Implementing cCBT in a University Health Setting: A Qualitative Analysis of Clinician and Student Experiences

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Computerized CBT

- Efficacious for depression and anxiety
- Preliminary support for effectiveness
- Many advantages relative to delivery
- Challenge of dissemination and implementation

Effectiveness Trial of cCBT for Students

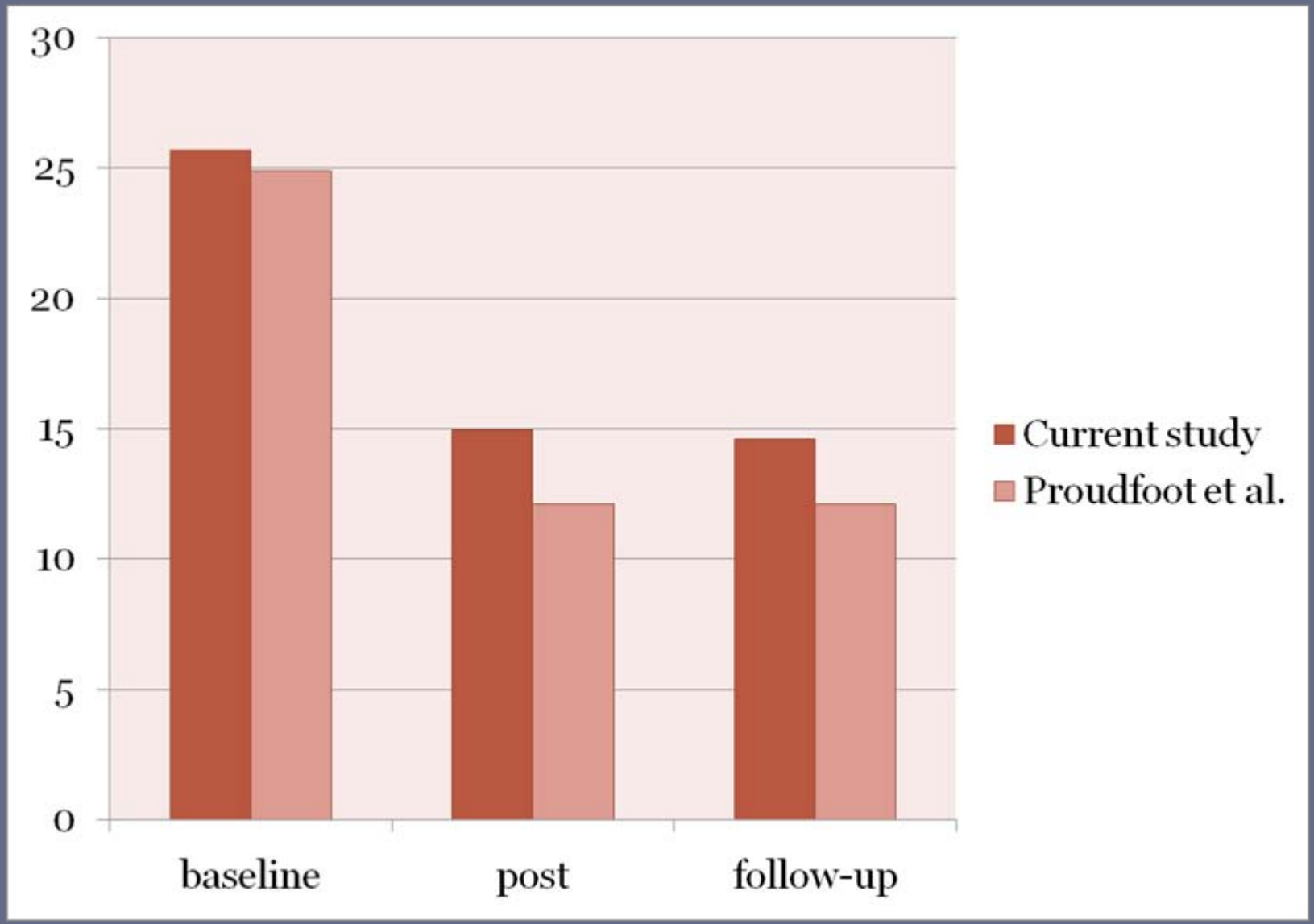
- Examine effectiveness of cCBT for depression and anxiety in a university setting
- Why this setting?
  - Compatibility
  - Need for services
- Boston University Student Health Services
  - Student body of nearly 32,000
  - 2,000 initiated mental health treatment in the 2008-2009 academic year
  - Anxiety, depressive, and adjustment disorders comprise 8 of the top 10 most common disorders seen at SHS

