

This Issue

Now Offering Chronic Pain Course	P. 1
Client Statistics	P. 2
Tori's Winning Thesis	P. 3
Online Videos	P. 3
The Unit Goes to Calgary	P. 4
Patient Perceptions	P. 4
Patient Experiences	P. 6
Therapist Statements	P. 7
Fibromyalgia	P. 8
Nicole Alberts' New Position	P. 8

Now Offering Chronic Pain Course

Chronic pain is highly prevalent in Canada, affecting approximately 1 in 5 individuals. Although cognitive behaviour therapy has been shown to decrease pain severity as well as improve quality of life, access to this service is limited in Canada. Multiple factors contribute to this under-treatment, including a shortage of healthcare providers, difficulties with mobility, time constraints, rural and remote location, and stigma.

Research from our collaborators Drs. Blake Dear and Nick Titov at the eCentreClinic at Macquarie University in Sydney, Australia demonstrated that chronic pain can be effectively treated with a brief Internet-delivered cognitive behaviour therapy (CBT) program referred to as the Pain Course.

We are pleased to announce that the Online Therapy Unit is now offering this Pain Course to residents of Saskatchewan. Over an 8-week period, participants will complete 5 online lessons that will cover education, cognitive, behavioural, and physical strategies for coping with pain, as well as relapse prevention. Participants will be eligible for this Course if they are 18 years of age or older, have access to a computer and Internet, are not currently participating in cognitive behaviour therapy, are experiencing symptoms of pain, and have had their pain previously assessed by a physician. To learn more about or sign up for the Pain Course go to www.onlinetherapyuser.ca

