



# **SWEsrii 2015**

## **Swedish Congress on Internet Interventions**

### **Stockholm, November 2015**







## Swedish Congress on Internet Interventions

*Stockholm*  
*6-7 November 2015*

It is our great pleasure to welcome you to the 7th Swedish Congress on internet interventions (old "NIFFIT"). The Congress will be held at the department of Psychology at Stockholm University from November 6-7, 2015.

We have invited researchers from Sweden and all over Europe to share their knowledge and experiences on using and developing Internet-based interventions. The aim of our conference is to contribute to the development and dissemination of best possible psychological interventions to help people in need.

We have a maximum of 82 attendees. This will ensure a warm and friendly atmosphere with lots of opportunities for valuable intellectual exchanges among the delegates.

### *The Organizing Committee*



**Per Carlbring**  
Professor, Stockholm University  
(Convenor)



**Gerhard Andersson**  
Professor, Linköping University  
(Head of the Scientific Committee)



**Katie Cotter**  
Research Intern at Stockholm University  
(Head of Organizing Committee)

## Practical information

- The visiting address is Frescati Hagväg 8 Stockholm.  
The Department of Psychology is beautifully located on the Frescati Hage campus just north-east of Stockholm city on the shores of Lake Brunnsviken in the old "Skogshögskolan" (Forestry Faculty) buildings just west of the road "Roslagsvägen".  
The University is serviced by bus 50, 670 (exit Universitetet Södra) bus 540 (exit Universitetet Norra), subway (exit Universitetet), commuter train (Roslagsbanan, exit Universitetet).
- There will be free wifi for the conference participants. Either use Eduroam or get personal login from the registration desk.



## Friday, November 6, 2015

<b>08:00</b>	<b>Registration Opens</b>
<b>09:00</b>	<b>Opening statement by Per Carlbring</b>
<b>09:15</b>	<p>Presentation 1 by Ekaterina Ivanova</p> <p><i>Guided and unguided CBT for social anxiety disorder and/or panic disorder via the Internet and a smartphone application.</i></p>
<b>09:30</b>	<p>Presentation 2 by Gerhard Andersson</p> <p><i>Enduring effects of Internet interventions.</i></p>
<b>09:45</b>	<p>Presentation 3 by Erland Axelsson</p> <p><i>A randomized controlled trial comparing three forms of low-contact cognitive behavior therapy to a waiting-list condition for severe health anxiety.</i></p>
<b>10:00</b>	<b>Break</b>
<b>10:30</b>	<p>Presentation 4 by Sven Alfonsson</p> <p><i>Therapy Labs: Motivation and treatment adherence in internet based CBT.</i></p>
<b>10:45</b>	<p>Presentation 5 by Thomas Hesslow and Maja Nilsson</p> <p><i>Internet-delivered psychodynamic psychotherapy for social anxiety disorder.</i></p>
<b>11:00</b>	<p>Presentation 6 by Ulrike Braun</p> <p><i>Predictive factors of successful self treatment for social anxiety - with or without elements of Internet-based cognitive behavioral therapy.</i></p>
<b>11:15</b>	<b>Break</b>
<b>11:30</b>	<p>Presentation 7 by Kristoffer Månsson</p> <p><i>Neuroplasticity in Response to Cognitive Behavior Therapy for Social Anxiety Disorder.</i></p>

**Friday, November 6, 2015**

<b>11:45</b>	<p>Presentation 8 by Viktor Kaldo</p> <p><i>Tailored internet-based ICBT for depression and reducing work absenteeism: a multicenter randomised controlled trial with 12-month follow-up.</i></p>
<b>12:00</b>	<p>Presentation 9 by George Vlaescu</p> <p><i>An e-platform for rehabilitation of persons with psychological problems.</i></p>
<b>12:15</b>	<b>Group photo</b>
<b>12:20</b>	<b>Lunch</b>
<b>13:15</b>	<p>Presentation 10 by David Daniel Ebert</p> <p><i>Results from the German GET.ON project. Using iCBT for mental health promotion in workers and for the prevention of mental health disorders.</i></p>
<b>13:35</b>	<p>Presentation 11 by Shervin Shahnava</p> <p><i>Open study of internet-based cognitive behavioral therapy for children and adolescents with dental anxiety.</i></p>
<b>13:50</b>	<b>Break</b>
<b>14:05</b>	<p>Presentation 12 by Kristofer Vernmark</p> <p><i>Doing a genre analysis of internet-based treatments for depression: the role of technology when delivering treatment online - an ongoing study.</i></p>
<b>14:20</b>	<p>Presentation 13 by Raphael Schuster</p> <p><i>Exploring blended group interventions: RCT-study of a brief computer supported group intervention for adults with depressive symptoms - A multimodal evaluation.</i></p>
<b>14:35</b>	<p>Presentation 14 by Robert Johansson</p> <p><i>Computerized psychological interventions and functional programming.</i></p>
<b>14:50</b>	<p>Presentation 15 by Alexander Miloff</p> <p><i>VIMSE - Gamified exposure therapy for use on modern VR headsets.</i></p>

**Friday, November 6, 2015**

<b>15:05</b>	Presentation 16 by David Forster <i>How mobile phones can support the treatment of mental disorders.</i>
<b>15:20</b>	<b>Break</b>
<b>15:50</b>	Presentation 17 by William Hamilton <i>Virtual spiders raise real heart rates.</i>
<b>16:05</b>	Presentation 18 by Jonas Bengtsson <i>Therapists' experiences of conducting cognitive behavioural therapy online vis-à-vis face-to-face</i>
<b>16:20</b>	Presentation 19 by Katerina Kotsoni <i>Therapeutic and economical impact of the use of an online support network within a Primary Care setting.</i>
<b>16:35</b>	<b>Break</b>
<b>16:45</b>	Presentation 20 by Soledad Quero <i>In Vivo versus Augmented Reality Exposure in the treatment of small animal phobia: A randomized controlled trial.</i>
<b>17:00</b>	Presentation 21 by David Forsström <i>Group versus Internet-based cognitive-behavioral therapy for procrastination: Study protocol for a randomized controlled trial.</i>
<b>17:15</b>	<b>Dinner</b>

## Saturday, November 7, 2015

08:45	<b>Registration</b>
09:00	<p>Presentation 22 by Erik Andersson</p> <p><i>Internet-based exposure therapy for worry: A randomized controlled trial.</i></p>
09:15	<p>Presentation 23 by Erik Forsell</p> <p><i>Internet delivered cognitive behavior therapy for antenatal depression: A randomized controlled trial.</i></p>
09:30	<p>Presentation 24 by Maria Cassel</p> <p><i>New approach to the treatment of ADHD through internet and smartphones.</i></p>
09:45	<p>Presentation 25 by Maria Lagerlöf</p> <p><i>ICBT for fibromyalgia: a randomized controlled trial.</i></p>
10:00	<b>Break</b>
10:30	<p>Presentation 26 by Tine Nordgreen</p> <p><i>Effects of ICBT for depression, social anxiety disorder and panic disorder.</i></p>
10:50	<p>Presentation 27 by Naira Topooco</p> <p><i>Is Europe ready for internet-based treatment for depression? A stakeholder survey conducted within the E-COMPARED project.</i></p>
11:05	<p>Presentation 28 by Katja Sjöblom and Lovisa Delin</p> <p><i>Challenger: a mobile phone application for treatment of social phobia- A randomized controlled trial of a self-help treatment in book form with or without the addition of a mobile phone application.</i></p>
11:20	<b>Break</b>
11:35	<p>Presentation 29 by Stina Söderqvist</p> <p><i>Influence of coaching, motivation and mindset on compliance to a remotely administered cognitive training intervention.</i></p>