Effectiveness Study

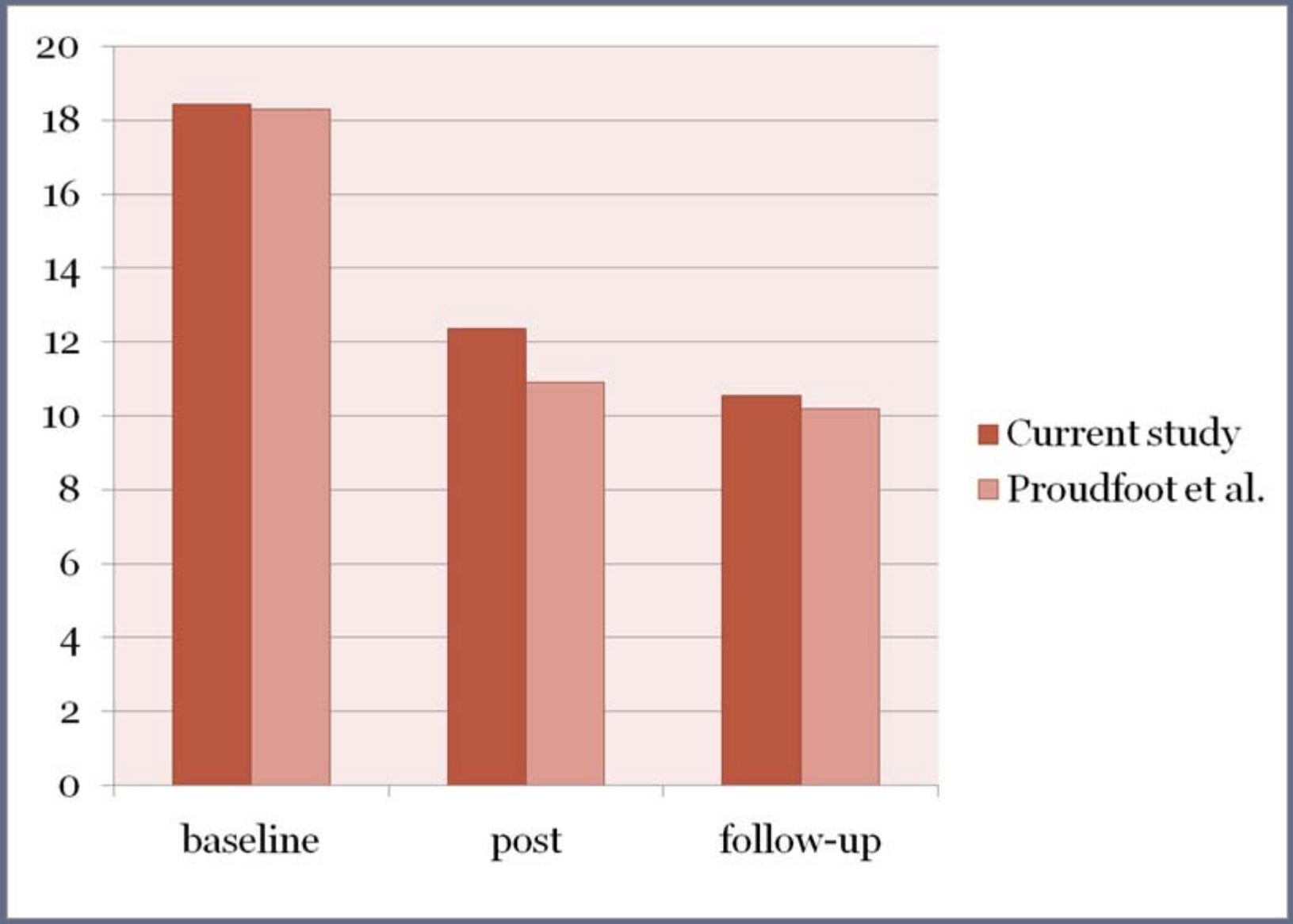
- Clinicians decided whether to refer
- Any student identified with syndromal or sub-syndromal depression or anxiety was eligible
- Could be used as an adjunct to ongoing treatment or a stand-alone
- Clinical risk status monitored by clinical staff

