Mixed-method Evaluation of an Online Motivational Interviewing Intervention as a Potential Adjunct to Internet-delivered Cognitive Behaviour Therapy: Immediate Benefits and User Feedback

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Abstract

While Internet-delivered cognitive behaviour therapy (ICBT) can effectively reduce anxiety and depression, not all clients benefit equally from treatment. Motivational Interviewing (MI) can result in behaviour change and, coupled with face-to-face therapy, can lead to enhanced outcomes; however, little research has examined MI as an adjunct to ICBT. The aim of the current study was to evaluate user feedback on a newly developed online MI intervention and to explore the immediate impact of the MI lesson on motivation for change. Two samples of participants, one with ICBT experience (n = 21) and one without ICBT experience (n = 20), reviewed and evaluated the online MI intervention. Pre and post lesson participants rated their motivation. Following MI, both samples of participants reported a statistically significant increase in ability to reduce symptoms (p < .0001) and an increase that approached statistical significance in perceived importance of reducing symptoms (p < .052). Furthermore, after completing the MI intervention, participants reported increased confidence in recommending the lesson to a friend (p < .002) and increased belief that the lesson would be successful in helping someone to prepare for ICBT (p < .0001). Examination of ratings of the MI intervention and open-ended comments were positive, although participants made recommendations for expanding the exercises or content to assist with self-reflection. The current research provides evidence for the face validity of the MI intervention and sets the foundation for research on MI as a potential adjunct to ICBT for improving motivation prior to active treatment.

Key words: Anxiety, Depression, Motivational Interviewing, Internet-delivered Cognitive Behaviour Therapy, Evaluation
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Mixed-method Evaluation of an Online Motivational Interviewing Intervention as a Potential Adjunct to Internet-delivered Cognitive Behaviour Therapy: Immediate Benefits and User Feedback

Anxiety and depression are prevalent and debilitating conditions with far reaching effects on functioning and losses in health (World Health Organization, 2017). One effective, evidence-based treatment for both anxiety and depression is cognitive behaviour therapy (CBT; Butler, Chapman, Forman, & Beck, 2006). CBT operates on the theory that thoughts, feelings, and behaviours all influence one another; therefore, treatment focuses on identifying and challenging the maladaptive thoughts and behaviours that contribute to symptoms of anxiety and depression (Craske, 2010). Unfortunately, there are numerous barriers to receiving CBT or other face-to-face treatments, such as concerns about being stigmatized, long waiting lists to receive care, costs of therapy, making time and arrangements to see a therapist, and the time involved for travelling to see a therapist (Sanmartin, 2002; Wang et al., 2007).

Internet-delivered cognitive behaviour therapy (ICBT) has emerged as an effective approach to overcoming barriers to accessing mental health treatment (Newby, Twomey, Li, & Andrews, 2016). With this approach, from a location of their choosing and at their own convenience, clients work through structured weekly lessons online focused on identifying and overcoming maladaptive thoughts and behaviours (Andersson & Titov, 2014). Research demonstrates that ICBT is effective in reducing symptoms of anxiety and depression, even more so when accompanied with therapist support (Baumeister, Reichler, Munzinger, & Lin, 2014).

Despite being accessible and effective, there continues to be room for improvement in ICBT in terms of client engagement, completion rates, and overall symptom reduction. In a review of nine studies ($N = 1282$), Andrews, Hobbs, and Newby (2016) found an average drop-
out rate of 31% in ICBT programs for depression. Hadjistavropoulos et al. (2016) found that a portion of clients with clinically elevated anxiety and depression pre-treatment scores do not show large symptom improvement at the post-treatment measure. These findings highlight that further research is required to investigate the contributing factors as to why people do not complete treatment, and as to why some people more fully benefit from treatment than others. Research has been conducted on the relationship between client characteristics and response to ICBT interventions; however, the findings remain inconclusive as to which influencing factors determine a client’s response to ICBT (Andersson, 2016). Miller and Rollnick (2013) posit that some individuals experience a greater degree of ambivalence to change, which can be identified by the types of motivational language used by the client (Sijercic, Button, Westra, & Hara, 2016).

