropout rate of 26%...similar to 1-2-1 therapy

2. Transdiagnostic cCBT

Depression

General Anxiety Social Anxiety

Stress

"General Neurotic Syndrome"

2. Transdiagnostic cCBT

Depression

General Anxiety Social Anxiety

Stress

Co-morbidity...tx for your dep + anx!

2. Transdiagnostic cCBT



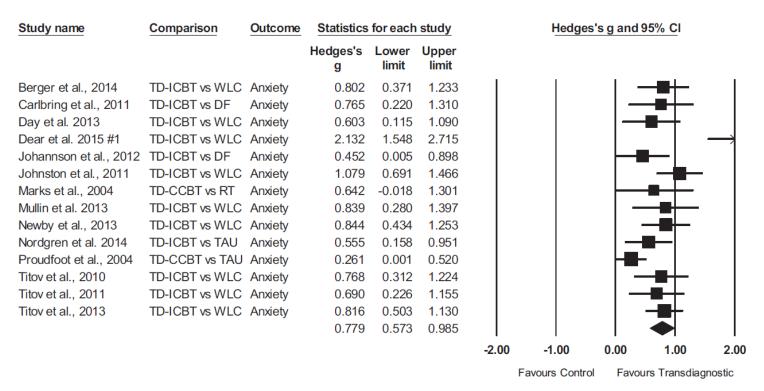


Fig. 2. Forest plot of controlled between-group effect sizes for comparisons between transdiagnostic computerised cognitive behavioural therapy and control groups on self-reported anxiety.

Dropout rate: 10%-57%...

DEEPdown

• DEEPdown is a self-development programme which helps you develop a **compassionate understanding of your personality.** At the moment it is being offered to UCD students aged 18-25.

DEEPdown has various components:

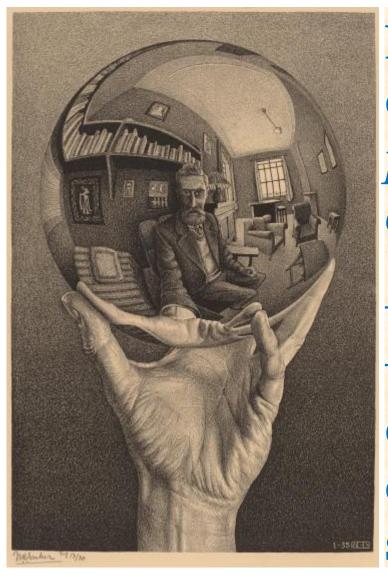
- Personality assessment and results.
- Education about personality and its expression.
- Self-compassion and self-reflective skills.
- Putting knowledge and skills into practice.







Key message



Need to balance efficiency gains with a personalised experience:

tailored and transdiagnostic eTherapy programmes encompass potential solutions...

Level of Guidance and Personalised Experience (PE)

Self-help cCBT Guided cCBT

In session cCBT

Lose PE: Dropout!

Maintain PE?

Enhance PE

Clinician time involved

Level of Guidance and Personalised Experience (PE)

Personalised
Self-help
cCBT

Personalised
Guided
cCBT

In session cCBT

Maintain PE Maintain PE Enhance PE

Clinician time involved









Thank you!

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