**Saturday, November 7, 2015**

<b>11:50</b>	<p>Presentation 30 by Sissela Bergman Nutley</p> <p><i>Fidelity tracking - quantifying the implementation quality of online working memory training.</i></p>
<b>12:05</b>	<b>Lunch</b>
<b>13:05</b>	<p>Presentation 31 by Annika Gieselmann</p> <p><i>Treating procrastination chat-based versus face-to-face: An RCT evaluating the role of self-disclosure and perceived counselor's characteristics.</i></p>
<b>13:20</b>	<p>Presentation 32 by Anders Nilsson</p> <p><i>ICBT for Pathological Gamblers – Involving Concerned Significant Others in Treatment.</i></p>
<b>13:35</b>	<p>Presentation 33 by Christopher Sundström</p> <p><i>Internet-based cognitive behavioral therapy for problematic alcohol use - a Pilot Study.</i></p>
<b>13:50</b>	<b>Break</b>
<b>14:20</b>	<p>Presentation 34 by Sigrid Stjernswärd</p> <p><i>Development, outcome and effectiveness of a web-based mindfulness intervention for families living with mental illness</i></p>
<b>14:35</b>	<p>Presentation 35 by Maria Tillfors</p> <p><i>Internet-based rumination-focused cognitive behaviour therapy: An indicated prevention program for adolescents – A pilot study.</i></p>
<b>14:50</b>	<p>Presentation 36 by Hugo Hesser</p> <p><i>The prevention of intimate partner violence via the internet: Preliminary results of a randomized controlled trial.</i></p>

## Saturday, November 7, 2015

15:05	<p>Presentation 37 by Kerstin Blom</p> <p><i>Three-year follow up of Internet insomnia treatment compared to an active control treatment – effects on insomnia and depression.</i></p>
15:20	<b>Break</b>
15:35	<p>Presentation 38 by Jenny Rikardson</p> <p><i>Internet-delivered ACT treatment (IACT) for patients with chronic pain: Feasibility, treatment effects, and processes of change- study protocol</i></p>
15:50	<p>Presentation 39 by Alexander Rozental</p> <p><i>Negative effects of Internet interventions: A qualitative content analysis of patients' experiences with treatments delivered online</i></p>
16:05	<b>Closing ceremony with prizes and diplomas!</b>
16:20	<b>The End</b>



## Conference Abstracts

**Friday, November 6th**

**09:15 Speaker: Ekaterina Ivanova**

*Guided and unguided CBT for social anxiety disorder and/or panic disorder via the Internet and a smartphone application.*

**Background:** As Acceptance and Commitment Therapy (ACT) becomes a part of the clinical practice, the interest for alternative ways of providing it continue to grow. Internet-based CBT, both guided and unguided, has proved to be effective for the treatment of a wide range of psychiatric disorders, including anxiety disorders. Moreover, the tremendous accessibility of smartphones makes them a potentially powerful instrument for providing psychological treatment. The purpose of this study was to investigate the effects of an Internet-based ACT-program for social anxiety disorder and panic disorder using both computers and smartphones, and with and without therapist support.

**Method:** The participants were recruited from the general public by filling out an online screening form, which consisted of LSAS, PDSS-SR, GAD-7, PHQ-9, QOLI (the scales later served as outcome measures) and demographic questions. The individuals who met the inclusion criteria were contacted for a diagnostic telephone interview. The 152 people chosen for participation were then randomized into two treatment groups (guided and unguided) and a waiting list control group. The participants in the treatment groups were given access to an Internet-provided ACT-based treatment program consisting of 8 modules, as well as a smartphone application with content that corresponded to the Internet treatment program. Additionally, the participants in the guided group received minimum therapist support (15 min/week) through the smartphone application from psychology students undergoing their clinical training. The participants worked with the program for 10 weeks. They were evaluated twice during treatment, once after completing treatment, and once again 12-months later as a follow-up measure. A mixed effect model was used to analyze the data.

**Results:** Regardless of diagnosis, as a whole the treated groups showed significant decreases in anxiety, with a moderate within-group effect size. This improvement appeared to be maintained when the groups were evaluated again during the follow-up. The participants suffering primarily from social anxiety disorder showed significant improvements, with moderate within-group effect sizes in both the guided (Cohen's  $d = 0.79$ ) and unguided group (Cohen's  $d = 0.71$ ). This improvement also appeared to be maintained when these participants were evaluated during the follow-up. No significant changes were observed in the symptoms of the participants suffering primarily from panic disorder.

**Discussion:** Internet-delivered ACT-based treatment provided via both computer and smartphone can be effective for reducing general anxiety symptoms, as well as social anxiety symptoms. The guided treatment was not clearly superior to the unguided treatment. Some of the study's uncertainties are likely due to the presence of a large number of different components, which made it difficult to isolate the effects of each individual component.

*Ivanova, E., Lindner, P., Dahlin, M., Ly, H., Vernmark, K., Andersson, G., & Carlbring, P. (2015) Guided and unguided CBT for social anxiety disorder and/or panic disorder via the Internet and a smartphone application.*

**09:30 Speaker: Gerhard Andersson***Enduring effects of Internet interventions.*

Numerous randomized controlled trials have been conducted on internet interventions. In addition to the effects observed in these trials immediately after treatment there are several long-term follow-ups. The aim of this talk is to review the long-term effects of internet-delivered CBT (ICBT) with a focus on results at 1-year or later following treatment termination. We were able to locate examples of enduring effects for a range of conditions including mood and anxiety disorders and somatic disorders. The longest follow-up period has been five years. However, studies have failed to document how much the treatment is used during the follow-up period and in the case of depression it is unclear if episodes of depression have occurred during the period covered. We conclude that the effects of ICBT appear to be enduring but that more research is needed.

**09:45 Speaker: Erland Axelsson***A randomized controlled trial comparing three forms of low-contact cognitive behavior therapy to a waiting-list condition for severe health anxiety.*

Severe health anxiety, a persistent and disproportionate fear of having or acquiring a severe illness, is a widespread and often disabling condition. In order to reach those afflicted there is a need for easily distributed evidence-based treatments. Two previous randomized controlled trials have shown that therapist-guided Internet-based cognitive behavior therapy (G-ICBT) is an effective treatment for severe health anxiety. The aim of this study was to replicate this finding, and to simultaneously investigate the effect of unguided Internet-based cognitive behavior therapy (UG-ICBT) and unguided cognitive behavioral bibliotherapy (BIB-CBT). All treatments were built on the same treatment principles and all patients were instructed to engage in the same behavioral changes. Patients (N = 132) were randomized to G-ICBT, UG-ICBT, BIB-CBT or a waiting-list condition (WL). We expected all treatments to be more effective than the WL condition. The main outcome measure was health anxiety, as assessed with the Health Anxiety Inventory (HAI). All treatments were more effective than the WL ( $d = 0.83\text{--}1.23$ ), but no difference in effect between treatments could be demonstrated on the HAI. We conclude that both G-ICBT, UG-ICBT and BIB-CBT are effective treatments for severe health anxiety. Although this trial was underpowered to find small differences in treatment effects, the results also suggest that in low-contact CBT for severe health anxiety, the added therapeutic value of therapist-guidance might be small or even non-existent. Replication studies with larger samples are needed to explore this issue further.

*Hedman, E., Axelsson, E., Andersson, E., Lekander, M., & Ljótsson, B. (2015). A randomized controlled trial comparing three forms of low-contact cognitive behavior therapy to a waiting-list condition for severe health anxiety.*

**10:30 Speaker: Sven Alfonsson***Therapy Labs: Motivation and treatment adherence in internet based CBT.*

Less than optimal adherence to treatment and to prescribed assignments is a common problem in both face-to-face CBT and ICBT. Treatment adherence is important since it is closely associated with treatment



outcomes and efforts to improve adherence is thus warranted. From previous studies we know that treatment adherence is affected by several background or subject factors such as gender and perceived treatment credibility. However, there have been relatively few studies investigating how adherence in ICBT can be affected by employing specific treatment material or therapist techniques. Incorporating methods from persuasive design, for example interactive quizzes and automatic feedback, may potentially lead to increased interest and engagement in the treatment and subsequently improved adherence. While guided ICBT typically show higher levels of treatment adherence than unguided ICBT, there are signs that peer or untrained support persons may be as effective as support from trained therapists. However, more detailed effects of support frequency and quality have not been studied to any extent. Then primary aim of this project was to investigate the effect of enhancing the treatment presentation and therapist support on treatment adherence in a brief program of ICBT for symptoms of stress and worry.