Ambivalence is the simultaneous experiencing of contradictory emotions or attitudes towards something (Miller & Rollnick, 2013). Most people who would benefit from making a change in behaviour or lifestyle, such as actively working to reduce anxiety or depression, are ambivalent about doing so. People may be ambivalent towards changing maladaptive patterns because these patterns have become routine, which leads to the belief that these familiar patterns must serve an important function. Miller and Rollnick (2013) contend that ambivalence is a normal human experience and necessary for change to occur, because the presence of ambivalence indicates awareness of a maladaptive behaviour and movement beyond outright refusal to change. Of importance, researchers have found that client motivational language in early CBT sessions is a reliable predictor of client engagement, completion, and outcomes (Lombardi, Button, & Westra, 2014; Sijercic et al., 2016; Westra, 2004). Motivational language
encompasses expressions in support of change, known as change-talk, as well as against change, referred to as counterchange talk (Hagen & Moyers, 2009).

Miller (1983) described a concept of Motivational Interviewing (MI) that he used in face-to-face therapy to help people he was treating for alcoholism. From this experience, Miller and Rollnick (1991) developed the MI intervention, which embraces a client-centered communication approach for eliciting behaviour change. Through a conversation style interviewing process, the therapist and client work to strengthen the client’s intrinsic motivation to change by exploring and resolving ambivalence to change. This is accomplished by the therapist reflecting the client’s own thoughts and feelings in support of change and arguments against change; thereby helping the client to recognize his or her maladaptive ambivalence (Miller & Rollnick, 2013; Rubak, Sandbaek, Lauritzen, & Christensen, 2005). The therapeutic relationship in MI is a partnership built on respect of client autonomy (i.e., one’s right to make decisions for self and manage the consequences), with empathy, compassion, and evocation from the therapist. Evocation in MI refers to the therapist’s job of listening for, and evoking, the client’s thoughts and feelings in order for the client to recognize they can draw on their own wisdom as a resource (Miller & Rollnick, 2013).

Although MI is brief in nature, normally one or two sessions (Hettema, Steele, & Miller, 2005), it has been shown to be effective for change across a wide range of behaviours (i.e., substance use, safer sex practices, eating disorders), across a variety of cultures, and with a wide age range of people (Hettema et al., 2005; Rubak et al., 2005; Westra, Aviram, & Doell, 2011). In a meta-analysis and systematic review of studies in which the efficacy of MI was investigated across all behaviour domains (N = 72), Hettema et al. (2005) found that MI alone had an effect that tends to be seen early, but then diminishes within the year of follow-up; however, where MI
was tested as an adjunct to therapy, the effect of MI in improving outcome was maintained or increased over the follow-up period. Further to this finding, when MI is added at the beginning of treatment, the significant improvements in treatment outcome appear to be attributable to MI’s effects on treatment retention and engagement (Hettema et al., 2005).

MI has been integrated into face-to-face therapy for the treatment of anxiety and depression to address concerns of poor treatment adherence and completion (Riper et al., 2014; Sijercic et al., 2016). In a recent meta-analysis on the integration of MI and CBT for anxiety disorders, Marker and Norton (2018) found that MI as a pre-treatment to CBT, as compared to CBT alone, has a moderate significant effect on symptom reduction (Hedges $g = 0.59$) and improved outcomes at follow-up (e.g., Marker & Norton, 2018; Hettema et al., 2005).

The effect of MI in conjunction with ICBT for depression and anxiety remains unclear as only one study has examined online MI in conjunction with ICBT, specifically for social anxiety (Titov et al., 2010). Titov et al. (2010) appended MI based static questions to other ICBT course materials, and did not find this addition significantly improved symptom change. Of note, the online MI provided to participants was not fully consistent with the principles of MI as offered in face-to-face care in that they only used reflection questions related “to understanding and exploring ambivalence about change using a cost–benefit analysis, developing and resolving discrepancy between values and symptoms, and enhancing self-efficacy for change to mimic MI” (Titov et al., 2010, p. 938). Therefore, additional research on MI as an adjunct to ICBT, offered in a more consistent manner with face-to-face MI principles, would be beneficial. For example, it is possible that inclusion of open-ended questions and reflection statements, in addition to videos, that focus on engaging clients, on building autonomy support, and in encouraging evocation could result in an online MI intervention that improves outcomes of ICBT.
MI Intervention: The Planning for Change Lesson

Development. Given the past research showing that MI is a beneficial adjunct to face-to-face care (Hettema et al., 2005), the Planning for Change lesson was developed by adapting the components from MI in face-to-face therapy to an online format (Soucy & Hadjistavropoulos, & Beck, 2018). The intervention was specifically developed to be offered prior to ICBT in the treatment of anxiety and depression, aiming to increase motivation and to diminish ambivalence to change. The current investigation represents the first in a series of planned studies based on the MI intervention. The second study is being conducted as a randomized controlled, non-inferiority trial. The trial, with and without the online MI intervention, explores the impact of the MI intervention on adherence and outcomes of ICBT for people experiencing anxiety and/or depression (Soucy & Hadjistavropoulos, 2018).

