



ABSTRACT BOOK

4th ESRII Meeting

Bergen 2016



ESRII 2016 Program

Thursday 22. September and Friday 23. September 2016

Location: VilVite, Thormøhlens Gate 51, 5006 Bergen, Norway

Thursday 22nd of September

09.00	10.00	Registration and welcome coffee	
10.00	10.30	Plenary opening: Ass.prof.Tine Nordgreen	Auditorium
10.30	11.00	Keynote: Prof.dr. Pim Cuijpers	Auditorium
11.00	11.15	Break	
11.15	12.45	Parallel sessions 1-2	Auditorium - Conference room A
12.45	13.30	Lunch break	
13.15	14.15	Poster presentations A	
14.15	15.45	Parallel sessions 3-4	Auditorium - Conference room A
15.45	16.00	Coffee break	
16.00	16.30	Demonstrations	Conference room A
16.30	17.00	ESRII Board Meeting	Conference room A
18.30	21.00	ESRII2016 Dinner buffet	University of Bergen

Friday 23rd of September

09.00	09.15	Registration and welcome coffee	
09.15	09.45	Keynote: Prof.dr. Lucy Yardley	Auditorium
09.45	10.45	Parallel sessions 5-6	Auditorium - Conference room A
10.45	11.00	Coffee break	
11.00	11.45	Poster presentations B	
11.45	12.15	Lunch break	
12.15	13.00	Parallel sessions 7-8	Auditorium - Conference room A
13.00	14.30	Symposium Implementation	Auditorium
14.30	14.45	Coffee break	
14.45	15.15	Keynote: Prof.dr. Gerhard Andersson	Auditorium
15.15	15.30	Closing Ceremony	Auditorium

Plenary sessions

Thursday 22. September, 10.00-11.00, Auditorium

Plenary opening

Ass.prof. Tine Nordgreen
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Reducing the disease burden of mental disorders through e-health and m-health: A research agenda

Prof.dr. Pim Cuijpers,
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Friday 23. September, 09.15-09.45 Auditorium

Keynote: Understanding and Promoting Engagement with Digital Interventions

Prof.dr. Lucy Yardly
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Friday 23. September, 14.45-15.30, Auditorium

Keynote: Not only CBT? An overview of other therapeutic approaches to internet interventions.

Prof.dr. Gerhard Andersson
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Closing ceremony

Parallel session 1

Thursday 22. September, 11.15-12.45, Auditorium

A connected health framework for mental health research

Alishia D Williams

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Treatment innovation in mental health is a major public-health priority. A specific sub-challenge underlying the development of new treatments is the use of digital technologies to support mental health interventions. In addition to the potential benefits of increased access to care and reduced costs to service providers, the implementation of digital platforms could enhance patient engagement through tailoring of interventions to best suit patients in their own environments and by offering greater flexibility than afforded by routine systems of care. Such technology-enabled care is probably best captured by the term 'connected health', reflecting the interdependency between health care providers, patients, and relevant data capture and information exchange in order to achieve optimal health outcomes. This talk will highlight some of the activities of a European Network Cost Action for the Joint Evaluation of Connected Health Technologies (ENJECT) and illustrate how novel digital technologies are being used to translate connected health initiatives into mental health research.

An evaluation of the MindSpot Clinic, an Australian online mental health service against programme objectives:

Results from the first 50,000 patients.

Nick Titov

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The MindSpot Clinic is an Australian online mental health service for adults with anxiety and depression. This study describes the characteristics of patients and their results, and the Clinic's progress against key objectives. Methods: A prospective study was conducted comprising all patients who registered to receive mental health services at the MindSpot Clinic from January 2013 through June 2016. All patients completed a screening assessment, conducted online or via telephone. Based on their assessment results patients were either supported to access local services, another teleweb service, or completed a MindSpot Clinic treatment course. Primary outcome measures were the Patient Health Questionnaire 9-Item (PHQ-9) and the Generalized Anxiety Disorder 7 Item Scales (GAD-7), measuring symptoms of depression and anxiety, respectively. Results: Demographic and symptom characteristics of users (N >50,000) were mostly similar to national population characteristics. Most patients (82%) were not concurrently using other mental health services, and most were seeking an assessment and information about local services. Those who received MindSpot online treatments (N >10,000) obtained large improvements in symptoms of anxiety and depression. Conclusions: MindSpot is achieving the key objectives of reducing barriers to care, providing information about mental health services, and providing effective online treatments.

Navigating the challenges of developing and disseminating online and smartphone application treatments for childhood anxiety disorders in the UK.

Claire Hill, Cathy Creswell

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The development and evaluation of online psychological treatments (e-therapies) is typically focused on demonstrating acceptability, feasibility, clinical efficacy and cost-effectiveness. However, an important challenge is the successful dissemination of e-therapies beyond the realm of academic evaluation into routine clinical practice. Consideration of the scalability and sustainability of the e-therapy beyond the research trials is crucial in the research planning in order to maximise adoption within the NHS or other healthcare settings. This paper presents a navigation of these challenges within the UK, considered alongside the development and evaluation of an online and smartphone application treatment for anxiety disorders in children aged 5-12 years old. The treatment is aimed for use within NHS clinics and it is based on a therapist-supported, parent-led approach that has been demonstrated to be effective as a face-to-face therapy. We will present plans for a rapid iterative design approach towards the development of the treatment within a usability study, and a case-series study to demonstrate the initial acceptability, feasibility and effectiveness of the e-therapy. Adapting this approach for e-therapies to manage child anxiety within a community setting as a public health intervention will also be explored.

Internet vs. face-to-face: A meta-analytic evaluation of internet-based interventions in treating panic disorder

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In contrast to conventional face-to-face CBT (fCBT), internet-based CBT (iCBT) presents an extended form of this treatment intervention with similarly effective results in treatment of panic disorder (PD). This study provides the reader with several meta-analyses targeting the efficacy of internet-based CBT and face-to-face CBT in treating PD. Systematic literature search yielded seventeen randomized controlled trials (n = 1135) that met the eligibility criteria and were included in final analyses. Regarding the group of these 17 trials, three subgroups were formed and we performed various meta-analyses in order to calculate the efficacy of iCBT and fCBT interventions. Firstly, we calculated the within and between group effect size of iCBT trials compared to various active control conditions. Secondly, a between group effect size of iCBT interventions was computed, at both post and follow-up levels. In this subgroup, wait-lists served as control conditions. Also, improvements in general anxiety, depression and quality of life were assessed. Thirdly, a group of six non-inferiority trials was examined with the intention of investigating the difference in efficacy of iCBT and fCBT interventions. Heterogeneity was determined in all meta-analyses. Limitations and directions for future research are discussed.

Parallel session 2

Thursday 22. September, 11.15-12.45, Conference room A

Web-based Interventions for Adult Illicit Substance Users: A Systematic Review and Meta-analysis

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Problematic substance use is a major mental health issue and a significant contributor to the global burden of disease.

Research has shown that web-based interventions can be effective for nicotine, alcohol, and cannabis dependent users.

However, less is known about the effects of these interventions for adults using opioid, cocaine, amphetamine and mixed substances. This study aims to investigate the effectiveness of web-based interventions in reducing the use of opioid, cocaine, amphetamine and mixed substances in both the short and the long-term.

We conducted a systematic literature search to identify randomized controlled trials (RCTs) examining the effectiveness of web-based interventions compared to control groups in reducing the use of opioid, cocaine, amphetamine or mixed substances.

Twenty RCTs were included and examined for risk of bias according to Cochrane Risk of Bias assessment tool. The present systematic review is ongoing. The effects of web-based interventions will be compared to control groups at post-treatment and follow-up assessments separately for each substance by estimating Hedge's g. In case of insufficient statistical power for one of these substances, results will be reported narratively.

The complete results and conclusions of the present systematic review will be presented at the conference.

A personalized and interactive web-based innovation to AdvanCe the Quality of life and caRE in Heart Failure patients (ACQUIRE-HF)

Susanne S. Pedersen, Kim Smolderen, Uffe Kock Wiil, Ann-Dorthe Zwisler, Vivi Frydensberg, Søren Jensen Skovbakke, Jan Sørensen, John Spertus, Jacob E. Moeller

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Heart failure (HF) is a complex, chronic, and debilitating condition, the end stage of most heart diseases, and comprises a global health and economic burden. Despite improved treatment options, hospitalization and mortality rates remain high. Thus, we are still searching for successful care modalities to advance the quality of care for HF patients. A multi-disciplinary, international team of experts together with end users will develop an innovative patient-centered ICT solution to empower patients to live a better and longer life with their disease. The clinical and economic impact of the innovation will be evaluated in a randomized controlled trial (RCT) design in 589 HF patients in Denmark. A full MAST (Model for ASsessment of Telemedicine) evaluation will be included. We now have data from focus group interviews and from the pilot study (n=26) and are currently adapting the intervention for the larger RCT. ACQUIRE-HF represents an innovative and sustainable paradigm shift of HF care, as it relies on patient-centered and personalized tools to empower patients that are available via an interactive platform in an integrated system. Use of the innovation is expected to increase patient empowerment, compliance, and wellbeing, and to reduce hospital readmissions.

Effectiveness of two internet interventions for Cancer-Related Fatigue: results of a 3-armed Randomized Controlled Trial 'Fitter na kanker'.

