



Online Therapy Unit



The Online Therapy Unit for Service, Education, and Research (Online Therapy USER) is led by Dr. Heather Hadjistavropoulos from the University of Regina and makes use of online therapy programs that were initially developed in Australia.

The Online Therapy Unit allows trained therapists to provide Online Cognitive Behaviour Therapy to residents of Saskatchewan who have difficulties with depression, generalized anxiety, and/or panic. The Unit also provides education and training to diverse registered health professionals and students on how to deliver services online and conduct research on how to best deliver online-CBT.

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Director and Coordinator's Message

As everyone is gearing up for the holiday season, we would like to take this opportunity to provide you with an update on what is new in the Online Therapy Unit.

With the end of the year we are celebrating our third full year of offering the Wellbeing Course to Saskatchewan residents! We have come so far since our early days and have been able to offer the course to approximately 1275 Saskatchewan residents to date. In this year alone, approximately 600 clients have been able to access the course online. That is a growth of 114% since 2014. That is amazing! Thank-you so much to everyone that has contributed to this project. We could not have done it without you.

As we have mentioned previously, in 2010 and 2013 the Online Therapy Unit was fortunate to be awarded funding through 2 three year research grants from the Canadian Institutes of Health Research. 2016 marks the end of the most recent grant and we have had a busy fall drawing together a team for the next phase of research and submitting an application for further funding that could be used to help us reach our research goals. We expect to hear about the success of our application in May of 2017.

We would like to take the opportunity to thank the Saskatchewan Ministry of Health for deciding to lend their support to residents of Saskatchewan by providing \$356 000 of funding to the unit for 2016-2017. This money will be in-

strumental in supporting the screening of approximately 800 and the treatment of 600 residents.

Thank-you to everyone who has supported the Unit in the last year. We are doing our best to help as many Saskatchewan residents as we can and we could not have done it without your help. We are excited to see what the next year brings!

On a final note, we would like to take this opportunity to remind you that the Unit will be closed from the afternoon of December 23, 2016 until reopening at 8:30 am on January 3, 2017. Please let us know if you have any questions or concerns or would like any further information. From the Online Therapy Team, we wish you and yours a safe, healthy and happy holiday season and we look forward to working with you in 2017.

Heather Hadjistavropoulos, Ph.D.
Director, Online Therapy Unit

Marcie Nugent, M.S.W.
Coordinator, Online Therapy Unit

Facilitators and Barriers Impacting Implementation of ICBT in Community Clinics

We recently completed a process evaluation designed to understand factors that positively and negatively impacted the uptake and implementation of ICBT in community mental health clinics.

Therapists ($n = 22$) and managers ($n = 11$) from seven community mental health clinics implementing ICBT completed an online survey (including open and closed-ended questions) about their experiences with ICBT.

There was strong indication that both therapists and managers had positive perceptions of ICBT. Specifically, both agreed strongly that Saskatchewan residents should have *access to ICBT* ($M=4.61/5$, $SD=.50$), and that *health regions should be committed to ensuring access to ICBT* ($M=4.12/5$; $SD=1.05$).

Also reflecting positive perceptions of ICBT, ~45% of participants indicated that a *somewhat greater* number of patients should receive ICBT in the future, ~21% supported treating *about the same* number of patients, and promisingly ~15% reported that *many more* patients should receive ICBT. Very few participants indicated that the health regions were *treating too many* patients (9.1%) or *should not provide ICBT* (9.1%).

Analyses suggested that therapists and managers felt that there was strong interest in ICBT because:

- 1) it *overcomes multiple barriers* to face-to-face therapy related to time and location, and is a more convenient method of receiving care for many patients;
- 2) the *design and packaging* of the ICBT Wellbeing Course was excellent (e.g., brief, organized,

clear, practical, user friendly) and recognized as *evidence-based*; and

3) The *Online Therapy Unit* served to assist health regions in implementing ICBT.

Both therapists and managers, indicated that the community clinic setting was the most significant barrier to ICBT implementation. Specifically, it was noted that limited resources for ICBT combined with greater priority given to face-to-face care limited use of ICBT within the clinics.

Of note, while both managers and therapists were positive about implementation, rating scales revealed that managers were more positive about ICBT implementation than therapists.

Primary recommendations for improving ICBT implementation included:

- 1)personalizing or tailoring ICBT to the client; and
- 2)improving resources dedicated to ICBT.