Beating the Blues

- Automated web-based CBT program for depression and anxiety
- 8, 50-minute sessions
- Large body of support for efficacy and effectiveness (e.g., Cavanaugh et al., 2006; Fox et al., 2004; Mitchell & Dunn, 2007; Proudfoot et al., 2003; Proudfoot et al., 2003)
- Recommended by NHS NICE guidelines for mild to moderate depression



Santucci et al. (under review).



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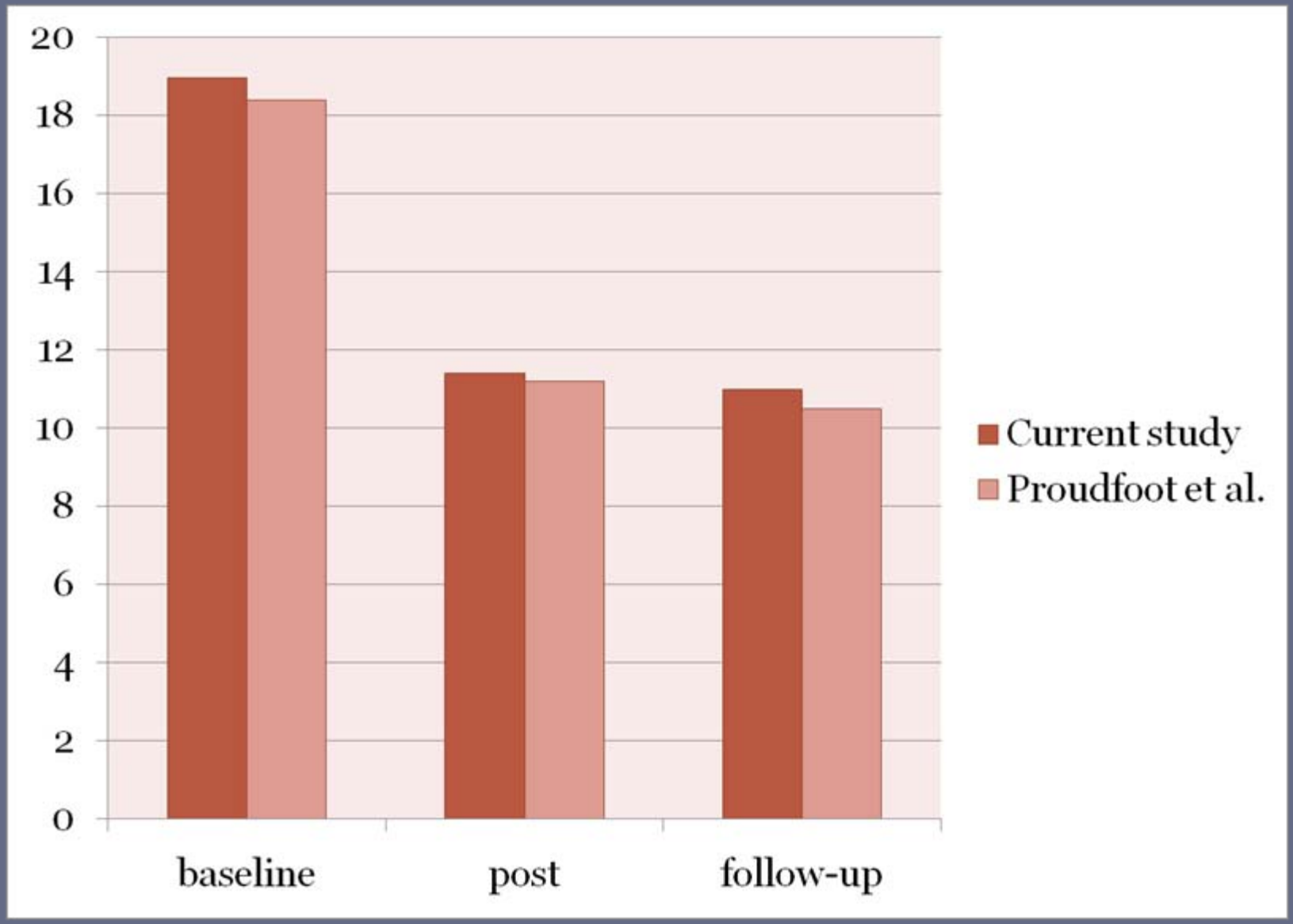

