

First Time Users of Therapist-Assisted Internet Cognitive Behaviour Therapy:
A Qualitative Examination of Psychology Graduate Students in Training

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Lindsay Nicole Friesen, candidate for the degree of Master of Arts in Psychology, has presented a thesis titled, ***First Time Users of Therapist-Assisted Internet Cognitive Behaviour Therapy: A Qualitative Examination of Psychology Graduate Students in Training***, in an oral examination held on May 28, 2012. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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Abstract

Depression and anxiety are the most commonly experienced mental health conditions in Canada. Research has shown that one of the significant factors in the under-treatment of mental health conditions is a lack of access to providers. Researchers have begun to create novel ways to address the problem of a lack of access to mental health services, such as offering Therapist-Assisted Internet Cognitive Behaviour Therapy (TAICBT). This involves clients reviewing psychoeducational information on the use of cognitive and behavioural strategies for coping with a mental health condition over the Internet. This is combined with communicating with a therapist who provides support in the application of the material, typically over email or the phone. TAICBT has been shown to be more accessible and inexpensive, than traditional therapy. The focus of this study was to investigate and document the perceived positive and negative experiences as well as facilitators and barriers encountered by student therapists when delivering TAICBT. The experiences of 12 students were captured in a semi-structured interview. Thematic content analysis was used to allow for important themes to surface during the interviews. It was evident that students saw considerable value in learning TAICBT. For example, they identified the experience was a beneficial clinical training experience and found TAICBT was a valuable service for the community with a small time commitment on their part. Some challenges to providing TAICBT were also identified by students, such as the significant time investment needed to learn a new approach to therapy. Drawing on the perceived strengths and challenges of our program, others who develop a TAICBT training program should consider several points including: Structuring TAICBT within a graduate program as a formal practicum; organizing the program in a manner that allows

students to have significant flexibility in the delivery of TAICBT; ensuring the training workshop includes a significant practical component; and having accessible and supportive staff members and supervisors involved in the program. Previous research has focused on treatment outcomes in randomized control trials. This study adds to the literature understanding effective pedagogical approach for training in TAICBT. The process of training students in TAICBT is a crucial step towards incorporating emerging research and technology into routine mental health practice.

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Dedication

I would like to dedicate my thesis to the four most important and influential people in my life, who have been such blessings to me throughout this journey.

First, I want to thank my Mom for always being there for me throughout my life and encouraging me to dream big and always to do my best. Thank you for always being there to celebrate my successes and support me through life's challenges. I would not be who I am today without your love, understanding, and belief in me. You are a true blessing in my life.

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First Time Users of Therapist-Assisted Internet Cognitive Behaviour Therapy:
A Qualitative Examination of Psychology Graduate Students in Training

Depression and anxiety are the most commonly experienced mental health conditions in Canada (Health Canada, 2002). These debilitating disorders create a significant burden at all levels—from the personal toll depression and anxiety symptoms have on people’s lives to the vast amount of healthcare resources utilized at both the provincial and federal level. In 2004, the Canadian government’s annual direct expenditure on mental healthcare was approximately \$5.5 billion (Jacobs et al., 2008). Research suggests that symptoms of depression account for a large proportion of resources allocated to disability leaves (Dewa, Goering, Lin, & Paterson, 2002). Yet, research consistently shows that depression and anxiety are inadequately treated (Collins, Westra, Dozois, & Burns, 2004). In 2002, Statistics Canada conducted a survey that determined that as many as 4.5% of Canadians suffer from major depression in a given 12-month period. This percentage of Canadians suffering from depression is similar to that of other leading chronic conditions, such as heart disease and diabetes. Further research shows that approximately 16% of adults will suffer from a major depressive disorder in their lifetime and an even greater number of individuals (upwards of 28%) will be diagnosed with an anxiety disorder (Kessler, Chiu, Demler, & Walters, 2005). Despite the distress often associated with the experience of a mental disorder, only 32% of Canadians who have symptoms consistent with mental disorders have visited or talked to a health professional when assessed over a 12-month period following diagnosis (Health Canada, 2002).

While research shows that even a minor improvement of depressive symptoms can have a major impact on the disease burden of these disorders, effective evidence-based interventions are currently poorly disseminated (Andersson & Cuijpers, 2008). The large percentage of individuals suffering from anxiety and depression who fail to seek traditionally administered professional assistance necessitates the development of more accessible treatment methods. An effective, evidence-based approach to the distribution of the limited Canadian mental healthcare dollars is very much needed (Payne & Myhr, 2010).

One approach to improving access to mental health services that is gaining attention is Therapist-Assisted Internet Cognitive Behaviour Therapy (TAICBT; Hadjistavropoulos, Thompson, Ivanov, Drost, & Butz, 2011). This involves clients reviewing psychoeducational information on cognitive and behavioural strategies for mental health conditions over the Internet; this is combined with support and encouragement from an identified therapist typically delivered over the phone or email (Hadjistavropoulos et al., 2011). The focus of this study was to investigate the delivery of TAICBT by graduate students in clinical psychology. TAICBT was made possible through the Online Therapy Unit for Service, Education, and Research or 'Online Therapy USER'. The Online Therapy Unit allows trained therapists, including students under supervision, to provide TAICBT to residents of Saskatchewan who have difficulties with depression, generalized anxiety, and/or panic. More specifically, in this study, clients with these conditions received 12 sessions of educational material online and corresponded with their therapist on a weekly basis over a secure messaging system. We then evaluated students' positive and negative experiences in learning and using

TAICBT with clients as well as factors that facilitated or interfered with the delivery of TAICBT by graduate students. To date, there have been no articles on TAICBT based on the feedback, perspective, and experiences of students that have trained in and then delivered TAICBT.

Description of Therapist-Assisted Internet Cognitive Behavioural Therapy

Cognitive behaviour therapy (CBT) is an established treatment for depression and anxiety, and has been shown to be efficacious in a variety of modes of delivery such as face-to-face and via the telephone (Butler, Chapman, Forman, & Beck, 2006). Recently attention has turned to the delivery of CBT via the Internet. As briefly described above, Internet Cognitive Behaviour Therapy (ICBT) generally involves structured self-help CBT materials presented in a systematic fashion through the Internet. ICBT can be either self-directed or administered with therapist assistance. When it is therapist-assisted, an identified therapist provides support, encouragement, and directs therapeutic activities via e-mail or telephone. It is important to note that ICBT with therapist support is different from the simple presentation of CBT materials on the Internet without therapist support. Self-directed ICBT mimics a self-help book presented over web pages, whereas TAICBT provides a therapist to help guide and support the client as they progress through the modules. In this mode of delivery, the therapist has the ability to block access to the next module if the client needs additional time to work on a module (Andersson & Carlbring, 2003). TAICBT treatment includes homework assignments based on web pages, which act as a personal interactive workbook (Ruwaard et al., 2009).

Guided self-help with the additional therapist support through emails has been shown to be helpful to clients (Andersson et al., 2005) and produce larger effect sizes

when used over and above self-directed ICBT (Spek et al., 2007). Generally, pure self-help interventions yield smaller intervention effects (Spek et al., 2007). Researchers also have established the efficacy of TAICBT in comparison to live individual treatment, finding no major differences between the two treatment formats (Carlbring et al, 2005; Kiropoulos et al., 2008). TAICBT is also different from online counselling. TAICBT involves structured CBT materials that guide treatment (Ruwaard et al., 2009) and are consistent from client to client, whereas online counselling is often more similar to talk therapy and varies from client to client. Via TAICBT clients learn to identify maladaptive, negative thoughts and to replace these with more realistic, constructive thoughts and are encouraged to engage in behaviours that elicit positive reinforcement (Ruwaard et al., 2009; Cuijpers, Van Straten, & Warmerdam, 2007).

Benefits and Challenges of TAICBT

The benefits of TAICBT for clients are numerous. One potential advantage is that clients can work through the weekly treatment at their own pace and within their own time frame (Spek et al., 2007). TAICBT is seen as an active form of therapy so early on clients take an active role in their treatment. In addition, clients often experience greater anonymity when they participate in treatment within an environment of their choosing (Hohenshil, 2000). It has been reported that Internet-based treatment is a particularly important option for individuals who prefer to seek out other forms of health care than the traditional option of going to a general practitioner or psychologist (Warmerdam, van Straten, & Cuijpers, 2007). Also, some clients prefer to write, both as a means to communicate, and as a way to disclose sensitive information. Clients are given ongoing access to the therapy materials and correspondence so they can review the materials

whenever they desire (Spek et al., 2007). Importantly, clients who live far from a treatment center, or those whose mental health issues limit their mobility, have a viable option for treatment with TAICBT (Carlbring et al., 2006). For clients who pay for treatment, online therapy is generally less expensive than face-to-face treatment (Shapiro & Shulman, 1996). The cost of the Internet-based treatment is estimated to be approximately 40% of that of a 10-session in-person treatment (Carlbring et al, 2006). Researchers have demonstrated that clients who receive online treatment are generally highly satisfied with the treatment and their therapist, and report valuing this approach (Carlbring, et al, 2005; Ruwaard et al., 2009; Shapiro & Shulman, 1996). In addition, a ‘working alliance’ between client and therapist has been shown to be fostered via online therapy (Cook & Doyle, 2002). From a clinicians’ perspective, TAICBT enhances and broadens therapeutic skills for use with clients by providing another method of engaging clients, teaching core features of CBT, and reinforcing learning of therapeutic skills (Wright et al., 2005). It is also time- and cost-effective for practitioners as they can provide therapy to many clients at the same time while maintaining efficacy of treatment (Wright et al., 2005).

An important reason there is interest in Internet delivery of CBT is that clients with a stigmatized illness, such as depression, are significantly more likely to use the Internet for health information and to use healthcare information found on the Internet than those with non-stigmatized conditions such as cancer or heart problems (Berger, Wagner, & Baker, 2005). In a study by Klein and Cook (2010), beliefs about being stigmatized were higher in those respondents who preferred electronic-services (i.e., Internet-based services) than in those who did not prefer electronic-services. With the

possibility of electronic-mental health services lessening the stigma associated with accessing mental health services (as it can be conducted in private), promoting and making electronic-mental health services more widely available could offer those with higher levels of stigma an option for treatment that they may not otherwise seek (Klein & Cook, 2010).

While there are many benefits to TAICBT, there are also challenges. This type of treatment is not appropriate for all individuals. Some clients are less suited to TAICBT than face-to-face therapy (Abbott, Klein, & Ciechomski, 2008); for example, those with moderate to severe suicide risk, psychosis, or whose primary diagnosis is substance abuse/dependence are generally not included in studies on ICBT (e.g., Bergstrom et al., 2010). Also, often excluded from TAICBT are individuals who report: a) Psychiatric disorders in which distortions of reality are experienced; b) suicidal ideation; c) a history of violence or sexual abuse; or d) secondary, comorbid psychiatric disturbance (Abbott et al., 2008). Moreover, individuals with limited computer experience and knowledge may be less suited to TAICBT. Another, potential issue is how well the client is able to read and write in text-based communications. TAICBT programs have to ensure that the material is at an appropriate reading level to make it accessible to the majority of clients (Abbott et al., 2008). Therapists involved in TAICBT should also be competent and effective with written communication in an online setting (Abbott et al., 2008), and have previous experience with CBT (Hadjistavropoulos, Thompson, Klein, & Austin, 2012).

Research has identified that user's adherence to the TAICBT site is vital for positive outcomes (Christensen, Griffiths, Groves, & Korten, 2006); consequently,

retention is an important concern for therapists. Internet sites make it particularly easy for clients to either ‘opt in’ or ‘opt out’ of treatment. In a study that compared TAICBT to group CBT, clients completed TAICBT less often in comparison to group therapy (Spek et al., 2007). This was attributed to the lack of social interaction in TAICBT (Spek et al., 2007). A notable TAICBT research challenge that has been documented is selective client attrition from the program, which is potentially difficult to interpret for a number of reasons, such as dissatisfaction with treatment or the fact that the treatment has not met their needs (Christensen et al., 2006).

A further challenge related to TAICBT relates to continuity of care when clients complete online therapy, as it is unclear what the next step in their treatment is. Importantly, there is a need to be concerned with safety for the client and therapist. Establishing appropriate privacy procedures and social boundaries is also important to successful treatment (Rochlen, Zack, & Speyer, 2004). There are financial costs; although it takes less therapist time, and is generally inexpensive for clients, it does take a significant amount of money to develop and adapt the therapy website for the local context (Hadjistavropoulos et al., 2011). Despite these challenges, TAICBT has the potential to improve the mental health of large segments of the population who are unable to easily access specialized mental health assistance (Kirkby & Lambert, 1996).

Efficacy of TAICBT for Generalized Anxiety, Panic Disorder, and Depression

Although TAICBT is a relatively new form of treatment there have been a number of studies examining its efficacy for the treatment of depression and anxiety disorders. Studies on TAICBT for generalized anxiety, panic, and depression are reviewed below.

The greatest amount of research has been conducted on panic disorder compared to depression and generalized anxiety.

Panic Disorder (PD). Several studies have demonstrated that TAICBT for PD is efficacious in reducing panic symptoms (Carlbring et al., 2001; Carlbring, Ekselius, & Andersson, 2003; Klein, Richards, & Austin, 2006; Klein & Richards, 2001; Richards & Alvarenga, 2002; Richards, Klein, & Carlbring, 2003). For example, a study by Klein and Richards (2001) compared TAICBT panic program to independent panic self-monitoring. In their study, people with PD who participated in the TAICBT program reported decreased panic symptom frequency, anticipatory fear of panic, general levels of anxiety, and body vigilance as well as improved self-efficacy for managing panic attacks in comparison to clients completing panic self-monitoring alone. Another study by Carlbring et al., (2001) found that participants who were randomly assigned to TAICBT demonstrated greater improvements than wait list (WL) controls in frequency, duration, and intensity of full panic attacks per week, and on measures of agoraphobic avoidance and general levels of anxiety and depression. Subsequently, Carlbring and colleagues (2006) noted that TAICBT was comparable to TAICBT paired with weekly telephone calls for the treatment of panic; both these forms of treatment resulted in better outcomes in comparison to a WL control group.

A study by Carlbring, Westling, Ljungstrand, Ekselius, and Andersson, (2001) found that participants who completed TAICBT demonstrated greater improvements than WL controls in frequency, duration, and intensity of full panic attacks per week, and on measures of agoraphobic avoidance and general levels of anxiety and depression. A few years later, researchers showed that, in addition to ICBT with minimal therapist contact

via e-mail, short weekly telephone calls can be effective in treating panic disorder in comparison to a WL control group (Carlbring et al., 2005).