Keep up to Date

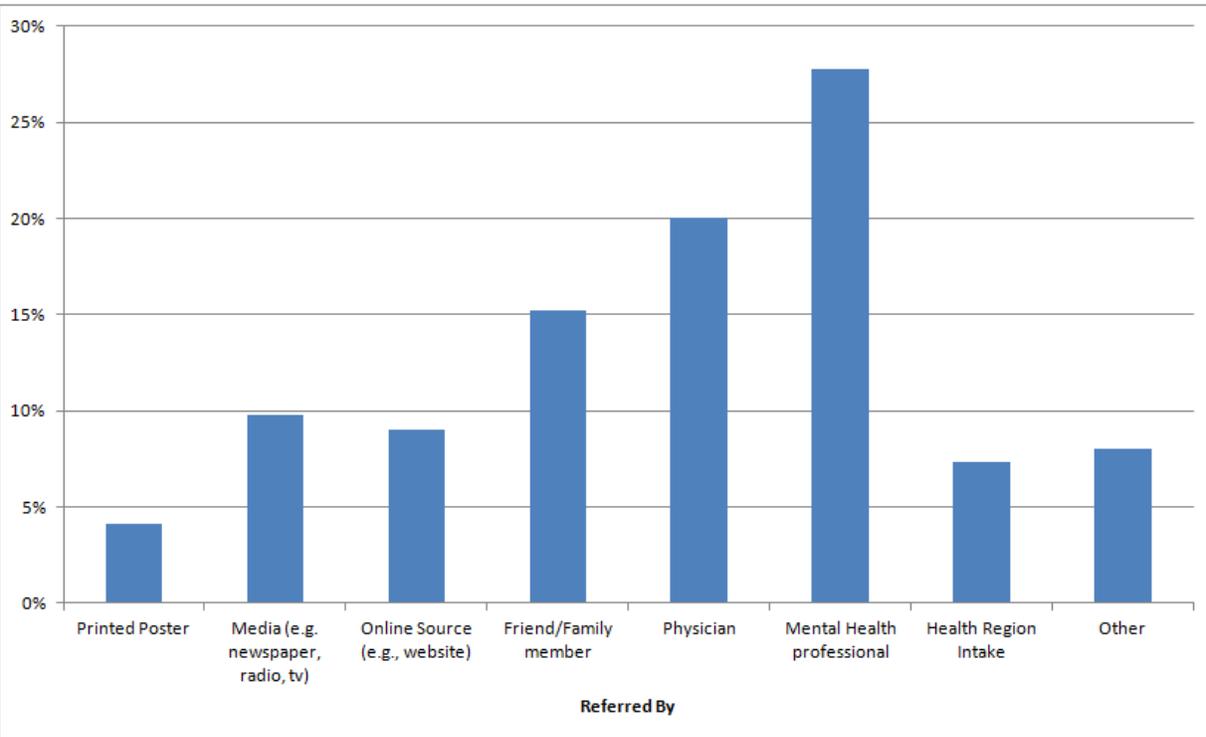


Online Therapy User



@TherapyUser

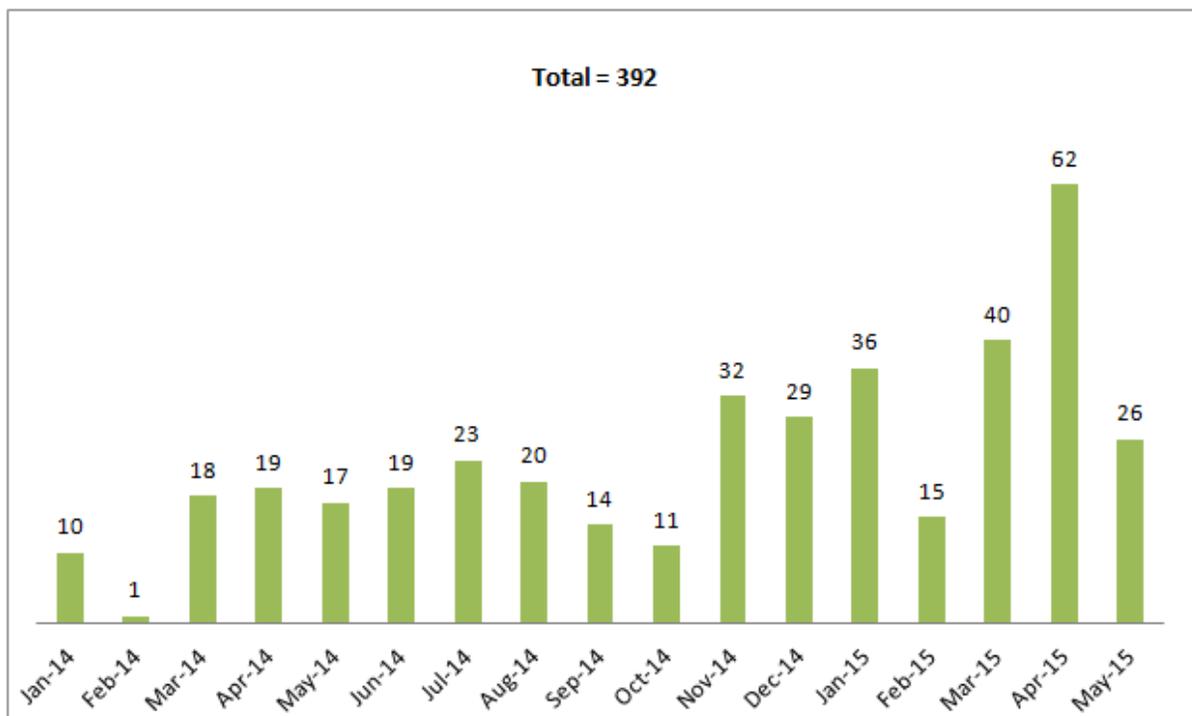
How Do Clients Learn About the Online Therapy Unit?