The results contribute to understanding facilitators and barriers to using ICBT within community mental health clinics and provide directions for improving uptake and implementation of ICBT in Saskatchewan.



 Online Therapy USER

 @TherapyUser

Advertise in your community

Contact the Online Therapy Unit for promotional materials that you can distribute:
Online.Therapy.USER@uregina.ca or phone (306) 337-3331.

Contact your local media to inform them of the service—newspapers, radio, television, Unit staff can help!

*** Take a look at our new infographic on the last page of the newsletter.**

Reminder:

Those on a waitlist for in-person therapy can be referred to the Wellbeing Course. This is a great way for clients to learn cognitive behavioural skills before seeing a therapist in person.

To Find Out More About Online Therapy in Saskatchewan

Call: 306-337-3331

Email:
online.therapy.user@uregina.ca

Watch the video on our website:
www.onlinetherapyuser.ca

Register online now to put your name on our contact list.

New Grant Submission

Advancing Mental Health Care by Improving the Delivery of Therapist-guided, Internet-delivered Cognitive Behavioural Therapy in Clinical Practice

We've recently applied for new funding to support ongoing research on ICBT. As you know, ICBT is highly standardized and involves patients reviewing weekly lessons over the Internet. Patients also receive brief weekly support from a therapist via secure emails or phone calls. Past research shows that ~80% of patients complete ICBT and report large symptom improvements.

Although these results are very promising, research also suggests that ICBT could potentially be improved by being more personalized in terms of treatment duration and amount of therapist contact, especially for clients with more severe symptoms. We have requested funding to conduct three studies to evaluate personalized ICBT.

The first trial will involve therapists who work in a clinic specializing in ICBT. Over 18 months, we will randomize 440 patients with depression and/or anxiety to either receive standardized (5 lessons completed in 8 weeks; weekly therapist contact) or personalized ICBT (5 lessons; personalized duration and therapist contact).

In the second study, 440 patients will be treated by therapists working in five community



mental health clinics in Saskatchewan. We will compare outcomes of 220 patients treated with standardized ICBT in one year to outcomes of 220 patients treated with personalized ICBT the following year. In both trials, we will compare patients who receive personalized and standardized ICBT on outcome measures, intervention usage, satisfaction measures and costs.

In the third study, we will interview therapists and managers to learn about strengths and challenges of delivering personalized ICBT. The research will ultimately advance how ICBT is used in clinical practice and is expected to lead to improvements in mental health outcomes and mental health care delivery. We will learn about the success of our application in May 2017.

New Collaborations

We are pleased that the following groups and organizations have noticed our work and sought information from the Online Therapy Unit in 2016:

Faculty & Students

University of British Columbia
University of Manitoba
Université de Moncton
Dalhousie University
Ottawa Hospital
Vancouver Coastal Health

Government/Centres/Organizations

Ministry of Health (provincial)
Ministry of Justice (provincial)
Ministry of Public Safety (federal)
Canadian Centre on Substance Abuse
CIHR Institute of Gender & Health
Mental Health Commission of Canada
Innovation Medicine Canada

Projects

Cardiac Wellbeing Course

In August of this year, doctoral student Luke Schneider began recruitment for the Cardiac Wellbeing Course, which is an online depression and anxiety management course for Canadians who have experienced a cardiac event (heart attack or angina) in the past two years. The Course is offered free of charge to eligible participants and registration is open to anyone living in Canada.

Luke has been working to connect with health administrators and members of the public to increase awareness about the Cardiac Wellbeing Course. Luke recently delivered two talks to members of the cardiac rehabilitation community (Saskatoon and Toronto), and interest in his program was high. Additionally, Luke was recently interviewed for a news article ([Regina Leader Post](#)) as well as for television ([CTV Morning Live Regina](#)) to speak about the Cardiac Wellbeing Course.

Currently, Luke is actively seeking out speaking engagements at various health-care agencies. If you or your organization would like more information about the Cardiac Wellbeing Course, please contact Luke.Schneider@uregina.ca. This study has been approved by the Research Ethics Board at the University of Regina.



Luke Schneider interviewed on CTV Regina's Morning Live program

Wellbeing After Cancer

Wellbeing After Cancer is a free, online cognitive behaviour therapy course for depression and anxiety available to cancer survivors across Canada. Dale Dirkse, a PhD candidate in the Online Therapy Unit is providing and evaluating the course as a part of her dissertation. It is a second stage research trial, as a follow-up to a smaller trial of the program in Saskatchewan which demonstrated effectiveness. It is being offered to men and women who have recently completed cancer treatment (in the past 5 years) and are experiencing symptoms of anxiety and/or depression. Wellbeing After Cancer is provided at no cost. Clients are asked to complete questionnaires before and after they finish the program in order to help us evaluate the course. You can read more about it in [this Canadian Press article](#), which was picked up by a number of newspapers Canada-wide.

