 **LEARNING OUTCOME**

After participating...

...you will be able to use online tools to provide students with better mental health services.

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AGENDA

- Key factors that increase the effectiveness of psychological interventions
- Technological tools that can be used in a campus counseling context
- TAO Case Study
- Next Steps

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KEY FACTORS THAT INCREASE THE EFFECTIVENESS OF PSYCHOLOGICAL INTERVENTIONS


■ PSYCHOTHERAPY IS VERY EFFECTIVE

- Average treated person is better off than 80% of the untreated sample.


■ WHAT MAKES MENTAL HEALTH INTERVENTIONS EFFECTIVE?

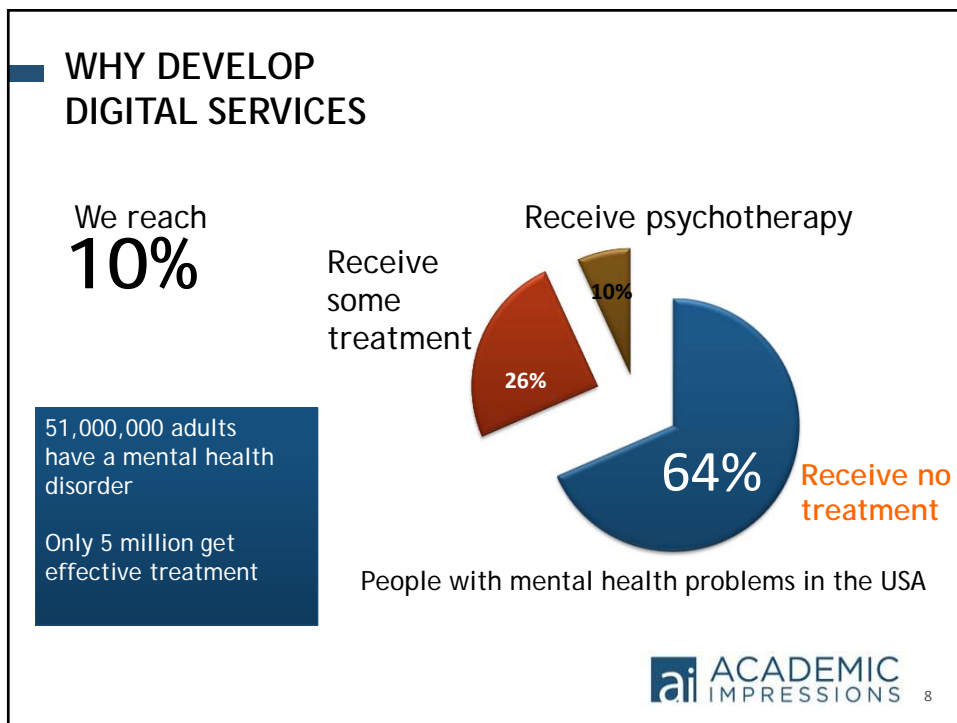


- Therapeutic Alliance
- Client factors- preferences
- Model/ technique
- Feedback effects
- Client engagement

 POLL

How do you feel about using on-line therapy?

 7



Improve Student Mental Health Services Using Online Tools



WHY CONSIDER GOING ONLINE?



- In the US psychotherapy is a luxury for the affluent
- They are there!
- Eliminate health disparities
- It works
- 21st Century tools
- Over 80 million live in federal designated underserved mental health areas

