

thing that might interfere with this relationship. However, the research shows that, contrary to many fears, computers do not compromise the therapeutic relationship. For example, Ghosh and colleagues (1988) found that more people declined to participate in a therapist-instructed condition than in a computer-instructed condition. Further, Ghosh and Marks (1987) found that compliance to treatment was higher in a computer-assisted condition than it was in individual therapy. In addition, studies consistently find no difference in dropout rates between computer-administered and traditional therapies (Buglione et al., 1990; Carr et al., 1988; Ghosh & Marks; Ghosh et al.; Newman, Kenardy, et al., 1997). At the conclusion of therapy, studies also demonstrate equal rates of satisfaction between traditional and computer-administered approaches (Ghosh et al.; Newman, Kenardy, et al.).

Evidence also suggests that clients do not need to be computer literate to accept the use of a computer in therapy. For example, even though Farrell, Camplair, and McCullough (1987) determined that 50% of their clients had limited or no prior experience with a computer, only 18% of them rated a computer interview as somewhat or very unpleasant. Other researchers (Carr, Ghosh, & Ancill, 1983; Greist et al., 1987; Stillman, Roth, Colby, & Rosenbaum, 1969) have reported that even severely disturbed inpatient and outpatient clients could independently use their computer program. In my own experience, I have had no difficulty using three different palmtop computer programs with outpatient adult clients in the community seeking treatment for panic disorder or GAD. I have discovered that even the most technologically phobic clients can quickly learn to become familiar with and will regularly use these programs once the therapist takes the time to show them what they need to do.

Clinicians may also be concerned that computers will be used to replace the human therapist. However, rather than serve as a replacement for a clinician, a palmtop computer can be used as a tool to help the therapist more effectively implement CBT. This paper will describe how an innovative palmtop computer program can be used to help a therapist effectively implement CBT in the treatment of GAD. Specifically, such a computer can help facilitate CBT self-monitoring as well as the training and practice of CBT techniques between therapy sessions.

What Is a Palmtop Computer?

A palmtop computer is significantly smaller, lighter, and less expensive (from \$250 to \$500) than a laptop or a desktop computer. It weighs about 11 ounces, and measures $6.3 \times 3.4 \times 1$ inch. It unfolds into two sections: a keyboard with function keys and a screen (16 lines \times 40 characters). The model that we have used (Hewlett Pack-

ard 200LX) has a random access memory capacity of 1 megabyte, which is more than sufficient to store both the GAD software (presented below) and the data entered by clients. Data from the palmtop computer can be transferred to a desktop computer via a simple plug-in cable connection. Clients carry the computer with them at all times for the duration of therapy and then return it to the therapist for reuse with subsequent clients.

The computer program is accompanied by a self-help manual that details information about the computer and the planned interventions. This manual includes information regarding anxiety as well as a detailed discussion of the use of the computer to implement therapy techniques including diaphragmatic breathing, progressive muscle relaxation, self-control desensitization, applied relaxation, and cognitive therapy.

Even the most technologically phobic clients can quickly learn to become familiar with and will regularly use palmtop computer programs

GAD Software

The GAD software, "The Stress Manager," incorporates all of the principles and components of CBT for GAD that have been suggested by Borkovec and colleagues (Borkovec & Costello, 1993). The software has several interactive components including diary self-monitoring, relaxation training, cognitive restructuring, and imaginal exposure. The program was developed to be very user friendly. Turning the palmtop computer on automatically initiates (boots up) the program. All responses are selected from a menu, and whenever an individual responds to an item, the computer automatically scrolls to the next screen. A client can exit the program at any time, and whenever they choose to exit, the computer automatically shuts down. It creates a data file that saves information on each computer interaction (e.g., date, time, answers to self-monitoring questions, which therapy techniques were used and in what order, and anxiety level before and after each intervention technique). The program was developed for use in conjunction with regular therapy sessions. A preliminary study using an outpatient community sample of participants diagnosed with GAD found that the computer was effective in helping to reduce GAD symptoms (Newman et al., 1999).

The Computer as a Diary Self-Monitoring Device

Persons who suffer from GAD are believed to have developed habitual maladaptive response patterns to inter-

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