Fieke Bruggeman-Everts, Marije DJ Wolvers; Rens Van de Schoot; Miriam MR Vollenbroek-Hutten; Marije L Van der Lee

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Chronic cancer-related fatigue (CCRF) is a considerable burden for cancer survivors. The effectiveness and usability of two different internet interventions for reducing CCRF were investigated. Severely fatigued cancer survivors (n=167) were randomized into: 1) physiotherapist guided ambulant activity feedback therapy involving an accelerometer (AAF) (n=62), 2) psychologist guided online mindfulness-based cognitive therapy (eMBCT) (n=55), or 3) an active minimal intervention control condition receiving psycho-educational e-mails (PE) (n=50). All interventions were nine weeks. Fatigue severity was assessed six times between baseline (T0) and half a year later (T2). Multiple group latent growth analysis showed that fatigue severity decreased significantly more in AAF and eMBCT compared to the PE condition. Reliable change at T2 was in AAF condition: 66.1% (n=41), eMBCT: 49.1% (n=27), and PE: 12% (n=6). Adherence to treatment was in AAF 82.3% (n=51), and eMBCT 61.8% (n=34). Effect sizes were 0.86 in AAF and 0.76 in eMBCT. Reasons for non-adherence in AAF were: hindrance of the accelerometer, and in eMBCT: the intensity of the program, and having difficulty communicating with the therapist in written text. Both interventions are effective for managing fatigue severity compared to receiving psycho-educational e-mails. Recommendations for improvement and implementation are discussed.

Understanding 'personalized care' in online interventions

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The importance of personalized care in online interventions is widely recognized, but how personalization is practiced, remains fairly unclear. The aim of this study is to explore and understand possibilities and limitations of personalization practices in online interventions. Thereby, a practice-based research approach was conducted, collecting data using participant and non-participant observations and semi-structured interviews, of four highly distinctive online interventions for psycho-oncological care in the Netherlands. This study resulted in a grounded theory in which 4 levels of personalization emerged. First, I will discuss possibilities and limitations of 'passive personalization' through differentiation, based on group averages in two self-help applications. Second, I will discuss 'expressive personalization' writing personal reactions on patients' writings. Third, I will discuss 'active personalization', which expresses the ideal of 'responsiveness' and was only partly established in parts of the interventions. Concluding, practices of personalization often contain shortcomings in dealing with individual differences. Especially when patients fail to provide self-disclosure, to meet the presupposed skills or the program's expectations, health care professionals have insufficient leads to act adequately and to prevent patients from dropping out. Recommendations of personalization, such as the need for evaluation and assessment of personalization, are discussed.

Parallel session 3

Thursday 22. September, 14.15-15.45, Auditorium

The potential of wearable technology in mental healthcare

Inez Buyck, Tim Vanhooymissen, Bert Bonroy, Marc Mertens, Tom Van Daele
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The development and commercialization of wearables within healthcare is growing expansively. Wearables are sensors and devices that are worn on the body to gather physiological data (e.g. heart rate, skin conductance, physical activity). They can be deployed for both preventive and curative objectives, in particular to support reliable and valid assessment of signs of disease, or to provide additional physiological data to better monitor the evolution of treatment. As for mental healthcare, so far the use of portable technology is a relatively unexplored field. This presentation elaborates on the potential of using wearables in mental healthcare. A state-of-the-art is provided on the employment of portable technology in various psychological conditions. Also, the Carewear project is outlined, which aims at investigating the addition of wearable technology in evidence based clinical practice in the prevention and treatment of stress, burnout and depression. Exemplification of the use of wearables in this context (i.e. demonstration of prototypes of wearables and the translation of a collection of physiological data into feasible end users applications) is briefly demonstrated. The presentation concludes with an overview of the greatest challenges in this area for the years to come.

Smartphone Analysis of Human Behaviour for Interactive Music Systems

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Most people today have a smartphone and many use it for listening to music – that is, pre-recorded music. With the current sensor and computing capabilities available in smartphones, we can make applications sensing the smartphone users' behaviour and link it to the music listening. This is not only by selecting appropriate music but to allow for navigation in a landscape of flexible music. That is, in the future music producers could be making music allowing the listener to make selection regarding how the music should sound like. In this way the listener is continuously interacting with the music engine and could also share the music experience with friends where each of them bring in their own music to be mixed together. Intelligent analysis of the smartphone motion sensor data can also allow for automatic adaptation of music to the current emotions, like compensating sadness and provide an emphasizing effect when happy emotions are present. In addition to regular use, possible applications include exercising and rehabilitation. This talk will give an introduction to how we have worked with smartphone sensor data analysis using machine learning including for detection of emotions. Further, we will demonstrate how flexible music can be made on smartphones. The undertaken work is a part of the Research Council of Norway funded project Engineering Predictability with Embodied Cognition (EPEC).

Validation of a computational model for mood and social integration

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The social environment of people is an important factor for the mental health. However, in many internet interventions for mental health the interaction with the environment has no explicit role. It is known that the social environment can help people to reduce the feelings of loneliness and has a positive impact on mood in particular. Participation in social activities and maintaining social interaction with friends and relatives are frequently seen as indicators of happy and healthy life. It is also commonly accepted that, being integrated within social network has a strong protective effect on health and helps to avoid feelings of loneliness. In this presentation, we will introduce a computational model that can be used for analyzing and predicating the mood level of individuals by taking into account the social integration, the participation in social activities and the enjoyableness of those activities. In addition to the model, we will present the method that we developed to validate the computational model. For this, we used real EMA data that was collected from E-COMPARED project. This model can be used to make more precise predictions on the effect of social interaction on mood and might be part of future internet interventions.

Real-time assessment of auditory hallucinations using a smartphone application

Josef Bless, Runar Smelror, Ingrid Agartz, Irina Holma, Anne Arola, & Kenneth Hugdahl
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Data on frequency and severity of auditory hallucinations (AHs) are typically obtained from scores in structured interview scales, where the Positive and Negative Syndrome Scale (PANSS) is a commonly used scale. There are however several non-optimal factors with such interview-scale data that may obscure the true frequency and variability of AHs over time. On an individual basis: interview data are obtained in a single, or few sessions and are therefore subject to retrospective bias; data are aggregated across several dimensions, processes, and verbal responses; and data are interpreted and filtered by the clinician before entered as a score. To meet these limitations, we propose the use of a self-report smartphone app, in which AHs are decomposed into three continuous dimensions: localization in space (perceptual dimension), affective valence (emotional dimension), and executive control (cognitive dimension). These dimensions are presented as visual analog scales on the smartphone display and the patient is instructed to respond in real-time (when hallucinations are present) by moving his/her finger on a horizontal slider under each question/dimension, ranging from "inside head" to "outside head", "negative" to "positive", and "never" to "always". We here present the concept as well as preliminary data.

Parallel session 4

Thursday 22. September, 14.15-15.45, Conference room A

Effectiveness of an internet intervention for adults with depression and incapacity to work: a randomized controlled trial

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Introduction: Depression is highly prevalent in the general population and at the workplace. However, the majority of affected individuals remain untreated, leading to significant disability and loss of productivity. Internet-based interventions (IBI) can improve access to cost-effective treatments against depression at the workplace. Objective: To examine the effectiveness of an IBI with minimal therapist support in reducing depressive symptoms compared to a control group. Methods: Individuals with sick leave from work due to depression were recruited for the study. A two arm controlled trial was conducted where participants were randomly assigned to the IBI or the control group. The IBI was a structured 12 week cognitive behavioural therapy with weekly interactive sessions delivered over a website. The control group received written psychoeducation material. The primary outcome was depressive symptoms at post-intervention (PHQ-9). Secondary outcomes were depressive symptoms (BDI) at posttreatment and follow-up (6 months), and measures of self-efficacy and quality of life. Intention-to-treat analysis (ITT) was performed, with additional complete cases (CC) analysis. Results: Of the 180 participants, 88 (48%) completed the study. Compared to the control group, participants in the IBI showed significantly less depressive symptoms at posttreatment based on ITT ($d = 0.58$) and CC analysis ($d = 0.69$). Additional results will be presented at the ESRII conference. Conclusions: An IBI with minimal therapist support was effective in reducing depressive symptoms among individuals with incapacity to work. Delivering IBIs for depression at the workplace could improve treatment access and allow employees to return to work sooner.

A web-based intervention for enhancing employees resilience. Results of a randomised controlled study.

Marvin Franke, Dirk Lehr, Anna-Carlotta Zarski, Heleen Riper, Matthias Berking, David Daniel Ebert
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Background: Empirical evidence indicates that greater resilience is associated with better mental health. However, only a few studies exist that show that it is possible to improve resilience using a psychological intervention. The main purpose of the present randomised controlled trial (RCT) is to examine the effectiveness of a web-based training that aims at enhancing stress management and resilience concerning job-related strains. Method: 396 employees were assigned either to the intervention group or the six-month waiting list control group. The intervention trains strategies for systematic problem-solving and emotion regulation and is designed as a self-help intervention without psychological guidance. Data were assessed at pre, post (7 weeks) and a 6-month follow-up. The primary outcome was resilience (CD-RISC). Secondary outcomes were among others psychological well-being (WHO-5), job-related self-efficacy (OSSES) and depression (ADS-K). Results: The intervention participants showed a significantly higher resilience from baseline to seven weeks ($d=0.58$, 95%-CI: 0.38-0.78) compared to controls. Significant moderate to large effect sizes were also found for psychological well-being, perceived stress, job-related self-efficacy, emotional exhaustion, and depression. Changes in resilience mediated changes in psychological well-being. Conclusion: It is possible to enhance resilience using an internet-based self-help intervention and thereby prevent the large effects of job stress.