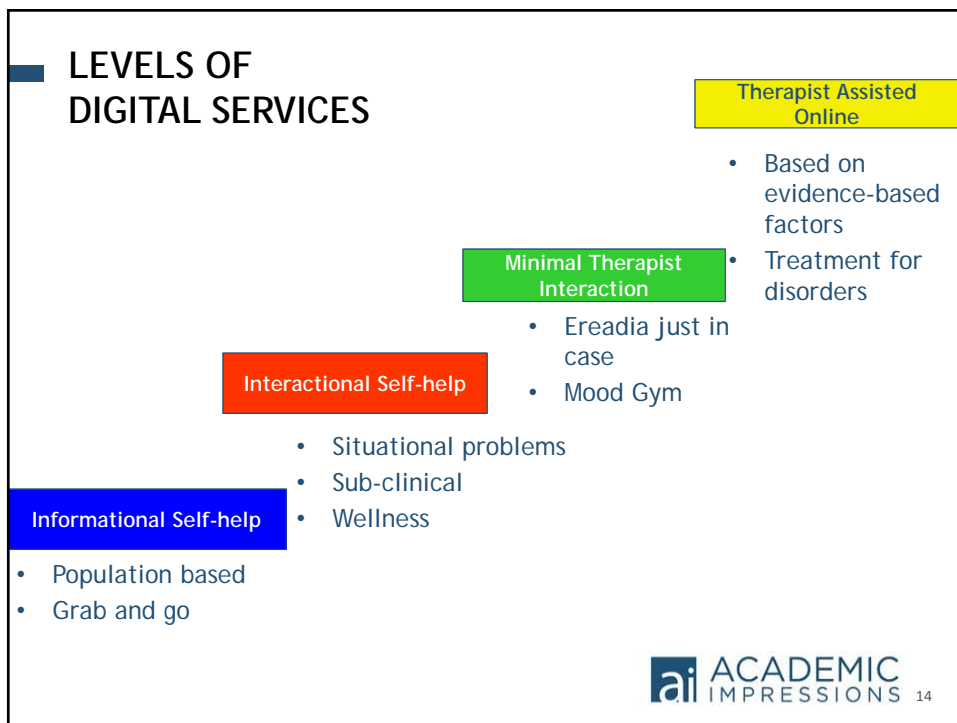
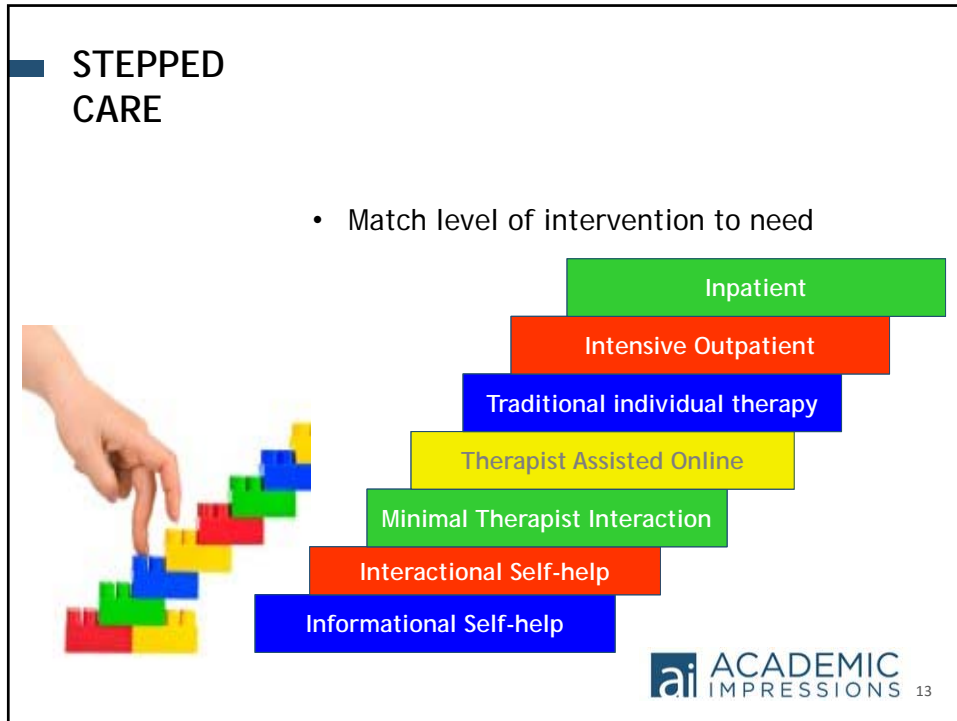
WHY DID UF CWC GO THERE?



- Waitlists
- We'll never be able to hire our way out of this
- Students want it
- Provide effective treatment
- Whole campus perspective

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TECHNOLOGICAL TOOLS THAT CAN BE USED
IN A CAMPUS COUNSELING CONTEXT



INTERACTIVE SELF-HELP

UT Austin, Stress Recess

The Desk, University of Queensland



WHAT ABOUT APPS?



