

My care manager, my computer therapy and me: The relationship triangle in computerized cognitive behavioural therapy

Kate Cavanagh^{a,*}, Bea Herbeck Belnap^b, Scott D. Rothenberger^c, Kaleab Z. Abebe^d,
Bruce L. Rollman^b

^a University of Sussex, School of Psychology, East Sussex, United Kingdom

^b Division of General Internal Medicine, Center for Behavioral Health and Smart Technology, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States

^c Center for Research on Health Care Data Center, University of Pittsburgh, Pittsburgh, PA, United States

^d Division of General Internal Medicine, Center for Clinical Trials & Data Coordination, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States

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ABSTRACT

Previous research has reported mixed findings regarding the relationship between therapeutic alliance, engagement and outcomes in e-mental health. This study aims to overcome some of the methodological limitations of previous research and extend our understanding of alliance-outcome relationships in e-mental health by exploring the nature of the relationship triangle between the patient, their care manager and their computerized cognitive behavioural therapy (CCBT) program, accessed with or without an Internet Support Group (ISG).

Positive patient-rated alliance with both their care manager and the CCBT program itself was found and these were significantly associated with measures of engagement and clinical outcome. The magnitude of this association was moderate, and within the range of that reported for traditional face-to-face psychotherapies in recent meta-analyses. Limitations of the study, including the reliance on completer data and a cross-sectional design, and directions for future research are presented. Our findings suggest that both the training and supervision of support staff and the optimization of CCBT interventions themselves to enhance alliance and experience may lead to improved engagement and outcomes.

Trial Registration: [Clinicaltrials.gov](https://www.clinicaltrials.gov) Identifier: NCT01482806 <https://www.clinicaltrials.gov/ct2/show/NCT01482806?term=rollman&rank=4>

1. Introduction

There is growing evidence that guided computerized cognitive behavioural therapies (CCBT) can be an effective intervention for common mental health problems, including anxiety and depression (Andersson, 2016; Andersson et al., 2014; Andrews et al., 2010; Grist and Cavanagh, 2013; Newby et al., 2016; Richards and Richardson, 2012). Most of the studies to date have focused on evaluating the feasibility and clinical outcomes of such interventions, whilst limited research has begun to explore the change processes associated with their impact (Cavanagh and Millings, 2013).

1.1. Working alliance and guided CCBT

In traditional psychological therapies the quality of ‘common factors’, including the therapeutic relationship, are widely held to be important for patient engagement and clinical outcomes (Horvath et al., 2011; Lambert and Barley, 2001). These include the ‘working alliance’ –

a collaborative relationship between the patient and professional consisting of three elements: agreement on the goals of treatment, agreement of the tasks of treatment, and a positive personal/emotional bond (Bordin, 1979). Guided CCBT presents a challenge to the importance of these factors as therapeutic interactions are typically limited, remote, and often asynchronous; for example, communication may occur only by text message or email. CCBT is commonly offered as a ‘predominantly self-guided therapy’ or ‘minimal contact therapy’ (Newman et al., 2011), with contact time ranging from < 1.5 h in total (Andersson, 2009; Titov, 2011) to more active involvement by the clinician, but to a lesser degree than in a traditional therapy for the target problem (Newman et al., 2011). Despite the belief amongst many clinicians that extended face-to-face contact is essential for a meaningful working alliance to be established or maintained (Berger, 2015; Lopez, 2015), where measured, the client-rated relationship appears fairly robust to distance and limited contact. Perhaps surprisingly, given the more limited nature of this contact, where compared, no significant differences in patient-rated alliance have been found between guided

* Corresponding author at: School of Psychology, University of Sussex, Falmer, East Sussex BN1 9QH, United Kingdom.
E-mail address: kate.cavanagh@sussex.ac.uk (K. Cavanagh).