Adding to the literature, Pier and colleagues (2008) compared an ICBT program with additional therapeutic support provided face-to-face by general practitioners to ICBT supported by psychologist-delivered email therapy. They found both treatments led to significant improvements in panic attack frequency, depression, anxiety, stress, anxiety sensitivity, and quality of life (Pier et al., 2008). Furthermore, there was no difference between the groups on any of the measures.

It should be noted the majority of clinical trials that have evaluated TAICBT in research settings have only used self-recruited participants (Bergstrom et al., 2010). This is a critical weakness in the current literature. Bergstrom and colleagues (2010) recently addressed this issue by recruiting the majority of their participants from psychiatric outpatient clinics and general practitioner offices. Participants were divided into two groups, TAICBT versus group CBT treatment. Results indicated that TAICBT was efficacious for patients with PD who were referred from a psychiatric setting. Specifically, patients' panic severity (frequency and distress of panic attacks) was significantly reduced. Evidence suggested TAICBT was as effective as the more widely used group-administered CBT (Bergstrom et al., 2010). This study found that treatment effects were comparable to other trials using both pharmacological and psychological treatments.

Generalized Anxiety (GAD). A study conducted by Draper and colleagues (2008) examined the treatment outcome of three individuals with a primary diagnosis of GAD to ICBT. The authors' ICBT program combined cognitive and behavioural components

with metacognitive techniques into 11 modules (Draper et al., 2008). There was no therapist guidance provided, however, participants received phone call reminders to continue with the modules. All three study participants were found to have clinically significant improvements on measures of worry, GAD symptomatology, and metacognitions from baseline to post-treatment, and consequently no longer met diagnostic criteria for GAD at the completion of the study. At a five month follow-up these significant effects were maintained for two participants who completed measures.

In another study, participants were randomly assigned to a waitlist group or a treatment group where they completed a Worry program, consisting of six online lessons based on CBT psychoeducation and techniques for GAD, weekly homework assignments, received weekly e-mails from a clinical psychologist, and were involved in an online discussion forum with other participants (Titov et al., 2009). The results indicated participants treated with TAICBT reported a significant decrease in their symptoms of anxiety, worry, and depression as compared to waitlist participants. Participants who received TAICBT rated the online program as satisfactory, and most rated the quality of the treatment modules and correspondence with therapist as excellent or good.

In a recent randomized controlled trial, researchers compared the outcomes for participants with GAD who were treated with clinician-assisted ICBT, technician-assisted ICBT, or were placed on a WL (Robinson et al., 2010). Both clinician- and technician-assisted treatment resulted in large effect sizes and clinically significant improvements comparable to those associated with face-to-face treatment, while the group on the waiting list did not improve (Robinson et al., 2010). It should be noted, however, that

the sample size was relatively small (50 per condition) and thus lack of differences between technician- and clinician-assisted conditions should be interpreted with caution.

Depression. Randomized controlled trials also demonstrate that ICBT is efficacious in reducing depression (Christensen et al., 2004; Clarke et al., 2002; Emmelkamp, 2005). In a study conducted by Christensen, Griffiths, and Jorm (2004), for instance, clients with depression were randomly assigned to a website that was offering ICBT, a website for psychoeducation, or a control intervention that was an “attention placebo,” which provided weekly contact with a lay interviewer to discuss lifestyle factors. They found that, while psychoeducation reduced some symptoms and increased knowledge of depression, ICBT significantly reduced dysfunctional thinking and depressive symptoms (Christensen et al., 2004). Another study demonstrated that the effects on depressive symptomatology of an ICBT program and information-based intervention persist beyond the effects recorded at the initial time of treatment cessation (Mackinnon et al., 2008; Ruwaard et al., 2009). It is important to recognize that the majority of ICBT studies on depression consider self-reported symptoms of depression and not diagnosed depression (Andersson & Cuijpers, 2008).

Subclinical levels of depressive symptoms might be a worthwhile and more practical target for widespread public health interventions and it is possible that TAICBT programs could be suitable for that purpose (Andersson & Cuijpers, 2008). Subclinical levels of depressive symptoms are present when a person has clinically relevant depressive symptoms, but does not meet criteria for a depressive disorder (Cuijpers, 2010). In support of this idea, Spek and colleagues (2007) found that TAICBT and group CBT were significantly more efficacious than a WL for people over 50 years of

age with subthreshold depression. Moreover, the outcomes were similar for clients treated with TAICBT compared to group CBT (Spek et al., 2007). In a study comparing a WL control condition to TAICBT in a community sample of adults with chronic symptoms of mild to moderate depression, it was found TAICBT induced large and clinically relevant improvements in depression, anxiety, and well-being (Ruwaard et al., 2009). In addition, effects were found to be stable over the long term (Ruwaard et al., 2009).

Attitudes towards I-CBT

In addition to studies of the efficacy of TAICBT, some research has examined therapist attitudes towards Internet therapy. An exploratory study completed by Wangberg, Gammon, and Spitznogle (2007) focused on the attitudes of psychologists towards Internet-media in therapeutic communication and found them to be neutral, with only three percent of the respondents finding Internet therapy unacceptable. In addition, this study found that attitudes towards Internet therapy were associated with theoretical stance of the psychologist. Those with a cognitive theoretical stance generally held more positive attitudes towards Internet therapy, in contrast to more dynamically-orientated therapists who were less likely to endorse Internet therapy and have more negative attitudes towards this modality. Lastly, this study found that a more positive attitude towards Internet therapy was related to greater use by the therapist (Wangberg et al., 2007). In contrast to these findings, an earlier study by McClure, Livingston, Livingston, and Gage (2005) established that the majority of therapists believed that Internet counseling would have a negative impact on professional counseling and psychology, though virtually all therapists involved in the study had never provided any type online

services. Examination of attitudes toward TAICBT specifically has not been undertaken. It is possible that use of a TAICBT program by therapists is critical to the development of positive attitudes and willingness to use TAICBT for treatment. The current study will add to this literature by exploring the attitudes of participating student therapists towards different aspects of TAICBT.

Training Clinical Psychology Graduate Students

There is a growing awareness in healthcare of the importance of translating evidence-based research knowledge into practice (Barwick, Peters, & Boydell, 2009). The use of research to influence healthcare delivery and health outcomes is a critical aspect of healthcare research. Training students in TAICBT is an important step in incorporating emerging research and technology into routine mental health practice. Understanding experiences of therapists new to this delivery method has not been previously examined in the literature. In this study, we evaluated the experiences of the student therapists with TAICBT. At times researchers conduct methodologically sophisticated research, which they deem to be exceedingly useful, only to discover it is not used or that it takes many years to find its way into practice. Training students in TAICBT may accelerate this process due to the experience of being in programs where learning new knowledge is continuous and expected (Cardenas, Serrano, Flores, & De la Rosa, 2008). Students are viewed generally as not having any preconceived notions regarding particular treatments or therapies and are more open to and acknowledge the importance of exploring novel ideas (Meyers, Reid, & Quina, 1998). The introduction to students of new therapeutic techniques, such as TAICBT, is ideal, since student training

is at a time where the students are supervised by faculty and are expected to train on a variety of treatment methods.

For student therapists who are still in the process of professional formation, involvement in the novel experience of providing treatment via Internet therapy has the benefit of providing client contact and learning the treatment process without this being a highly stressful event (Cardenas et al., 2008). Consequently, preliminary research has shown student therapists generally have positive evaluations of the teaching-learning process and report satisfaction with using Internet therapy in a simultaneous manner (i.e. real time via text, audio, and video) and delayed manner (i.e., via email) (Cardenas et al., 2008).

Clinicians do not readily change the therapies used in their practice (Haines & Donald, 1998). Both continuing education and knowledge translation strategies have been used to reduce the gap between evidence and practice and to alter practitioner behavior (Barwick et al., 2009). Strategies for teaching evidence-based interventions have many times fallen short, with little evidence of transfer to clinical practice (Soden & Halliday, 2000). Knowledge is expanded through discussion, and communities of practitioners help to foster discussion (Soden & Halliday, 2000). Universities are ideal environments for this process of understanding and discussion of evidence-based research and its applicability in practice. Targeting clinicians in training has the potential to create a great forum for the discussion of the implementation of TAICBT.

Objectives

The objective of this study was to resolve a deficiency in past research on TAICBT. Past research has focused on outcomes in randomized control trials and has not

examined experiences of those new to delivering TAICBT. There is a need to explore and document the implementation process of TAICBT with clinical psychology graduate students to gain insight into the process of translating knowledge into practice. The study of learning and using TAICBT could have implications for training in TAICBT and broader scale implementation of TAICBT in practice. The goals of this study were to investigate both the positive and negative experiences that are encountered by student therapists who train in and then use the TAICBT programs for depression, anxiety, and PD. Also to be examined were students' perceptions of facilitators and barriers of providing TAICBT. From this information, practical recommendations for the training of students in TAICBT were derived. A qualitative approach was taken in order to gain insightful first-hand perspectives and comprehensive information on the subject.

Method

Participants

Participants were recruited from the clinical psychology Ph.D. program at the University of Regina. Students were required to have previous training in CBT for depression and anxiety. This included courses on psychological assessment and intervention, as well as a 600 hour internship at a health or mental health agency. The intervention course focused primarily on CBT skills and techniques for a variety of psychological disorders. The 600 hour internship site varied among participants. The amount of CBT exposure students had was site dependent. In addition, students needed to have access to and comfort using computers with Internet access. Students had to have participated in the Online Therapy USER's training workshop. The major topics covered in the workshop included information describing the research group, the TAICBT

program, evidence-based research on TAICBT, ethical and professional issues that are relevant to TAICBT, and the written communication involved as a therapist. The workshop also involved a pragmatic component giving participants the opportunity to respond to and discuss sample e-mails from clients in receipt of TAICBT. In regards to therapy, students were all required to have provided TAICBT to at least one client who had generalized anxiety, panic, or depression. The student's client(s) had to have completed at least six out of the 12 online therapy modules.

Due to the issue of sample saturation in qualitative research, the sample size was determined during the process of data collection and analysis. The recruitment of participants concluded when the richness of information from participants had been saturated. At this end point of the data collection process, this is the sample size where if data collection were to continue there would be diminishing returns of novel information. Saturation by definition is when the collection of new data does not shed any further light on the issue under investigation (Glaser & Strauss, 1967). The focus of this study is not on frequency, but is concerned with meaning and understanding of participants' responses surrounding a variety of aspects of TAICBT. There were 25 graduate students that were eligible to participate in this study at the time data was collected. Information was collected from 12 graduate students.

Therapy Procedure

To contextualize this research, the details regarding TAICBT that was delivered by students are described in this section. All clients who worked with students heard about the treatment either through health professionals, paper and online advertisements, or televised and paper news stories. The general intake process consisted of individuals

referring themselves or being referred by a healthcare professional to the program. The MINI International Neuropsychiatric Interview Plus (Sheehan et al., 2006) was used to screen all individuals. These screens were conducted by the research unit coordinator or staff member. This assessment tool evaluated whether a potential client met threshold or subthreshold criteria for generalized anxiety, PD, or depression. Additionally, the interviewers inquired further to ensure the client met the inclusion criteria: (a) 18 years of age or older; (b) a Saskatchewan resident; (c) able to access a computer and a printer in a private location; (d) comfortable using computers, email, and the Internet; (e) comfortable with text-based communication; and (f) willing to provide the name of a general practitioner as an emergency contact. Supplementary questions were asked to make certain that clients: (a) were not at risk of self-harm or suicidality (e.g., frequent suicidal ideation, suicide plan or intent to commit suicide); (b) did not have past or present symptoms of mania or psychosis; and (c) did not have comorbid primary substance abuse problems. There were some cases in which individuals were appropriate for more than one program, consequently, screening was also designed to discuss with the client which problem appeared most problematic in their daily lives and as a result would be the focus of treatment.

Following the screening, if an individual met the appropriate inclusion criteria, the process of matching the client with a therapist began. It generally took about a week to match a therapist and client. The clients incurred no cost for this service, given that this therapy was being offered through a funded research program. Students volunteered their time as therapists in the interest of gaining supervised clinical experience. All communication between the student and client was supervised by a Ph.D.-level clinical

psychologist. Supervision included having the supervisor review and provide feedback on all non-standardized e-mails to clients (e.g., introductory e-mails and ending e-mails as well as basic check-in emails were standardized and did not require supervision). Supervision was primarily delivered through email, however, face-to-face meetings were available on request.

The website the students and clients used is available at www.onlinetherapyuser.ca. The computer program to host Online Therapy User website was designed by a Masters student from the Department of Computer Science at the University of Regina. The content of the modules are licensed from Swinburne University's National eTherapy Centre in Australia (www.swinburne.edu.au/lss/swinpsyche/etherapy/). There was no personal identifying information of the client stored on the website, therefore, information from the screening was retained in a hard copy file. Only qualified therapists and clients are given a username and password to access the secure site, which includes the internal messaging system and program material. A computer functions as a web server that both stores and transmits content in a safe and secure manner. This computer is backed up on a weekly basis and situated in a secure environment at the University with strict access control. All information stored in the database (e.g., messages, responses to questionnaires) is encrypted using a strong industry-standard encryption algorithm (AES-256). This security measure prevents personal information from becoming readable to someone unauthorized to access the data. The security of data transmission was also facilitated by the use of industry-standard HTTPS (Secure HTTP) protocol that encrypts data in transit between the server hosting the web application and the client's browser.

Initially when clients were provided access to the website, they were directed to review an informed consent form that was previously communicated to them over the phone. The form included information on the: (a) Nature of the unit; (b) inclusion/exclusion criteria; (c) nature of TAICBT; (d) benefits and limitations of TAICBT; (e) alternatives to TAICBT; (f) pace of treatment; (g) therapist background including qualifications and supervision; (h) therapist contact information, including professional boundaries and frequency of communication; (i) assessment of outcomes; (j) process for therapy termination; (k) voluntary participation and ability to withdraw; (l) limits to confidentiality; (m) possible risks for breaches of confidentiality and methods to protect information; (n) storage of health records; (o) where to seek help in the event of an emergency; (p) ethics approval and contact information for ethics board; and (q) contact information for the director, coordinator, and technical assistance. The client then provided an electronic signature to acknowledge they have read and understood the consent form. Concurrently, as the client was being set up and introduced to the website, the research staff mailed a letter to the client's general practitioner. This letter informs the physician which program the client is participating in and that the client has designated the physician as the emergency contact in the event that the client's condition deteriorates and there is a need to coordinate face-to-face therapy. There was also a letter sent to the client's physician at the end of treatment to indicate whether the client completed the program or discontinued early.