Cost-effectiveness and cost-benefit of an internet-based stress management. An economic analysis alongside a randomized controlled trial

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Background: Work-related stress is a widespread issue among employees, associated with mental health consequences which lead to high economic costs. Internet-based stress management interventions (iSMI) are effective in reducing such stress. However, evidence for their cost-effectiveness is scarce. Aims: The cost-effectiveness (CEA) and cost-benefit analysis (CBA) of a guided web- and mobile iSMI for employees evaluated from the employers' perspective in a RCT. Methods: 264 employees with elevated symptoms of perceived stress (Perceived Stress Scale, PSS-10 ≥ 22) were assigned to the iSMI or a six-month waitlist control group (WLC). The iSMI consisted of 7 sessions including problem-solving and emotion regulation techniques. Primary outcome was perceived stress, secondary outcomes included depression and anxiety. Economic data was collected at baseline and after 6-months. A CEA with symptom-free as the main outcome and a CBA accounting for costs from absenteeism and presenteeism were carried out. Statistical uncertainty was estimated using bootstrapping. Results: A willingness-to-pay ceiling of € 1,000 for a treatment response yielded a 76 % probability of the intervention being cost-effective compared to the WLC. The CBA yielded a net-benefit of 407 € after 6 months and a return on investment of 1.97/€ for intervention costs of 200€.

Engagement in internet-based modular stress management intervention BADI: the effects of guidance

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Background. Internet-based interventions can be as effective or even more effective than traditional interventions. But can they be effective without the support of the therapist, and how much support from professional is enough? We aimed to assess the effects of support availability from psychologists using the self-help stress management program. Methods. Participants for this study were recruited to the internet-based BADI intervention after public announcements on social networks and media. 1604 participants with 80 % women, mean age 35 years, ranging from 18 to 82, registered to the program. Internet-based modular stress management intervention BADI was based on public health perspective and grounded on mindfulness and CBT. Participants of the program can choose freely from 12 modules including relaxation, mindfulness, interpersonal, and problem solving. Participants were randomly assigned to the self-help and support groups. Support group had a possibility to use guidance from professional psychologists how to use program. Results. Results revealed that additional support was used by participants with lower well-being and higher adjustment problems. Women used support more. Support was also used more by participants who used BADI in addition to ongoing traditional counselling. Additional support can be valuable for internet-based intervention participants with more severe mental health issues.

Parallel session 4, *continued*

Tackling MHDs at the time of their onset: Preliminary results of a 2-armed RCT evaluating the effectiveness of an Internet- and App-based stress intervention for college students

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Objective: This randomized controlled trial evaluates the efficacy and mechanisms of change of an Internet- and App-based intervention which aims to decrease perceived stress in college students.

Methods: A sample of 160 college students (Age > 18; currently enrolled at university) with self-perceived stress (Perceived Stress Scale [PSS-4] ≥ 8) was assigned to either an Internet- and App-based stress training (intervention condition [IC]) or to a 3-months waitlist control condition (CC). The IC consists of eight consecutive Internet-based sessions which aim to promote coping skills for emotional strain and academic stress by using mindfulness-based, metacognitive and problem solving techniques. Additionally, an App-based stress and rumination diary is employed. Self-report data were assessed at baseline, post-treatment (7 weeks) and 3-month follow-up. The primary outcome is perceived stress (Perceived Stress Scale [PSS]). Secondary outcomes include academic burnout symptoms, dysfunctional perfectionism as well as anxiety and academic presenteeism. A serial multiple mediator analysis will be carried out to investigate mechanisms of change.

Results: The 2-armed RCT is currently conducted and first results will be presented on site.

Parallel session 5

Friday 23. September, 09.45-10.45, Auditorium

Chronic insomnia in morningness and eveningness individuals, and short and long term effects of online cognitive behavioural therapy

Einar Bredeli, Mats Lien, Børge Sivertsen, Håvard Kallestad, Øystein Vedaa
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The study aim was to investigate if morningness and eveningness individuals with chronic insomnia respond differently to online cognitive behavioural therapy for insomnia (CBTi). Adult patients (N=89) with insomnia received access to online CBTi over 9 weeks and were assessed with sleep diaries, the Insomnia Severity Index (ISI), Bergen Insomnia Scale (BIS) and the Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS). Patients were characterised as morning or evening individuals based on a median split of the Horne-Östberg Morningness Eveningness Questionnaire. Short and long term effects of the treatment were examined with a mixed model repeated-measures analysis. The two groups did not differ on age, gender or educational status. Morning individuals had more wake time after sleep onset ($d=0.62^{**}$), and evening individuals had more sleep onset latency ($d=0.60^{**}$), compared to each other. There were no differences between morning and evening individuals on treatment outcomes. ISI scores were reduced from 17.4/17.3 (morning/evening type) at pre-treatment to 9.1/8.5 (dpre-post=2.33^{***}/2.47^{***}) for post, and remained relatively stable with 10.7/8.5 at 18-month follow up (dpre-post18m=1.88^{***}/2.45^{***}). Similar results were found for BIS, DBAS and from the sleep diary. Despite different insomnia symptomatology for morning and evening individuals, they do not respond differently to online CBTi.

Patient predictors of adherence to and persistence with an online intervention for insomnia in men with depression and insomnia.

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Aim: Explore patient predictors of adherence and persistence with an online CBT intervention for insomnia in men with comorbid depression and insomnia. Method: From the active arm of the SOMNA trial, 45 middle-aged and older men, mean age 58.56 (SD 6.3), were included in cross-sectional analyses exploring associations between patient predictors (age, education, subjective and objective cognitive function, depression, insomnia severity, locus of control, anger, curiosity) measures of adherence (total logins, sleep diaries completed, modules completed) and persistence (dropouts, program completed). Results: The presence of subjective cognitive difficulties was associated with fewer total logins (median 28 vs 49.5, $p = .010$), diaries completed (median 41 vs 59, $p = .008$), modules completed (median 3 vs 6, $p = .016$), and less program completion (18.2% vs 55%, $p = .013$). Errors in an executive functioning task were also associated with less diary, module, and program completion. Conclusion: In older men with comorbid depression and insomnia, adherence to and persistence with an ehealth intervention for insomnia is strongly predicted by cognitive problems. Clinicians treating this population may consider providing extra support for those reporting cognitive difficulties, and some changes in program structure may assist in improving adherence and persistence in this group.

An adaptive treatment strategy for Internet-CBT: predicting and preventing failures

Viktor Kaldo, Susanna Jernelöv, Erik Forsell, Kerstin Blom, Nils Lindefors
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Internet-based CBT (ICBT) could be used in stepped care. However, to save resources and decrease suffering it would be beneficial if patients at risk for treatment failure could be identified early in treatment to make it possible to adjust or change treatment. Insomnia patients ($n=152$) were screened via internet, diagnosed face-to-face, and measured with Insomnia Severity Index (ISI). Standardized ratings was used in a step-wise semi-automated algorithm to classify patients as 'Red' (risk of failure) or 'Green' (good prognosis). Red patients were randomized to either the same regular level of care as green patients or to enhanced treatment (telephone interview, individual treatment plan, extra modules, and more support). Sixty-four patients were categorized as Red, with an initial ISI of 18.8. Those randomized to enhanced treatment dropped to 10.6 and those receiving regular care to 13.5, which were significantly less ($d=0.67$). Enhanced treatment decreased non-responders from 81% to 34%. Green patients dropped from 16.7 to 6.7, being significantly more than Reds on regular care ($p<.001$) but not more than Reds with enhanced care ($p=.33$). ICBT for insomnia provides good opportunities to detect patients at risk of failure. Adjusting their treatment considerably increase effect and decrease the number of non-responders.

Internet interventions for insomnia & the example of I-sleep

Annemieke van Straten
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Insomnia is a worldwide major public health issue: about 10 to 30% of the population is affected by it and it has a profound impact on daily life. Moreover, it is an important risk factor for other somatic and psychiatric diseases. Cognitive behavioral therapy (CBT) is internationally recognized as the optimal treatment. Nevertheless, CBT is underutilized because reimbursement is problematic in many countries. In 2004 the first study was published on the delivery of CBT through the Internet. At the moment there are at least 10 online CBT programs available for insomnia. The aim of this presentation is first to give an example of an Internet based insomnia treatment (I-sleep). Next, we will provide an overview of all the existing evidence for online treatment of insomnia. This overview will be based on published meta-analyses. Lastly, we will discuss which (research) questions need to be addressed in order to improve mental health care for people with insomnia.

Parallel session 6

Friday 23. September, 09.45-10.45, Conference room A

Effectiveness and cost-effectiveness of an online-based Acceptance and Commitment Therapy for chronic pain: a three-armed RCT

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Background: This study aims to investigate the (cost-)effectiveness of a guided and unguided acceptance- and commitment-therapy-based online-intervention for persons with chronic pain (ACTonPain).

Method: In this pragmatic three-armed RCT with 300 participants, the programs ACTonPain guided and unguided are compared to a waiting list control group. ACTonPain consists of 7 modules that should be processed weekly. Assessments take place before (T0), 9 weeks (T2), and 6 months (T3) after randomisation. The primary outcome is pain impairment (Multidimensional Pain Inventory, MPI). Secondary outcomes are physical and emotional functionality (PHQ-9, GAD-7), pain intensity (NRS) and ACT-related variables (FAH-II, CPAQ). Economic analyses are conducted from a societal perspective.