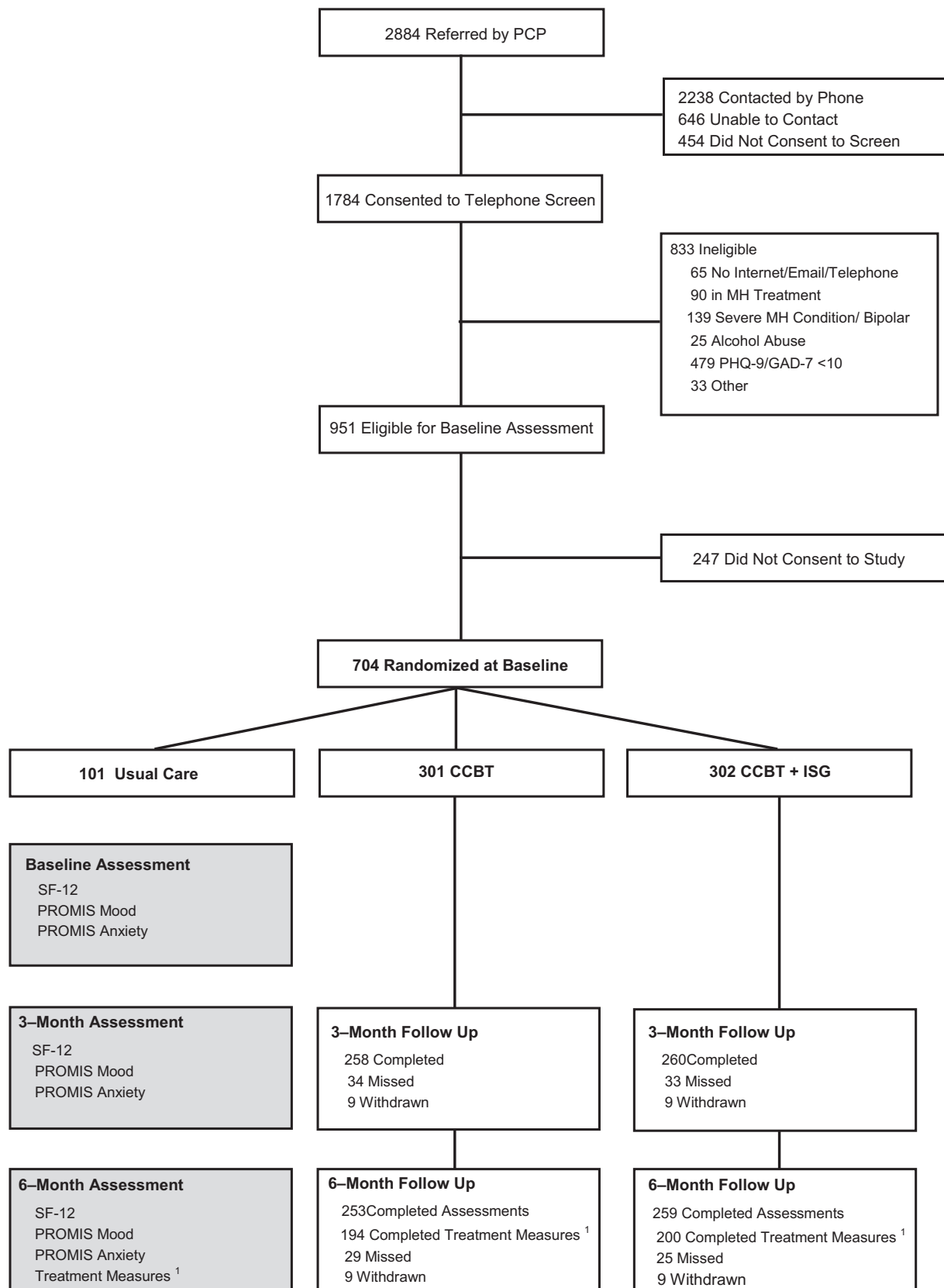


Fig. 1. Flowchart of participants.

¹Working Alliance Inventory, 'Beating the Blues' Sessions Rating Scale, and Overall Treatment Satisfaction Scale.

Abbreviations: CCBT, computerized cognitive behavioural therapy; GAD-7, 7-item Generalized Anxiety Disorder Scale; ISG, Internet support group; MH, mental health; PCP, primary care physician; PHQ-9, 9-item Patient Health Questionnaire; PROMIS Anxiety, Patient-Reported Outcomes Measurement Information System for Anxiety (fixed length, short form); PROMIS Depression, Patient-Reported Outcomes Measurement Information System for Depression (fixed length, short form), SF-12 MCS, Medical Outcomes Study Short Form Mental Component Scale.

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