The clients were encouraged to work through one of the 12 modules every week. It was estimated to have taken the clients one hour to work their way through each module. All three online programs used a wide range of media including text, graphics,

animation, audio, video, and online activities. Programs began with modules presenting psychoeducation on the disorder and then moved onto modules that addressed cognitive (e.g., identifying and challenging thoughts, assumptions and beliefs) and behavioural (e.g., relaxation, problem solving, exposure, and behavioural activation) strategies for managing the disorder and ending with a module on relapse prevention. Modules began by having the client report on homework from the previous week and rating their levels of anxiety, panic, or depression on a nine-point Likert scale. Clients were instructed to work on activities between modules to facilitate learning of the material. At the beginning of treatment it was made clear to clients that they could e-mail their therapist with additional questions at any time during the week. There is strong evidence in support of the specific efficacy of and client satisfaction with these programs (Klein, 2010).

Therapists were required to respond to their client's emails on a specific day, once a week. When a therapist checked in on their client, the therapist was able to see online which "check-in" pages were completed and which pages in the modules had been reviewed. In addition, they were also able to see client responses to outcomes measures that were administered at baseline, mid-point, and end-point. Outcome measures that were completed by the client included the Patient Health Questionnaire-9; (a nine-item measure of depression; Kroenke, Spitzer, & Williams, 2001), the Panic Disorder Severity Scale–Self-Report (a seven-item measure of PD; Houck, Spiegel, Shear, & Rucci, 2002), and the Generalized Anxiety Disorder 7 (a seven-item measure of GAD; Spitzer, Kroenke, Williams, & Lowe, 2006). Secondary measures included the 26-item World Health Organization Quality of Life – BREF (WHOQOL Group, 1998), and the five-item

Work and Social Adjustment Scale (Mundt, Marks, Shear, & Greist, 2002). Client satisfaction at the end of treatment was assessed using the 35-item Treatment Satisfaction Questionnaire (Cox, Fergus, & Swinson, 1994) and the 17-item Therapist Alliance Questionnaire (Kiropoulos et al., 2008). The measures were chosen because they are succinct and have evidence to support their psychometric properties. Collectively this information assisted the therapist in better supporting the client.

Emails from therapists were recommended to include text that conveyed emotional support, answered questions, and assisted clients with the use of cognitive and behavioural techniques. If the therapist noticed that the client had not used the website for a week, they were required to phone to check-in with the client. After the client completed all 12 modules they were given the opportunity to communicate via e-mail with their therapists for up to four weeks, as well as have continued access to the secure website.

To address the importance of record keeping, each client record consists of two components that are retained for a period of seven years. This process is consistent with practice standards set by the Saskatchewan College of Psychologists. The first record was the hard copy record that consisted of the screening interview and letters to the physician at the beginning and end of treatment. This hard copy was kept in a locked cabinet in the Online Therapy USER research office. The second record was retained on the server and consisted of check-ins, outcome measures completed by the client, all e-mails exchanged between the client and the therapist and e-mail exchanged between the therapist and the supervisor, as well as any notes kept by the therapist (e.g., the student could make notes on process as well as any phone calls to providers or clients).

Research Procedure

In this study, e-mail notices were distributed to invite eligible clinical psychology students to participate on a voluntary basis. Students then contacted the designated researcher for this study at Online Therapy Unit if they wished to participate.

Consent. Generally, qualitative research uses an open-ended approach to questions. Many times in this method both the researcher and participants respond in spontaneous and unexpected directions (Hadjistavropoulos & Smythe, 2001; Smythe & Murray, 2000). There is great value placed on collaboration and mutually constructed meanings typically present in qualitative research. Consequently, consent in qualitative research needs to be ongoing throughout the research process, which is referred to as ‘process consent’ (Dewing, 2007; Hadjistavropoulos & Smythe, 2001; Smythe & Murray, 2000). In line with these recommendations, consent in this study was not limited to the initial signing of the consent form but was ongoing throughout the research process (Hadjistavropoulos & Smythe, 2001; Smythe & Murray, 2000). Demographic information that was collected was related to the student’s training background and their program usage. In order to ensure confidentiality, each participant was assigned a number and these numbers were used to refer to participants throughout the study. To ensure confidentiality only the general sample demographics are reported.

At the beginning of the interview, participants were given a consent form outlining the purpose of the study, the voluntary nature of participation, what their participation would entail, and their right to withdraw from the study at any time. The consent form requested permission for the interview to be audio-recorded and for written notes to be taken during the interview. Participants were asked if they had any questions

or concerns prior to signing the consent form. At the end of each interview, participants were asked if they had any questions or concerns about the study or their participation and were reminded of their right to withdraw from the study at any time. All participants were invited to contact the researcher or the supervisor at any time if they had any additional information or questions about the study. Following the transcription of the interviews, participants were sent a copy of their transcript and encouraged to email the researcher if they wanted to exclude or add information to the document. Following the completion of this project, participants will be sent a summary of the purpose, results, and potential implications of the study.

Interviews. Each participant took part in a semi-structured interview that lasted approximately 45 to 60 minutes in duration. The interview addressed aspects of the student therapist experience of using TAICBT, such as positive and negative experiences with the training workshop, the screening process, the modules, forming a relationship with the client through text, supporting a client in cognitive and behavioural tasks through text, the web application, supervision, policies and procedures of the unit, and ethical issues that were encountered. Additionally, students were asked about their ideas for improving any of the above, as well as overall barriers and facilitators of the experience, and their perception of the utility of TAICBT for clients. Finally, questions were asked about their perceptions of learning TAICBT in terms of their education and, importantly, about the therapist's thoughts on using TAICBT in the scope of their future practice (See Appendix A).

The same interview guide was used for each participant; however, the individual interviews were unique due to the open-ended nature of the questions and follow-up

questions that could be induced by participants' responses to earlier questions. All the interviews were conducted in person ($n = 11$) or via Skype ($n = 1$). A tape recording device was used to audio-record the interviews.

Transcription. All audio-recorded interviews were transcribed verbatim. In a content analysis approach, it is appropriate to use a denaturalized approach to transcription given that the emphasis is on the ideas, meanings, and perceptions themselves and not on how they are communicated (Oliver et al., 2005). In a denaturalized approach to transcription there is less emphasis on various nuances of language, accents, and involuntary vocalizations (Oliver et al., 2005). Instead, the focus is more on accurately capturing the content of the interview (Oliver et al., 2005).

Reflexivity. In an effort to be transparent, the author kept an electronic field journal that was put in place to record thoughts, feelings, concerns, and ideas throughout the research process (Pope & Mays, 1995). This is important in a qualitative research process as it provides an opportunity to see the impact of the presence and perspective of the researcher and how the researcher's beliefs, attitudes, and interests may have contributed to the research process (Charmaz, 2003).

A few notable observations can be made from review of this journal. First, it is evident that being a relatively new TAICBT therapist, Master's level graduate student, and research assistant for the Online Therapy USER research unit, put me in a unique position and had both pros and cons. In terms of benefits, I was able to easily establish rapport with the participants. I was also able to easily understand participants' experiences with graduate school and TAICBT without participants having to provide detailed explanations of TAICBT or of the clinical program. However, because I am a

current graduate student, TAICBT therapist, and research assistant for Online Therapy, I held a variety of opinions and beliefs about TAICBT and I often found myself making a conscious effort during the interviews to be accepting of divergent opinions and beliefs. When participants responded to a question in a way that I did not agree with, I made an effort to be very mindful to ask participants to elaborate on their answers to promote understanding of their view point. For example, one participant explained that he/she did not believe that there was any need for a therapist to be involved as they did not think support was helpful to their client. I found this difficult to understand, as the previous research has concluded that therapist support is beneficial to clients (Andersson et al., 2005). I found it difficult not to challenge the participant on this point, however, I kept in mind the purpose of this research which was to understand all experiences and perceptions of graduate students with TAICBT.

Overall, in reviewing my journal notes, I was pleased with the candid and open nature of the interviews with the students. It was my impression that the students' felt comfortable with the detailed procedures put in place to keep their responses confidential. At the end of the interview, many of the students commented that they enjoyed participating in the interview and were glad that they had an opportunity to provide feedback on TAICBT.

Data Analysis

To meet the objectives of the current study, thematic content analysis was conducted (Hsieh & Shannon, 2005). This fundamental qualitative analytical approach is a descriptive way of presenting qualitative data. Thematic content analysis was used in this study to allow for important themes and ideas to surface during the semi-structured

interviews that sought to engage the participant in a guided discussion on TAICBT. The qualitative software NVivo was used to assist with analysis. This program was used to categorize themes that emerged in the open-ended questions. It is recognized that many times text involves multiples meanings, consequently the results are dependent on the interpretation of the researcher (Graneheim & Lundman, 2004). In this study, the unit of analysis was the transcribed interview text about graduate student therapists' experience with TAICBT. With the software NVivo, the text was sorted into six content areas based on the questions asked. The interviews were reviewed several times to obtain an overall sense of their meaning. Initially, all text relevant to the objectives of the study were highlighted. The relevant text was then divided into meaning units that are condensed sections of the interview, which were then be labeled with codes. Meaning units were separated by a break or change in meaning. Coding was done manually through a process of organizing the interview text into codes and themes using the program NVivo, which allowed the researcher to organize the text into initial categories. The initial themes were created by microanalysis, which involved going through the interviews line-by-line to generate initial themes.

Once all interviews had been reviewed, compared and coded, common themes and subthemes across participants were generated. The process of going through the entire interview transcripts identifying distinct units, grouping and regrouping similar and dissimilar units, and re-labeling categories was repeated to ensure reliability. The categories and themes were derived from words and phrases from the meaning units being described. There were two researchers completing independent thematic content analyses on the interviews. Following this the two researchers came together to compare

and contrast common themes derived from the interviews. Together they generated a summary of common themes. Another researcher, independent from the thesis research, reviewed the summary to ensure the document contained no identifying information before it was then passed on to the research supervisor. There was a dialogue between the researcher and research supervisor to confer on the conceptualization of the themes and receive further insight into what themes were emerging and how the themes might be related. The research supervisor was in effect acting as the third coder. The final goal of the analysis was to create categories and themes that truly reflect the content of the interviews as a whole. The themes that emerged from the interviews were discussed in detail and related back to the objectives of this study, which was to understand the positive and negative experiences of TAICBT and what facilitated and challenged TAICBT use among psychology graduate students.

Results

Participants

There were 12 graduate students who volunteered to participate in this study. The participants were all currently enrolled in the clinical psychology doctoral program at the university. Their length of time in the Ph.D. program ranged from one to four years. Participants had all completed the TAICBT training workshop in October and November, 2010, or January and March, 2011. All participants, had at minimum, at least one client complete six weeks of one of the TAICBT programs. The maximum number of TAICBT clients a participant had provided online therapy to was six. The average number of clients participants had worked with was three ($SD=1.51$). Participants had from zero to three clients complete one of the TAICBT programs, with the average being

just over one. In contrast, participants had from zero to four clients drop out of the TAICBT programs, with the average of just under one.

Interviews

Following the method of data analysis as outlined above, multiple themes emerged under the seven content areas that were assessed during the interview. The themes were based on participants' accounts of their experiences with training in and using TAICBT as graduate level therapists. The six content areas that were explored during the interview included (a) positive aspects of graduate students' experience with TAICBT, (b) challenges and weaknesses of graduate students' experience with TAICBT, (c) facilitators of the graduate student experience with TAICBT, (d) barriers to providing TAICBT, (e) usefulness of TAICBT and future utilization of TAICBT, and (f) suggested improvements to TAICBT. These content areas and a number of themes are illustrated in Appendix C.

Positive aspects of graduate students experience with TAICBT. Within this content area there were eight main themes established through the interviews including (a) the TAICBT training workshop was instructive and educational, (b) being involved with TAICBT as a therapist was a beneficial clinical training experience in both online therapy and CBT techniques, (c) email communication with clients was perceived to be conducive to training novice therapists, (d) TAICBT was beneficial for many clients, (e) there was exceptional support from the research unit supervisor and staff members, (f) the online programs were well-built and thorough, although the GAD program was perceived as being the strongest in terms of content, (g) the policy and procedures were well thought out and thorough, and (h) TAICBT overall was a valuable service to community

clients with less time commitment on the part of the therapist than traditional psychotherapy.

Generally participants described the *TAICBT training workshop as instructive and educational*, as one participant stated, there was:

A good balance of technical and therapeutic stuff because it was a nice introduction to kind of prompt me as to the types of things that I'm going to need to be thinking about when I'm doing Internet therapy.

Students reported the TAICBT training workshop was a good practical experience, as the workshop was said to be "well paced" for learning about the new program. All participants indicated they liked being able to use the program and practice composing emails on individual laptops during the workshop.

Being involved with TAICBT as a therapist was a beneficial clinical training experience in both online therapy and CBT techniques was another theme to emerge following analysis. An example of this theme was stated by one participant:

I have to speak to what a good training experience this was for me because I loved the modules for that reason. I've never really done a real structured CBT for depression before and you know and I knew all about all those things, but I've never seen them laid out that way and I thought it was laid out very nicely with like a lot of nice behavioural activation up front to start getting people to feel better.

Furthermore, students reported gaining substantial client hours with less preparation time due to the material being online for the client to view.

Participants expressed being trained in and using TAICBT as a therapist was a rich learning experience in online therapy and CBT techniques. As one participant indicated:

I think it's a good different experience, probably developing skills that I will need in the future with the way technology is, so I appreciate that. I

mean I think it helps therapists who are kind of new to even thinking about cognitive strategies and stuff like that and be working on those kinds of things. You do it in a really different way with online clients but I mean you have access to the modules and stuff like that too so you can kind of learn from them as well so that's really nice. It's a different resource right.

This type of therapy was indicated to be particularly good for “green” therapists, as it provided a lot of basic information that was used to treat the client, essentially removing much of the guesswork involved in being a relatively new therapist. Many participants mentioned that they appreciated the modules so much they wanted the information for working with face-to-face clients, such as the following participant who stated:

I really wanted to go on and print off a lot of the information so that I also had it for my own work with clients and in my face-to-face stuff so I, that's how good I thought they were.

In addition, students frequently expressed that going through this program with a client often served as a helpful “refresher” course of CBT core skills for the student. As one participant described:

I think it, like I became more familiar with CBT was the main one and I guess just the general progression of you know these are the things you should focus on for depression. These are the things you should focus on with GAD or just more experience generally than with you know kind of typical issues that might come up and anxiety or depression and I think you know even though it's online, having more exposure to that is going to help you with any type of client in the future.

Participants also commented that the information from the modules was helpful to use with their face-to-face clients. Students also noted this was a unique learning opportunity that not a lot of clinical psychology students in North America receive, which in the future may help set participants apart when applying for competitive pre-doctoral internships. Finally, students commented their learning experience with TAICBT was

enriched by “good supervision” from the clinical supervisor of the TAICBT program. Participants went on to mention that rapport could be effectively established between client and therapist at least when the client openly participated in communication through emails.