Findings: Preliminary analysis (per-protocol, n = 230) showed a significant interaction of time (T0,T1) and groups in the scales MPI ($F(2,227)=12.77$, $p=.000$; $\eta^2=.101$) and CPAQ ($F(2,227)=15.89$, $p=.000$; $\eta^2=.122$). The post-hoc analyses reveal a benefit of the group ACTonPain guided compared to waitlist in the variables MPI ($MD=.46$, $SD=.15$; $p=.009$) and CPAQ ($MD=9.54$, $SD=3.04$; $p=.006$). Discussion: The present study provides central information on the treatment success in relation to the intervention's level of guidance in the treatment of chronic pain.

Internet- and mobile-based intervention and prevention for depression in chronic back pain patients – study design and preliminary data of two randomized controlled trials.

[Sarah Paganini](mailto:sarah.paganini@psychologie.uni-freiburg.de), Lasse Sander, Jiaxi Lin, Sandra Schlicker, David D. Ebert, Oskar Mittag, Matthias Berking, Heleen Riper, Harald Baumeister

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Background: Examination of (cost-)effectiveness of two Internet- and mobile-based interventions (IMI) for the treatment (WARD-BP) and prevention (PROD-BP) of depression in patients with chronic back pain. Rational, study design and preliminary data will be presented. Methods: Two multicenter RCTs (each intervention vs. treatment-as-usual) with 210 patients with depression and back pain and 400 patients with subthreshold depression and back pain. Patients will be recruited in eight orthopedic rehabilitation clinics (start: September 2015). Both IMIs consist of six weekly cognitive behavior therapy-based sessions, two booster sessions and three optional modules (sleep, partnership/sexuality, work). Primary outcome in WARD-BP: depression severity (HAM-D); in PROD-BP: time until onset of a depressive disorder (SCID) within a 12-months follow-up. Secondary outcomes: e.g. quality of life, pain related outcomes, work capacity, adherence and satisfaction. Analysis of cost-effectiveness will be conducted from a societal perspective. Statistical analyses: Regression models, multilevel-analyses with repeated measurements (WARD-BP) and Log Rank survival analysis (PROD-BP).

Discussion: The present large-scale trials are the first to evaluate the (cost-)effectiveness of depression IMIs (treatment/prevention) in patients with chronic back pain. As integrated part of the health care system, results will inform us about the reach of these interventions, highlighting the potential health care impact of depression IMIs for these patients.

Internet-Based Guided Self-Help for Genito-Pelvic Pain/Penetration Disorder – Preliminary Results of a Randomized Controlled Proof-of-Concept Trial

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Background: Difficulties or the impossibility of sexual intercourse in GPPPD despite the woman's wish to do so can cause huge personal and relational burden. One of the primary characteristics is the fear of penetration or of the pain associated with penetration. Between 6% and 54% of women with genital pain symptoms seek treatment. Treatment opportunities, however, are scarce. To the best of our knowledge, no intervention for GPPPD so far has been evaluated in a RCT. The aim of this study is to evaluate the efficacy of an Internet-based guided self-help intervention for GPPPD.

Method: A total of 200 women with GPPPD will be randomly allocated to the intervention or the waiting control group. The intervention comprises 8 modules consisting of psychoeducation, relaxation exercises, sensate focus and systematic desensitisation via dilator insertion exercises. Participants have the opportunity to request automatic text messages on their mobile phone along with the intervention and to receive written feedback on every completed session from an e-coach. The primary outcome is sexual intercourse (PEQ). Secondary outcomes are e.g. fear of coitus, penetration cognitions, sexual functioning and general well-being. Web-based self-report assessments for both groups are scheduled at baseline, 10 weeks, and 6 months. Results: progress

Parallel session 7

Friday 23. September, 12.15-13.00, Auditorium

Internet-based psychological interventions for the prevention of mental disorders: a systematic review and meta-analysis.

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Background: Primary prevention of mental disorders is a major challenge for health care systems and society. Internet- and mobile -based interventions (IMIs) are a promising approach to scale up preventive measures to a population level.

Methods: A systematic database search was conducted (CENTRAL, Medline, PsycInfo). Studies were selected according to defined eligibility criteria (adult population, IMI, control group, onset/severity of mental disorder, RCT). Primary outcome was onset of mental disorder. Study quality was assessed using the Cochrane Risk of Bias Tool. Meta-analytical pooling of results took place for depression interventions. Results: 1169 studies were screened of which 17 were eligible for inclusion. Most studies examined prevention of eating disorders and/or depression and/or anxiety. Two studies on PTSD and two on general anxiety disorder were also included. Only five studies reported incidence data assessed by means of standardized clinical interviews (e.g. SCID). The meta-analysis for depression severity revealed effect sizes of $d=.35$ (CI $-0.57, -0.12$) for short term, $d=.22$ (CI $-.37, -.07$) for medium and $d=.14$ (CI $-.36, -.07$) for long-term follow-up in favor of the IMIs.

Discussion: IMIs are a promising approach in preventing mental disorders. Results will be discussed using insights from an ongoing own prevention trial (PROD-BP).

Beliefs and attitudes of a freshmen university student group to use a self -applied intervention delivered through Internet to cultivate resilience

Rocio Herrero Camarano, Ernestina Etchemendy, Adriana Mira, Giulia Corno, Rosa Baños, Azucena García-Palacios, Soledad Quero, & Cristina Botella
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The focus of mental health care in many European countries is on treatment rather than on prevention of common mental health disorders (CMHD), such as depression, anxiety, adjustment or substance use disorders and a shift to more prevention-oriented health care has been proposed by the EU health policy. In this sense, Resilience is a key component for preventions given that refers to an individual's ability to properly adapt to stress and adversity, and it is important in maintaining quality of life, emotional well-being, and functional independence. A crucial moment to train individuals in resilience is when they face new and challenges situations. The first year of admission to a university is a crucial life-event; therefore a preventive intervention administered at this time could reduce the risk of developing a mental disorder.

In Europe, 79% of individuals aged 16 to 74 yrs. use the Internet and 80% of these do so daily (European Commission, 2014).

The Internet is a key source of health information (Kazdin & Blasé, 2011).

The aim of this work is to present the beliefs and attitudes of a group for freshmen university student to a self -applied intervention delivered through Internet to cultivate resilience.

The Self-help Online against Suicidal Thoughts (SOS) Trial –a Danish Randomized Controlled Trial

Charlotte Mühlmann, Trine Madsen, Ad Kerkhof, Merete Nordentoft, Annette Erlangsen
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Background: Suicidal thoughts are common, causing distress for millions of people all over the world. This study aims to examine the effectiveness of an online self-help intervention, Self-help Online against Suicidal thoughts (SOS), in Denmark.

The Danish SOS-trial is a partial replication of a previously conducted Dutch trial.

Methods and design: The SOS-trial is a randomized, controlled, superiority trial with two parallel groups and with a 1:1 allocation ratio. A total of 450 people with suicidal thoughts will be recruited from the Danish suicide hotline, The Lifeline, and allocated to the intervention condition (N=250) or the control condition (N=250).

The intervention condition consists of a six-week internet-based self-help therapy intervention, the SOS-intervention. The control condition consists of a waiting list assignment for 32 weeks.

The primary outcomes are frequency and intensity of suicidal thoughts. Secondary outcome measures include depressive symptoms, hopelessness, worrying, quality of life, negative effects of the intervention as well as costs related to health care utilization and production loss. Follow-ups will be conducted 6, and 32 weeks after inclusion.

Results: The pilot study is scheduled to be completed by August 2016.

Parallel session 8

Friday 23. September, 12.15-13.00, Conference room A

iVR - an Internet Based Virtual Reality Early Intervention for PTSD

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Introduction: Post-traumatic Stress Disorder develops in approximately 20% of those exposed to traumatic events. Effective treatments exist, however their uptake is relatively low. Goals: The primary goal of this project is to overcome some of the common barriers to treatment amongst recent survivors of traumatic events, by combining evidence-based intervention with that of Internet technology. The patient and therapist will meet in a Virtual therapy space. All aspects of the intervention will include Virtual Reality scenarios, including the implementation of exposure exercises. Method: Recent survivors of motor vehicle accidents, with symptoms of PTSD, will be randomly assigned to a) Virtual Reality Web-based trauma-focused cognitive behavioral therapy (CBT) or b) waitlist control. Patients will be followed up for one year post treatment. Results: this presentation will outline the intervention components, and present preliminary results of the first patients in the trial. Discussion: PTSD can become a chronic and expensive condition. If web-based treatment is shown to be acceptable and effective, then this will impact the rates of PTSD development. Conclusion: Web-based virtual reality treatments allow for flexibility in the planning and implementation of trauma focused CBT early after a traumatic event.

Are treatment preference and perceived credibility associated with symptom improvement following randomization to either Virtual Reality or in-vivo exposure therapy for spider phobia?

Philip Lindner, Julia Heinsoo, Alexander Miloff, Katherine Cotter, Lena Reuterskiöld, Gerhard Andersson, Per Carlbring

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Background: Virtual Reality exposure therapy (VRET) for specific phobia has an efficacy comparable to traditional, in-vivo exposure therapy (IVET). There has however been no study on the influence of treatment preference and perceived credibility on symptom improvement, which are important issues if VRET is to be implemented in clinical settings.