Online Therapy USER

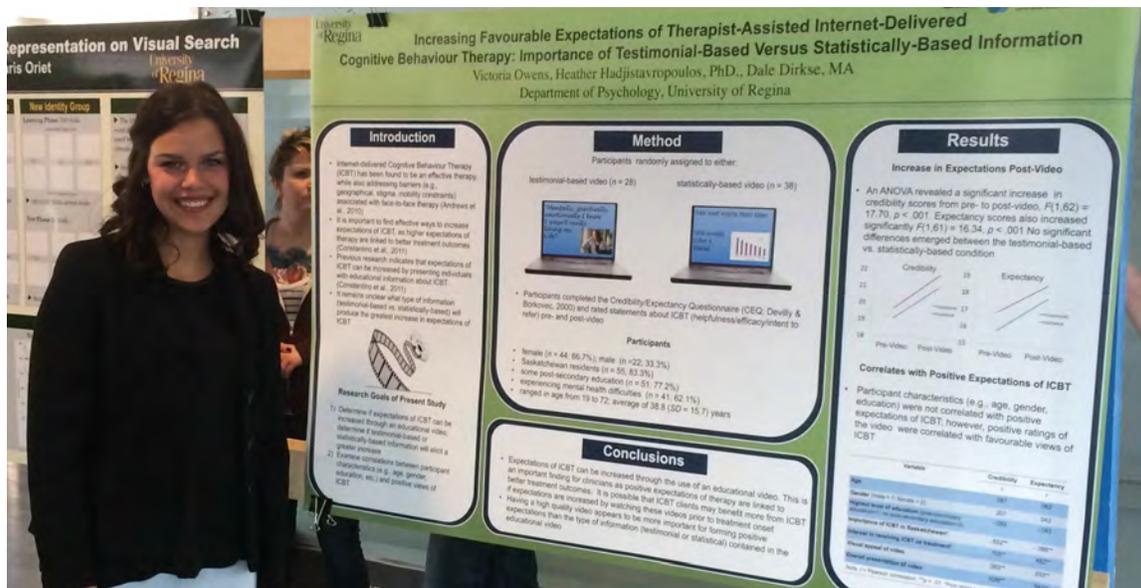
The Online Therapy Unit for Service, Education, and Research (Online Therapy USER) is led by Dr. Heather Hadjistavropoulos from the University of Regina and makes use of online therapy programs that were initially developed in Australia.

Clients Who Have Completed The Wellbeing Course



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. This unit is also responsible for conducting research on how to best train therapists and deliver online-CBT in Saskatchewan.

Tori's Winning Undergraduate Honours Thesis



Contact us for more information.

Call:
306-337-3331

Email:
Online.Therapy.User@uregina.ca

Visit
www.onlinetherapyuser.ca

Victoria Owens won the Psychology Honours Symposium Award for her research into increasing expectations of ICBT through the use of an educational video. This research found that an educational video is an effective way to increase favourable views of ICBT, and that video education in this field warrants future research. Victoria is beginning her Master's degree in September under the supervision of Dr. Heather Hadjistavropoulos.

New Online Videos

The unit has begun to offer a number of videos as a supplement to the written materials available through the Wellbeing Course. These videos focus on a number of different topics including an introduction to the course, personal stories of success as a result of participating in the course, and recommendations on what clients could write to their therapists.

The videos have received positive feedback and we are looking forward to implementing further videos as an opportunity for engagement during participation in the Wellbeing Course, as well as courses planned to be offered in the future.



-DEPRESSION, LOW MOOD, ANXIETY, OR WORRY

18+



The Unit Goes to Calgary

Internet-delivered cognitive behaviour therapy (ICBT) has been found to be efficacious for treating depression and anxiety and has the potential to overcome many barriers to receiving cognitive behaviour therapy (e.g., location, time, access to providers). While use of ICBT in clinical practice is predicted to grow, to date, use in Canada is quite limited. Very little attention has been given to certain aspects of ICBT, such as how to promote this novel treatment to patients and providers, how to conveniently, but appropriately screen patients for ICBT, how to provide therapist-assistance alongside psychoeducational materials, and how to adapt ICBT to specific populations.

On May 8th the Online Therapy Unit presented information on ICBT at the Canadian Association of Cognitive and Behavioural Therapies Meeting. The presentation included an introduction providing results of effectiveness research using ICBT in Saskatchewan and four presentations addressing key considerations in disseminating ICBT.



Patient Perceptions of and Interest in ICBT Based on an Educational Video - Joelle Soucy, B.A.