Another positive aspect of TAICBT was that *email communication with clients was perceived to be conducive to training novice therapists*; particularly due to the fact therapists were able to pause before responding to a client’s email, which allowed them to formulate the best evidence-based responses according to their training and supervision feedback. As this participant expressed:

What I really like was that I didn’t have to respond to him right away and I had a chance to walk away and to regroup and then come back fresh and really think about it.

An additional theme that was frequently mentioned by participants was the *exceptional support from the research unit supervisor and staff members*. Participants reported there was excellent responsiveness from both the program’s supervisor and research staff. Graduate students particularly liked the fact that the staff and supervisor were easily accessible. This afforded students a level of comfort and security as new therapists using TAICBT. Participants emphasized their appreciation of being able to call the supervisor at any point for assistance with their client. Unexpectedly, participants repeatedly mentioned the importance of peer supervision among student therapists and that they felt greatly supported by their peers.

Graduate students generally commented that they felt *TAICBT was beneficial for many clients, although as will be discussed below they also identified some variability in how clients responded to the approach*. They emphasized TAICBT was not a one-size-

fits-all solution to clients suffering from depression, anxiety, and panic. This view is reflected in the following quote:

I think for some people it's really good but for the other people it's just not. It seems like the more complex problems clients have, you know just the harder it is. So I think I would yeah definitely it, it's helpful for like a good portion of people that would be on a waitlist and if they're willing to try it, like why not and they're appropriate so I think I would use it in some form especially for people who are like in a remote area or who just don't really have much access to like a psychologist who does CBT, like and for those other reasons who may not you know be embarrassed about going.

Participants perceived their clients were being helped by the TAICBT program. Participants perceived that their clients were able to take varying degrees of information and learning from the TAICBT program. Participants felt confident their clients were coming away from the therapy with new knowledge and skills.

Furthermore, participants reported that TAICBT featured a *well-built, thorough online program*. Participants described the website as functional and containing useful functions for both the client and therapist. For example, participants frequently mentioned that the videos were comprehensive and contained helpful tips for clients. Students also reported liking the customizability of emails to clients (e.g., coloured font, emoticons, bold, italics) and the ability to track the client's use of the website. Notably, most participants perceived that the *GAD program as the strongest in terms of content*, as they described the modules to be "digestible bits of information" that seemingly were very manageable for the clients. They particularly liked that it was interactive, featuring printable Portable Document Format's (PDF) and videos for the client to view. In contrast, students reported their impression of the depression program was good, but the program could use some modifications which will be discussed later.

Generally, participants reported they felt the program had *well thought out policy and procedures*. The majority of participants described the policy and procedures to have “thought of everything”, referring to the multiple situations that could have potentially occurred between the therapist and client. None of the participants encountered significant ethical issues while delivering TAICBT, however, most felt equipped to address them if a situation were to have arisen. It does need to be noted that although the majority of participants thought the policy and procedures were satisfactory, there was some polarization of opinion (discussed below).

Finally, graduate students felt *TAICBT was a valuable service to community clients with a shorter time commitment on part of the therapist*. This point was well articulated by one participant, who stated:

I think it's a nice kind of like easy to follow. They can go at their own pace which is nice. Comprehensive. There's not as much work required from the therapist, which is nice. You know we don't have to meet them for an hour. I do think it's a good service for certain clients.

Students thought TAICBT was especially important since it provided service to populations that might not otherwise have access to mental health services. This was summarized by one participant, who said:

I like being able to offer therapy to people who really need it and I guess who wouldn't maybe get it otherwise or would have to wait quite long for it. So, I like being part of sort of the process of being able to offer a service that is really needed right now, and, people, it's just not available to them.

Challenges and weaknesses of TAICBT. Within this content area there were eight main themes frequently addressed by participants including (a) weaknesses in the TAICBT training workshop, (b) weaknesses in some programs' modules, (c) challenges

in using the program website, (d) challenges working with some clients, especially clients with severe depression or nonresponsive clients, (e) weaknesses in the screening process, (f) challenges in deciding what to write to clients; (g) challenges with some of the policies and procedures, and (h) challenges with respect to a perceived obligation to take on clients using TAICBT.

To begin with, participants encountered some *weaknesses in the TAICBT training workshop*. This training workshop was intended to introduce students to TAICBT, and assumed that once they started treating a client they would gain further in-depth knowledge of the program and its mechanisms. The majority of participants agreed too much time was spent on a discussion of the research background to online therapy, as they would have preferred the workshop to have focused more on practical aspects of TAICBT (e.g., what information was being presented within the programs, thorough step-by-step introduction to the website, and preparation on how to deal with suicidal clients). Though these practical topics were covered in the workshop, students wanted more emphasis placed on these aspects. Some participants mentioned they did not like the questionnaires given at end of the training session. These questionnaires were distributed to participants by research staff to ensure their competency in TAICBT before taking on clients.

Within this theme, some participants noted the approach of the workshop leader was too relaxed. As one participant indicated:

...sometimes things can be missed in training when it's more of a relaxed setting.

Moreover, multiple participants expressed that peer facilitation was less appreciated when part of the training workshop, as participants would have preferred a more senior student

or professor facilitating the workshop. It should be noted that the workshop was led by an individual who held a Master's in clinical psychology and was a former student of the clinical psychology program and thus familiar with many of the workshop participants. This individual had been extensively trained in TAICBT and in the delivery of the workshop.

It was noted by several participants that, overall, the programs' modules were exemplary; however, *some weaknesses with the online materials were perceived by some participants*. Specifically, participants perceived early modules as being too long, and containing too much information for clients to complete within the week. This point was brought up particularly in the context of the depression program. Some therapists also thought the depression modules did not always follow a logical order and felt their length was not conducive to treating clients who might have problems with concentration and motivation. Some therapists found it more difficult to support clients working with the thought challenging exercises. The common view among participants was the modules within the depression program were not as effective in treating clients with moderate to severe depression.

There were also *challenges in using the program website*. Participants mentioned numerous challenges such as: (a) Having to switch between windows in order to see information in modules and client's responses; (b) the absence of a spell check within email system, as spell check was only available when using specific Internet browsers that incorporated it (i.e. Google Chrome, Mozilla Firefox); (c) the perception that clients had to fill out an overly extensive series of outcome measures; (d) the perception that the email tool was simplistic; (e) the website logging therapists and clients out after 60

minutes of non-activity without notice resulting in loss of email drafts; and (f) clients not accessing emails due to them not knowing where to look for them on the website.

Another theme that was revealed through the interviews was the *challenging and nonresponsive nature of some clients*. Many participants reported some of their clients had challenging personalities; in particular, clients with severe depression were more difficult to treat via TAICBT. As one participant articulated:

I'm sad that it didn't cure him...but I think it shifted things for him slightly. I think it will have lasting effect for him.

Participants commented that clients were not consistent in the completion of offline cognitive or behavioural activities. These challenges with clients were noted to be problems not exclusive to TAICBT but common in therapy in general. Participants reported if their clients did not provide them detailed information or did not engage with email exchanges, it was more difficult to establish a therapeutic relationship. One participant summarized this point poignantly by saying:

I guess the biggest problem is you have less control over what the client chooses to answer. When you send them a big e-mail, they get to choose what to answer and what not to answer and so they just may never bring it up again...You're sort of bound to go more with the client where the client wants to go.

Participants described instances in which email exchanges about a topic would extend back and forth between therapist and client over a number of weeks, resulting in what was perceived as slowed progress at times and frustration on the part of the therapist.

I mean there's certainly opportunities for rapport building within the e-mails. It's just if you have somebody who's not emailing very regularly and is just doing like the minimum check-in, then it's little bit more difficult.

Students also reported some clients took an extended period of time to complete the program (up to six months), which at times was frustrating for therapists. Some participants found their clients to be resistant to the therapist challenging them over email. As these participants indicated:

If they don't provide the information or if they're having trouble expressing exactly what the problem was, then it's obviously going to be more difficult.

She says a lot less in her emails and she doesn't fill out the check-ins as thoroughly so I really have a sense that I don't necessarily know some of the background information.

I just felt like it was really hard for me to get a sense of how I could best help her, support her...

Though clients are screened for a minimal level of comfort with computer technology, some participants felt clients' difficulty with the use of technology impacted their ability to communicate with their client.

Participants also noted some *weaknesses in the screening process*, such as feeling that the screening information was not always sufficient to understand the "pulse" of the client, or that the screening information did not always include a context as to why clients were feeling the way they were or why they were in need of this particular program. Additionally, there was a number of participants who felt they would have preferred to do the screening themselves in order to establish rapport and a relationship earlier in the process. Of note is that participants were always free to phone the client for further information or request further information in an email, but these comments did not reflect an acknowledgement of this possibility.

Participants additionally described some *challenges composing therapeutic emails*. It was noted that it was difficult for the therapist to know which parts of the client's emails and check-in responses to focus on and address in their reply email.

Another theme evidenced from the interviews involved some *challenges and misperceptions with some of the policies and procedures*. One challenge mentioned often by participants was the lag time between sending the client email for supervision and receiving feedback on that email before forwarding it onto the client, as sometimes this was up to eight hours if the student prepared the email in the morning and supervisor did not review and respond to the email until later that day. It should be noted this would be nearly impossible to completely eliminate this delay as it is not reasonable to have a supervisor be available every hour of the day to respond as soon as the email is sent by the student. Comparatively, there is no expectation for therapists to respond to client emails immediately but, rather, on a set day once a week. The reality of the program's current incarnation involves some delay between email submission and supervisory feedback as the TAICBT supervision position is not full-time.

Additionally, participants indicated a strong dislike of the requirement of phoning clients who had not logged in to the TAICBT website for seven days. Many participants mentioned they found this awkward and disruptive to the client. Some participants misunderstood the policy and clinical reasoning behind phoning the client after seven days and the time period of a month of no contact required to render a client as dropped out of the program. There seemed to have been some miscommunication in the workshop regarding these policies as there was apparently some confusion among many of the participants. In regards to phoning clients for therapeutic reasons, responses from

students seemed polarized. Some therapists would have liked to call their client more often (which was actually an option, however, they perceived this not to be an option). Others would have preferred to have less phone contact with clients than was required. Finally, many participants inaccurately perceived there to be a lack of access to client files, as some students did not feel they had the option to look at the file themselves at their leisure, which is, in fact, a policy of the unit.

Finally, although the majority of participants commented on how much they enjoyed offering the program and mentioned many positive aspects of it, there was a perception among the majority of participants of an *obligation to take on clients using TAICBT*. Students reported this perceived obligation in spite of the fact that participating was not a program requirement and they were given a clear choice by the Director of the Online Therapy Unit. Given that the Director of the Unit was, however, also the Director of the Clinical Program, these students shared that they felt they should participate. This comment is also interesting in light of the fact that there are a number of students who declined to deliver TAICBT after participating in the workshop and also many students who declined to take on more than one client.

How much this “obligation” bothered participants varied. As one participant stated:

We consented to see one client but then one turned into numerous clients. I think it’s beneficial, but also we should have a choice whether you want to see a client or not. I mean sometimes there are times when you are so busy with school, you don’t have time to do that so I think if we had a choice it would have been better. We were given a choice but not really...I can’t say no because she is DCT [Director of Clinical Training]. I think there are so many boundary issues with the program.

In comparison, another participant reported:

When there's a little bit of pressure put on students to keep taking on clients, I don't think it's intentional. I don't think the [supervisor or staff members] are intentionally trying to pressure me a little bit to try and motivate but there's a lot of things going on for students now....I want to say yes to [taking on more clients] because I want to keep doing this [TAICBT] because I like it and I think it's important. I want to say no because I got so much darn stuff going on so like torn between the two. I would probably go towards yes.

Facilitators of the graduate students experience with TAICBT. Within this content area there were five main themes that came through from the collection of interviews including: (a) High quality supervision and support from staff members; (b) therapist comfort with technology; (c) a structured program and clearly laid out policies and procedures; (d) flexibility in the location, day, and time emails could be written to clients; and (e) ease of use of the TAICBT website.

Participants noted multiple aspects that facilitated their experience with providing TAICBT with clients, one being the *high-quality supervision and support* they received throughout their involvement with TAICBT *from the research unit supervisor*. As one participant described,

I thought the supervision was gold standard...a lot of that has to do with the person who was supervising.

Another participant went on to comment,

It was helpful to know that [research unit supervisor] will be available 24/7 if something is going to happen so I think that was kind of a security blanket. Just to have that thought that if the client emailed and if I read it and it says suicide, I know exactly what to do in terms of calling [research unit supervisor].

Participants described the technical support staff as always highly responsive, for which they were very grateful. Students also noted they felt there was a general sense that

coordination of the program was high quality and supportive, particularly with the hiring of the most recent coordinator bringing with her extensive client work experience. As one participant stated:

...everyone's been pretty good on the unit for helping...there was a couple of times my clients had computer issues and it was really easy for me to contact people to ask what was going on and everything like that so staff being around I guess to help has been a facilitator as well.

Participants also noted their *comfort with technology* and having extensive experience with computers made offering TAICBT easier to learn as they already had basic knowledge of how to use email features. Some participants noted they felt their learning of the program was expedited by their comfort with technology, particularly when compared to an individual who may not be as technology savvy.

Despite perceiving some challenges with some of policies and procedures of the unit, participants also expressed that having a *structured program and clearly laid out policies and procedures* was an important facilitator for the use of TAICBT with graduate students. Many comments from participants indicated the program was well organized and this extended to policies and procedures. One participant noted:

The policy and procedures actually were really helpful and I felt like I just knew what to do and made things flow very smoothly. I felt like every situation had been accounted for so that was really good....what we should be doing, what this should look like, I think that maybe gave me a good base to start from like you know this is kind of what we expected in email or this is you know kind of the general procedures, knowing those expectations, that is helpful.

Participants reported appreciating the structure of having to email their clients weekly as it became incorporated into their routine, which assisted them in remembering to email their clients.

Another prevalent theme derived from the interviews was the concept of the *flexibility* TAICBT offered to the student therapist. Participants reported having the TAICBT program run within the frame of the clinical psychology program was helpful in terms of convenience, making it easily accessible. As one participant stated:

The fact that is run through the University made it you know easy to access and, and convenient so that was good.

The ability of students to write their client emails within their own lab space was a vital facilitator to the students' involvement with TAICBT. Participants also mentioned appreciating the ability to choose their own day within their schedule to write their client emails. As one participant noted:

You can kind of do it around your own schedules so yeah I think flexibility in that has been a really big facilitator.

The fact that you can kind of be pretty independent makes it easier to do...I can do it right from my other lab...it makes it a lot easier....