Method: Before being randomized to treatment, spider phobic participants (n=85) indicated treatment preference, rated credibility of both VRET and IVET (in randomized order) using the Treatment Credibility Scale, and completed a behavioral approach test (BAT) used as outcome measure. Results: Participants rated higher credibility of IVET than VRET ($M\Delta=4.9$, $t_{84}=6.61$, $p<.001$). Only for participants treated with VRET was there a significant, negative correlation between credibility rating of received treatment and symptom improvement ($r=-.36$, $p=.017$). A marginal interaction effect was found between treatment allocation and having been randomized to the preferred treatment ($F_{1,68}=3.63$, $p=.061$), such that those who preferred VRET and received it improved the least, those who preferred IVET and received it improved the most, and equal, intermediate improvement for remaining groups. Conclusion: Treatment preference and perceived credibility are associated with symptom improvement after exposure therapy and should thus be considered in non-randomized settings where VRET and IVET are available.

Symposium

Friday 23. September, 13.00-14.30, Auditorium

Ready for eHealth? Drivers and barriers to acceptance of online aftercare in patients and health professionals of inpatient routine care

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Background: Online aftercare is a promising tool to stabilize effects after inpatient treatment, yet adoption seems limited in routine care. The present study hence aimed to determine and compare drivers and barriers to acceptance of online aftercare with focus on work-related stress in patients and health professionals of inpatient rehabilitation.

Method: Acceptance and its predictors were investigated based on extended version of the „Unified Theory of Acceptance and Use of Technology” in a cross-sectional design in N= 374 inpatients with a broad spectrum of diagnoses and N= 134 health professionals in self-administered surveys. Results: Acceptance of online-aftercare was higher in health professionals than in patients (M = 3.08, SD 0.96 vs. M=2.56, SD 1.22, $t(484)=-4.91$, $p<.001$). The majority of both groups (82% vs. 88%) displayed a low acceptance. Performance expectancy and social influence were main predictors of acceptance, while subgroup specific differences could be observed in other predictors. Conclusion: The present study found a limited acceptance of online aftercare and provides strategic points to improve implementation in inpatient rehabilitation. It seems critical not only to increase eHealth experience and literacy but also to facilitate positive attitudes and target individual misconceptions in patients and in other stakeholders of eHealth implementation alike.

Large scale implementation of iCBT in Swedish primary care settings

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Since the beginning of 2016 a large scale implementation of iCBT in Swedish primary care settings has begun, making iCBT more available than ever in the Swedish health care system. One of the main reasons for this is the introduction of a new technical solution for delivering internet-based interventions, developed by the Swedish association of Local authorities and Regions. This presentation will address several pros and cons associated with the implementation of iCBT in primary care settings, using concrete examples from the work currently being conducted in Sweden. Knowledge from earlier research in this area will also be discussed, as well as the issues connected with changing technical solutions when delivering iCBT and how this affects therapists attitudes and program usability.

Implementation of mental health treatment as a cooperation between primary and specialist health care. Example MasterMind Norway.

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Our vision in MasterMind Norway – An integrated stepped mental health care for patients. From self-help to admission in a mental health institution and back again.

Experiences from March 2014 until now. It is hard to motivate patients to self-help. GPs do not motivate, they inform about self-help programs. We need better tools.

Video consultations are well suited to support and teach GPs. For the GPs the payment system in Norway favors cooperation with specialist health care. There are major technical challenges. If these challenges are met in an efficient way, video consultations may be an important arena patient care.

Specialist health care workers are positive to video consultations with waiting list patients at home. The technical challenges are great, but can be met with new video technology.

We are planning to get video consultations as a teaching, cooperation and treatment option for routine mental health care. This process is aided by a video consultation project within somatic health at the University Hospital of Northern-Norway. We hope in the symposium to inspire to a discussion on how to take the difficult step from experimental treatment to routine care.

Let's share the agony of implementing iCBT!

Kim Mathiasen
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Internet based cognitive behavioural therapy (iCBT) has long been seen as an important new format of delivery of CBT, which could lower the threshold and broaden the reach of evidence based psychotherapy. The evidence base is becoming strong for many disorders particularly for anxiety and depression. But it has been, and still is, an enormous challenge to step over the gap from research projects to implementation into routine care. And even when implemented, there is a long way to normalisation of the service into the organisation. In this presentation the road through the past ten years in DK from the first iCBT programmes to implementation of a dedicated iCBT clinic in routine care is presented. Special focus will be on the barriers and facilitators for implementation and the learning points from our errors and successes so far. The status and road ahead is outlined. It is the hope, that sharing these experiences can ease the way for other countries earlier on this trajectory, to gain insights from countries farther along than us, and to inspire discussion about the errors and agony many of us experience on the road to implementation.

Plenary discussion

Poster presentations

Thursday 22. September 13.15-14.15

Online Program for Students suffering test anxiety

Hanna Konradi, Irene Warnecke, Linda Kempf, Caroline Lutz-Kopp & Ursula Luka-Krausgrill

Internet interventions based on cognitive behaviour therapy (CBT) technics have proven to be effective in reducing a wide range of psychological symptoms. Over the years, we found that about one fourth of students seeking psychological counselling at the Johannes Gutenberg-University Mainz, reported test anxiety. For this reason, we designed a guided online program, which contains six modules, each aiming at different aspect of test anxiety. Participants attended a pre- and post-interview by CBT-Therapists, to exclude severe psychological disorders, to give information and to collect the written consent. Up to date, 48 students participated in the program. Evaluation includes standard questionnaires pre- and post-treatment, focusing test anxiety, depressive symptoms and psychological distress. Participants showed a clinically relevant expression of test anxiety before treatment, which experienced a significant reduction on post-treatment measurement. Questionnaires on psychological distress and depressive symptoms showed only mild expressions of symptoms before treatment and therefore didn't decrease significantly post-treatment. During the post-interviews, participants reported high acceptance and appreciation of the intense, but flexible counselling option. Preconceptions to this form of counselling could be modified.

Patient satisfaction among patients who have received ICBT for anxiety and depression

Vera Soljanik, Tine Nordgreen

A descriptive view on the quantitative and qualitative data collected from patients who have received ICBT treatment at eMeistring.

GRASP Intervention – Review of In Situ Intentional Registration on Shared Interactive Surfaces

Aleksander Krzywinski, Tor Gjøsæter

We present an internet intervention solution for GRASP, a device for in situ intentional sensing. The device allows pervasive registration of emotions or other affective phenomena experienced by a user. GRASP is discrete and simple to use. Using a tablet data is retrieved from the device and used in internet interventions. Both parties involved can view, explore patterns and annotate the data resulting from the registrations. The system offers a shared workspace comprised of a visualisation of the user's affective data and tools for annotating, marking and manipulating the view. The shared workspace updates in real time to changes done by either user, and offers simple commands to call to attention certain features in the dataset. Users can navigate freely in the visualised data with regular touch gestures, and the data is accessible at different zoom levels – single events or days where the data is displayed as cloud-like figures; or weeks and whole years of registrations where the events are displayed as dots of varying size. The freeform data navigation assists in finding patterns in the data not normally discernible with traditional visualisation techniques. Additionally, the system can provide a two-way audio or video link between the participants if desired.

InterPsyk - a comparative case study of the practical organisation and implementation of Internet based cognitive behavioural therapy in five European countries

Kim Mathiasen, Marie Paldam Folker

Even though depression and anxiety are serious and prevalent disorders with high costs for the individual and for society, only about half of those in need of treatment in Europe are in any contact with the formal health care system. Internet based cognitive behavioural therapy (iCBT) is a promising format of delivery of evidence based psychotherapy and could thus be an important contribution to bridging the large gap between need and supply. However, implementing iCBT into routine practice has proven difficult. The present study aims to carefully describe the implementation of iCBT in five countries in order to uncover best practices in relation to composition of services, organisation, implementation and financial sustainability of different iCBT services. The method used is a comparative multiple case study performed in two phases: the first will include Denmark (as pilot) and Sweden (June through August 2016). The second phase will include The Netherlands, Norway, and Scotland (September through October 2016). The study protocol and preliminary data will be presented. The project collaborates with a research team from Stockholm University led by Viktor Kaldø and the EU project MasterMind. It is funded by the Danish foundation TrygFonden.

Poster presentations

Thursday 22. September 13.15-14.15

Using Internet-based self-help to bridge waiting time for face-to-face outpatient treatment for Bulimia Nervosa, Binge Eating Disorder and OSFED – A randomized controlled trial

Bianka Vollert, Ina Beintner, Peter Musiat, Ulrike Schmidt, Denise Wilfley, Barr Taylor, Corinna Jacobi

Self-help interventions have been shown to be efficacious for Bulimia Nervosa (BN) and Binge Eating Disorder (BED). Because patients often face long waiting times for specialist outpatient care, Internet-based self-help programs might be used as first step of treatment or to bridge waiting time for face-to-face treatment.

Methods: As part of the large, collaborative Horizon 2020 EU-project ICare (GA No. 634757), we will conduct a multi-country randomized controlled trial. The aim of the study is to analyze the efficacy of a guided Internet-based 8-week program (everybody PLUS) to bridge waiting time for outpatient treatment for women with BN and BED. N=275 patients will be randomized to the intervention or a waitlist control condition. Everybody PLUS will cover topics such as balanced eating and exercise patterns, binge eating/purging, body image, coping with stress and negative emotions. Patients will receive weekly individualized feedback based on their diary entries. The primary outcome will be the number of weeks after randomization until a patient achieves a clinical relevant improvement in core symptoms (BMI, binge eating, compensatory behaviors) for the first time. The poster will give an overview on design and current progress of the study.