Using a full factorial design, 162 participants with mild to moderate levels of stress symptoms were included and randomized to a combination of normal or enhanced treatment presentation on the one hand and normal or enhanced therapist support on the other. They were asked to complete a set of self-report instruments, prior to, during and after the intervention as well as at four week follow up. The primary outcome measures were (1) treatment adherence as measured by the number of completed treatment items, (2) adherence to assignments as measured by the number of completed exercises and (3) self-perceived adherence to the principles of the intervention. Secondary outcome measures included self-report measures of motivation and symptom scales. The intervention consisted of a four-week relaxation program based on applied relaxation principles that has previously shown to be effective in anxiety disorders. Each participant gained access to the intervention via a secure online portal on which all data was also collected. Regarding presentation, in the normal condition the treatment was presented in plain black and white text similar to many self-help books and webpages. In the enhanced condition, the treatment was presented using video, audio and interactive material. The content of the treatment was otherwise identical in the two conditions. Regarding therapist support, in the normal condition therapists provided friendly encouraging feedback to each participant but employed no specific therapeutic techniques. In the Enhanced condition, therapists were instructed to follow the principles of Motivational interviewing in all communication with participants. All communication was monitored and assessed by blinded senior clinical psychologists.

The results showed that enhancing the treatment presentation did not affect any measures of adherence or symptom reduction to any large degree. Enhancing therapist support did increase some, but not all, measures of adherence and had a very minor impact on symptom reduction. Further analyses suggested that intrinsic motivation, personality traits and treatment credibility affected overall adherence and that particularly adherence to homework assignments may be a key mechanism for symptom reduction. The results and their implications will be elaborated and discussed.

*Alfonsson, S. Olsson, E. & Hursti, T. (2015). Therapy Labs: Motivation and treatment adherence in internet based CBT.*

**10:45 Speakers: Thomas Hesslow and Maja Nilsson**

*Internet-delivered psychodynamic psychotherapy for social anxiety disorder.*

Social anxiety disorder is one of the most common mental health disorders. Effective treatments exist, but limited access and high costs causes many sufferers to remain untreated. As not all patients accept the CBT-model of psychopathology, alternative treatments are desirable. We conducted two studies to help establish the efficacy of a psychodynamic model of guided self-help (IPDT). In the first study (N=72) participants were randomized to either ten weeks of IPDT or a waiting list control condition. Mixed-effects models revealed a significant difference at post-treatment in favor of the treatment condition on the primary outcome measure, LSAS-SR, with a large effect size. Rates of remission were comparable to recent face-to-face trials, and improvements were maintained at 6- and 12-month follow-ups. The second study was a pilot preference study where the control group in study 1 chose either IPDT (N=23) or ICBT (N=13). Both treatments led to moderate improvements. Notably, both groups suffered an exacerbation of interpersonal symptoms at 6-month follow-up. In summary, the results suggest that IPDT is effective in the treatment of social anxiety, with effect sizes in the same range as ICBT and face-to-face psychotherapy.

*Hesslow, T., Nilsson, M., Johansson, R., Färdig, S., Jansson, A., Jonsson, L., Karlsson, J., Hesser, H., Ljótsson, B., Frederick, R.J., Lilliengren, P., Carlbring, P., Andersson, G. Internet-delivered psychodynamic psychotherapy in the treatment of social anxiety disorder.*

**11:00 Speaker: Ulrike Braun**

*Predictive factors of successful self treatment for social anxiety - with or without elements of Internet-based cognitive behavioral therapy.*

Internet-based cognitive behavior therapy (ICBT) and self-help books have proven to be effective treatments for social anxiety. These treatments can increase the opportunity for more people to access evidence-based psychological treatment. More knowledge of the factors that predict treatment outcomes is needed for individuals to get the right type of treatment. The purpose of this study was to investigate if education level, recruitment mechanism, or previous psychological or psychopharmacological treatment predicts successful treatment outcomes in conjunction with self-help treatment for social anxiety disorder (with or without elements of ICBT). Two treatment groups (n = 138) underwent a six-week self-help treatment. Treatment for one of the groups included a mobile application. Measurements using the Liebowitz Social Anxiety Scale Self-Report as the main outcome measure were taken before, during, and in connection with the completion of treatment. Recruitment via DN was associated with higher odds of a successful treatment outcome (OR = 4.1) compared to recruitment via Facebook. Similarly, absence of previous psychological treatment was associated with higher odds of a successful treatment outcome (OR = 4.4).

*Braun, U., Borg, E., & Carlbring, P. (2015). Predictive factors of successful self treatment for social anxiety - with or without elements of Internet-based cognitive behavioral therapy.*

**11:30 Speaker: Kristoffer Månsson***Neuroplasticity in Response to Cognitive Behavior Therapy for Social Anxiety Disorder.*

Background: Functional magnetic resonance imaging studies have consistently showed increased amygdala responsiveness in Social Anxiety Disorder (SAD), which decreases after anxiolytic treatment (e.g., Cognitive Behavior Therapy, CBT). However, less is known about treatment-related structural gray matter (GM) volume changes. Furthermore, the relationship between functional and structural plasticity are largely neglected in the literature.

Methods: Functional and structural neuroimaging were used to assess 26 SAD patients. The patients were randomized to receive Internet-delivered CBT (ICBT), or a control condition. The Clinical Global Impression-Improvement scale (CGI-I) determined clinical response. Also, we assessed level of anticipatory speech anxiety. At pre-, and post-treatment, blood-oxygen-level dependent (BOLD) responses to self-referential criticism were recorded, and structural data was examined with voxel-based morphometry (VBM).

Results: CGI-I assessment showed that eight (61%) patients were deemed as responders following ICBT, and 3 (23%) in the control group ( $\chi^2=3.90$ ,  $p=0.047$ ). Time  $\times$  treatment interactions showed decreased amygdala BOLD response ( $Z=3.28$ ,  $p=0.015$ , Family Wise-Error corrected, FWE), and amygdala GM volume ( $Z=3.30$ ,  $p_{FWE}=0.024$ ) after ICBT. At baseline, GM amygdala volume was correlated with anticipatory anxiety ( $Z=2.96$ ,  $p_{FWE}=0.040$ ), and amygdala GM atrophy following ICBT was correlated with decreased anticipatory anxiety ( $Z>2.83$ ,  $p_{FWE}<0.055$ ). Moreover, the amygdala BOLD response change was associated with the local GM atrophy after ICBT ( $Z>2.45$ ,  $p_{FWE}<0.029$ ).

Conclusions: This is the first randomized study to evaluate multiple imaging modalities and the brain's plasticity to an anxiolytic treatment. The functional and structural plasticity was highly correlated as indicated by anxiety-related BOLD signal change and GM volume in the amygdala following ICBT.

*Månsson, KNT., Salami, A., Frick, A., Carlbring, P., Andersson, G., Furmark, T., Boraxbekk, CJ. (2015) Neuroplasticity in Response to Cognitive Behavior Therapy for Social Anxiety Disorder.*

**11:45 Speaker: Viktor Kaldo***Tailored internet-based ICBT for depression and reducing work absenteeism: a multicenter randomised controlled trial with 12-month follow-up.*

Objective: To compare the long-term effectiveness of three treatments to reduce depression and work absenteeism: exercise, internet-based cognitive behavioural therapy (ICBT) and usual care by a physician.

Design: Multi-centre, three-group parallel, randomized controlled trial (RCT) with 3 month (post-treatment) and 12-month follow-up (primary end point). Outcome assessors were blind to group allocation.

Setting: Primary health care centres located throughout Sweden.

Participants: 945 adults with mild-to-moderate depression (Patient Health Questionnaire score  $>9$ ), aged 18-71 years.