During our first segment of the annual conference for the Canadian Association of Cognitive Behaviour Therapy, I presented one approach to promoting ICBT in Saskatchewan. We created a brief video designed to educate providers and potential clients about local ICBT. The video included reasons why individuals with anxiety and depression experience difficulties accessing services, steps on gaining access to ICBT in Saskatchewan, and eligibility criteria.

Online Therapy in your community

For promotional materials
to distribute in your
community contact
Nichole:

Nichole.faller@uregina.ca

(306) 337-3331.

USER staff can help you
contact your local media
about the service
(newspapers, radio,
television).

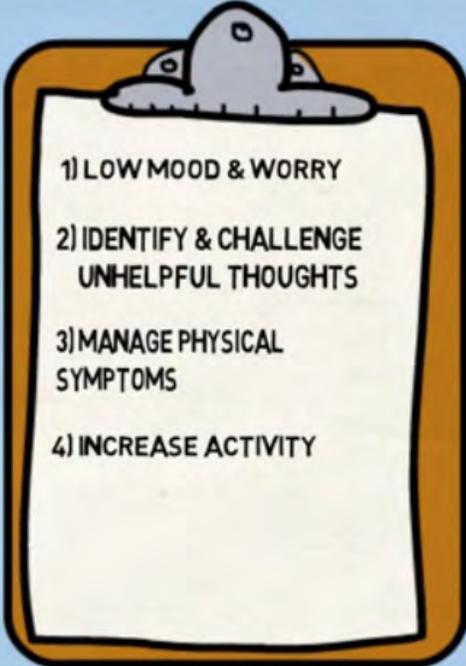
Those on a waitlist for in-
person therapy can be re-
ferred to the Wellbeing
Course. This is a great way
for clients to learn cognitive
behavioural skills before
seeing someone in-person.

In the study, we sought to: (1) examine provider and client perceptions of ICBT along several dimensions of interest; (2) investigate clients' intentions to try ICBT; and (3) explore how to better promote ICBT. Participants were 47 self-identified healthcare providers and 176 self-identified individuals with mental health concerns who watched an online educational video and thereafter answered questions about the quality of the video and the promotion of ICBT through the video.

Perceptions of ICBT were overwhelmingly positive, with both clients and providers describing ICBT as an important service to offer in Saskatchewan. Participants rated the video as visually appealing, organized, and appropriately paced as well as effective in disseminating clear, new, and useful information regarding ICBT. Moreover, 93% of clients expressed intentions to try ICBT. Participants, nevertheless, had suggestions for the promotion of ICBT, including providing more information on how the therapist works with clients in ICBT and adding client testimonies regarding their experiences with ICBT.

8 WEEKS

**5 ONLINE
LESSONS**

- 
- 1) LOW MOOD & WORRY
 - 2) IDENTIFY & CHALLENGE UNHELPFUL THOUGHTS
 - 3) MANAGE PHYSICAL SYMPTOMS
 - 4) INCREASE ACTIVITY

Overall, findings indicate that an education-based video may be valuable for informing providers and clients about ICBT in Canada. Results provide evidence suggesting that the dissemination of an educational video may help overcome barriers to service access in Canada by enhancing understanding of ICBT and creating interest in the service for clients and providers who may otherwise remain unaware of the service.

Is Online Therapy right for you?

If you are:

- 18 years of age or older.
- A Saskatchewan Resident.
- Have access to a computer, internet, and printer in a space to work online.
- Feel comfortable using the Internet and writing emails?
- Have symptoms of Generalized Anxiety, Panic, and/or Depression?

If so you may qualify to participate in Online Therapy.

Results of Online Screening and Patient Experiences -Dale. A Dirkse, M.A.

During the symposium I described the unit's procedure for screening patients for ICBT. There have been changes to screening practices over the years, and it is an important area to investigate and evaluate because screening is important to ensure patients are appropriate for treatment, and not offered ICBT when more intensive services are required. It is also important, however, that screening is not a barrier to a service intended to be convenient and lower intensity.