Therapist delivered Internet Psychotherapy with „Net-Step“ - For Outpatients with Depression And Anxiety Disorders In Primary Care (RCT-Study)

U. Sprick and M. Köhne

Introduction: Internet psychotherapy (IPT) especially with CBT methods has been used with success in various countries. In Germany, however, there are still only very few approaches so far using internet psychotherapy in primary care. This is mainly due to local law restrictions. For implementation of IPT as a useful tool in primary care more research is needed.

Acknowledged as a therapy model by the ministry of health NRW and by AOK (health insurance company) the therapist delivered IPT “net-step” was used as an alternative approach. Methods: Patients with a confirmed diagnosis of depression, social phobia or panic disorder were recruited from practitioners, the hospital ambulance or from the internet.

Every patient had a personal talk and was tested face to face in the hospital’s ambulance. Participants were randomly assigned to 12 weeks CBT online or face to face-CBT for the same period of time. The waiting group was retested after 12 weeks and received online-CBT after the waiting period.

In a randomized trial 60 individuals suffering from depression, 30 individuals with panic disorder and 30 individuals with social phobia took part in the study. Patients having IPT were compared with controls having no therapy during a waiting period and other controls (n=30) who had conventional face to face therapy. Results: In the Depression-group the mean BDI-Score was reduced from 25.5 to 10.5 after 12 weeks, while controls did not show any reduction of the BDI-score. Face-to-face therapy was as effective as IPT-treatment. Patients who received IPT after the waiting interval of 12 weeks also showed a significant reduction of the BDI-score (from 23.1 to 8.1). Patients with social phobia also showed a significant reduced SPS-level after 12 weeks of treatment. In the Panic-group BSQ-scores were reduced from 2.5 to 1.8.

Conclusions: “Net-step” as a therapist delivered CBT-internet-psychotherapy may become an effective tool for the treatment of depression, panic disease and social phobia also in severely ill patients. It is a blended method combining advantages of a solitary online-psychotherapy with beneficial effects of face to face therapy.

Investigating the effectiveness of WE CAN - a web-based skills package for carers of people with anorexia

Juliane Schmidt-Hantke, Peter Musiat, Ina Beintner, Corinna Jacobi, Ulrike Schmidt

Carers of sufferers from anorexia nervosa (AN) play an important role in recovery, but often feel ill equipped to effectively support their loved ones. This can result in problematic carer behaviors, which may worsen or maintain the illness.

This study will be conducted as part of the Horizon 2020 project „Integrating Technology into Mental Health Care Delivery in Europe (ICare)“ funded by the European Union’s Horizon 2020 research and innovation program (GA No. 634757). WE CAN, a skills training program for carers of sufferers from AN, is based on a systemic, cognitive-behavioral approach and consists of nine interactive modules. It targets unhelpful carer behaviors and attitudes and considers the carers’ needs.

The goal of this multi-country randomized controlled pragmatic trial (RCT) is to analyze the role of guidance in WE CAN by comparing three versions: 1. WE CAN with therapist guidance, 2. WE CAN with peer guidance, and 3. unguided WE CAN. A total of N=302 carers, recruited in the UK (N=212) and in Germany (N=90) will be randomly assigned to one of the three conditions. The primary outcomes in carers are depression and anxiety scores. We will report the design and current progress of the study.

everyBody – Tailored online health promotion and eating disorder prevention for women

Barbara Nacke, Ina Beintner, Denise Wilfley, C. Barr Taylor, Corinna Jacobi

Dietary restraint and body dissatisfaction are established risk factors for eating disorders and are also linked to eating related health problems like overweight. Targeted prevention can lower these risk factors considerably. The aim of this study is to evaluate the reach, effectiveness, adoption, implementation and maintenance of a combined online screening and tailored, evidence-based eating disorder prevention program according to the RE-AIM framework to estimate its contribution to public health care.

As part of the large, collaborative Horizon 2020 EU-project “ICare” (GA No. 634757) we will evaluate the everyBody suite of 5 tailored internet-based programs targeting different stages of risk for eating disorders and/or eating and weight related health issues in women. Participants will be allocated to a program version based on their BMI and the presence of subthreshold eating disorder symptoms. EveryBody provides 4 to 12 interactive and partly guided weekly sessions covering healthy eating and exercise habits, body image and self-esteem. 4160 women from the general public of German speaking countries will be recruited.

Outcomes will be the reduction of weight and shape concerns, eating disorder symptoms, increase of self-esteem and quality of life. We will report the design and current progress of the study.

Poster presentations

Thursday 22. September 13.15-14.15

The Use of Participants' Feedback in Development of eHIS Programme to Promote Condom Use

Marta Glowacka, MSc., Cynthia A. Graham, PhD

Background: The eHIS (Homework Intervention Strategy) Programme to Promote Condom Use aims to increase an individual's focus on pleasurable sensations while using condoms, develop positive condom use experience, and address issues related to condom use errors and problems. **Methods:** Two qualitative evaluations were conducted to guide the programme development. 22 participants took part in 'think-aloud' and semi-structured interviews to obtain participants' views about the programme's website prototype and the computerised version of the website. The interviews transcripts were analysed using thematic analysis. **Results:** The participants' feedback was systematically reviewed in the context of existing evidence to guide further programme development. The main focus was on increasing motivation to complete the study and removal or reduction of aspects of the programme that could lead to breaking engagement with it. The results of the second evaluation allowed verification of how well the challenges to the engagement with the programme (e.g. personal relevance) identified in the first study were addressed. It also allowed the evaluation of acceptability of additionally introduced elements of the programme. **Discussion:** The results of both studies provided an insight into the process of Internet health behaviour change intervention development, in particular the importance of two phases of qualitative evaluation.

Participants' experience in guided Internet- and App-based stress management for college students: A qualitative study

Rebecca Fleischmann, Mathias Harrer, Anna-Carlotta Zarski, Harald Baumeister, David Daniel Ebert

Introduction: Recent investigations on the efficacy and effectiveness of Internet-based stress management interventions indicate that such treatments constitute an effective method of reducing occupational stress. Though academic education is often associated with an augmentation of chronic stress resulting in psychic symptom burden, college students as target group so far haven't been reached appropriately. This underlines the importance of providing stress management interventions tailored to students' particular needs. Its conduction as a novel approach raises questions about students' own perceptions of treatment utility and underlying factors affecting treatment adherence. The objective of this study was to explore the experiences of students undergoing treatment focusing on the improvement of Internet-based stress management interventions in the future. **Method:** Semi-structured interviews were conducted with 12 participants selected from a randomized controlled trial evaluating the effectiveness of an Internet- and App-based stress training. The selection was undertaken strategically regarding different extents of social and financial support, including drop-outs and completers in order to provide insights into a range of different studying conditions as well as different extents of treatment adherence. The interview material was examined using thematic analysis. **Results:** The semi-structured interviews are currently carried out and first results will be presented on site.

BADI: an internet-based intervention for stress management

Goda Gegieckaite, Jonas Eimontas, Zivile Rimsaite, Evaldas Kazlauskas

In a response to a growing need of psychological interventions that are easily accessible to people in need, a research team from Vilnius University developed a self-guided internet-based psychosocial intervention BADI. The goal of the intervention is to help to develop stress management skills and is based on CBT and mindfulness framework. BADI is constructed from four modules developed for strengthening four different coping skills: body relaxation, mindfulness, time management and social support. Program is designed to be flexible and correspond with the needs of participants, therefore all modules and exercises are accessible to use at any point in time. User friendly interface was developed with the aim to be easy understandable for participants of any age and computer literacy skills. During two months of BADI being open for registration 2562 people registered to participate in the program. 80% of participants were women, mean age of participants were 35 (SD=11.8) with range from 18 to 82. Most often the participants were looking for help dealing with stress related to too much work, time mismanagement and deadlines, financial difficulties and family or work conflicts.

Poster presentations

Friday 23. September 11.00-11.45

Blended cognitive behavioural therapy versus face-to-face cognitive behavioural therapy in routine care: A randomised non-inferiority trial

Kim Mathiasen

Internet based cognitive behavioural therapy (iCBT) has been demonstrated to be cost- and clinically effective. In spite of its success, however, there is a need for increased therapist contact for some patient groups to overcome some of the shortcomings of iCBT. Combining iCBT with traditional face-to-face consultations in a blended format (B-CBT) may alleviate some of these difficulties, while preserving some of the advantages provided by iCBT. Potentially, this could create a new format of delivery of CBT with multiple benefits such as individual adaptation, lower costs than traditional therapy, wide geographical and temporal availability, and possibly lower threshold to implementation due to less clinician resistance. The primary aim of the present study is to compare the clinical effectiveness of B-CBT with treatment as usual defined as twelve sessions of face-to-face CBT for adult major depressive disorder. The method used is a two arm randomised non-inferiority trial, which takes place in a specialised routine care clinic. Inclusion began in march. The protocol and preliminary results will be presented. The project is affiliated to the large EU study E-Compared where data will be pooled for analyses on a european level for cost-effectiveness.