Interventions: Participants were randomly assigned to one of three 12 week interventions: supervised group exercise, clinician-supported ICBT, or usual care by a physician.

Outcome measures: Depression severity assessed by the Montgomery-Åsberg Depression Rating Scale (MADRS) and Work Absenteeism measured as estimated days on sick leave, numbers of participants on long term sick leave (>1 month), and unemployment.

Results: Response rate at 12 months=84%. Depression severity reduced significantly in all three treatment groups in a quadratic trend over time. At the primary end point (12 months), improvements were significantly larger in the exercise group and ICBT group compared to usual care. Between group effect sizes for both interventions were small to moderate (Hedges  $g=0.24-0.66$ ). Results on Work absenteeism are currently being analysed and will be presented and discussed.

*Kaldo, V., Hallgren M., Helgadóttir, B, Herring, M.P.Zeebari, Z., Lindefors, N., Öjehagen, A. & Forsell, Y. Tailored internet-based ICBT for depression and reducing work absenteeism: a multicenter randomised controlled trial with 12-month follow-up.*

**12:00 Speaker: George Vlaescu**

*An e-platform for rehabilitation of persons with psychological problems.*

**PURPOSE:**

To describe a feasible web-based solution for improving the quality of life of persons with psychological problems such as depression, anxiety and more.

**METHOD:**

The security aspects of the platform as well as the process flow for running a study or treatment are described, focusing primarily on the technical and practical considerations.

**RESULTS:**

We point out both the many advantages of running internet-assisted intervention treatments, the challenges that we have faced and intended developments. Many of our research colleagues, both from Sweden and other countries, have already implemented or intend to implement their own studies on this platform.

**CONCLUSION:**

Psychological rehabilitation can be delivered via the internet using a stable online platform. Security and usability are important factors to have in mind for the design, as well as adaptability to the patients. A next step is to run blended treatments using video conferencing inside the platform.

*Vlaescu, G., Andersson, G., & Carlbring, P. (2015). An e-platform for rehabilitation of persons with hearing problems.*

**13:15 Speaker: David Ebert**

*Results from the German GET.ON project. Using iCBT for mental health promotion in workers and for the prevention of mental health disorders.*

In 2011 we obtained funding from the European Structural Fund (ESF) for regional development, which allowed us to build up a unit for e-mental health at a northern German university. Between 2011 and 2015 we developed a range of internet-based interventions and conducted over 20 randomized controlled trials to evaluate the efficacy and cost-effectiveness of these interventions.

In this talk I will give an overview about our work during the last years and present results from a number



of RCTs with a special focus on the use of iCBT for mental health promotion in workers and for the prevention of mental health disorders. The topics that will be covered include work-related stress, insomnia in stressed workers, the prevention of depression and the treatment of depression in chronic somatic diseases.

**13:35 Speaker: Shervin Shahnavaz**

*Open study of internet-based cognitive behavioral therapy for children and adolescents with dental anxiety.*

Epidemiological studies reveal that approximately 9% of children and adolescents suffer from dental anxiety. Dental anxiety impair both oral health- and psychosocial related quality of life. Internet-based treatments has the potential to increase children and adolescents access to psychological treatments. Therefore an open study of internet-based treatment of dental anxiety with pre-post design was established and offered to children and adolescents. The objective of the study was to investigate the effectiveness of internet-based cognitive behavioral for children with dental anxiety. Participants (N=16) were between 8-15 years old and they met the criteria for specific phobia; dental anxiety. The treatment consisted of 12 modules and children and their parents were guided by a psychologist via e-messages. Paired t-test showed that internet based CBT elicited a statistically significant improvement on all measures of dental anxiety used in the study. The within group effect sizes according to Cohen's d equation ranged from 1-2.2.

In conclusion the results suggest that internet based cognitive behavioral therapy could be an effective treatment for children and adolescents with dental anxiety. However randomized control trials with follow ups need to be performed to confirm our results.

*Shahnavaz, S., Hedman, E., Reuterskiöld, L., Kaldo, V., Dahllöf, G. (2015). Open study of internet-based cognitive behavioral therapy for children and adolescents with dental anxiety.*

**14:05 Speaker: Kristofer Vernmark**

*Doing a genre analysis of internet-based treatments for depression: the role of technology when delivering treatment online - an ongoing study.*

Much research has been done on internet-based treatments for depression, and we know that it's an effective method that can be delivered online. Less is known about the role of technology and different modalities when delivering treatment this way. This presentation will adress research so far in this area and also present an ongoing study using genre analysis to look at the presentation of internet-based treatment for depression from a more technological perspective.

*Vernmark, K., Arvola, M. & Andersson, G. (2015). Doing a genre analysis of internet-based treatments for depression: the role of technology when delivering treatment online - an ongoing study.*

**14:20 Speaker: Raphael Schuster**

*Exploring blended group interventions: RCT-study of a brief computer supported group intervention for adults with depressive symptoms - A multimodal evaluation*

Computer based Interventions currently prove their efficacy and effectiveness in treating common mental health disorders, as depression and anxiety. The blended treatment format converges both, the strengths of computer based and interpersonal learning. Studies on blending computer technologies with the classical face-to-face group setting do not exist yet. The present study eclectically applied resource-oriented psychotherapy methods on a blended intervention for an adult population with symptoms of depression (N = 47). Computer supported components were multimedia group sessions, e-learning, videos, online work sheets, remote therapist patient communication and online pre-post-assessment.

Participants were recruited by a newspaper inlet. A multimodal treatment evaluation was applied to compare the randomly assigned treatment group (n = 23) to a wait-list control group (n = 24). Primary outcome measures indicate significant gains in personal resources (FERUS, d = 0.81; 95% CI: 0.12 to 1.47; RCI 75%) and a reduction of depressive symptoms (CES-D, d = 0.88; 95% CI: 0.21 to 1.56; RCI = 55%). The evaluation revealed a high treatment adherence (91%) and a high perceived relevancy of the supportive computer and multimedia technologies. Participants rated the relevancy of the computer and multimedia components comparable to variables such as group interaction and specific exercises. Last not least, the content provided by these computer and multimedia techniques[R3] was associated with the treatment success in an retrospective open format question compound.

The results provide preliminary support for the acceptance of the investigated blended group intervention, aimed to strengthening personal resources and reducing depressiveness in an adult population with a variety of non-specified depressive symptoms. Further research is needed to investigate the acceptance, effectiveness and usability of blended group treatments in clinical settings.

*Raphael Schuster a, Anton Rupert Laireiter [R1] a[1] a Department of Psychology, Paris-Lodron University, Salzburg, Austria PA: Naturwissenschaftliche Fakultät, Psychologischer Fachbereich, Hellbrunnerstraße 34, A-5020 Salzburg*

**14:35 Speaker: Robert Johansson**

*Computerized psychological interventions and functional programming.*

Functional programming is an idea in computer science on how to design and evaluate computer programs in a way similar to mathematical functions. In my talk, I will argue why this way of designing programs is highly useful for the task of constructing computerized psychological interventions, and how this might help us with future challenges for the field. A demonstration will be carried out.

*Johansson, R. (2105). Computerized psychological interventions and functional programming.*

**14:50 Speaker: Alexander Miloff**

*VIMSE - Gamified exposure therapy for use on modern VR headsets.*

VIMSE is a new spider phobia exposure application developed for use on next generation VR headsets. Developed by Mimerse AB for the Stockholm University Department of Psychology the application advances exposure technology along a number of important fronts. VIMSE uses gamification to increase user engagement and learning, is fully automated with a virtual therapist to allow at home-self care, contains multiple open-ended environments and lighting to ensure exposure in multiple contexts, as well as a range of spiders, spider behaviors and stimuli intensity levels to ensure gradually increasing exposure levels. Collaboration with a for-profit corporation ensures the application is market-ready and scalable rather than restricted to a research environment. VIMSE is currently completing clinical trials comparing it to gold-standard one session therapy phobia treatment in a group of 100 spider phobics.