Currently we are screening individuals in two stages: (1) an online screening which assesses basic eligibility, the presence of inclusionary problems of depression/anxiety, as well as potential exclusionary issues; and (2) a telephone interview where staff follow up on online screening responses and assess for suicide risk. We found that the majority of individuals who complete the online screening complete the telephone screening, and the majority of patients accepted to ICBT complete the program.

Patients on average rated the online screening as convenient, clear, appropriate in length, capturing main concerns and providing helpful information for therapy. The majority of patients indicated they would refer a friend to the online screening, and preferred online to telephone screening.

Our two-stage screening process appears to be an effective and acceptable method for screening clients for ICBT in clinical settings. Online screening is a promising tool that may aid in implementing ICBT in routine clinical care, therefore this initial study serves to stimulate the discussion about screening practices in ICBT.



**To participate in
online therapy in
Saskatchewan, visit:**

www.onlinetherapyuser.ca

1. Complete online screening.
2. Receive an email confirmation that your online screening has been received and arrange an appointment time to speak with staff on the phone.
3. Speak on the phone with a Unit staff member to discuss if the Wellbeing Course best meets your needs at this time, or if another method will work best.

Therapist Statements in Internet-Delivered Cognitive Behaviour Therapy - Luke H. Schneider, M.A.

Therapist support, typically provided via weekly emails, is an important component of treatment and is positively related to program adherence and client outcome. Despite the importance of therapist support in ICBT, little is known about the content of therapist emails that are sent to clients.

During this portion of the presentation I discussed the purpose of this study, which was to 1) classify the content of therapist emails in an ICBT program for depression and compare this classification to a previous study of therapist emails in an ICBT program for Generalized Anxiety Disorder (Paxling et al., 2013); and 2) examine the relationship between therapist statements and client outcomes.

We coded 1013 emails from 24 therapists providing support to 41 clients. A total of 9085 codes were assigned to the data and the most frequent statements were classified as Alliance Bolstering, Administrative, Task Reinforcement, Task Prompting, and Psychoeducational. Comparison with past research suggested overlap, but also variability in how therapist-assistance was offered across these studies, suggesting one cannot assume that therapist-assistance is similar across studies.

Significant findings emerged between therapist statements and client outcome. For example, higher levels of deadline flexibility, as well as questioning statements, were linked with scores of lowered depression. Significant findings also emerged between therapist statements and therapeutic alliance ratings. For example, higher levels of task praise, as well as questionnaire feedback statements, were linked with higher therapeutic alliance ratings.

Overall, the results suggest that further research attention needs to be given to the nature of therapist-assistance and this may represent an opportunity to maximize client outcomes.

Is Online Cognitive Behavior Therapy right for everyone?

The support provided through online therapy is not appropriate for all clients.

Online therapy is not appropriate for clients who:

- Report plans to harm oneself or others
- Have recently harmed themselves or others
- Report delusions or hallucinations
- Are experiencing mania or hypomania
- Report primary problems with drugs or alcohol

Clients who are not appropriate candidates for Online Therapy are referred to other services.



Current Partners

- Regina Qu'Appelle Health Region
- Saskatoon Health Region
- Five Hills Health Region
- Sun Country Health Region
- Cypress Health Region
- Prince Albert Parkland Health Region
- Kelsey Trail Health Region
- HealthLine
- Saskatchewan Ministry of Health

Internet-Delivered Cognitive Behaviour Therapy for Fibromyalgia - Lindsay N. Friesen, M.A.

Fibromyalgia (FM) is a condition that affects approximately 1,050,000 Canadians. Symptoms of depression and/or anxiety are present in up to three quarters of individuals with FM. A large percentage of individuals with FM, however, fail to seek psychological treatment for these symptoms suggesting the need for the development of more accessible treatment methods, such as ICBT.