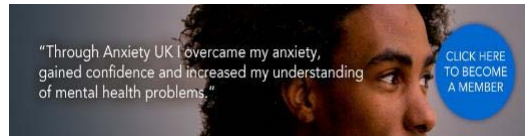
Self-Help
95%
DROP OUT

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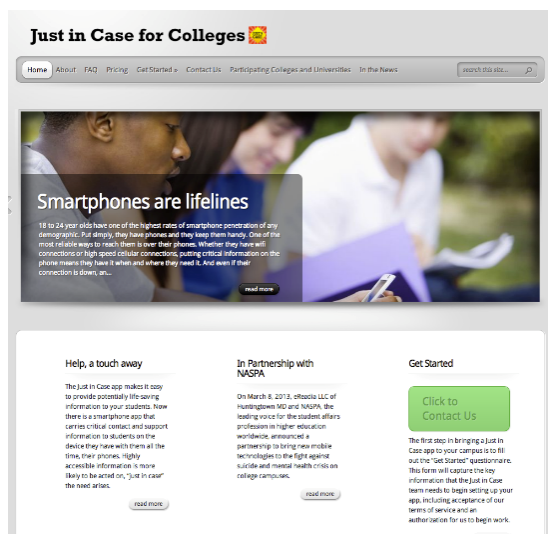
Improve Student Mental Health Services Using Online Tools

LOW-INTENSITY ONLINE THERAPY

High Engagement with very short counselor time



MINIMUM THERAPIST INTERACTIONS



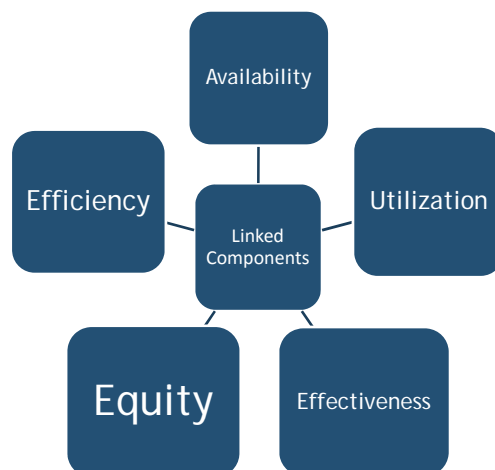
- Text messaging
- Synchronous
- Asynchronous
- Crisis Response

ONLINE ETHICS

- Clinical Training
- Patient education about the technology
- Informed consent and legal issues
- Assessing clients, appropriate screening, cultural issues
- Issues in direct care at a distance

LOW INTENSITY TREATMENTS

GOAL: To radically increase access to effective treatment.




WHAT IS LOW INTENSITY THERAPY?

Low intensity is low use and cost-effective use of specialist therapist time.


- Radical re-thinking of mental health treatment
- Low intensity is delivery method not client experience
- High access, high volume


WHAT IS LOW INTENSITY/ HIGH ENGAGEMENT THERAPY?

- Examples:
 - Groups,
 - TAO,
 - Education-based on-line treatments,
 - Supported apps


 **LOW INTENSITY
INTERNET-BASED
INTERVENTIONS**

- Over 100 studies in 20 countries have demonstrated that this treatment is as effective as hour-long, face-to-face individual therapy for common disorders
- Most research on mild to moderate disorders, less on severe

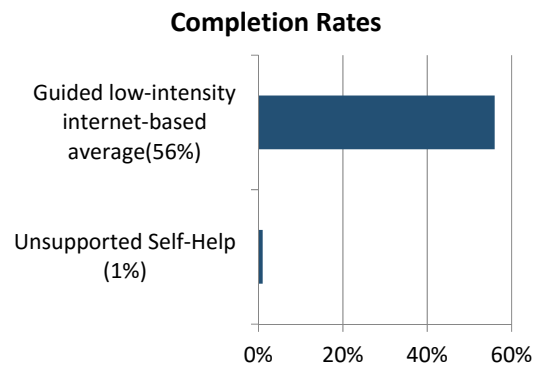


 **LOW INTENSITY
INTERNET-BASED
INTERVENTIONS**

- Therapeutic relationship was rated as high as in traditional therapy
- Therapist feedback can be phone, text, videoconference, or e-mail
- Feedback can be given synchronously or asynchronously



RESEARCH: COMPLETION



Completion rates are similar to face-to-face treatment.