The fact that TAICBT is "online" was a facilitator to students because of the flexibility afforded by being able to access the program in a secure location, at a time that was convenient to the student.

Finally, although some issues were identified with the website, it was also noted that overall the *ease of use of the TAICBT website* was a significant theme that facilitated students' use of TAICBT. The program website was reported to be generally very easy to use. One participant noted:

The fact that I can actually go through the modules and see exactly what they're seeing. That's been great 'cause I, I open up two windows and I go through the module to see what it was that they were seeing that week before I read back my e-mails...really like that.

Barriers of the graduate students experience with TAICBT. Within this content area there were four main themes that were evident from the interviews with participants including that (a) students had many other demands on their time, (b) some aspects of the program were inconvenient, (c) learning a new program was a significant time investment, and (d) clients can act as a barrier to students' experience with TAICBT.

The main theme that seemed to be a significant barrier to graduates students' use of TAICBT was the already *heavy demands on students' time*; students felt overburdened between classes, practica, and research. There was a significant time commitment required in being involved with TAICBT, as one participant suggested when they summarized their routine when they respond to a client:

...I would first read the module and I would make notes about what I wanted to say about my email just about the module. Then I would read his email and I would make notes about what he said and then write my responses to that which were either pulling information from the previous module or tying it to the current, the upcoming module and then integrating that with my other notes. Then sometimes I had to refer back to previous modules to see exactly what was said where 'cause then I would refer to that page in email and I would say make sure you go to this page and look at this again around this and then I guess I really just really thought about you know exactly like what was the best reflection to use here and what did I want to tease out there and I, I mean it felt like an hour, like a real session on the house.

As seen in this quote, replying to a client's email and check-in was a time-consuming process. If one also accounts for the delay added by the time between submitting a client email for feedback and receiving that feedback from supervision, the lengthy process of replying to a client's email can become a barrier to offering TAICBT for busy graduate students. At times, students found keeping their scheduled day to respond to their clients and remembering to write to their clients proved to be a challenge due to the changeable

nature of a student's schedule. Participants varied in their responses to how long they spent replying to their clients over email. Their answers ranged from about 15 minutes up to as much as four hours per week, however, the average was around one hour. Participants noted the amount of time needed to email their clients varied weekly, depending on the module or what else was going in the client's life.

Another theme regarding the barriers of the graduate student experience with TAICBT was various *inconveniences*. Many times the necessary coordination to start up with client was seen to be inconvenient. The client files are all kept in a secure office; to access them, therapists have to drop into the TAICBT office during regular working hours, or make special arrangements with one of the research staff. This process was deemed inconvenient by some of participants, although seen as necessary given professional standards and ethics. One participant described:

I'd have to coordinate to go down to the clinic and look at it at a certain time so that was a huge inconvenience and just with the timing of everything so I'm sure he was well screened. I didn't really have the information available to me other than like that first time. I mean it was available, like it was clear as available, it was just that it wasn't like as available as would have been convenient and so I didn't access it.

At the inception of this current TAICBT program, students had to write emails from the TAICBT office, which was noted by numerous participants as a significant inconvenience during that time. This policy was quickly modified, allowing students to write emails from other secure locations, such as their individual labs within the university. In relation to the policy of phoning the client after seven days of inactivity on the website, participants commented on the inconvenience of calling clients from the TAICBT office (where the client file is located with the phone number). This was

particularly salient for instances in which the client did not answer the call, which resulted in a back and forth with client and therapist and increased the inconvenience for the therapist.

Another theme that surfaced from the interviews was the *significant time investment on the part of the student to learn the new TAICBT program*. The following participant articulated this point well:

It's like a whole different way of focusing your brain and I find that really hard to do because it's like classes and research and face-to-face clients and then you have this one thing and you have to think about really differently and you have to think really hard in order to like compose those messages in a way that sounds appropriate and like I find it very like mentally taxing.

This participant also acknowledged the difficulty with the new program but was cognisant that this was part of the deal with learning a new therapy:

It takes a little bit to learn and it takes a time investment and I've, I've done one client with each module. I'm far from proficient I think people need to understand that it takes a little while to get a hold of it, and enjoy it. Initially I was sceptical and so that might be a little bit of a barrier.

Finally, *clients were perceived as a barrier at times to offering TAICBT*. Often participants indicated clients were not providing sufficient information in check-ins and emails, consequently making it increasingly difficult for the therapist to respond. Participants described some of their clients to be a "good match" for this type of therapeutic protocol. Students also noted that they perceived not all of their clients to be a good fit for TAICBT. As one participant summarized,

I felt so overwhelmed and I mean maybe that was just the nature. She was really complex. She had been, I'm not even sure if she was appropriate for the program because she had utilized so many mental

health services and she had such a severe depression...it was a lot more difficult...This one has been a lot more like easier time wise. That's why I felt like I could take a second one but with the first one I was just like I can't take anymore than this one client.

Participants went on to further report that at times their clients were late to do their check-in or email, and consequently students would have to change the day they responded to the email or respond late in the day. Another barrier to providing TAICBT had to do with clients who were not being forthcoming with pertinent details in emails and/or check-ins. Therapists perceived that some clients also found the program hard or lacked motivation to move through the modules. The experience of the following participant highlighted the fact, that since clients dealing with depressive symptoms are generally more challenging to work with, clients themselves can be barriers to therapists wanting to continue to provide therapy using TAICBT:

If I had only started with my depressed client, I'm not sure I would feel as positive about the program because I think it wasn't as great for him.

Usefulness of TACIBT and future student therapist utilization of TAICBT.

Within this content area there were five main themes that surfaced from the interviews: (a) Outcomes of TAICBT are dependent on individual client characteristics; (b) clients find information from the modules and therapist support helpful to varying degrees; (c) therapists took away psychoeducation material, CBT skills, and client experience to apply to face-to-face therapy; (d) the unit increases access to mental health for the broader population; and (e) therapists are open to future usage of TAICBT as professionals.

Participants perceived the *outcome of TAICBT to be highly dependent on individual client characteristics*. Participants noted that some clients (especially more severe and complex cases) did not show substantial improvement from TAICBT.

Furthermore, some clients completed the program while others determined this program was not for them and terminated prematurely. Generally, participants reported they thought TAICBT was an inadequate fit with clients suffering from severe depression. As one participant reported:

I found my anxiety clients...it's worked quite well...for the depression clients who are more severe, I found that they tend to take way longer...there's less motivation...those clients, maybe it would be better for them to like see somebody in person because there's a lot of other issues...

Overall, participants commented that some clients' symptomology (i.e., severity) and characteristics (not emailing regularly, lack of motivation, providing minimal information) were not as appropriate for this type of therapy.

Another theme that emerged was *that therapists perceived variability among clients in terms of how helpful clients found information from the modules and how helpful they found therapist support*. For the treatment of some of the clients the modules were perceived to be the most important factor. In contrast, for other clients, the therapist support was felt to be vital, and yet for others, the importance of the modules versus the therapist oscillated throughout therapy, or was equally important throughout.

One participant summarized this point:

I would say probably the modules but there will be times when the therapist support is as important or more important. You know if we're having a, you know a rough week or struggling with a particular problem, I think it can feel good to have some more targeted feedback from someone or something other than just going on as and looking at the same modules every week that are just on you know general things and not your specific problem that you're dealing with, having someone that can talk to you about that and maybe bring some extra problem solving to the, to the picture.

Another participant expressed:

I think it's probably client dependent. Yeah I think that some people really just need to learn the skills and they can just kind of do that, like that would be the people who would do really well with a self-help book right and then some people need a little bit more help understanding or somebody there to help them clarify things and then the therapist part becomes more important, right so that would be really client dependent.

The majority of the participants acknowledged the modules were vital since they allowed the client to refer back to the information at will, but noted if there was no therapist support in TAICBT the program would be similar to an online self-help book. Participants often saw their role as therapist to fill in the “subtleties, the nuances, help with road blocks and motivation issues.” In addition, participants felt the information online was essential because that is where the clients are learning new skills and receive the psychoeducational component. Many participants thought it was helpful to have the therapist-assisted component because it represented an opportunity for clients to express any frustrations with trying to complete the exercises or to clarify them, and allowed opportunity for the therapist to provide feedback, encouragement, and challenge the client via email.

Participants discussed that as *therapists they took away psychoeducation material, CBT skills, and experience with clients to apply to face-to-face therapy.* Participants reported the CBT basics from TAICBT modules could and did transfer over to face-to-face clients they were simultaneously seeing in their traditional clinical placements. Participants liked having another “tool” at their disposal as a clinician. They felt through TAICBT they received high quality CBT training, and learned a great deal from the supervision they received on their client emails. TAICBT provided the students an

opportunity to see more presentations of mood and anxiety disorders, as one participant indicated:

It does provide more exposure to presentations of anxiety, depression or, what have you and I think that in a way, that is valuable, it does expose us to more clients and what their difficulties are like so I think that is, that is valuable.

Participants were enthusiastic when discussing how TAICBT has the potential to *increase access to mental health resources* for a broader population within Saskatchewan. Students commented that TAICBT provides a service to people who might not seek other treatment; as one participant described about a client:

I was really hopeful that this might be kind of the best of both worlds for her, you don't have to go to a person, you don't have to leave your house but there's more feedback than from a book.

The idea of helping people on waitlists whose symptomology was perhaps too mild to receive immediate treatment was appealing to the majority of participants.

Participants seemed to be *open to future usage of TAICBT as professionals*.

Some students even commented that TAICBT is the future of therapy. One expressed:

I think it's getting more and more likely that we will have to do stuff like this when we're practicing psychologists so I think it's good to be introduced to it now.

They seemed relatively open to future use of TAICBT, as one participant stated:

I don't think that I would be the one setting that kind of thing up because it's really not my thing but like if I joined a private practice and that was one of the components of what they did, I would do it happily.

Many participants expressed sentiment similar to this participant, who indicated:

I think it's a really nice like easy to follow CBT program. I do think like so say if I was a community therapist, I think it would be really great for my clients who are just having mild symptoms and maybe moderate for

the anxieties. I think there's a little bit more motivation so I do think it's like nicely laid out, easy to follow psychoeducation program.

Suggested improvements to TAICBT. Within this content area there were five main themes that became apparent through the analysis these included making improvements to (a) the training workshop, (b) the screening and set-up of clients on the system, (c) the modules, (e) the website, and (f) policies and procedures.

Participants reported a range of *improvements to the training workshop* that need to be considered in moving forward. Some students thought that the training workshop would have been more convenient for their schedule to have on two half days instead of a full day of training. Participants expressed their desire to reduce presented TAICBT research in favour of placing more emphasis on how TAICBT was going to work, the details of the interaction between therapist and client, how to handle possible ethical dilemmas, and learning more about what information is contained within the modules. Students mentioned the idea of being able to familiarize themselves with the website and modules prior to the training workshop so the training could be more practical and hands-on. The improvements commonly suggested by participants involved providing more sample emails of typical client comments sent to therapists (particularly special ethical circumstances like suicide or trauma), and examples of supervisory feedback on emails. Some of the students emphasized they would have welcomed better examples of how to appropriately and professionally incorporate font colors and emoticons into client emails. Additionally, participants reported wanting to go through the salient points of the policy and procedures manual and become more familiar with that resource.

The next theme of improvements surrounded the idea of *streamlining the process of screening and starting a client with the program*. Methods of completing these

processes suggested by participants included making screening information available on an electronic file so that it would be more accessible to therapists as currently it is only available in paper copy in the research unit office. Seemingly unbeknownst to students, therapists were actually able to screen their own clients or arrange a meeting with the person who administered the screening making available more information about diagnostic criteria a client meets and why the client was chosen for the particular program. An existing limitation of the screening process is trying to appropriately screen out clients whose problems are too severe or too mild, as it really is difficult to identify who the “perfect” TAICBT client is until the client tries the program. Another improvement was the suggestion to emphasize and clearly explain to the clients at the commencement of treatment that this is a research project. The students seemed unaware that type of information is currently being shared during the initial assessment and was described in detail in the consent form, however, since students have that perception perhaps some miscommunication has been identified.

Participants also suggested *improvements to modules*. Some students thought there was too much introductory information at the beginning of programs and would have liked to see skills such as relaxation featured earlier in the program. Students also thought being able to selectively choose the modules the clients were completing would have been helpful as this allows the therapist to direct the client’s focus on one module for perhaps more than one week, prompt them to review a previous module again, or skip a module. Students mentioned that it would have been helpful to see more of the client’s exercises through an online worksheet and homework submission application. Another idea offered by a participant was to create guidelines or suggestions for the client to help

them generate emails to their therapists. It was also mentioned that a notification should immediately be sent to a therapist when any client receives a significant score pertaining to suicidal risk on any of the questionnaires administered through treatment. More specifically for the GAD program, many participants suggested the modules could be shortened. For the depression program, the majority of participants suggested making additional modules containing less information or allowing more than one week to work through lengthier modules.

Suggested *improvements to the website* were also mentioned by participants. Participants frequently brought up how responsive the research staff were and thus there have been many noteworthy improvements already implemented, such as (a) the ability to BCC the supervisor on emails, (b) notification of client emails sent to therapists' personal email inbox, (c) questions on the check-in appear above responses to give therapist context to the client's answers, (d) the ability to delete a contact note if the therapist made a mistake, and (e) adding in the PHQ9 and GAD7 to the screening process. Additionally, participants noted that the previous improvement of making client check-ins mandatory at the beginning of the modules was a significant enhancement to the program, as it makes it compulsory for the client to communicate to the therapist.

Future improvements to the TAICBT program suggested by participants included modifying the program so that email messages automatically showed bolding or colour instead of having to click the "check" box to preview the message. Students also reported wanting a warning from the TAICBT website before the program logs out to prevent emails from being erased (an auto save function might be useful), being able to have multiple windows open at the same time to allow the therapist to review modules

and check-ins while composing emails, and the ability for therapists to receive notification that their clients have received and opened their emails. Participants also noted they would have liked the display of scores from client questionnaires to include the severity descriptor (i.e., moderately severe). Some participants requested a picture of the client and more distinctive usernames that would lessen the chances of mix-ups on the part of the therapist when emailing the client. Finally, students reported wanting to require clients only to fill out outcome measures for their existing problems identified at the time of screening (i.e., discontinuing someone with depression from having to fill out measures about panic symptoms).