Currently 60 cancer survivors from across Canada are participating in the Wellbeing After Cancer Course. So far, we have participants from British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec! We are accepting participants until Summer 2017. If you are interested in more information about the Wellbeing After Cancer Course please contact the study coordinator Dale Dirkse, or apply online.

www.onlinetherapyuser.ca/wac
*Dale Dirkse at dirkse2d@uregina.ca
OR 306-337-2598*



Dale Dirkse at work in the Lab

To participate in online therapy in Saskatchewan, visit:

www.onlinetherapyuser.ca

1. Complete online screening located on the website.
2. Receive an email confirmation that your online screening has been received with a scheduling request for an appointment time to speak with staff on the phone for the telephone screening.
3. Take part in a telephone conversation with a Unit staff member to discuss if the Wellbeing Course or if another treatment method would best meet your needs at this time.

Projects, continued



Treatment Acceptability and Preference Among Primary Care Patients Experiencing Severe Health Anxiety: Where does Internet-Delivered Cognitive Behavior Therapy Fit

Although cognitive behaviour therapy (CBT) is a helpful intervention for health anxiety, many individuals are unable to receive this treatment because of difficulties accessing it. Internet-delivered cognitive behaviour therapy (ICBT) is a new and accessible treatment that has been shown to successfully manage symptoms of health anxiety; however, it remains unclear whether ICBT would be used if in fact offered to individuals with health anxiety.

The goal of this study was to see how patients perceive ICBT compared to other existing treatments for health anxiety. Primary care patients who were experiencing symptoms of health anxiety were presented with descriptions of three different treatments for health anxiety. The treatments were medication, CBT, and ICBT. Perceptions of the treatments were assessed following the presentation of each treatment description. Participants were also asked to rank the three treatments based on their likelihood of wanting to receive that intervention for health anxiety.

Results indicated that all three treatments were similarly rated as moderately acceptable. The highest preference ranks were for CBT and medication. That said, a small sample of participants ranked ICBT as the preferred intervention. While CBT and medication were the preferred treatments for health anxiety, the generally favourable perceptions of ICBT found in the study suggest that it would likely be considered a desirable treatment option by a number of potential users.

Joelle Soucy

Compassion Fatigue and its treatment through internet-delivered therapy.



Kim Larson has been completing her Master of Social Work Research Practicum with the Online Therapy Unit. Kim's project has been on the topic of Compassion Fatigue, a term coined by Dr. Charles Figley that refers to "the cost of caring". Compassion Fatigue happens to those who work in the helping professions, such as Nurses, EMS, Counselors, Correction Workers, Teachers, other Health Care providers, etc. Symptoms are similar to Post-Traumatic Stress Disorder symptoms and can include emotional exhaustion, irritability, anger, frustration, low motivation, hypervigilance and an overall change in how the individual views the world.

Kim undertook to develop an in-depth understanding of Compassion Fatigue, recommended treatment, and whether treatment could be delivered in an online format. Kim analyzed feedback from 63 previous participants who identified as working in a helping profession along with the content of the current Wellbeing Course to see how it aligns with the recommendation made in current research for the treatment of Compassion Fatigue. The findings of this project are promising and suggest that the Wellbeing Course contains most of what the research suggests ought to be included in Compassion Fatigue treatment. Further research would be necessary prior to implementation.

Is Online Therapy for You?

- Are you 18 years of age or older?
- Are you a Saskatchewan resident?
- Do you have access to a computer and printer in a space where you could work on the Wellbeing Course online?
- Do you have Internet access in a private space?
- Do you feel comfortable using the Internet and writing emails?
- Do you have symptoms of Generalized Anxiety, Panic, and/or Depression?

If you answered "Yes" to all of the above questions, then you may qualify to participate in Online Therapy.