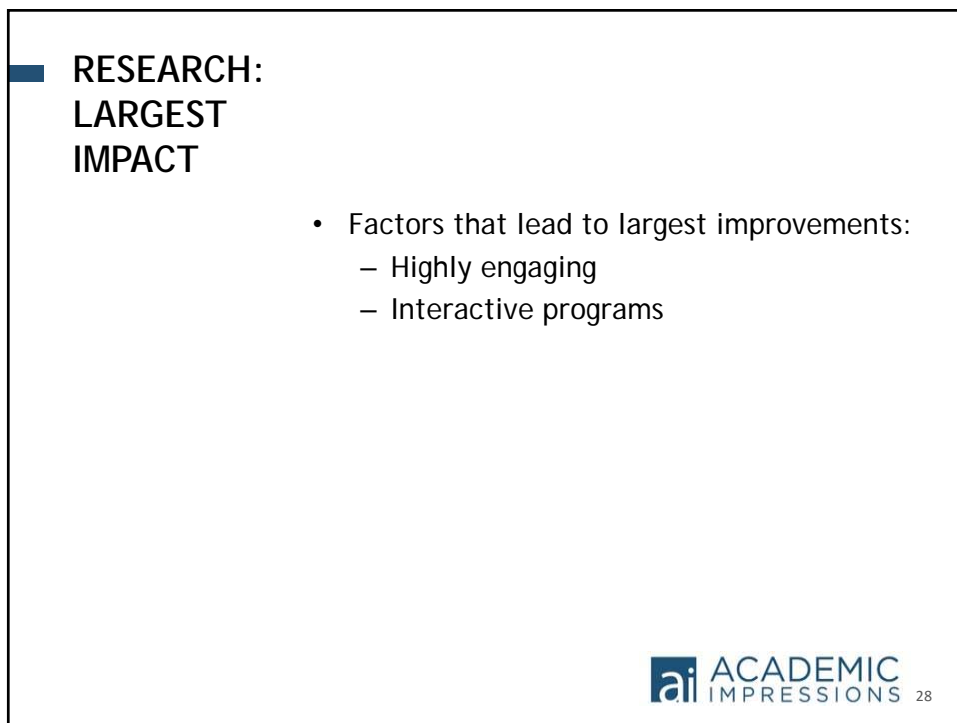
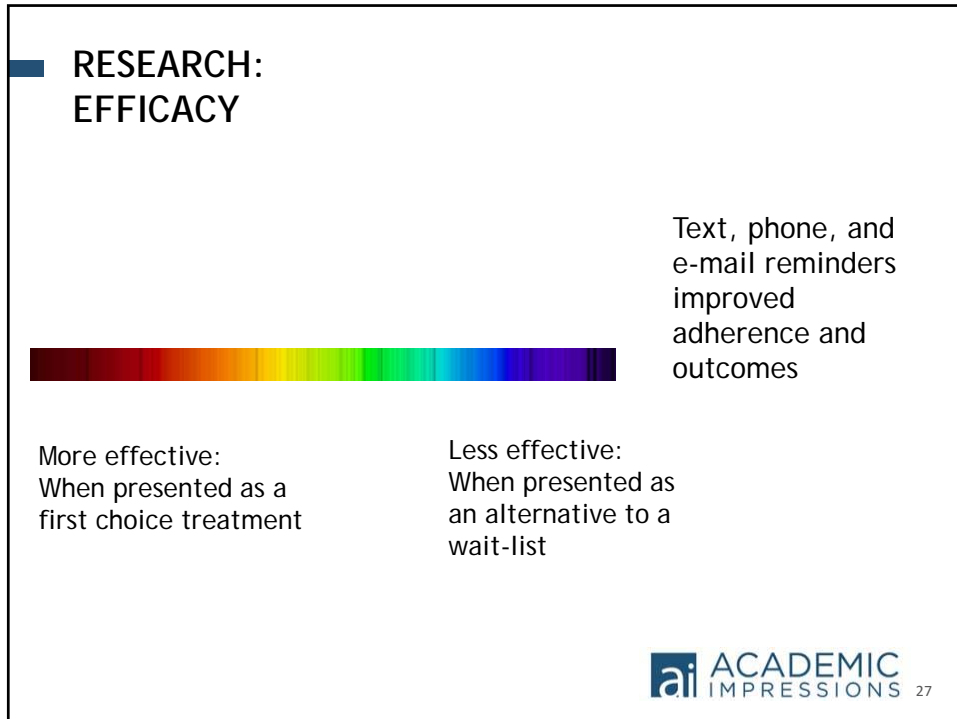
Based on sixteen clinical trials of Low-Intensity Internet Based treatment (56%)