The focus of this study and presentation was to assess the efficacy of the Pain Course (Dear et al., 2013), an ICBT program. The Pain Course was modified for individuals with FM within a Canadian context, entitled the Pain Course for Fibromyalgia. Results from this study established that the self-guided Pain Course for Fibromyalgia, in addition to standard care, was more effective than standard care alone for reducing FM symptoms, depression, and anxiety post-treatment. Furthermore, participants reported a high level of satisfaction with the overall course suggesting that ICBT is viewed as an acceptable form of treatment by individuals diagnosed with FM, who are also experiencing anxiety and/or depression.



Nicole Alberts' New Position

Nicole Alberts has accepted a 1 year clinical postdoctoral fellowship in rehabilitation psychology within the Department of Rehabilitation Medicine at the University of Washington School of Medicine (Seattle, WA). This fellowship will focus on patient care at the University of Washington Medical Center, and involve work with various rehabilitation medicine inpatient and outpatient populations.

These populations include those with traumatic brain injuries, cerebral vascular accidents, spinal cord injuries, severe burn injuries, chronic diseases such as multiple sclerosis and cancer, physical traumas such as that occurring after motor vehicle accidents, chronic pain, and other major injuries or illnesses requiring prolonged or complicated hospitalization and recovery with concomitant disability.

Nicole will also continue to engage in research under the mentorship of Dr. Tonya Palermo at the Seattle Children's Research Institute. During her residency, Nicole's

research within the Palermo Lab focused on examining parents' responses to children's chronic pain symptoms. During her fellowship, Nicole will engage in research examining an internet cognitive-behavioral intervention for adolescents with chronic pain recruited from pain clinics across the United States and Canada.

2015 Online Therapy Unit Team

Principal Investigator: Heather Hadjistavropoulos (Psychology U of R)

Coordinators: Marcie Nugent (Psychology U of R), Nichole Faller (Psychology U of R)

Co-investigators: Cory Butz (Computer Science U of R), Greg Marchildon (Johnson-Shoyama Graduate School of Public Policy U of R), Thomas Hadjistavropoulos (Psychology U of R), Nuelle Novik (Social Work U of R), Gil White (Medicine U of S)

International Collaborators: Nick Titov & Blake Dear, Macquaire University, Sydney Australia; Gerhard Andersson, Linköping University, Linköping, Sweden

Provincial Collaborators:

Kathy Willerth, Lorne Sier, Saskatchewan Health Dave Nelson, Saskatchewan Division, Canadian Mental Health Association

Current Online Therapy Unit Staff/Students: Dale Dirkse, Nichole Faller, Lindsay Friesen, Marcie Nugent, Tori Owens, Luke Schneider, Joelle Soucy, Stacy Taylor, Nicole Pugh, Bethany Gelinas, Annora Bourgeault

Web Development: Max Ivanov

Online Therapy Unit Volunteers: Aeliesha Brooks, Kadie Hozempa, Shannon Kydd, Kat Mazenc, Priya Parmar

Student Therapists: Dale Dirkse, Sophie Duranceau, Lindsay Friesen, Samantha Horswill, Luke Schneider, Kristie Walker, Kim Zorn, Joelle Soucy, Sabine Soltani, Daniel Lebouthillier, Karmen Pearce, Michelle Apps, Lucie Chursinoff, Michelle Dunn, Sheila Georget, Laura Hildebrand, Kristie Kennedy, Kimberly Wolbaum- Geiger

Registered Providers: Patty Crassweller, Chelsea Delparte, Carolyn Van Dyck, Cam Friesen, Barbara Golden, Hema Harrison, Breann Heatherington, Mike Hodson, Dawna Karalash, Wendy Martin, Cara McDavid, Kelly Measner, Rosalie Meyer, Shahlo Mustafaeva, Nuelle Novik, Joan Ortman, Katherine Owens, Bronwen Porcina, Margaret Ralston, Jai Richards, JoAnne Salido, Sheila Szakacs, Stacy Taylor, Victoria Walton, Meghan Woods, Sarah Chan, Debra Clark, Shane Vandenameele, Orest Baron, Tammy Ens, Tasha Skorlatowski, ruth Mirzau, Kim Tucker, Haley Francis, Amy Janzen - Claude, Erin Fogarty, Kavita Ram, Sheryl Fehr

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