2016 Online Therapy Unit Publications

Online Therapy Unit Community Partners

Current Partners



Ministry of Health

HealthLine

Health Regions:

Regina Qu'Appelle

Saskatoon

Five Hills

Sun Country

Cypress

Prince Albert Parkland

Prairie North

Kelsey Trail

Heartland



1. Friesen, L. N.* , Hadjistavropoulos, H. D., Schneider, L. H.* , Alberts, N. M.* , Titov, N. & Dear, B. F. (In press). Examination of an of Internet-Delivered Cognitive Behavioural Pain Management Course for Adults with Fibromyalgia: A Randomized Controlled Trial. *PAIN*,

2. Soucy, J.N., Owens, V. A. M., Hadjistavropoulos, H. D., Dear, B.F. , & Titov, N. (2016). Educating patients about Internet-delivered cognitive behaviour therapy: Perceptions among treatment seekers and non-treatment seekers before and after viewing an educational video. *Internet Interventions*, 10.1016/j.invent.2016.09.003

3. Schneider, L. H., Hadjistavropoulos, H. D., & Faller, N.* (2016). Internet-delivered cognitive behaviour therapy for depressive symptoms: Therapist behaviours and their relationship to outcome and therapeutic alliance. *Behavioural and Cognitive Psychotherapy*, doi:10.1017/S1352465816000254.

4. Hadjistavropoulos, H. D., Nugent, M., Alberts, N.* , Staples, L., Dear, B., & Titov, N. (2016). Transdiagnostic Internet-delivered cognitive behaviour therapy in Canada: An open trial comparing results of a specialized online clinic and nonspecialized community clinics. *Journal of Anxiety Disorders*, 42, 19-29. doi:10.1016/j.janxdis.2016.05.006

5. Hadjistavropoulos, H. D., Pugh, N.* , Hesser, H., & Andersson, G. (2016). Therapeutic alliance in therapist-assisted Internet-delivered cognitive behavior therapy for depression and anxiety. *Clinical Psychology and Psychotherapy*. doi:10.1002/cpp.2014. [Epub ahead of print]

6. Pugh, N.* , Hadjistavropoulos, H.D., & Dirkse, D.* (2016). An efficacy trial of thera-

pist-assisted, Internet-delivered cognitive behaviour therapy for women with maternal depression. *PLOS one*, doi: 10.1371/journal.pone.0149186

7. Hadjistavropoulos, H. D., Pugh, N.* , Hesser, H., & Andersson, G. (2016). Predicting response to therapist-assisted Internet-delivered cognitive behavior therapy for depression or anxiety within an open dissemination trial. *Behavior Therapy*, 47, 155-165. doi:10.1016/j.beth.2015.10.006

8. Hollandare, F., Gustafsson, S. A., Berglund, M., Grape, F., Carlbring, P., Andersson, G., Hadjistavropoulos, H., & Tillofors, M. (2016). Therapist behaviours in Internet-based cognitive behaviour therapy for depressive symptoms. *Internet Interventions*, 3, 1-7. doi:10.1016/j.invent.2015.11.002

9. Jones, S. L.* , Hadjistavropoulos, H. D., & Soucy, J. N.* (2016). A randomized controlled trial of guided Internet cognitive behaviour therapy for older adults with generalized anxiety. *Journal of Anxiety Disorders*, 37, 1-9. doi:10.1016/j.janxdis.2015.10.006

Submitted

1.Hadjistavropoulos, H. D., Nugent, M., Dirkse, D. & Pugh, N. (2016). Implementation of Internet-delivered cognitive behavior therapy within community mental health clinics: a process evaluation using the Consolidated amework for Implementation Research.



Current Online Therapy Unit Team

Director:

Heather Hadjistavropoulos (Psychology U of R)

Coordinator:

Marcie Nugent (Psychology U of R)

University of Regina Collaborators:

David Gerhard (Computer Science), Thomas Hadjistavropoulos (Psychology), Lynn Loutzenhiser (Psychology), Nuelle Novik (Social Work), and Amy Zarzeczny (Johnson Shoyama School of Public Policy), Harminder Guliani (Economics)

International Collaborators:

Nick Titov & Blake Dear, Macquaire University, Sydney Australia

Provincial Collaborators:

Kathy Willerth, Lorne Sier, Saskatchewan Health, Dave Nelson and Phyllis O'Connor, Saskatchewan Division, Canadian Mental Health Association

Online Therapy Unit Staff:

Kelly Adlam, Nichole Faller, Amber Klatt, Kim Larson, Adriana Mora,

Online Therapy Unit Students:

Dale Dirkse, Catherine Courture, Mike Edmunds, Kristen Klassen, Tori Owens, Luke Schneider, Joelle Soucy

Web Development Team:

Max Ivanov, Look Agency

Online Therapy Unit Volunteers:

Fakhra Shahid, James Colton Macdonald

2016 Community Providers:

Sarah Chan, Amy Janzen Claude, Chelsea Delparte, Carolyn Van Dyck, Sheryl Fehr, Renee Fesser, Erin Fogarty, Haley Francis, Cam Friesen, Barbara Golden, Hema Harrison, Breann Hetherington, Mike Hodson, Dawna Karalash, Vanessa Kavalench, Corinna Kuntz, Jory Lafrentz Jody Larsen, Shelly Luchenski, Deanna Nilson, JoAnne Salido, Tasha Skorlatowski, Taneil Stevens, Wendy Martin, Stacy Moskalyk, Rosalie Meyer, Katherine Owens, Marisa Pavelich, Deandra Pimentel, Margaret Ralston, Jai Richards, Kavita Ram, Emily Romanson, Dallas Savoie, Kim Tucker, Meghan Woods, Patrick Welch, Victoria Walton, Jill Zimmermann

Community Advisory Panel:

Dianne Ouellette, Catherine Fenwick, Justin Waldrop, Elita Paterson, Sandy Devine, Phyllis O'Connor

Funded by:

Canadian Institutes of Health Research Partnership for Health Systems Improvement Grant Competition 2013-2016, resulting in a combined total of ~\$708,000 received from CIHR, HRF, and SHRF.

Saskatchewan Ministry of Health 2016-2017, \$356,000.

Welcome to New Unit Members

Amber Klatt has joined the Online Therapy Unit as a Research Associate. She has recently moved to Regina after living in La Ronge for the past two years where she worked in the school system as a Community School Coordinator.

Amber has a Bachelor of Philosophy from UNB in Fredericton, NB and a Bachelor of Education from Acadia University in Wolfville, NS. She is now pursuing her Master's degree in Educational Psychology at the University of Regina.

Amber's research interests include alternative learning environments, and knowledge translation, making her a great fit for our unit. On a personal level, Amber is happy to be working and studying in Regina, so she can be closer to her family and new friends.

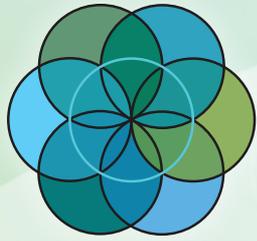
Mike Edmonds has moved to Regina from Waterloo, Ontario where he previously completed his Bachelor of Arts degree in Psychology at the University of Waterloo. Mike has come to Regina to pursue his Master's degree in Clinical Psychology and is working under the supervision of Dr. Heather Hadjistavropoulos.



Mike's research interests include how to engage informal caregivers in the therapeutic process. He will be investigating the most effective ways to offer information to a family member or friend of someone participating in an ICBT course.

Mike is an avid cyclist and enjoys riding in Wascana Park and beyond.

We are excited to have both Mike and Amber join the Online Therapy Team!



Online Therapy Unit

SERVICE, EDUCATION AND RESEARCH

Improving Access to Mental Health Care in Saskatchewan

The Online Therapy Unit offers free mental health services to residents of Saskatchewan who are experiencing depression and/or anxiety. Our trained therapists guide clients through an online course that is based on cognitive behavioural therapy (called Online-CBT). To access online therapy, clients complete an online screening and telephone interview. Over the course of 8 weeks, clients then work through online materials and assignments that provide strategies for dealing with depression and anxiety. The treatment also includes weekly contact with a therapist by phone or through secure email. The Unit is dedicated to providing education and training to therapists and conducting research to continuously improve our services.

800

Expected number of SK residents we will work with in 2017



29%

Percentage of clients who say Online-CBT was the first method of treatment they ever received

48%

Percentage of our clients who report severe depression and/or anxiety at the beginning of treatment



95%

Percentage of clients who felt Online-CBT was worth their time

50%

Average reduction in symptoms reported by our clients

49%

Percentage of our clients who come from rural SK



59%

Percentage of people on medication who want Online-CBT

18-81

Age range of people who have used Online-CBT

9

Average number of times therapists connect with clients over 8 weeks

22

Average number of times clients review materials over 8 weeks



80%

Percentage of clients who complete all lessons

The Online Therapy Unit for Service, Education, and Research is led by Dr. Heather Hadjistavropoulos from the University of Regina and makes use of online therapy programs that were initially developed in Australia at Macquarie University.



For more information, visit www.onlinetherapyuser.ca or phone 306-337-3331

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of Regina