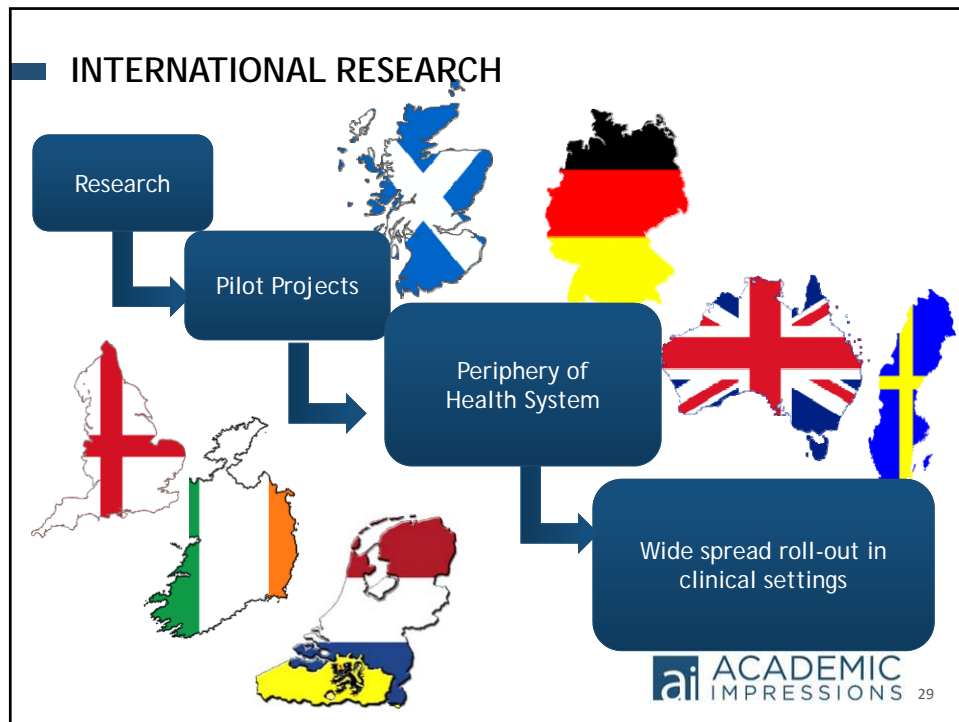


RESEARCH: OUTCOMES

- Outcomes comparable to face-to-face psychotherapy
 - Satisfaction: +90%
 - Recommend to others: +90%
 - Clients were more positive about the treatment than were clinicians







? QUESTIONS

A slide titled 'QUESTIONS' with a large white question mark icon on a dark red background. The slide is otherwise empty, with the 'ai ACADEMIC IMPRESSIONS' logo and the number '30' in the bottom right corner.



Research

Therapist Assisted Online (TAO) vs Treatment as Usual (TAU)

- All subjects sought treatment at a large counseling center, were presented options and chose their treatment condition.
- This was a clinical setting, not a randomized control trial. However, TAU was not a non-treatment control nor a “intended to fail” treatment condition. TAU counselors were highly effective with effect sizes around .75.
- 72 TAO clients, 1169 TAU, no differences in symptom severity and distress at intake.
- All were screened and had treatment described. Informed consent for treatment was completed.