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Qualitative Study

- Aim to better understand clinician and patient experiences with the program to inform future research
- Referring clinicians and participating patients offered the chance to complete a semi-structured interview after completion of the study
- 10-30 minute interviews conducted with a sub-set of clinicians (n = 5) and patients (n = 7)

Methods

- Research team developed a series of questions
  - Rogers Diffusion of Innovations theory
  - Questions about the referral process as well as experience with the program and outcomes
- Example questions
  - Students:
    - What, if anything, did the program lack that you wished it had?
    - Did you feel more or less comfortable compared to face-to-face therapy?
  - Clinicians
    - What are some reasons that you did or did not make a referral?
    - In general, what impact do you think this program had on your clients?

Results: Student Sample

- Most referenced benefit: Skills Development
  - All participants mentioned liking the skills provided
  - “I like the tips it gave you to change the way you’re thinking in the moment”
  - “The last parts on catastrophizing things really hit home with me.”
  - “It gave me tools or practice I can do to address the issues, like distraction techniques, and telling me the thought process so I’m more in control when I start to think very negatively.”

Results: Student Sample

- Most referenced downside: Impersonal
  - "…it felt the answers were standard, automated."
  - "It's very automated and not tailored to personal issues"
  - "It didn't feel really geared toward me."
  - "I felt it was too impersonal. I'd rather see a face. Or even if it was something as simple as a back and forth email. Some interaction."

Results: Student Sample

- Adjunctive vs. Stand-alone
  - All 5 preferred as an adjunct (regardless of current treatment)
  - "…the online part could be more informational and then the face-to-face part could tailor it to your specific issues…"
  - "…it would help to see someone that was familiar with the program"
  - "…it would be beneficial to have a therapist at the same time. So sometimes just to kind of reinforce what I learned in the session…"
  - "I know they stress certain themes in each module, so the therapist could say, this would be a good module for you. I wouldn't feel like I would have to go through the parts that I didn't feel were helpful…"

Results: Student Sample

- Broad themes
  - Relative advantage
    - Flexible
    - Skills oriented
  - Compatibility
    - Impersonal
    - Scheduling
  - Complexity
    - Ease of use
    - Ease of referral/initial adoption

Results: Clinicians

- Broad range of backgrounds
- Mostly integrative/eclectic orientations
- All reported that they had made referrals and would continue to do so if the program were to be made available on an ongoing basis.

Results: Clinicians

- Risk Assessment
  - "The situation that can come up if a person is not doing well, whether they communicate it or not. You don't know the risk. It opens up a whole new area of liability for us…what if they are psychotic or suicidal?…You can tell a lot by how a person looks, by observation, how they interact with you, you can't tell any of this if not in the room."
  - "I question how honest the student would be on the computer, but that doesn't mean that they have to be honest with me face-to-face, but I can at least observe them"
  - "I also didn't refer people who suicidality was a big risk or even a possibility."
  - "…the fact that we were in the loop about what people's symptomatology was like, that took away any potential concerns."

Results: Clinicians

- Flexibility of Use/Interim Care
  - “The students who gave me feedback how they would use it would log onto their CBT program when they were feeling really stressed.”
  - “We also might have difficulties with scheduling someone for a few weeks, so maybe this was something they could start a lot quicker.”
  - “The positive was that you could do it at any time, and clearly they did.”
  - “I thought it was great. In particular, because we serve so many students and can’t always see students as often as they may need. It was a great adjunct for certain students.”

Results: Clinicians

- Broad themes
  - Relative Advantage
    - Risk
    - Skills
  - Compatibility
    - Integration with treatment
    - Impersonal
    - Flexibility of use (interim therapy)
  - Complexity
    - Delivery (referral, notification)
    - Ease of use for students

Future Directions

- Use of patient and clinician feedback to improve existing programs
  - Need for more diverse samples
- Studies needed to better understand the feasibility of self-administered delivery
  - Implications of adjunct vs. stand-alone?
- Program flexibility/tailoring

Thank you!