Finally, students also had some *suggestions for improvements to policies and procedures*. Once again participants acknowledged the fact the TAICBT research staff have been very responsive to requested changes, such as changing the policies allowing therapists to write client emails in their own laboratory spaces. Suggested future improvements included more clarity regarding when pre-existing template client emails need to be sent out, a more detailed description of what supervision entails (i.e., are in-person supervision meetings an option, when is supervision necessary), and a more complete description of flexibility with client check-ins (i.e., if client is taking a couple extra weeks to complete module can the therapist wait a couple weeks to send an email?). Participants also indicated they would like to see a change in the policy to phone clients if they have not logged in after 14 days instead of seven and more thorough guidelines as to whether phone calls throughout therapy are appropriate (whether the call is to learn more about client or terminate with a client). They also mentioned wanting a better understanding of guidelines around the termination of a client (including when to classify

a client as dropping out or disinterested), and finally students would like to see increased flexibility regarding how often to email clients (e.g., if they are struggling during a particular week) as participants had a misconception as to how often the therapist can email their client. Additionally, students put forth the idea of formalizing peer supervision roles.

Discussion

The results of this study have important implications for program development and clinical training in TAICBT. Research has suggested that if demand for online services continues to increase, then graduate training programs will need to incorporate aspects of online therapy in training (Mallen, Vogel, & Rochlen, 2005). In the literature, there has been a call for further research on the perceptions and practice of online therapists (Finn & Barak, 2010). This in turn will better inform both mental health providers and potential consumers about this rapidly expanding treatment option (Finn & Barak, 2010).

Currently, there is no standard in how to train therapists in TAICBT. A study by Finn and Barak (2010), found that 94% of counsellors reported that their professional program did not include training in e-counselling and 92% stated that personal reading on the subject was their main means for educating themselves to be an online therapist. Research has also questioned the assumption that face-to-face skills can be fully transferred to delivering online therapy, as the essential skill sets are not necessarily completely shared among these two modes of delivery (Shandley et al., 2011). Without formal training and professional guidelines, online therapy will be based upon individual

perceptions and individual practices of online interventions will result (Finn & Barak, 2010).

The Online Therapy USER seeks to remedy this problem by providing standardized training to all clinical psychology students who want to become competent in TAICBT. The hope is that with an increase in training at the graduate level, these students will eventually graduate into the profession of psychology and continue to offer online services using their TAICBT training.

In the current study, central themes were generated from participant responses describing their experience with TAICBT as student therapists. Participant responses have then, in turn, informed several recommendations for Online Therapy USER and future TAICBT programs. Of particular interest to this research, were participants' comments on the challenges and weaknesses of a variety of aspects of TAICBT, as this knowledge can help modify the current Online Therapy USER program and inform others who may wish to train students in TAICBT in the future.

In the discussion that follows, first the benefits of training students in TAICBT and the challenges students had with the current TAICBT approach will be discussed. This will be followed by specific feedback on various aspects of the Online Therapy USER program and recommendations for future TAICBT programs that may want to train students.

Benefits of Students Training in TAICBT

Overall, if students are to pursue training in TAICBT it seems that there will be certain benefits they can expect. The majority of these benefits are unique to training in TAICBT. Almost all the students in the current study described TAICBT to be a

beneficial part of their clinical training experience which gives credence to continuing to provide the opportunity for graduate students to provide TAICBT to clients. TAICBT has been demonstrated to be an effective training ground for a student to learn about and implement CBT for the high-prevalence psychological disorders, such as anxiety and depression, especially for the more difficult to place first placement students (Shandley et al., 2011). Participants perceived the TAICBT program to be helpful to many of their clients, which is supported in past efficacy research by multiple studies (e.g., Robinson et al., 2010; Andersson & Cuijpers, 2008; Bergstrom et al., 2010).

It was encouraging to hear students describe being involved with TAICBT as a rich learning experience for them in online therapy and CBT techniques. The education and training in CBT basics seems to be a significant enticement for graduate programs to want to incorporate this type of training into their existing programs, as the majority of clinical programs are generally orientated to CBT or at minimum teach CBT as a core therapy. Training that teaches psychology students to deliver psychological services online should aim to educate students concerning applicable legal and ethical issues, how to communicate effectively in a therapeutic online environment, and fundamental CBT principles (Shandley et al., 2011). Although all of the participants in this study had some exposure to psychopathology and CBT in their course work and initial practicum in their Master's degree, generally graduate students are rarely provided with exposure to such a comprehensive and integrated CBT treatment resource prior to and even, at times, during their first placement experience (Shandley et al., 2011). TAICBT training is considered to be a highly valuable learning experience, as students are able to directly apply information they learn with actual clients (Shandley et al., 2011).

Another positive aspect of TAICBT mentioned by participants was that email communication with clients was considered to be advantageous to training novice therapists as it allowed a pause between client message and therapist response. This allowed the therapist to formulate their response and, as a study by Murphy and Mitchell (1998) found, allowed the therapist to communicate a more evidence-based and thorough CBT response back to their client. Consequently, these more thorough responses result in superior therapy being offered to the client while simultaneously providing a quality training opportunity for the student clinician. The asynchronous nature of reading client emails and then writing therapeutic responses allows the student therapist the opportunity to gain awareness and a detailed understanding of the CBT therapeutic process. The client's questions and subsequent responses are in text format, this allows for time to reflect and edit them (Murphy & Mitchell, 1998). In addition, because the responses are via email students have the ability to take more time to construct their therapeutic responses and seek supervision as necessary (Shandley et al., 2011). Finally, since the process of writing client emails is in a relatively non-pressured environment, the student has an opportunity to gain confidence and mastery when it comes to treating clinical disorders using email (Shandley et al., 2011).

Students reported finding TAICBT useful to them professionally as many of them described taking away psychoeducation material, CBT skills, and client experience that were applicable in some way to their co-occurring or future face-to-face therapy clients. Being able to come away with additional knowledge and skills is extremely useful for therapists in training as it allows them the opportunity to get unique, additional training that they otherwise would not have received. Participants also learned how to form

relationships with clients through text-based communications. In addition, they had to understand CBT more in-depth in order to provide CBT-based skills to their client in text. Being involved in TAICBT was also a valuable method of obtaining supervision from a Ph.D. level clinical psychologist.

When the general experience of graduate students using TAICBT was discussed, participants described TAICBT to be providing a valuable service to the community while simultaneously requiring less time on the part of the therapists. Flexibility was mentioned by all participants to have facilitated their use of TAICBT as therapists, as they were able to set their own day and time to check the website and respond to their clients. In addition there was flexibility in the location of the secure computer they used to respond to their clients. These aspects of flexibility really worked to accommodate busy graduate students. In order to continue to involve clinical psychology graduate students and recruit new therapists, the theme of flexibility needs to be emphasized and maintained.

Participants reported that TAICBT increased access to mental health resources for broader population in Saskatchewan, for example, those who feel the stigma of mental illness or are unable to get transportation to face-to-face appointments for whatever reason, which not only seemed like a motivating factor for participants to be involved with TAICBT but also speaks to the usefulness of providing TAICBT as a service.

The majority of participants expressed openness to future usage of TAICBT as students and professionals, as many considered online therapy to be the wave of the future. This is encouraging as our TAICBT program seeks to transition to being used in the broader healthcare system. As was noted by Shandley and colleagues (2011), there is

substantial evidence silencing doubts about forming therapeutic relationships through electronic media and scepticism about meaningful therapeutic outcomes with TAICBT. They noted there has been a noticeable shift towards acceptance of online psychological services across the profession of psychology and accordingly this novel therapeutic tool needs to be further understood in the context of postgraduate psychology training. Shandley and colleagues (2011) goes on to propose that online-manualized treatments can assist in training mental health providers particularly in the early stages of training, as it is important to integrate TAICBT skills into training in order for students in professional programs to be competent to provide online services as a professional. Current research demonstrates that online therapy seems to be primarily a part time practice that supplements other employment (Finn & Barak, 2010).

Challenges Students had with Current TAICBT Approach in Training

While students recognized learning TAICBT to be beneficial, they identified some challenges to learning this approach to therapy. Students shared that it did require time on their part to deliver TAICBT and it was not always easy to find time. Students reported that a significant barrier to their participation in TAICBT and taking on additional clients was the pre-existing demands on their time. Ph.D. level clinical psychology students are required to participate in a practicum two days a week, one to two academic classes, and various research projects. The current TAICBT program was requiring time above and beyond the already abundant commitments the students had. In order to facilitate this training, it seems it would be valuable to make the process of offering TAICBT as efficient as possible. Students in this study estimated that they took anywhere from 15 minutes to four hours to compose an email to individual clients. This

may be due to TAICBT being a novel experience for graduate students. The variability seen was similar to results from past research, which has also demonstrated great variability in the estimated time it takes for a therapist to communicate via email with clients. The total amount of feedback provided to a client can vary from a couple of minutes (Clarke et al., 2005) to more than five hours (Klein, Richards, & Austin, 2006). One study has shown that the amount of time spent by the therapist communicating with a participant is not a key variable in determining alliance and satisfaction (Klein et al., 2009).

Importantly, many participants mentioned that they experienced the challenging and nonresponsive nature of some of their clients which resulted in their experience with TAICBT to be perceived as more difficult than other TAICT clients in the program. Challenging and nonresponsive clients are not unique to TAICBT as therapists in face-to-face therapy have similar experiences with clients. An interesting challenge that the majority of participants mentioned was that an online therapist, has less influence on what the client responded to in emails. In comparison to face-to-face therapy, TAICBT does make it more difficult to challenge and question clients on specific topics, thoughts, and feelings. To assist with this challenge, it is recommended that in the training workshop strategies to deal with these types of clients and situations should be explicitly taught. Providing strategies for managing non-responsive and non-compliant clients is also an important part of training (Shandley et al., 2011). The current training workshop is already quite dense with material to go through so perhaps sample emails that illustrate techniques to address challenging client behaviour, needs to be available on the website for the therapist to access if they encounter this type of situation with one of their clients.

It is important to provide sample emails that give the students a clear indication of wording that conveys the intended meaning and content (Shandley et al., 2011). In addition, assistance with this type of client interaction is an excellent opportunity to seek supervision from an experienced clinician and learn new therapeutic skills. Another possibility to address the issue of nonresponsive clients, is to provide the TAICBT client with sample emails to give them an idea of what they could write to their therapist. Clients could also be provided with general guidelines regarding the length and content of their emails.

As was further described by participants, the usefulness of information and the therapist assistance seemed to vary quite greatly from client to client. As some students noted, the information from certain modules really helped their clients, while other clients seemed to really benefit from the support and encouragement from their therapists, and yet other students emphasized the importance of both the information in the modules and the therapist's support. Shandley and colleagues (2011) refer to the primary role of the therapist in TAICBT as a guide who assists clients as they work through the program in such a way that clients receive the maximum benefits possible considering their situation.

A further comment that was made by participants was that they felt obligated to take on TAICBT clients throughout the academic year. This was the case even though it was clear within the policy and procedures manual that students had a choice to participate in the TAICBT training workshop and then go on to treat clients. It is also notable that many students who attended the TAICBT workshop did not feel this pressure as they did not go on to provide TAICBT to clients or only took on one client. Nevertheless, given that every participant in this study felt this obligation to take on

clients, it is recommended that in the future the choice is more directly addressed by Director of the TAICBT Research Unit who also holds the position of the Director of Clinical Training within the clinical program. One possibility might be to make the training experience into a practicum that students would sign up for if interested. In this case, in advance of the practicum, students would make a specific agreement with the Director of the Unit regarding the number of clients and hours they want to work in the unit. The Director of the Unit would make it clear to students what the time requirements would be. This would diverge from our current approach, which involves leaving these decisions very open-ended and contacting students as clients are screened and are in need of service.

Interestingly, many of these challenges experienced by student therapists are not unique to TAICBT but are similar to other methods of treatment delivery. For example, the fact that clinical psychology graduate students have numerous research and course commitments does not only hinder their ability to participate in TAICBT but face-to-face practica as well. Similarly, challenging client behaviour is not unique to TAICBT, as Hunot and colleagues (2007) noted a significant proportion of face-to-face CBT clients fail to respond to treatment, respond only partially, or drop out prematurely as well.

Specific Feedback on Various Aspects of the Online Therapy USER program

The interviews provided rich information regarding various aspects of the Online Therapy USER program.

TAICBT Training Workshop. As a first step in providing training in TAICBT students, the Online Therapy Unit has students participate in a workshop. This workshop consists of information describing the research group, the TAICBT program,

evidence-based research on TAICBT, ethical and professional issues that are relevant to TAICBT, and the written communication involved as a therapist. The workshop was designed so that students would be provided with both research evidence and practical information. Over half of the workshop was experiential in nature with students exploring the TAICBT programs and website and working on and discussing responses to client e-mails (Hadjistavropoulos, Thompson, Klein, & Austin, 2012). The idea behind the workshop was to provide the students with foundational knowledge that they can use to then provide treatment to clients under supervision if they so desire. It was expected that further learning would occur after the workshop if and when the students went on to provide online therapy.

Students had many positive comments about the training. Participants noted the TAICBT workshop was instructive and educational, which is essential in transferring research and practical knowledge of TAICBT to the students. Many students noted the workshop provided a detailed practical experience with TAICBT, as individual laptops were available for all participants in the workshop. Participants indicated they liked being able to use the program on the computer and to practice composing emails on individual laptops during the workshop.

While these positive comments were highlighted, student therapists reported some weaknesses in the TAICBT training workshop, such as insufficient time spent on practical aspects of TAICBT, as they would have liked to learn more about the information contained within the programs and a more in depth explanation of policies and procedures. Participants had a number of suggestions regarding how to improve training workshop that would improve their experience, such as breaking up the training

day and putting larger emphasis on practical aspects of TAICBT. Several participants mentioned they did not understand the point of the competency questionnaires given at the end, suggesting further clarification regarding the purpose of the questionnaire may have been beneficial.

Based on this feedback, it appears that there is a need to revise the workshop. It appears that even greater emphasis needs to be placed on practical components such as effective methods of communicating online, and using CBT techniques online. While considerable time was spent on ethical issues, such as how to respond to a client who is suicidal or reports child abuse, students also expressed an interest in spending further time on this issue in the workshop before moving on to providing online therapy. We recommend that the training workshop be modified to include more activities such as examining modules in-depth, going through policy and procedures in more detail, spending further time practicing and reviewing sample client emails and also spending further time exploring the various features and functions of the website (e.g., how to ensure spell checking is an option, how to check modules reviewed by clients, etc.). It would also be valuable to provide students examples of supervision.