Text-based CBT treatment of PTSD caused by road traffic accident – A single case study

Saqib Ahmad

There are many cognitive and behavioural treatment models for the treatment of Post-Traumatic Stress Disorder (PTSD) with the Elher's and Clark's, Reliving model at present holding the largest evidence base out of the CBT models This case study looks into the use of this model to treat PTSD following a road traffic accident using a purely text based online platform, where both patient and therapist never saw or heard each other but conversed using a "chat" alternative. Sessions were weekly and ranged from 1 to 1.5 hours. Pre-treatment self-assessment outcome measures demonstrated that the patient was in the clinical range for PTSD, Depression and Generalised Anxiety Disorder as measured by the Impact of Events Scale (IES), Patient Health Questionnaire (PHQ9) and Generalised Anxiety Disorder-7 (GAD7) respectively. Treatment was completed in 11 sessions and the patient presented sub-clinically on all outcome measures and was also able to re-engage in activities which she previously avoided following the accident. This case study will discuss some of the challenges of working in this way for patient and therapist and will also celebrate the effectiveness of an alternative treatment approach which can potentially increase access of psychological treatments to those who may otherwise not receive treatment.

The Need for Joint Societal and Technical Solutions for Online Misbehaviour

Maral Dadvar

The Internet is ubiquitous. Our interactions along with our personal lives have become interwoven with the Internet. It has transformed interpersonal behaviour which has resulted in new forms of relationships and communication. With appearance of the Internet new form of societal problems, such as cyberbullying have emerged. Cyberbullying is an old social misconduct, known as bullying, that has found its way into virtual communities. Measures to reduce the frequency and impact of any online misbehaviour can be rooted in various perspectives. Computational approaches that aim to detect instances of cyberbullying are promising, but this paper argues that they should take a broader angle for combating the problem than the mere technical view. Social studies have reached valuable findings that can be used as informative sources in technical solutions. Taking the behavioural trends and personal characteristics of users can be beneficial for enhancing the effectiveness of tools for the automatic detection of online misbehaviour. The findings in our experimental works can be taken as an encouragement for researchers to integrate the knowledge of social and behavioural studies with those of technical research and take a more comprehensive look while tackling an online misbehaviour.

Attitudes toward e-mental health services in the general population – a systematic review

Jennifer Apolinário-Hagen, Jessica Kemper, Carolina Stürmer

Background: Regarding potential barriers to implementation and dissemination of e-mental-health services into health care, attitudes among help-seeking individuals are considered having predictive value for acceptability. Thus, this review aims at identifying public views on online self-help services. **Methods:** We carried out a systematic search through electronic databases (e.g. PubMed/Medline, PsycINFO, PsychArticels) in order to identify eligible studies published in English or German language between 2005 and 2015. Studies with the scope on acceptability and preferences among individuals of all age groups were included. Exclusion criteria were reviews, clinical trials and surveys on providers' or patients' views.

Results: In total, we selected 24 studies with sample sizes ranging from 23 to 4.758. Participants were between eight and 95 years of age. Data was collected in North America, Australia and Europe mainly using self-report measures (n=19 studies). Overall, results indicated preferences to face-to-face over online services. With respect to e-mental health, professional support and immediate feedback were preferred features. Motives for usage included anonymity and flexibility in terms of time and location, while low likelihood of future use was associated with lacking e-awareness. **Conclusions:** Currently, the evidence base on attitudes toward e-mental health is scarce. Future studies should address this gap.

Poster presentations

Friday 23. September 11.00-11.45

Online Program for Students experiencing writing difficulties

Hanna Konradi, Linda Kempf, Bettina Honsbrok & Ursula Luka-Krausgrill

Academically writing is a basic skill for good university achievements. Each year, a reliant number of students at the Johannes Gutenberg-University Mainz, seek psychological counselling, reporting writing difficulties, including psychological issues. The aim is to create a treatment for this little reviewed field and to design a psychological questionnaire on writing difficulties. Therefore, since 2013, we developed, evaluated and continuously adapted a six-week guided online program to overcome writing difficulties. The program contains six modules, titled: academic writing, enhance writing skills, time management, overcome procrastination and find motivation, reduce blocking thoughts, foster helpful thinking. After handling each module including worksheets, open questions and exercises, participants receive a written feedback from a counsellor, concerning their processing. Until today, 94 participants anticipated in the program. They attend a pre- and post-screening by CBT-Therapists, to exclude severe psychological disorders, to give information and to collect informed consent. Standard questionnaire measures of depressive symptoms and psychological distress were collected at pre- and post-interview. Writing difficulties have been measured with a new developed questionnaire, which is today in the process of publication. Results speak for a significant reduction in all measurements and show that academically writing skills can be improved by an online program.

Online burnout prevention among Hungarian teachers

Szilvia Horvath

Online burnout prevention among Hungarian teachers is a training adaptation, which was developed and effectively tested in the frame of a randomized controlled trial in Netherland and Germany (Get.On Institut) as well. First results of the Hungarian study will be presented at the 4th ESRII Conference.

Several studies show that teachers have high risk in the population regarding work-related burnout and chronic stress disease. Factually it means that 60-70% of the European teachers suffer from chronic stress disease, and 30% of them have burnout syndrome. In Hungary 89% of the Hungarian teachers report about overwork and work-related stress, 60% of them feel that don't have control over their own responsibilities.

The adapted training consists of 2 modules: a) internet based problem-solving training (iPST) b) regeneration training. The main goals of the training: 1. providing problem-solving techniques, 2. improving coping strategies of the participants 3. help the participants with better sleeping.

According to our hypothesis after the trial we expect 1. significant improvement on at least one dimension of MBI - Educator Survey, 2. low values on Perceived Stress Scale 3. high values on General Self-Efficacy Scale and WHO Well-Being Index.

Acceptance and efficacy of a web-based intervention for depressive patients waiting for psychotherapy: study protocol of a randomized controlled trial

Sashi Grünzig, Dr. Lena Krämer, Prof. Dr. Dr. Jürgen Bengel
Background. Waiting periods for psychotherapy in Germany are long and burdening for patients and the health care system (Bundespsychotherapeutenkammer, 2011). The implementation of a web-based depression intervention during waiting periods has the potential to reduce depressive symptoms and prepare the patient for the subsequent psychotherapy. Methods. In a two-arm randomized controlled trial, the efficacy of a web-based guided intervention (Ebert et al., 2014) for depressive patients on a waitlist for psychotherapy will be tested. Participants are recruited in four German outpatient clinics. All patients contacting the outpatient clinic receive study information and a depression screening. Participants scoring high on depression are randomized to either control condition (3-4 months waiting period) or intervention condition (web-based intervention during waiting period). At three points of assessment (pre-treatment, post-treatment, 3-months-follow-up) depressive symptoms and secondary outcomes (e.g., quality of life, attitudes towards psychotherapy) are assessed. Additionally, participants' acceptance of web-based interventions during waiting periods is evaluated. Discussion. Following a stepped-care approach, this study evaluates the efficacy and acceptance of a web-based intervention as a means to bridge prolonged waiting periods before starting psychotherapy. If this approach turns out to be effective and accepted, it has the potential to improve the provision of psychological health care.

User perspectives on mobile apps for anxiety and depression: a pilot quantitative and qualitative inquiry

Robin Kok, Annemiek Huisman

Despite a proliferation of mobile apps for anxiety or depression, little scientific research on these apps exists. To find out what user requirements of such apps could be, we undertook a pilot qualitative and quantitative analysis of available apps in the Google Play store.

From the 4 most rated apps, we analysed 234 Play Store ratings and 7 in-depth contextual inquiry interviews with adults who were currently depressed or had been previously depressed. The grounded theory method was used to extract themes from ratings and interviews. Users were shown the 4 apps on an Android and were asked to rate their first positive and negative impressions of the apps. Additionally, 234 public free-text user reviews of the 4 apps were analysed to extract themes.

User preferred free, feature-rich and low-text apps as an addition to face-to-face therapy. A strong wish for anonymous contact with fellow patients was expressed. Overall, reviews contained only limited useful information of effective components. Overall, 85% of app reviews were positive and negative reviews focused mainly on technical aspects rather than the content of the app. Interestingly, there was no association between the app ratings and whether the user would recommend the app to a friend.

Poster presentations

Friday 23. September 11.00-11.45

Who profits from internet-based stress-management? Moderators of treatment outcome from three randomized controlled trials.

Kiona Weisel, Dirk Lehr, Elena Heber, Matthias Berking, Anna-Carlotta Zarski, David Ebert

Objective: To reduce occupational stress in employees an internet-based stress management intervention (iSMI) was developed and tested. Although treatment successfully reduces symptoms of perceived stress it is unknown which type of person profits from the intervention. This study aims to identify moderators of treatment outcome which will enable outcome prediction.

Methods: Data from three randomized controlled trials (3 * n = 264) on the efficacy of an iSMI were pooled and differed only in their respect to guidance formats. Primary outcome was perceived stress at post treatment. The following potential moderators were considered: symptom severity, depression severity, emotional exhaustion, anxiety, work engagement, emotion regulation skills, treatment credibility, working characteristics, income, previous psychological treatment, education, age and gender. A moderation analysis was run, followed by a simple slope analysis to identify who profits most from the intervention. Other methods will also be applied to identify subgroups of subjects who share similar profiles and similar treatment outcomes.

Results: Highly burdened individuals, individuals with high hope of improvement and individuals with low emotion regulation skills profit most from this iSMI. Discussion: The results show that highly burdened individuals can decrease disease burden immediately by participating in this intervention.