*Miloff, A., Lindner, P., Hamilton, W., Reutersköld, L., Andersson, G., Carlbring, P. (2015). Gamified Virtual Reality exposure therapy for spider phobia vs. traditional exposure therapy: Study protocol for a randomized-controlled trial.*

**15:05 Speaker: David Forster**

*How mobile phones can support the treatment of mental disorders*

Mental disorders can have a significant, negative impact on sufferers' lives, as well as on their friends and family, healthcare systems and other parts of society. Approximately 25% of all people in Europe and the USA experience a mental disorder at least once in their lifetime. Currently monitoring mental disorders relies on subjective clinical self-reporting rating scales, which were developed more than 50 years ago. In this presentation, I will present how mobile phones can support the treatment of mental disorders by: (i) implementing human-computer-interfaces to support therapy, and (ii) collecting relevant data from patients' daily lives to monitor the current state and development of their mental disorders.

**15:50 Speaker: William Hamilton**

*Virtual spiders raise real heart rates*

Virtual realities (VR) give rise to feelings of presence in virtual environments and have been proven a useful medium when treating specific phobias. For validation of the usability of VR for exposure therapy it is critical to investigate the techs capacity of activating the user physiologically. An experiment was designed with the purpose of investigating if virtual spiders in a virtual environment could cause a heightening of heart rate in the participants (N = 24). The hypothesis was that participants presumably, even those not clinically spider phobic, would get raised heart rates following the introduction of several large tarantulas in a virtual room. A virtual reality program was developed that simulated spider movement around the room and a control routine with white balls instead of spiders. The experiment was of in group design and the routines sequence was balanced. Participants heart rate, despite small sample size, was significantly higher when the spiders were present in the virtual world compared to the neutral control sequence ( $d=0,22$ ).

*Hamilton, W., & Carlbring, P. (2015). Virtual spiders raise real heart rates.*

**16:05 Speaker: Jonas Bengtsson***Therapists' experiences of conducting cognitive behavioural therapy online vis-à-vis face-to-face*

This study has explored therapists' experiences of conducting cognitive behavioural therapy (CBT) online and face-to-face. Eleven therapists partook in semi-structured interviews, which were thematically analysed using an abductive approach. The results indicate that the therapists viewed face-to-face therapy as a stronger experience than Internet-based CBT (ICBT), and the latter as being more manualised, but providing more work-time control. Several participants also thought that working alliance may be achieved faster and more easily in face-to-face therapy, and might worsen with fewer modalities of communication. Clinical implications in need of investigation are whether working with ICBT might buffer therapist exhaustion, and whether this therapy form can be improved by becoming less manual dependant in order to be easier to individualise.

*Bengtsson, J., Nordin, S. & Carlbring, P. (2015). Therapists' experiences of conducting cognitive behavioural therapy online vis-à-vis face-to-face.*

**16:20 Speaker: Katerina Kotsoni***Therapeutic and economical impact of the use of an online support network within a Primary Care setting.*

Background: Hounslow Improved Access to Psychological Therapies (IAPT) provides low and high intensity cognitive behavioural therapy to service users with mild to severe anxiety and depression. Since January 2014, Hounslow IAPT has piloted the use of an online support network, which was made available to all of those who were referred to the IAPT service (unless there were clinical reasons not to do so). The online support network offers 24/7 peers support, self-management and wellbeing tools moderated by specially trained clinicians.

Aims: The present study aims to assess how the use of online support network impacts on the therapeutic outcome, as measured by anxiety (GAD-7) and depression (PHQ-9) measures. Moreover, it is explored whether the use of the support network from the service users decrease the amount of clinical time they would subsequent receive.

Design: A cross-sectional design was used to collect data on 80 male and female patients who were seen by Hounslow Improving Access to Psychological Therapies (IAPT) service between January 2014 and March 2015. 40 service users who had used the Big White Wall support network for more than 1 hour were matched in terms of gender, age and diagnosis with 40 service users who had not used the online support network. Information spanning demographic and clinical variables were coded into an Excel spreadsheet and statistical analyses were conducted.

Results: The initial analysis has not shown any consistent difference between the samples on clinical input or outcome. As far as the cost effectiveness concerns, the addition of the online support network adds to the cost of an intervention, without reducing subsequent use of the service as measured by contacts and time.



Discussion: Based on the results, service users did not significantly benefit from using the online support network so continuation further the pilot stage of this service needs to be considered. Future research should aim to include bigger sample or different population in order to arrive to firm conclusions about the clinical and cost effectiveness of an online support network within mental health settings.

*Varma, S., Kotsoni, A. & Mc Loughlin, B. (2015). Therapeutic and economical impact of the use of an online support network within a Primary Care setting.*

**16:45 Speaker: Soledad Quero**

*In Vivo versus Augmented Reality Exposure in the treatment of small animal phobia: A randomized controlled trial.*

In vivo exposure (IVE) is the treatment of choice for specific phobias (SP) (including small animal phobia). However, not all patients benefit from it due to acceptability problems associated with this way of applying the exposure technique. Virtual Reality (VR) has widely demonstrated its efficacy and is well accepted for the treatment of SP. However, only preliminary data about the use of Augmented Reality (AR) is available in the literature. Recently, our research team has finished the first controlled trial where Augmented Reality exposure (ARE) was compared with the treatment of choice: IVE. The aim of the present work is to describe the methodology applied in this controlled trial as well as to present the main results derived from it. The design was a randomized between group controlled study that compared the differential efficacy of two treatment conditions: IVE versus ARE. Repeated measurements at pre-treatment, post-treatment, 3-month-, and 6-month follow-up were included. Sixty-three participants were randomly assigned to each treatment condition: IVE (N=31) and ARE (N=32). The assessment protocol included diagnostic measures, main outcome measures, and secondary measures to assess the main features of spider and cockroach phobias. Interference and severity measures as well as expectations, satisfaction and preferences regarding the exposure treatment measures were also included. The treatment consisted of “one-session treatment” following the guidelines by Öst group.

Results obtained showed that participants in both treatment conditions significantly improved on all the outcome measures at post-treatment and at 3 and 6-month follow-ups. Comparisons performed between the two treatment conditions showed some differences at post-treatment favoring the participants who received IVE. However, these differences disappeared in the long term, being both treatments equally efficacious at the 3- and 6-month follow-ups. Regarding participants’ expectations and satisfaction with the treatment, very positive ratings were reported in both conditions. In addition, participants from IVE condition considered the treatment more useful for their problem at post-treatment whereas participants from ARE considered the treatment less aversive both at pre and post-treatment. Finally, regarding treatment preferences, in general, participants preferred the treatment received. Results obtained in this study showed that ARE is an effective and well accepted treatment for SP. The use of AR provides an additional option in administering exposure treatment for this problem.

*Quero, S.1,3, Pérez-Ara, M.A.1, Bretón-López, J.1,3, García-Palacios, A.1,3, Baños, R.M.2,3 & Botella, C.1,3*

**17:00 Speaker: David Forsström**

*Group versus Internet-based cognitive-behavioral therapy for procrastination: Study protocol for a randomized controlled trial*

Procrastination can be defined as a voluntarily delay of an intended course of action despite expecting to be worse-off for the delay, and is considered a persistent behavior pattern that can result in major psychological suffering, which in turn can constitute a major problem for many individuals. There are not many studies available on treating procrastination. A previous Internet based RCT with guided and unguided treatment aimed to decrease procrastination yielded positive results for individuals who volunteered to receive treatment. This current study has the aim to further increase the knowledge regarding treatment for procrastination. It is a RCT comparing unguided and group treatment aimed to decrease procrastination in a student population.

Demographic data from the included participants and preliminary outcome data is presented. These results are discussed and compared to the previous RCT and other studies evaluating the effect of treatment aimed to decrease procrastination.