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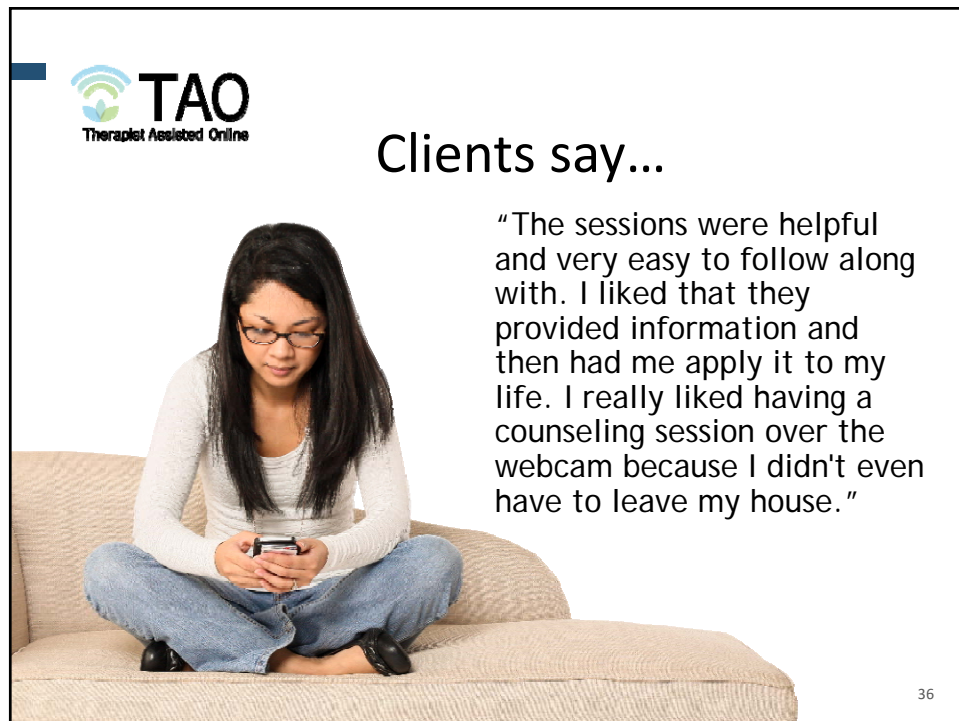
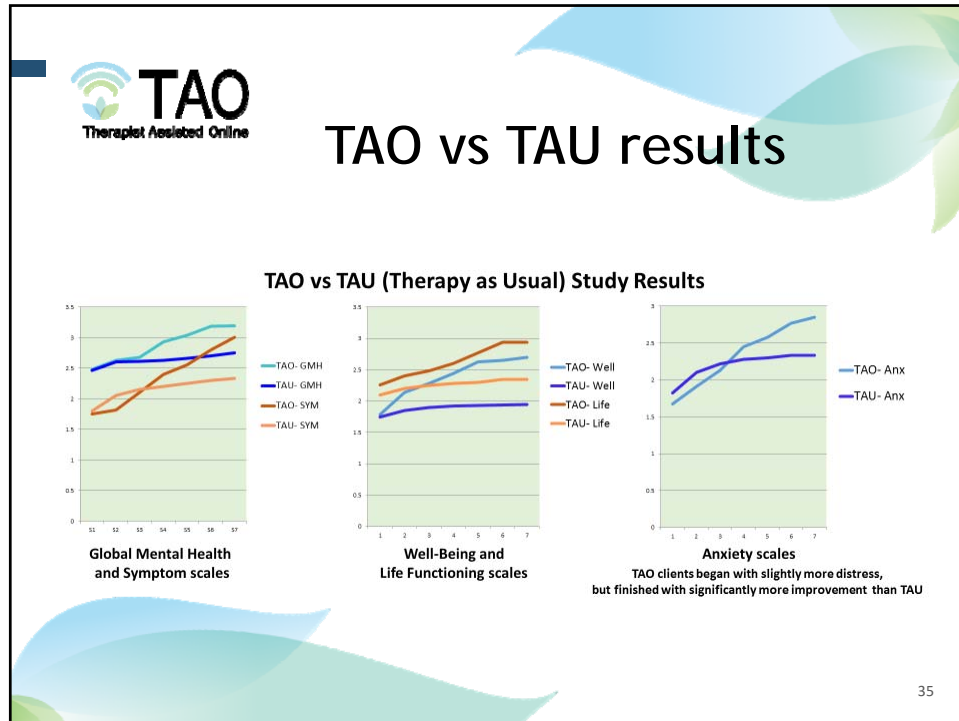


Data analyses

Improvement with TAO was greater than improvement with TAU across all scales.

- Like most real world clinics, there was missing data.
- As a result data was analyzed using a linear mixed model.
- Linear mixed-effects models estimate parameters for missing values.
- As fixed effects, we entered Condition (TAO vs. TAU) and Time (1st through 7th), and the interaction term, into the model.
- Participants were entered as a random effect.
- Visual inspection of residual plots did not reveal any obvious deviations from homoscedasticity or normality.

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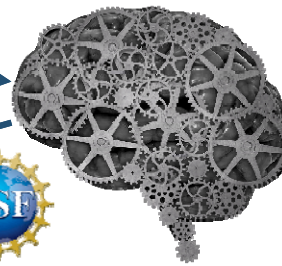


Clients say...

"I liked how easy and simple it was. Sure it takes work to perform mindfulness well but just attempting it makes me feel so much better and calm and less worried. I liked that it was so straightforward."




Where we are going...