It remains unclear how much extra training time is needed, however, as students were also very clear that their time is limited. The workshop was limited to one day for several reasons. First, we wanted to be respectful of students' time. Second, we recognized that all students who attended the workshop had considerable knowledge and experience prior to the workshop. More specifically, students had course work in ethics, psychopathology, assessment and CBT and also had 600 hours of clinical experience. Third, the workshop was meant to provide foundational knowledge with practical

knowledge expected to be obtained through supervised practice. The workshop was never intended to make students fully competent in TAICBT. When students actually provide TAICBT, they are extensively supervised with all emails reviewed before being sent to clients. Despite this rationale for the one day workshop, given the feedback from students, it is evident that a one day workshop was not sufficient for students prior to moving on to supervised TAICBT practice. Most likely there will always be some information that students will need to learn under supervision as they work with clients. In this case, they also have an extensive policy and procedures manual to refer to as well as supervision on emails. Cardenas and colleagues (2008) have demonstrated an alternative approach to training students in online therapy. Students in their study were trained over three academic semesters. The first semester consisted of a 16-week (12-hours per week) intensive training program, focusing on the introduction to online therapy, content of programs, and CBT techniques. In the second and third semesters, students were closely supervised providing online therapy first to simulated clients and then when on to treat real clients.

Although some students expressed dissatisfaction with the competency questionnaire following the workshop, based on a review of literature on practice of TAICBT, this seems like an area that should be continued despite this negative feedback. The initial competency questionnaires are a preliminary check to ensure a base level of competency. Even though participants do not always enjoy completing them, they do serve as an important standardized method of ensuring therapist knowledge. In the context of research, the competency activities are seen to be vital as they indicate whether

the TAICBT training workshop is effectively getting across the information it had intended.

The literature on other online programs also suggests that it is important to test competency (Shandley et al., 2011). In Shandley and colleagues (2011) training program, they use true/false quizzes to test attention to module content, case scenarios where students are instructed to create appropriate emails in response to a range of scenarios, and critical thinking exercises aimed to get students thinking about what they would do in ethic dilemmas (Shandley et al., 2011). In the future, the Online Therapy USER program could potentially explore alternative methods of testing competency other than the knowledge questionnaire at the end of the workshop, as has been described by Shandley et al., (2011). In this regard, it would be beneficial to develop a scale that could be used to rate the quality of the emails sent to client.

Policy and Procedures. Participants generally reported that the policy and procedures were complete and well thought out, which provides direction and expectations for students to follow and refer to as they are involved with TAICBT. Some examples of these policies and procedures were: Frequency of therapist contact, content of first email to client, withdrawal of consent, client precautions to prevent confidentiality breaches, assessing of risk of client harm, and dual relationships in the context of online therapy. Students noted the clearly laid out policies and procedures were an important facilitator for graduate students' use of TAICBT. Due to the majority of policies and procedures being explicit and concise, students reported that this resulted in assistance in learning and understanding the therapeutic process and expectations of TAICBT.

However, there were challenges reported about some of the policies and procedures, in particular, the lag time between the therapist sending their client email to the supervisor for review and receiving it back with feedback. It is impractical to expect instant supervision with all the responsibilities of a clinical faculty member. Because this delay is virtually unavoidable when working in a professional environment, students need to be directly informed of how the supervision process works, what is involved on the supervisor's end and on their end, and how much time is generally needed for the supervisor to review emails. It may be appropriate for the supervisor to set a time in the day that emails need to be written by in order for the emails to be reviewed that same day. This policy will most likely have to be set with each individual supervisor as the time period will depend on their schedule and commitments.

Students suggested that some policies be changed. Specifically, they indicated that they would prefer to call clients less frequently (e.g., after two weeks) if clients do not use the website. The current policy is that "Therapists will call all clients who do not access the website for more than seven days, unless informed that clients will be away." This policy is in place to ensure client safety. If there is no contact with the client, it is not possible to determine their need for support unless the client is called. A second benefit of this policy is to problem solve with clients who may be having difficulties with the program or who may have waning motivation. Currently, there is no research to assist with determining how frequently to check-in with clients and this may be worthy of further investigation. Will the outcomes be the same if we reduced this requirement for check-in? Would professionals working in this area agree that we need to check-in with

clients after seven days? Do we have this same standard if clients do not attend a face-to-face appointment?

Online Therapy USER Programs and Website. In addition to providing feedback on the training workshop, students provided feedback on the Online Therapy USER programs and the Online Therapy website. As stated above, the participants gave positive feedback, but also identified weaknesses with the program and the website. The majority of students described the TAICBT programs as well-built, thorough online programs, which achieved the Online Therapy USER's goal of producing a well thought out, detailed, and effective online therapeutic programs for depression, GAD and panic. Students generally liked the GAD program most, which may be attributable to the information within that program; however, it could also be due in part, to the tendency of clients with anxiety to be perceived as more readily interested and motivated to work through the therapeutic program. An example of one of these suggestions included providing less introductory information at the beginning of the programs, and focusing instead on skills such as relaxation. These suggestions about the program are valuable and require further consideration. Nevertheless, the programs used by the Online Therapy USER were licensed from Swinburne University of Technology, which has developed and researched the programs extensively. Changes to the programs would need to be made in light of evidence. It is an interesting empirical question whether changes that the students suggest would result in improved efficacy of the programs.

In terms of the website, overall the students found the site easy to navigate. It was noted that the site was similar to widely used web applications and was relatively intuitive. Students highlighted that their prior knowledge of computers and the Internet

also likely meant that they had little difficulty learning how to navigate the Online Therapy USER website.

Some challenges were noted with respect to the website. For example, it was suggested that it would be helpful to know how to have multiple browser windows open at the same time. This would allow therapists to view information in the modules while at the same time reviewing client check-in responses, weekly mood ratings, and any emails the client had sent to the therapist throughout the week. Overall, review of the feedback on the website and the programs was positive, but also highlights some improvements that could be made that would make the website perhaps more efficient and user friendly. Examples of these suggestions included modifying the program so that email messages automatically showed bolding or colour instead of having to click the “check” box to preview the message, receiving a warning from the TAICBT website before the program logs out to prevent emails from being erased (auto save function might be a solution) and the ability for therapists to receive notification that their clients have received and opened their emails.

Client Screening and Start-up. Students were asked to provide feedback on the screening process that is used to determine whether clients are appropriate for services. Students identified that this process was currently sufficient, although, not perfect in identifying clients who would benefit from TAICBT. Students noted they found through their own experience with clients that TAICBT was beneficial to some clients and not others. As has been acknowledged previously in the research literature, the assessment process has to be persistently refined and information on characteristics of clients that are best served by online therapy needs to be further researched (Dubois, 2004; Haberstroh,

Parr, Bradley, Morgan-Fleming, & Gee, 2008; Rochlen, Zack, & Speyer, 2004). It should be noted this is a concern that is encountered not only in online therapy but in face-to-face therapy as well (Blenkiron, 1999). With this type of knowledge, assessment procedures could be refined and more targeted to the population in which TAICBT is most effective in treating, namely those suffering from depression, anxiety, and panic. Based on Online Therapy data it is currently estimated that about 65% of the patients complete at least half the modules and about 50% complete all 12 modules. Further research is needed to better understand who will and who will not complete TAICBT so that this information could be incorporated into screening, such that clients who are unlikely to complete the program could be directed to alternative services.

Other comments that were made by students revealed some misperceptions about the screening process among students. Students, for instance, highlighted that they did not feel they had enough information about their clients and would benefit from further details. The screening, however, was not meant to provide comprehensive information about clients and therapists instead were to learn about clients as therapy unfolded. Furthermore, therapists were always in a position to call or email clients to gather further information if required. A further misperception that was identified through the interviews was that some therapists did not realize that they could do a screening themselves if they desired or could contact the individual who conducted the screening to gather further information.

By asking students about the screening process, it was evident that there were some inconveniences associated with the screening and client start-up process. Students noted that they found it was inconvenient to have to set up a time to meet with the unit

staff to review client files, which detracted from the experience. One potential solution to this is for the Online Therapy Unit to explore keeping files electronically on a secure website for therapist convenience. An example of a TAICBT program that uses electronic files was found in a program of research by Shandley and colleagues (2011), who described therapists as having access to an electronic file on their secure website containing their client's assessment report. Having access to this electronic file gave therapists the opportunity to become familiar with issues their client is facing as well as any comorbid conditions or symptoms that might affect the course of treatment before the therapist writes the first email to their client. This seems like a valuable direction that would facilitate TAICBT, but also requires further funding to create as well as development of safeguards to ensure security of client information. If an electronic file could be created it seems it might be easiest to have the screener type information directly into the electronic file and reduce the paper copy altogether. In this regard, it may be helpful for the screener to fill in boxes or pick from drop down lists to summarize information. Currently, the screening captures information on basic demographics, and evaluates whether a potential client meets threshold or subthreshold criteria for generalized anxiety, PD, or depression. Additionally, during the screening the interviewers inquired further to ensure the client met the inclusion criteria. The students identified that they would also find it helpful to have more contextual information about the client's life and more of an understanding as to why the client was selected for the particular program (i.e., depression online) over the other programs (i.e., GAD online or PD online), especially if concurrent mental health concerns were presented. Overall, it is apparent that students perceive the screening for TAICBT to be extremely important to

being able to deliver TAICBT. With further funding, it is evident that modifying how the screening is completed could facilitate the delivery of TAICBT among graduate students.

Clinical Supervisor and Staff Members. Students overall seemed very pleased with the exceptional support from the TAICBT supervisor and staff members, which seemed imperative for students navigating the processes involved with TAICBT. Students reported the high-quality of supervision and support from staff members facilitated their learning and use of TAICBT. In order to make a similar program of research successful, it is important to have a staff and supervisor(s) supporting students, as this helps to breed confidence in the therapist and encourages students to seek help when needed.

General Recommendations for Future TAICBT Training Programs with Graduate Students

With the exception of a few studies, there is very little literature available on TAICBT program implementation processes and how TAICBT should be implemented within a graduate program setting. Outcomes of this study included producing additional processes and recommendations for training psychology graduate students in TAICBT, providing a greater understanding as to what is working and what could be improved upon. In addition, this research enhances our understanding of practice issues for the local context and generates new knowledge.

Training Students. There are several key recommendations that can be offered to others who seek to train students in TAICBT. It is important for those developing TAICBT training to know that students may be attracted to learning TAICBT for multiple reasons (as described above). They will not only learn about TAICBT, but they will also

learn considerable information about working with clients and about CBT in general. It is also important to recognize that students involved with TAICBT need considerable knowledge before they can begin to deliver this type of therapy. Future programs may want to consider a more intensive workshop before supervised practice commences, for example, training over three semesters as Cardenas and colleagues (2008) did in their research. It also seems to be students' preference that a large portion of the training workshop focuses on the practical components of TAICBT and provides students with additional resources following the workshop for more in-depth understanding and expertise in TAICBT policies, procedures, and TAICBT-specific therapeutic techniques. In addition, it may be helpful to introduce motivational interviewing techniques through sample emails into the workshop since students noted that they spent considerable time in their emails motivating challenging and nonresponsive clients. For example, in the workshop more time could be spent demonstrating to students a typical supportive statement or motivational statement that could be used in an email. The results of this study are a strong indication that students need to be encouraged to seek out more information and to take their involvement with TAICBT as seriously and formally as a traditional in-person practicum. Formalizing students' role will assist them in understanding the commitment of becoming an online therapist and taking on TAICBT clients and allow for credit to be given for participation.

Communication of Policies and Procedures. When reflecting on the outcomes of the current study, a central idea ran through the majority of the results, which concerned miscommunication. In order to reduce the likelihood of miscommunication regarding procedures and policies, those who wish to provide TAICBT should take steps to ensure

that all students review these procedures either prior to the Training Workshop, as part of the Training Workshop, and prior to taking on a first client. Future TAICBT programs should establish extensive policies and procedures for students to refer to throughout their use of TAICBT, and importantly, be continually reminding students of policies and procedures. This may include being proactive in preventing potential for misunderstandings by sending students reminders of certain policies and procedures throughout their time as TAICBT therapists. This requirement needs to be made explicit throughout TAICBT as a practicum placement.

Assessment Procedure. The process of telephone screening of clients is a vital step when running a TAICBT program. Similar to other modalities of therapy, there are times when individuals screen through as appropriate for the program and then do not end up making marked improvements. Students may or may not want to be involved in the screening process. There is value in students doing the assessments as they might in this way get a more comprehensive picture of the clients current concerns, however, students will also be able to garner much of the same information as they go through therapy with their client. Students will need support in helping deal with clients who, for example, do not experience improvement in symptomology, do not use the website as planned, or do not communicate with the therapists on a regular basis. Students should be made aware that they will notice variability in the amount of support clients want and how much value they find in the program content.

Client Documentation. Students generally have quite a demanding schedule in terms of courses, research, and practica, therefore another recommendation would be to attempt to make the training as efficient as possible and organizing the program in a

manner that allows students to have flexibility regarding when and where they can view client documentation, and also when and where they respond to clients over email. Students would ideally like to have access to electronic health records, however, it should be noted that there are financial and ethical limitations that would affect the extent to which these processes can be automated and continually developed into more efficient processes.

TAICBT Programs. We used established online programs that have been extensively researched, however, even these frequently used programs were seen by students to be in need of improvement. Given that this is an evolving area of research, it is critical for those working this area to realize that training in TAICBT also likely needs to be continually under development.

Technologically Knowledgeable Students. The advantage of training students to use TAICBT is they are likely to have computer and technological knowledge that allows them to learn to navigate and use the website rather easily. The disadvantages, however, is that probably due to their vast exposure to a variety of web-based programs and websites, students have high expectations in regards to the functionality of the TAICBT website. Those who venture into training students in TAICBT should be aware that it can be very costly to develop what some would see as a quite basic but functional web application, therefore financial realities of organizations may prevent TAICBT programs from developing a high functioning, technologically-advanced web program. It is recommended that at the beginning of students' involvement with TAICBT, they are made aware that the website is a simple but functional web application.

Supervision and Staff. A further recommendation would be to have accessible and supportive research unit staff members and supervisors involved in the program. There needs to be a high level of commitment on the part of the staff to provide consistent and timely support to student therapists. This can provide students with immediate support should challenging situations arise. In addition, the supervision component of students' involvement with TAICBT seems to be a real enticement to be a part of a TAICBT program. It provides an excellent platform for students to gain new therapeutic techniques and knowledge of CBT that they can carry forward to future face-to-face practica and subsequently into their professional careers. Furthermore, it may be advantageous to formalize the peer supervision process that seems to be present informally among students. Perhaps in the future creating a supervisory program, pairing a senior student with a more junior student, would help decrease the supervisory load from the Director of the unit. This, in turn, will give senior students the opportunity to gain experience in the supervisory role and may also decrease the lag time between when students send emails for supervision and receive feedback.

Expectations of Students. Finally the Online Therapy USER program, was a pilot study, therefore no initial guidelines or expectations were established regarding how many clients students would take on their case load. In the future it would be recommended that generally when training students in TAICBT, clear expectations are set surrounding the experience, such as on the number of hours students are committing themselves to when involved with TAICBT, and the number of clients that will be provided with care.