*Forsström, D., Rozental, A., Nilsson, S., Rizzo, A., & Carlbring, P. (2014). Group versus Internet-based cognitive-behavioral therapy for procrastination: Study protocol for a randomized controlled trial.*

**Saturday, November 7th**

**09:00 Speaker: Erik Andersson**

*Internet-based exposure therapy for worry: A randomized controlled trial.*

Worry is a common clinical phenotype both in psychiatric patients and the normal population. According to the cognitive avoidance framework, worry is a covert escape behavior with primary function to avoid aversive emotional experiences. Conceptualizing worry as an avoidance behavior suggests that exposure therapy could be an effective treatment strategy. Previous studies have shown that exposure may be an effective solitary intervention for worry but the effect of internet-based exposure therapy has not been evaluated. We therefore developed an internet-delivered exposure-based treatment for worry and evaluated it in a large-scale randomized controlled trial in a mixed sample of high worriers (defined as > 56 on the Penn State Worry Questionnaire [PSWQ]). Participants (N=140) were randomized to a 10-week long internet-based exposure therapy (I-ET) or to a waiting-list condition (WL). Results showed that I-ET was superior to WL with an overall between group effect size of  $d = 1.39$  (95% confidence interval [1.04, 1.73]) on the PSWQ. I-ET also showed larger effects on secondary outcome measures of anxiety, depression, cognitive avoidance, and quality of life. The results from this trial are encouraging as they indicate that internet-based exposure therapy can be an effective stand-alone intervention for worry. Replication trials with active control conditions are warranted.

Erik Andersson, Erik Hedman, Olle Wadström, Julia Boberg, Emil Yaroslav Andersson, Erland Axelsson, Timo Hursti, Brjánn Ljótsson (in prep) Internet-based exposure therapy for worry: A randomized controlled trial

Depression occurs in 5-10 % of pregnancies. Treatment of psychiatric illness in this period requires special attention and expertise to be safe, effective and acceptable. In this RCT a total of 44 pregnant women

(gestational week 10-28) with ongoing major depression were recruited nationwide and assessed via internet screening and a semi-structured diagnostic interview. Participants were randomized to either receive only regular treatment (TAU) provided at their antenatal clinic and other health care instances or to receive an add-on of a previously established 10-week ICBT-program for depression that has now been adapted for pregnant women. Primary outcome measure is symptoms of depression as measured by MADRS-S at end of treatment. Secondary outcome is rate of remission. Findings are reported as well as lessons learned. This is to our knowledge the first RCT of ICBT for antenatal depression.

*Forsell, E., Bendix, M., Holländare, F., Szymanska von Schultz, B., Nasiell, J., Eriksson, C., Kvarned, S., Lindau, J., Söderberg, E., Lindefors, N., Jokkinen, J. & Kaldo, V. (2015). Internet delivered cognitive behavior therapy for antenatal depression: A randomized controlled trial.*

**09:15 Speaker: Erik Forsell**

*Internet delivered cognitive behavior therapy for antenatal depression: A randomized controlled trial.*

Depression occurs in 5-10 % of pregnancies. Treatment of psychiatric illness in this period requires special attention and expertise to be safe, effective and acceptable. In this RCT a total of 44 pregnant women (gestational week 10-28) with ongoing major depression were recruited nationwide and assessed via internet screening and a semi-structured diagnostic interview. Participants were randomized to either receive only regular treatment (TAU) provided at their antenatal clinic and other health care instances or to receive an add-on of a previously established 10-week ICBT-program for depression that has now been adapted for pregnant women. Primary outcome measure is symptoms of depression as measured by MADRS-S at end of treatment. Secondary outcome is rate of remission. Findings are reported as well as lessons learned. This is to our knowledge the first RCT of ICBT for antenatal depression.

*Forsell, E., Bendix, M., Holländare, F., Szymanska von Schultz, B., Nasiell, J., Eriksson, C., Kvarned, S., Lindau, J., Söderberg, E., Lindefors, N., Jokkinen, J. & Kaldo, V. (2015). Internet delivered cognitive behavior therapy for antenatal depression: A randomized controlled trial.*

**09:30 Speaker: Maria Cassel**

*New approach to the treatment of ADHD through internet and smartphones.*

**Study Objectives**

Evaluate a new treatment manual (CBT+DBT) delivered through internet with support from smartphones for adult patients with ADHD. Evaluate whether ICBT is more effective than an active control consisting of applied relaxation (AR) and waiting list.

**Design**

A twelve week randomized controlled trial with three and twelve months follow-up.

**Participants**

104 adults with ADHD

**Interventions**

Guided Internet-delivered cognitive behavior therapy (ICBT) for ADHD or applied relaxation.

**Results**

Primary outcome was ASRS, assessed before and after treatment with follow-up after three and twelve months.

Preliminary analyses show that both the treatment group receiving ICBT and the active control group (AR) have comparable results at the end of treatment. Both groups showed significant reductions of ADHD symptoms as measured by the ASRS, compared with waiting list. ICBT did not differ significantly from the AR in any of the outcome measures

**Conclusions**

Promising results for ICBT for ADHD – but more research is needed.

*Nasri, B., Cassel, M., Ginsberg, Y., Lindefors, N., & Kaldø, V. (2015). CBT through Internet and smartphones for adults with ADHD - a randomized controlled trial.*

**09:45 Speaker: Maria Lagerl f**

*ICBT for fibromyalgia: a randomized controlled trial*

Fibromyalgia is a pain syndrome that affects between 2-4% of the population. Other common symptoms in this disorder are fatigue, sleep- and gastrointestinal problems. Fibromyalgia is associated with both great suffering for the patient as well as large societal costs in terms of care-seeking and sick leave. We have previously developed an exposure-based ICBT-treatment for Fibromyalgia and tested it in an open pilot study with medium- to large effect sizes. The next step now is to test this treatment in a large scale randomized controlled trial against a waiting list control group. In this symposium, I will present the study and treatment design. The main aim with the presentation is to involve the audience and together discuss how to optimize the treatment and methodological concerns.

*Lagerl f, M. (2015). ICBT for fibromyalgia: a randomized controlled trial*

**10:30 Speaker: Tine Nordgreen**

*Effects of ICBT for depression, social anxiety disorder and panic disorder.*

ICBT is suggested as a way to meet the increasing needs for psychological interventions in the general population. In this talk I will present how our group in Western Norway has benefited from the Swedish ICBT-experience. Since 2008 we have conducted 4 trials to examine the effects of ICBT for depression, social anxiety disorder and panic disorder. Also, there are two ongoing trials; one effectiveness trial and one collaborative care trial. In this talk I will describe our current challenges and future visions for ICBT - research and its clinical use.

**10:50 Speaker: Naira Topooco**

*Is Europe ready for internet-based treatment for depression? A stakeholder survey conducted within the E-COMPARED project.*

The E-COMPARED research project, funded by the European Commission, is designed to provide stakeholders in Europe with evidence-based information and recommendations about the clinical and cost-



effectiveness of internet-based treatment for adult depression. One of the first initiatives within the project has been to review stakeholder's current knowledge, views and actions on psychological internet-based treatment for depression. Findings from a survey with 186 associations representing government, research bodies, care providers, patients, funders and technology providers in Europe to be communicated.

*Topooco, N. (2015). Is Europe ready for internet-based treatment for depression? A stakeholder survey conducted within the E-COMPARED project.*

**11:05 Speakers: Katja Sjöblom and Lovisa Delin**

*Challenger: a mobile phone application for treatment of social phobia- A randomized controlled trial of a self-help treatment in book form with or without the addition of a mobile phone application.*

Social phobia is one of the most common anxiety disorders. The diagnosis results in great suffering for the individual but also large social costs. This randomized, controlled study (N = 209) aimed to evaluate the relative impact of a self-help treatment in book form, with or without the addition of a mobile phone application for people with social phobia. Results demonstrated a statistically significant greater improvement between the two active treatment groups and the waiting list. A medium-sized effect size on the primary outcome measure Liebowitz Social Anxiety Scale self report was found only between the waiting list and the group treated with the addition of mobile application. Statistically significant differences were not found between the two active treatment groups. The results of this study strengthen previous research which has shown that bibliotherapy is effective for social phobia. Since the research on the efficiency of mobile phone applications for treatment of social phobia are limited, this study contributes to necessary knowledge in the field.