Individualized treatment based on machine learning using the accumulated data in TAO.

The development of TAO is based upon work supported by the National Science Foundation under Grant # 1448967.



 POLL

If you drove to work today,
how much time did you spend
thinking about driving?

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THEORIES
AND LI-TX


Theories with a strong educational component most
easily adapted: CBT, ACT, DBT, Mindfulness, MI

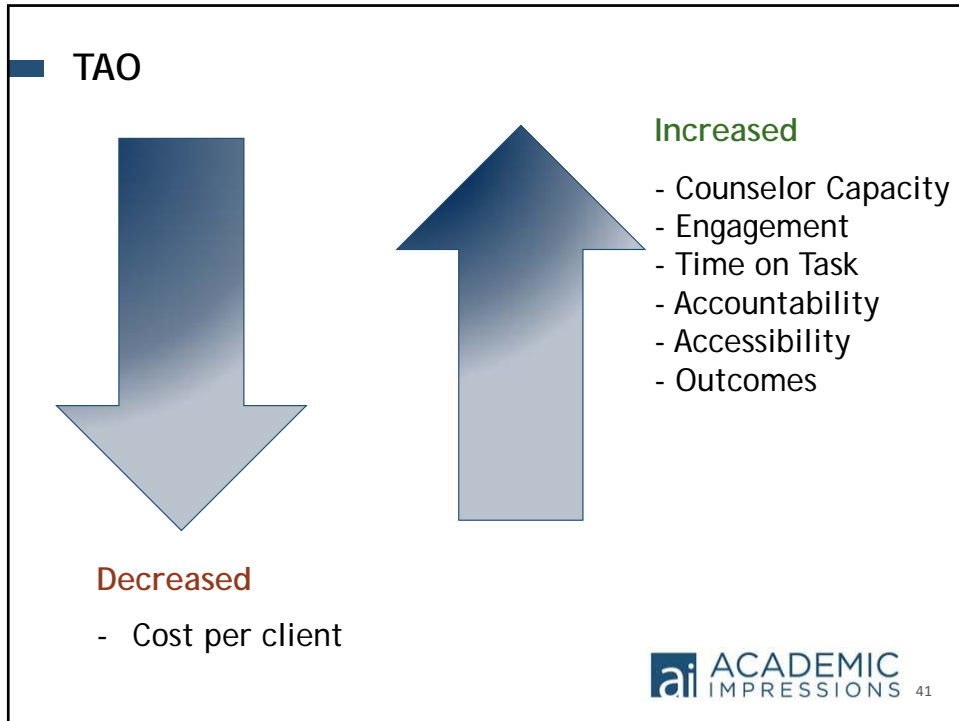
Educational
materials present:

- Theory and
- content

Therapist provides:

- Individual adaptation,
- support,
- encouragement,
- problem solving,
- accountability

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NEXT STEPS

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QUESTIONS



RESOURCE

Research on the model

- Barack, A., Hen, L., Boniel-Nissim, M., Shapira, N. (2008). A comprehensive review and a meta analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Sources*. Jul 03;26(2-4): 109-160.
- Reger, M.A., Gahm, G.A .(2009). A meta-analysis of the effects of internet and computer-based cognitive-behavioral treatments for anxiety. *Journal of Clinical Psychology*. 1/65 (1): 53-75
- Spek, V., Cuijpers, P., Nyklicek, I., Riper, H., Keyzer, J., Pop, V., (2007) Internet-based cognitive behavioral therapy for symptoms of depression and anxiety: a meta-analysis. *Psychological Medicine*. Mar, 37 (3)319-328.



RESOURCE

Research on the model

- Andersson, G. Cuijpers, P. (2009). Internet based and other computerized psychological treatments for depression: a meta analysis. *Cognitive Behavioral Therapy*. 38 (4): 196-205.
- Berger, T., Hammerli, K., Gubser, N., Andersson, G., and Casper, F. (2011). Internet based treatment of depression: a randomized control comparing guided with unguided self-help. *Cognitive Behavioral Therapy*. 40 (4):251-66.
- Christensen, H., Griffiths, K., Farrer, L. (2009). Adherence in internet interventions for anxiety and depression. *Journal of Medical Internet Research*, 11 (2). Doi: 10.2196/jmir.1194.



EVALUATION

Thank you!

Please remember to complete the event evaluation.
Your comments will help us continually improve the
quality of our programs.