Limitations of Current Study

As this is a relatively new area of research, several limitations of this study need to be acknowledged. To begin, the program to be studied is only offered to students in clinical psychology at the University of Regina, limiting the generalizability of the findings. Also, there was a relatively small sample size due to the voluntary nature of the program for both therapists and clients, significant time commitment for the student therapists, therapists' willingness to use TAICBT, the small number of students enrolled in this program, and funding constraints on the Online Therapy USER program. Participants in this study varied in the amount of previous CBT experience they had in previous practica. This may have influenced what aspects of TAICBT they commented on and the content of their responses.

In a qualitative study it is difficult to capture the correlation between the variability in perceptions among therapists and aspects such as if this was dependent on the number of clients they treated, whether they had the opportunity to work with a client who completed the program, what particular program their client did, or long their client took to complete the program. The use of TAICBT and the perceptions of TAICBT held by clinical psychology student therapists may have been influenced by the fact the lead investigator of the TAICBT program is currently the Director of Clinical Training at the University of Regina. It should be noted this limitation was directly addressed in the design of this study, for example, the lead investigator was not privy to which graduate students were involved in the study and was unable to directly view transcripts. Another limitation may be that student therapists who agreed to use TAICBT were more

favourably disposed to this mode of delivery compared with other healthcare students and professionals.

Furthermore, there are some established characteristics of qualitative methodology that need to be considered. First, when using qualitative interviews as the method of data collection, it is difficult to establish correlational or causal relationships among variables. In addition, semi-structured qualitative interviews lack standardization across all participants due to differences in open ended questions and follow-up questions among interviews. Finally, it is impossible for the interviewer to be completely objective in the interviews. Coming into the interview, the interviewer (who in this study was also the researcher) had her own biases and reactions to responses from participants. In order to attempt to rectify this situation the interviewer sought to respond with neutral reactions to the participants' answers and kept a journal to record her thoughts and feelings following the interviews. Also, to address the issue of bias the data analysis was conducted by two coders to provide some objectivity in generating the results.

Directions for Future Research

Although a foundation has been developed, it is clear that research on the efficacy of TAICBT to treat a variety of mental disorders and problems is in its formative stage. TAICBT is a relevant and timely issue with the Internet playing such a major role in our daily lives. The majority of research on TAICBT has focused on outcomes in randomized controlled trials. There is robust evidence of the efficacy of TAICBT in regards to anxiety (Robinson et al., 2010; Titov et al., 2009) and depression (Christensen et al., 2004; Clarke et al., 2002; Emmelkamp, 2005), however, TAICBT use with other

conditions is still not well understood. Future research is needed to identify which issues or degrees of severity are successfully addressed using TAICBT.

In addition there is a need to research client outcomes by student therapists who are training to use TAICBT. As mentioned by students in this study, there needs to be a more concise and evidence-based method of predicting client characteristics and symptomology that is conducive to being successful with TAICBT. There were mixed perceptions among graduate students in the current study as to whether therapist support or the structured information within the online program had the largest impact on client success. Further research should be conducted to tease apart these components. Moreover, research on the client-therapist relationship, and what are the key contributors to a good rapport (i.e., what content is essential in an email exchange to build) should be looked at.

The results of the current study have generated many new pedagogical questions for training students in TAICBT. For example, how much training is needed to be proficient in TAICBT and what content should be provided in this training? When should the training be performed in relation to other clinical training – after one has in-person experience or before? Another important question that needs to be examined is whether different methods of training are more efficient and result in more competent TAICBT therapists? It would be interesting, for instance, to determine whether the TAICBT training workshop could be modified for online delivery to student and community therapists to broaden the use of TAICBT. In conjunction with this research there is a need to create scales to evaluate the quality of TAICBT provided to clients. To date, such scales are absent in the research literature.

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Appendix A

Semi-Structured Interview Guide

Thank-you for taking the time to participate in this interview. This interview should take about 45 minutes. If you have any questions throughout or after the interview please let me know.

Suggested questions and topics to be covered:

This first section of the interview is to ask about both your positive and negative experiences with various aspects of TAICBT.

1. Thinking back no to the workshop you participated in – what did you find positive and negative about the workshop?
2. What did you think of the screening process that clients went through before therapy? Positive and negative?
3. What did you think of the modules? Were there specific ones you would like to comment on? (Go through each module depending on which the therapist used)
4. Can you describe your experience with forming relationship with a client?
5. What was your experience with supporting a client in cognitive tasks?
6. What was your experience with supporting a client with behavioural tasks?
7. Did you experience any ethical issues when working with your client? If so what were these and what was positive and negative about how these were handled?
8. What was your experience like with supervision?
9. What was your experience with the actual web application?
10. What was your experience with the policies and procedures involved in providing online therapy?

The following questions are designed to get your ideas about how TAICBT could be improved.

1. Thinking back to the workshop what could have been improved?
2. What did you think could be improved with the screening?
3. What do you think could be improved about the modules?
4. What could be improved in terms of supervision?
5. What could be improved about the actual web application? (i.e. e-mail system)
6. Check-ins?
7. Week to week mood?
8. Tracking of client use of the website?
9. Outcomes measures?
10. Note taking?
11. What could be improved with the policies and procedures?

I'd like to ask you about barriers and facilitators of your experience?

1. Were there barriers to offering TAICBT?
2. Where there things that facilitated your experience with TAICBT?
3. How much time did you spend on work related to TAICBT?

These questions are designed to get your perceptions of the utility of TAICBT.

1. Did you perceive this service to be helpful to your client(s)? Describe.
2. How important were the modules to clients compared to therapist support?
3. What was the outcome of your client(s)?

Now I'd now like to ask you some general questions to learn more about your experience.

1. Overall, what did you like about offering TAICBT?
2. What would you change?
3. Do you feel this was a beneficial part of your training in clinical psychology generally?
4. Do you feel participating in TAICBT helped you in terms of working with clients face-to-face in some way?
5. Do you think it is likely that you will be offering TAICBT again with this program?
6. Do you see yourself using some form of TACBT in the future outside of this program?

Consent from participants will be obtained to retrieve the following information from the TAICBT unit coordinator:

1. How long has the therapist been offering TAICBT?
2. How many clients has the therapist provided TAICBT?
3. What is the primary concern of the client(s) the therapist was working with?
4. How long did it take the therapist's clients to complete the program?
5. Did the clients complete treatment?
6. On average, how often did the therapist email their client (s)?
7. On average, how often did the client(s) e-mail the therapist?
8. On average, how often did the therapist need to contact their client(s) by phone?

Consent form



Information for Potential Participants

Project Title: First Time Users of Therapist-Assisted Internet Cognitive Behaviour Therapy: A qualitative examination of Psychology Graduate Students in Training

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Invitation to Take Part

You are invited to participate in a study on the experiences of Clinical Psychology Graduate students in the training and usage of Therapist-Assisted Internet Cognitive Behaviour Therapy (TAICBT). This study involves participating in an interview discussing your experiences with TAICBT. It entails the examination and documentation of the positive and negative experiences that are encountered by student therapists when delivering TAICBT program. The study is funded by grants from the Canadian Institutes of Health Research and Saskatchewan Health Research Foundation.

Eligibility to Participate

To be eligible to participate you must be a student from the Clinical Psychology Program at the University of Regina. You must also have previous course work or supervised clinical experience in Cognitive Behaviour Therapy, at least 600 hours of practical training, be comfortable using computers with Internet access, taken the TAICBT training workshop, and have provided at least 6 modules of treatment to one client with TAICBT.

Purpose of the Study

The purpose of this study is to investigate and document the perceived positive and negative experiences as well as facilitators and barriers of this experience that are encountered by student therapists when delivering the TAICBT program. Also to be examined will be the general perceptions of the utility of this training and this therapy among new users of TAICBT.

Procedure

The individual semi-structured interview will be approximately 45 minutes in length and will generally address aspects of the student therapist experience of using TAICBT such as: positive and negative experiences with the training workshop, the screening process, the modules, forming a relationship with the client through text, supporting a client in cognitive and behavioural tasks through text, the web application, supervision, policies and procedures of the unit, and ethical issues that were encountered. Additionally, students will be asked about their ideas for improving any of the above, as well as overall barriers and facilitators of the experience, and their perception of the utility of TAICBT for clients. Finally, questions will be asked about their perceptions of learning TAICBT in terms of their education and, importantly, about the therapist's thoughts on using TAICBT in the scope of their practice. All interviews will be audio recorded and then transcribed by the researcher.

Release of Information

If you participate in this study, we would also ask your permission to access the following information you have provided previously to the TAICBT Unit Coordinator: How long have you been offering TAICBT with a client, how many clients have you treated with TAICBT, what was the primary concern of the client(s) was you were working with, how long it took your last client to complete the program, how often you emailed your client, how often the client e-mailed you, and how often you contacted your client by phone.

Potential Benefits

Participation in this study has the benefit of providing you with the opportunity to provide constructive feedback in regards to your experiences with TAICBT back to the Online Therapy Unit program. Your participation will also assist future researchers by providing feedback on training and your experience treating clients with TAICBT.

Potential Risks and Discomforts

There are no known risks or discomforts associated with taking part in this research study. The only cost to you will be the time to participate in the interview. You will be informed of any new information that may affect your decision to take part in this study.

Confidentiality

Any information gained from taking part in this study is confidential and will only be shared with members of the research team involved in the study. All information collected for this study will be kept in a locked office in the Clinical Health Psychology laboratory at the University of Regina and electronic information will be stored on password-protected computers. All information will be held for a minimum of 5 years.

Voluntary Participation

Your taking part in the study is entirely voluntary. Should you choose not to take part, or if you wish to withdraw from the study at any time after starting, you may do so without any consequences to your future or current employment or status as a student in your program. You are free to share as much or as little information as you feel comfortable.

Copy of Consent Form

You will receive a copy of the study information and informed consent forms for your own records.

Offer to Answer Questions

If you have questions regarding the procedures and goals of this study or your taking part in the interview, we encourage you to contact the Graduate Student working on this project within the Online Therapy Unit, Lindsay Friesen **Lindsay.n.friesen@gmail.com** or call Dr. Heather Hadjistavropoulos at (306) 585-5133 or **heather.hadjistavropoulos@uregina.ca**.

This research project has been approved on ethical grounds by the Research Ethics Board (REB) of the University of Regina. Any questions regarding your rights as a participant may be addressed to the University of Regina Ethics Board at (306) 585-4775 or email: **research.ethics@uregina.ca**.

Access to Study Results

If you are interested in a summary of the study results, please visit the website (www.onlinetherapyuser.ca). Updates regarding this study, including study results will be posted here. If you have any further questions about the research findings, please feel free to contact us using the telephone numbers or email addresses listed above.

Consent Page

Project Title: First Time Users of Therapist-Assisted Internet Cognitive Behaviour Therapy: A qualitative examination of Psychology Graduate Students in Training

Have you read and understood the information page?

Yes _____ No _____

Do you freely and voluntarily consent to take part in the research?

Yes _____ No _____

I, _____, hereby consent to participate in this research study.

(print name of)

(signature of participant)

Date signed: _____

You will receive a copy of the study information and informed consent forms for your own records.

If you have questions, you may contact the Graduate Student, Lindsay Friesen **lindsay.n.friesen@gmail.com** or the principal investigator, Dr. Heather Hadjistavropoulos, at **heather.hadjistavropoulos@uregina.ca** or **(306)-585-5133**.

This research project has been approved on ethical grounds by the Research Ethics Board (REB) of the University of Regina. Any questions regarding your rights as a participant may be addressed to the University of Regina Ethics Board at (306) 585-4775 or email: research.ethics@uregina.ca. Out of town participants may call collect.

Appendix C

List of Content Areas and Themes

Content Area: Positive Aspects of Graduate Students Experience with TAICBT

- THEME: TAICBT training workshop was instructive and educational
- THEME: TAICBT beneficial to clinical training
- THEME: Email communication conducive to training novice therapists
- THEME: TAICBT was beneficial for many clients
- THEME: Exception supervision and support from staff members
- THEME: Online programs were well-built and thorough
- THEME: Well thought out and thorough policy and procedures
- THEME: TAICBT overall was a valuable service to clients with less time commitment from therapist

Content Area: Challenges and Weaknesses of TAICBT

- THEME: Weaknesses in the TAICBT training workshop
- THEME: Weaknesses of some programs' modules
- THEME: Challenges using the program website
- THEME: Challenges working with some clients
- THEME: Weaknesses in the client screening process
- THEME: Challenges in deciding what to write to clients
- THEME: Challenges with some of the policies and procedures
- THEME: Challenges with perceived obligation to take on clients

Content Area: Facilitators of the Graduate Students Experience with TAICBT

- THEME: High-quality supervision and support from staff members
- THEME: Therapist comfort with technology
- THEME: Structured program and clearly laid out policies and procedures
- THEME: Flexibility in location, day, and time emails could be written
- THEME: Ease of use of the program Online Therapy USER website

Content Area: Barriers of the Graduate Students Experience with TAICBT

- THEME: Students had many other demands on their time
- THEME: Some aspects of the program were inconvenient
- THEME: Learning a new program was a significant time investment
- THEME: Clients can act as a barrier

Content Area: Usefulness of TAICBT and Future Student Therapist Utilization of TAICBT

- THEME: Therapy outcome dependent on client characteristics
- THEME: Clients find information from the modules and therapist support helpful to varying degrees
- THEME: Therapists took different aspects from TAICBT to apply to face-to-face therapy
- THEME: Increasing access to mental health for the broader population
- THEME: Therapists are open to future usage of TAICBT as professionals

Content Area: Suggested Improvements to TAICBT

- THEME: Improvements to the TAICBT training workshop
- THEME: Improvements to the screening and set-up of clients on the system
- THEME: Suggested improvements to modules
- THEME: Improvements to the website
- THEME: Modifications to the policy and procedures

Appendix D



OFFICE OF RESEARCH SERVICES
M E M O R A N D U M

DATE: August 31, 2010

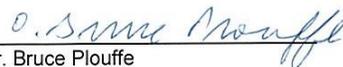
TO: Dr. Heather Hadjistavropoulos
Psychology

FROM: Dr. Bruce Plouffe
Chair, Research Ethics Board

Re: **An Outcome Evaluation of Internet Cognitive Behaviour Therapy (I-CBT) Training for Students and Mental Health Service Providers (File # 11R1011)**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

- 1. APPROVED AS SUBMITTED. Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F), **ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS.** Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implementation.
- 2. ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.
- 3. ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.
- 4. UNACCEPTABLE AS SUBMITTED. The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.


Dr. Bruce Plouffe

** supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office of Research Services (Research and Innovation Centre, Room 109) or by e-mail to research.ethics@uregina.ca

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