*Delin, L., Sjöblom, K., Lundén, C., Blomdahl, R., Marklund, A., Andersson, G., Dahl, J., & Carlbring, P. (2015). Challenger- A mobile phone application for treatment of social phobia: A randomized controlled trial of a self-help treatment in book form with or without the addition of mobile phone application (master's thesis, Uppsala University, Institution of psychology).*

**11:35 Speaker: Stina Söderqvist**

*Influence of coaching, motivation and mindset on compliance to a remotely administered cognitive training intervention.*

One digitalized cognitive intervention that has been growing in popularity over the last decade is working memory training. This is used practically both as a clinical intervention, targeting individuals with working memory and/or attention deficits, as well as an educational tool where it is used to boost the same cognitive skills that are crucial for learning capacity. However, there is a discrepancy in the effects that are shown in different studies and also between individuals. Aspects that are often overlooked when interpreting these differences are the motivation and previous attitudes of the individuals training. In this talk I will present new results that show how motivation and mindset influence compliance to Cogmed working memory training. I will also discuss more generally the importance of a training coach, acting as a personal trainer, for compliance and fidelity to remotely administered interventions and how this is likely to influence the outcome of an intervention.

*Stina Söderqvist, Sissela Bergman Nutley, Sara Bengtsson and Alva Appelgren (2015). Influence of coaching, motivation and mindset on compliance to a remotely administered cognitive training intervention.*

**11:50 Speaker: Sissela Bergman Nutley**

*Fidelity tracking - quantifying the implementation quality of online working memory training.*

Cognitive interventions or “brain training” programs have become more commonly available not only in the clinical and research field, but also more broadly in the customer market. Many products deliver such internet interventions without any control of fidelity to the intended program and results from the few interventions that are evaluated in research studies vary a great deal. As internet interventions hold to possibility to deliver (some) programs at large scale and possibly also in a group setting, the quality of the delivery of the programs are of utmost importance in order to achieve clinically relevant effects. This presentation focuses on solutions to address the fidelity to the Cogmed working memory training program and specifically presents a set of metrics developed to track the quality of the training. The aspects measured are Compliance, Motivation and Validity and the implications of the use of these metrics are discussed in terms of the efficacy of the intervention.

*Bergman Nutley, S., & Söderqvist, S. (2015) Fidelity tracking - quantifying the implementation quality of online working memory training.*

**13:05 Speaker: Annika Gieselmann**

*Treating procrastination chat-based versus face-to-face: An RCT evaluating the role of self-disclosure and perceived counselor's characteristics.*

Internet-based interventions were found to be effective but their mechanisms of change are largely unknown. For the present study, students suffering from symptoms of procrastination were randomized to either face-to-face (n = 26) or chat-based (n = 25) counseling. Results showed a comparable decrease in procrastination, fear and insecurity, aversion to study, and symptoms of depression in both conditions. There were no effects on idealization as proposed by hyperpersonal theory; instead, the chat-based counselors were experienced as stricter and less attractive. A counselor perceived as trustworthy was more strongly associated with treatment outcome in the chat condition compared to face-to-face. Clients assigned to the chat-condition showed more self-disclosure as reflected by word use but not by self-report. Both kinds of self-disclosure, but particularly self-reported self-disclosure, were associated with better treatment outcome in the chat-condition but not face-to-face. The data indicate the importance of clients' processing in chat-based counseling: a counselor perceived.

*Gieselmann, A. & Pietrowsky, R. (2015). Treating procrastination chat-based versus face-to-face: An RCT evaluating the role of self-disclosure and perceived counselor's characteristics.*

**13:20 Speaker: Anders Nilsson***ICBT for Pathological Gamblers – Involving Concerned Significant Others in Treatment.*

Problem gambling is a public health concern with prevalence rates at 2 %. Problem gambling also severely affect concerned significant others (CSOs).

Several studies have investigated the effect of individual treatments based on cognitive behavior therapy (CBT), but there is a shortage in studies on the effect of involving CSOs in treatment.

This study aims to compare an intervention based on behavioral couples therapy (BCT) involving a CSO with an individual CBT treatment to determine their relative efficacy. BCT has shown promising results in working with substance abuse, but this is the first time it is used as an intervention for problem gambling. Both interventions will be Internet-delivered and participants will receive e-mail and telephone support.

This presentation will focus on the preliminary results from our pilot study as well as our study protocol for our RCT study.

*Nilsson, A., Magnusson, K., Carlbring, P., Andersson, G., Gumpert, C. (2015). ICBT for Pathological Gamblers – Involving Concerned Significant Others in Treatment.*

**13:35 Speaker: Christopher Sundström***Internet-based cognitive behavioral therapy for problematic alcohol use - a Pilot Study.*

Introduction: Increasingly, the Internet is being studied as mode of delivery for interventions targeting problematic alcohol use. Although most interventions studied have been fully automated, research suggests that adding therapist support could improve alcohol consumption outcomes.

Methods: In this pilot study, a 12-module internet-based self-help program based on cognitive behavioral therapy (CBT) and relapse prevention was tested among Internet help-seekers. Thirteen participants, recruited online from an open access website, were all offered the same program in combination with extensive online therapist support.

Preliminary results and discussion: Follow-up data is currently being collected. Results presented at the conference will provide a tentative answer to the question if internet based treatment with online therapist support could be a viable way of helping people reduce their problematic alcohol consumption.

*Sundström C, Kraepelien M, Eek N, Fahlke C, Kaldo V, Berman. A. (2015)  
Internet-based cognitive behavioral therapy for problematic alcohol use - a Pilot Study.*

**14:20 Speaker: Sigrid Stjernswärd***Development, outcome and effectiveness of a web-based mindfulness intervention for families living with mental illness*

Background: Of families living with mental illness, 40% experience such psychological distress that they require therapeutic interventions. Web-based mindfulness interventions (MFI) have shown beneficial

health outcomes for both clinical and healthy populations, and effectiveness in reducing caregiver stress. Such interventions may help families cope and overcome barriers that can otherwise hinder a help-seeking process.

**Aims:** To explore the effectiveness of a web based mindfulness intervention for families living with mental illness.

**Main hypothesis:** Participation in a web based MFI enhances levels of mindfulness and self-compassion, and diminishes levels of perceived stress and caregiver burden in participants.

**Methods:** A randomized controlled trial to compare the effectiveness of an 8-week web based MFI in an experimental group with a no treatment waiting list control group that will be offered the program after post-assessment of the experimental group.

The present study was preceded by a pilot study investigating the same 8-week program using a pre-post design and follow-up after 3 months, with mindfulness (FFMQ) as the primary outcome and perceived stress (PSS), caregiver burden (CarerQoL-7D) and self-compassion (SCS-SF) as secondary outcomes. The same outcomes and self-report instruments will be used in the current RCT. The pilot study included a sample of 97 persons approached by advertisement in newspapers, newsletters and online.

**Results:** The RCT is ongoing.

The pilot study showed significant improvements in levels of mindfulness post intervention and at follow-up as well as significant improvements in levels of perceived stress, caregiver burden and self-compassion both post intervention and at follow-up.

**Discussion:** Acceptability and feasibility of the intervention in the pilot study was high, outcomes were relevant and the intervention showed positive and significant results supporting the hypothesis that the intervention may help families cope with a stressful situation and motivating the present RCT to investigate the intervention's effectiveness.

**Conclusion:** Further randomized controlled studies of the intervention are needed to investigate the intervention's effectiveness, including dose-effect studies.

