

TAKE-HOME NOTES:

Computer-aided cognitive behaviour therapy (cCBT)

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Background on cCBT

- cCBT is computer-guided self-help based on cognitive behaviour therapy (CBT). It allows patients to work through a therapy program by themselves without major help from a professional.
- Computer-aided self-help has been introduced as a way of improving the convenient supply of effective CBT.
- cCBT systems have been developed for problems such as phobia/panic and obsessive-compulsive disorders, depression, post-traumatic stress disorder, general anxiety, smoking, bulimia/binge-eating, headaches.
- cCBT facilitates the disclosure of sensitive information and is a convenient de-stigmatising approach to psychological help.
- cCBT systems lack a clinician's intuition and some patients prefer a live therapist, though others prefer cCBT.

Evidence-base for cCBT

- Certain cCBT systems effectively improved some problems with outcomes resembling those for face-to-face therapy, while other systems yielded little or no benefit to patients.
- Some cCBT systems cost less to use for treating a given population than it would cost to train and employ enough therapists to treat the same population with similar effectiveness.
- Patients are more likely to take up cCBT if they expect it to be helpful for their problems.
- Better education, more improvement and greater satisfaction are associated with higher completion rates.
- Although patients with more severe symptoms at baseline benefited more from cCBT, they were less likely to adhere to it.
- GP-referrals improved more with cCBT than referrals from mental health professionals.

Role of clinician and brief 'human' support in cCBT

- Brief human support increased adherence to and completion of cCBT and improved clinical outcome.
- Regular brief support scheduled by a clinician made cCBT for obsessive-compulsive disorder more effective than did ad-hoc support at the patient's request.
- Support can be personalised or standardised and can be given by phone, face-to-face, email, SMS (short messaging service), or by post.
- Across cCBT systems, duration of brief personal support varies from none at all to several hours given weekly, fortnightly or at other specific time-points. For NICE-recommended cCBT systems support is about one hour spread over three months.
- Staff giving brief support could be any of a wide variety of staff who have, as a pretend patient, worked completely through the cCBT system whose users they will support, and who have had brief training in answering common questions.

Using cCBT in routine clinical practice

- The National Institute for Health and Clinical Excellence (NICE, 2006) recommends the use of two commercial cCBT systems: *FearFighter* for phobia/panic and *Beating the Blues* for mild-moderate depression.
- Open-access free-of-charge cCBT systems are available on the internet but support is needed as an adjunct to using these systems to reduce attrition.
- Suitability criteria for cCBT reflect criteria for therapist-delivered CBT: i.e. current symptoms, no suicide plans, no excessive alcohol, drug or sedative, no serious physical or mental illness that might worsen with some forms of CBT, an age-11 ability to read or better.
- Therapist-delivered CBT is more appropriate for patients who are at high risk of suicide or deliberate self-harm, have specific problems for which cCBT has no proof of effect e.g. PTSD, health anxiety, severe depression, and strong preference to see a therapist.
- Screening for suitability can be brief and be done with a self-rated questionnaire by pen-and-paper or electronically.
- cCBT is best as an early step in primary care but can also help patients on therapists' waiting lists or in general psychiatric services.
- Set-up, maintenance and population-wide availability of cCBT requires it to be efficiently integrated into existing services.

Reflection

(1.4) Do you know any non-cCBT uses of computers in therapy?

(1.7) Do some mental health problems lend themselves better to treatment with cCBT self-help? List some conditions for which you think cCBT systems have been developed.

(1.17) What are the advantages and disadvantages of cCBT over therapist-guided CBT?

(2.2) As a health professional, what do you need to know in order to decide whether to recommend or use a cCBT system for your patients?

(2.7) What factors do you think may influence whether patients take up, use and improve with cCBT?

Further reading

Details and outcomes for 97 cCBT systems are reviewed in 175 studies across nine countries in the authors' recent monograph:

Marks IM, Cavanagh K & Gega L (2007) *Hands-on Help: Computer-aided Psychotherapy*. Maudsley Monograph – No. 49. Psychology Press, Hove.

Other reviews of cCBT

For alcohol misuse:

Bewick BM, Trusler K, Barkham M, Hill et al (2008) The effectiveness of web-based interventions designed to decrease alcohol consumption – a systematic review. *Preventive Medicine*; **47**: 17–26. [[abstract](#)]

For anxiety disorders:

Cuijpers P, Marks IM, van Straten A, et al (2009) Computer-aided psychotherapy for anxiety disorders: A meta-analytic review. *Cognitive Behaviour Therapy*; **38**: 2, 66-82. [[abstract](#)]

For depression/anxiety:

Spek V, Cuijpers P, Nyklíček I, et al (2007) Internet-based cognitive behaviour therapy for symptoms of depression and anxiety: a meta-analysis. *Psychological Medicine*; **37**: 319–328. [[abstract](#)]

Kaltenthaler E, Brazier J, De Nigris E, et al (2006) Computerised cognitive behaviour therapy for depression and anxiety update: a systematic review and economic evaluation. *Health Technology Assessment*; **10**(33).

On patient satisfaction:

Kaltenthaler E, Sutcliffe P, Parry G, et al (2008) The acceptability to patients of computerized cognitive behaviour therapy for depression: a systematic review. *Psychological Medicine*; **38**:1521–1530. [[abstract](#)]

On free-to-access cCBT

Gournay K (2006) Review of free to access computerised cognitive behaviour therapy websites. British Association for Behavioural and Cognitive Psychotherapies (www.babcp.org.uk). [[PDF](#)]

Useful resources

Screening questionnaire from the University of East Anglia website:

http://www.ioh.uea.ac.uk/ccbt/cCBT%20Study%20Screening%20Questionnaire_posted19May2010.pdf

Examples of cCBT:

- ☞ *Beating the Blues* (Ultrasys Plc) www.beatingtheblues.co.uk
- ☞ *FearFighter* (CCBT Ltd) <http://www.fearfighter.com>
- ☞ *Living Life to the Full* (LLTTF; Glasgow, UK) www.livinglifetothefull.com
- ☞ *MoodGYM* (Canberra, Australia) www.moodgym.anu.edu.au

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