Computer Assisted Therapy Attitudes Scale: Spanish Validation

Rocio Herrero Camarano, Ernestina Etchemendy; Rosa M. Baños; Maria Dragomir; Azucena García-Palacios; & Cristina Botella

Computer-assisted psychological treatments are becoming more widespread, as there is a rapidly increasing body of knowledge. Computer-assisted therapies have proved to be as effective as face-to face therapy for a wide range of somatic and psychological disorders, while requiring less therapist time and overcoming barriers such as distance and insufficient numbers of trained clinicians. Unfortunately, the dissemination of such treatments encounters barriers at different levels: the client, therapist or organizational level. According to Becker and Jensen-Doss (2013), barriers at the therapist level can be either practical or attitudinal. Practical barriers refer to the means (availability of equipment and perceived ability to use it), while attitudinal barriers refer to the willingness to act. Therapist attitudes are an important predictor of computer-assisted therapies use. In order to study therapist attitudes, Becker and Jensen-Doss (2013) developed a scale, the Computer Assisted Therapy Attitudes Scale (CATAS) that addresses one's belief in efficacy to use computer-assisted therapies and comfort with using computer-assisted therapies. The aim of the present work is to present the validation of the scale conducted in Spanish population

Potential benefits of the unguided internet-based solution-focused self-help program for improving university students' psychosocial functioning

Viktorija Cepukiene, Rytis Pakrošnis

High number of students in need not receiving help prompts university counseling centers to look for alternatives to traditional counseling. Internet-based self-help is considered as one of the most promising options with proven effectiveness. Striving to expand services of the Psychology clinic at Vytautas Magnus University (Lithuania), the unguided internet-based self-help program was put on service in 2014. The Program is: (1) password protected; (2) completely self-administered; (3) based on ideas and techniques of solution-focused therapy; (4) oriented towards striving for situation-specific goals; (5) interactive – the visual interface invites a user to take "space journey" in each step visiting different planet, representing different topics. The duration of the Program is 26 days, consisting of six steps with five days between them.

The presentation shares initial results on the Program's potential to help university students in overcoming difficulties and improving psycho-social functioning. The study procedure involved pre- and post- intervention evaluations combining subjective (10 point scales) as well as standardized (OQ-45.2) measures. Out of 114 students who started participation, 24 went through the entire Program. Result analysis revealed that participants appreciated the Program and gained positive outcomes. However, drop-out rate was rather high prompting to look for improvements of the Program.

Internet- and mobile-based treatment of comorbid depression in chronic back pain patients on sick leave - Study design and usability

Sandra Schlicker, Harald Baumeister, Ingrid Titzler, Matthias Berking, Sabine Bahn, Lasse Sander, Jiayi Lin, Sarah Paganini, Dirk Lehr, David D. Ebert

The high frequency (21-50%) of comorbid depression in chronic back pain patients (CBP) can lead to reduced life quality and increased health care costs. In routine care there is a lack of specialized treatment options for comorbid depression in CBP. In order to reach patients that might need treatment, the usage of health care insurance data might be helpful. Objectives: Study rational, design and usability will be presented. Methods: For the usability study Think Aloud-Protocols for every treatment module were used to examine the intervention in design, user friendliness, user satisfaction, understandability as well as service quality (N=25). Following the usability study, a RCT will be conducted, comparing the intervention to treatment-as-usual. Adults with CBP, depressive symptoms and currently on sick leave will be included. Primary outcome will be depressive symptom severity; secondary outcomes include biomarkers, self-reported changes in absenteeism, anxiety and life quality. Assessments take place at baseline, 9 weeks, 6 and 12 months after randomization. Participants will be recruited via a large health insurance company. Results: Preliminary results will be presented (research in progress). Discussion: Specific recommendations and improvements were extracted and implemented in the intervention to enhance usability and adherence for the upcoming effectiveness evaluation.

Poster presentations

Friday 23 September 11.00-11.45

Expectations of a transdiagnostic Internet-based treatment for emotional disorders with a specific component to up-regulate positive affectivity

Amanda Díaz-García, Alberto González-Robles, Cristina Botella

Emotional disorders are prevalent and disabling mental disorders. In recent years, there have been new proposals for intervention aimed at the underlying processes to these disorders, referred to as transdiagnostic protocols. Moreover, emphasis has been laid on the urgent need to go beyond traditional face-to-face psychotherapy and design new strategies to administer therapy. The possibilities that the Information and Communication Technologies can offer stand out. Internet-based interventions may be key to ensure access by people for whom traditional therapy is not available. The aim of this study is to describe a transdiagnostic Internet-based treatment protocol for emotional disorders including a component aimed at the regulation of positive affectivity and to present preliminary data about the expectations of this protocol. 41 participants from a community sample (mean age = 31.80; SD = 10.71) completed the Expectations of Treatment Scale. Scores about expectations were in the large range (between 7.39 and 8.10 out of 10) for all the items of the scale. The results show that patients had high expectations towards the treatment. In order to more fully assess the acceptability of this intervention, data about the opinion (after receiving the treatment) of the patients should be analyzed in future research.

Virtual Reality in the Treatment of Adjustment Disorders: Predictors of Efficacy.

Soledad Quero, Iryna Rachyla, Mar Molés & Cristina Botella

More evidence regarding predictors' variables and their relationship with the treatment outcome is needed. The literature suggests that positive expectations may have an important influence to the psychotherapy process and outcome (Greenberg et al., 2006). This work examines the relationship between the treatment expectancies towards an Adjustment Disorder (AD) protocol supported by virtual reality (VR) and the treatment efficacy and satisfaction with it. Seventy-three participants with AD (76.7% females) and a mean age of 31.9 (SD= 9.92) received the AD-protocol including cognitive behavioral techniques and positive psychology strategies. They completed the expectation and satisfaction scales adapted from Nau and Borkovec (1972). As efficacy measures the reliable change indexes obtained at post-treatment and 3-month follow-up were obtained for Beck Depression Inventory, Inventory of Stress and Loss, Posttraumatic Growth Inventory, and Positive and Negative Affect Scales. The regression analyses showed that patients' treatment expectations predicted their satisfaction with it at post-treatment and at follow-up. The expectations were also related to the clinical improvement in the Inventory of Stress and Loss at post-treatment and in the PANAS+ at follow-up. Results obtained are relevant in order to progress in the analysis of the variables more related with the efficacy of the procedures using VR.

Demonstration A

Thursday 22. September 16.00-16.30, Conference room A

iFightDepression: An internet-based tool kit for self-management, training and awareness for depression

Juliane Hug, Daniel Böttger, Elisabeth Kohls, Nicole Koburger, Christine Rummel-Kluge, Ulrich Hegerl

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An internet-based, multilingual, guided self-management tool applied for mild forms of depression that was developed in an EU-funded project (PREDI-NU) will be demonstrated in an updated version. The iFightDepression tool is based on cognitive behavioral therapy and addresses behavioral activation (monitoring and planning daily activities), cognitive restructuring (identifying and challenging unhelpful thoughts), sleep regulation and healthy lifestyle habits. Additionally, mood monitoring questionnaires and work sheets are offered for homework and personal exercises. For young people, an adapted version of the programme is available with specific workshops on social relationships and social anxiety. Mental health professionals, such as general practitioners or psychotherapists provide guidance and maintain personal contact (via telephone or personal meetings) over the whole course of the intervention. Therefore, a certified e-training course is mandatory for professionals before offering guidance.

Additionally, the iFightDepression awareness website is currently available in 12 languages and providing evidence-based-information about depression and suicidal behavior for different target groups. The intervention package consisting of the iFightDepression tool, the online training for guides as well as the awareness website is administered by the European Alliance Against Depression.

Sleep Healthy Using the Internet (SHUTi)

Øystein Vedaa, PhD-stud

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SHUTi (Sleep Healthy Using the Internet) is an interactive, web-based training program based on Cognitive Behavioral Therapy for Insomnia (CBTi) and is designed to help patients who suffer from problems initiating or maintaining sleep (insomnia). SHUTi actively helps patients retrain their body and mind for better sleep through six engaging CBTi learning cores/sessions. The sessions are based on evidence-based interventions for insomnia that have been developed over the past 20 years and tested in numerous scientific studies; and include sleep restriction, stimulus control, cognitive restructuring and sleep hygiene. Unlike printed material, video collections, or recorded lectures, each online session provides individually tailored recommendations to patients based on their current sleep patterns and goals, and walks them through strategies to optimize their sleep improvements, now and for relapse prevention for the future. SHUTi is currently one of the most researched programs available, and referenced as "the best-studied program" by Harvard Health.

Unguided Internet-Based Solution-Focused Self-Help Program

Rytis Pakrošnis, Viktorija Cepukienė

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At the 3rd ESRII Conference in Warsaw we demonstrated the unguided internet-based self-help program, based on the solution-focused approach. The upgraded version of the Program will be demonstrated this time. The program is aimed at helping a user to seek positive changes or improvement in a wide range of life areas and difficulties independently. The visual interface of the program invites users to take the journey through space visiting several planets, each representing different topics. A user is assisted in choosing any personal issue to work on and is guided by the "spaceship board computer" through 6 steps towards the goal set at the beginning of the program. In every step (planet) a user is invited to reflect on one of solution-focused themes, such as preferred future, successful past, useful differences, resources etc. Six steps of the program are distributed in a period of 26 days with 5 days between them. The Program upgrades, based on the literature analysis and users' feedback, were related to improved visual graphics, increased functionality and personalization, additional gaming elements.