*Stjernswärd, S., Hansson, L. (2015). Development, outcome and effectiveness of a web-based mindfulness intervention for families living with mental illness.*

#### **14:35 Speaker: Maria Tilfors**

*Internet-based rumination-focused cognitive behaviour therapy: An indicated prevention program for adolescents – A pilot study.*

Adolescence is a developmental period where various social, cognitive and biological changes take place. In other words, the number of stressors increase significantly during this period of time and young people need to find strategies to handle them. These strategies usually are called emotion regulation. During adolescence, the prevalence of emotional problems such as anxiety, depressive symptoms and perception of stress enhance, compared to during childhood. The latter is paralleled by an increase in the use of cognitive emotion regulation strategies like worry and rumination. Interestingly, worry and rumination also seem to be risk factors and maintaining mechanisms in several different types of mental health problems. We hypothesize that the relationship between stressors and later developed emotional problems in adolescence can be mediated by how young people deal with the stressors, i.e., emotion regulation. Following that reasoning, one way to go regarding to prevent emotional problems could be by developing

preventive interventions that target the dysfunctional emotion regulation strategies worry and rumination. Hence, the main objective of the current pilot study was to investigate an internet-based rumination-focused CBT prevention program<sup>1</sup> for youths with increased levels of stress and worry/rumination, but who are not fulfilling diagnostic criteria for psychiatric diagnoses of emotional problems. The design was a single case quasi experimental design (N = 7; all participants were women between 18 to 23 years old). In general, the results showed decreased levels of perceived stress, which in most cases was paralleled by decreasing levels of worry. These preliminary results indicate that working with alternative strategies to the dysfunctional emotion regulation strategies worry and rumination can be a successful way to target emotional problems in young people. However, there is a need for follow-up measurements to be able to say something about the preventive effect of the program on anxiety and depressive symptoms. The results will be discussed in relation to the transdiagnostic perspective.

*Tillfors, M., Anniko, M., Andersson, S., Berglund, M., & Boersma, K. (2015). Internet-based rumination-focused cognitive behaviour therapy: An indicated prevention program for adolescents – A pilot study.*

#### **14:50 Speaker: Hugo Hesser**

*The prevention of intimate partner violence via the internet: Preliminary results of a randomized controlled trial.*

Intimate partner violence is a common problem with dire consequences for the individual as well as the society. Secondary prevention efforts that at an early stage focus on reducing psychological aggression among couples may prevent the escalation of violence. Interventions that can be delivered widely and at low cost may help reach people who are in most need of such interventions. Preliminary results from a randomized controlled trial of an internet-delivered guided-self help treatment for individuals who had aggression problems in close relationships will be presented. In addition, moderators and mediators of the effect of the intervention will be explored.

*Hesser, H., Engstrand, J., Jeppsson, U., Gustafsson, T. Axelsson, S. Pollack, M., Bäcké, V. Andersson, G. (2015). The prevention of intimate partner violence via the internet: Preliminary results of a randomized controlled trial.*

#### **15:05 Speaker: Kerstin Blom**

*Three-year follow up of Internet insomnia treatment compared to an active control treatment – effects on insomnia and depression.*

##### **Study Objectives**

Investigate long term (36 mo) effects of Internet based insomnia treatment compared to active control. Prediction of depressive symptoms after 36 mo based on insomnia severity after treatment.

##### **Design**

An 8-w randomized controlled trial with follow-up after 6, 12 and 36 mo.

##### **Setting**

Internet Psychiatry Clinic, Stockholm, Sweden.

##### **Participants**

148 adults with insomnia, recruited via media.

## Interventions

Guided Internet-delivered cognitive behavior therapy (ICBT-i) for insomnia or active control treatment (CTRL).

## Measurements and Results

Primary outcome measure was Insomnia Severity Index (ISI) assessed before and after treatment with follow-up after 6, 12 and 36 mo. The participants' depressive symptoms were investigated at each time point.

The large improvements of the ICBT-i group were maintained from post assessment to the 36 mo follow-up. The control group was significantly less improved at post assessment. After 36 mo the difference between groups was no longer significant, possibly because the control group had significantly more additional insomnia care after the treatment ended. Effect sizes pre - 36 mo follow-up were 1.6 - 1.7. No group differences on depressive symptom levels or depressive episodes were found at follow-up, but for the whole sample, persistent good sleep at post-, 6- and 12 mo follow-up predicted significantly less depressive symptoms at the 36 mo follow-up.

*Blom, K., Jernelöv, S., Rück, C., Lindefors, N., Kaldö, V. (2015). Three-year follow up of Internet insomnia treatment compared to an active control treatment – effects on insomnia and depression.*

## 15:35 Speaker: Jenny Rikardson

*Internet-delivered ACT treatment (iACT) for patients with chronic pain: Feasibility, treatment effects, and processes of change- study protocol*

## Background

Chronic pain affects approximately 18 percent of the adult population in Europe. For a large number of individuals pain results in depression, disability, and reduced quality of life. Furthermore, chronic pain is associated with high societal costs. Medical strategies have been found to be insufficient in improving symptoms and pain related disability. Lately, research has suggested the utility of acceptance and mindfulness based strategies in the management of chronic pain and related distress. These strategies are specifically pronounced in Acceptance and Commitment Therapy (ACT). The body of empirical support for ACT for chronic pain has grown rapidly during the past decade. Despite the empirical support for ACT, treatment is not available for a large number of patients. This suggests the need for alternative ways of making treatment available, e.g. via the Internet. However, only a limited number of studies have yet evaluated internet-delivered ACT (iACT) for chronic pain.

## Research questions and study design

Currently, we are in the process of developing iACT for adults with non-specific chronic pain. In a series of studies we have the aim to evaluate:

- 1) the feasibility of iACT as a treatment for patients with chronic pain
- 2) if iACT is effective in improving functioning and quality of life, in comparison to a) waitlist condition; b) regular face-to-face ACT
- 3) if iACT is cost-effective (as compared to waitlist and regular face-to-face ACT)
- 4) factors that influence treatment outcome (i.e. moderators)
- 5) subgroups of patients with good outcome (i.e. treatment responders)

6) mediators of change in treatment

7) if subgroups of patients vary in change processes (i.e. moderated mediation)

Study 1 is a pilot study (n=40) and study 2 will be an RCT (n=180) with three conditions: iACT, face-to-face ACT and waitlist. Patients will be recruited from pain clinics and primary care facilities in and around Stockholm (Mälardalen). Self-report questionnaires will be administered pre-, and post treatment, as well as 3 and 6 months following treatment. A subset of these instruments will be administered weekly

Relevance

The project aims to increase the accessibility of ACT as an empirically supported and cost-effective treatment for patients with chronic pain.

*Jenny Rickardsson, Karolinska Institutet, Sweden*

*Rickardsson, J., Kemani, M., Holmström, L., Wicksell, R.*

**15:50 Speaker: Alexander Rozental**

*Negative effects of Internet interventions: A qualitative content analysis of patients' experiences with treatments delivered online*

Internet interventions have been shown to be a viable alternative to face-to-face treatments. However, not all patients benefit from such treatments, and it is possible that some may experience negative effects. The current study explored patients' reported negative experiences while undergoing treatments delivered via the Internet. Data from four large clinical trials (total N = 558) revealed that 9.3% of patients encountered some type of negative effects. Qualitative content analysis was used to explore the patients' responses to open-ended questions regarding their negative experiences. Results yielded two broad categories and four subcategories of negative effects: patient-related negative effects (insight and symptom) and treatment-related negative effects (implementation and format). Results emphasize the importance of always considering negative effects in Internet-based interventions, and point to several ways of preventing such experiences, including regular assessment of negative events, increasing the flexibility of treatment schedules and therapist contact, and prolonging the treatment duration.

*Rozental, A., Boettcher, J., Andersson, G., Schmidt, B., & Carlbring, P. (2015). Negative effects of Internet interventions: A qualitative content analysis of patients' experiences with treatments delivered online. Cognitive Behaviour Therapy, 44(3), 223-236. doi: <http://dx.doi.org/10.1080/16506073.2015.1008033>*









[esrii.org/conferences/Sweden](http://esrii.org/conferences/Sweden)

**Download the conference app!**

Don't forget to download the ESRII conference app to your mobile phone.

Download here: [esrii.org/app](http://esrii.org/app)

**Wifi**

There will be free wifi for the conference participants.

Either use Eduroam or get personal login from the registration desk.



*Printed at Linköping University*