Structure. The lesson begins with a brief Introduction video, which explains the objectives of the Planning for Change lesson. The client is then presented with the Values Clarification exercise. Open-ended questions encourage participants to think about and to identify their values, and to explore how anxiety and depression symptoms impact living congruently and consistently with those values. An Importance Ruler exercise is then presented, which is a common technique used in face-to-face therapy when attempting to increase motivation to change (Miller & Rollnick, 2013). Clients rate how important they feel it is to reduce their anxiety or depression on a Likert scale. Based on the rating given, reflective statements appear onscreen encouraging clients to engage in deeper thinking as to how they may give greater priority to managing symptoms. Subsequently, a Looking Back exercise asks open-ended questions using directional language to evoke the client into recognizing possible strengths. The client is encouraged to recall a situation they have been through and then to
identify how they overcame the situation. Similar to the Importance Ruler, the Confidence Ruler exercise is then presented, which involves clients rating on a Likert scale how confident they are in their ability to reduce anxiety and depression symptoms. The last exercise is the Looking Forward exercise, in which clients are asked to think about the benefits of seeking treatment as compared to not seeking treatment, and how this decision might impact their future. Clients then watch an Expert Video, which contains information about what to expect from the ICBT course and provides perspectives from previous clients. The exercise ends with the Conclusion video, summarizing the Planning for Change lesson.

**Evaluation of the Online MI Intervention**

**Purpose.** The first in a series of studies on MI as a possible adjunct to ICBT, this study offers a preliminary evaluation of the MI intervention by examining user feedback on the MI intervention, as well as, the immediate impact of the Planning for Change lesson on participant motivation (e.g., ratings of importance to change, ability to change, and trying to change). As recommended by Birk et al. (2004), two samples were recruited in order to have comparison groups for evaluating the MI intervention: one sample with knowledge of ICBT from being previously screened into an ICBT course [experience with ICBT sample]; the other sample with little to no knowledge of ICBT [no experience with ICBT sample] from the general population. Based on having familiarity with the ICBT course, it was posited the experience with ICBT sample would provide perceptions and insight as to how the MI intervention may influence one’s experience in the ICBT course. Alternatively, it was posited the no experience with ICBT sample would offer first impression perceptions on the MI intervention.

The aim of the study was to evaluate user feedback on a newly developed online MI intervention, and to explore immediate impact of the MI lesson on motivation for change in
individuals with and without past experience with ICBT by answering the following research questions: (1) does the MI intervention have an immediate impact on ratings of motivation for change, and if so, which areas of motivation for change (i.e., importance of reducing symptoms, ability to reduce symptoms, and trying to reduce symptoms) are affected?; (2) do participants perceive the MI intervention as logical and successful in helping an individual to prepare to work on reducing symptoms of anxiety and depression, and how confident are they in recommending the lesson to a friend who experiences anxiety or depression?; (3) using open-ended feedback, what potential strengths and areas for improvement do participants identify in each component of the Planning for Change lesson?; and (4) what, if anything, do participants identify learning about themselves from participating in the MI intervention?

It was hypothesized that the MI intervention would affect motivation for change in both groups, which would be supported by the differences in ratings from pre- to post- Change Questionnaire (CQ) scores. It was hypothesized that the experience with ICBT group would have higher pre-intervention CQ scores than the no experience with ICBT group, as the experience with ICBT group would possibly have greater understanding of the importance of, ability and trying to work on reducing anxiety and depression symptoms from previously participating in ICBT. Given limited past research, no hypotheses were made about whether the MI intervention would differentially impact participants with and without MI experience. It was hypothesized that participants would rate the MI intervention as logical and successful in helping individuals to prepare to work on reducing symptoms of anxiety and depression; equally so, participants would feel confident in recommending the lesson to a friend who experienced anxiety or depression.
It was hypothesized that individuals with and without ICBT experience would identify both strengths and challenges of each individual component of the Planning for Change lesson. It was further hypothesized that the experience with ICBT group would provide more in-depth commentary on the MI intervention’s strengths and areas for improvement, given their past experience with MI. No hypotheses were made about how the Planning for Change lesson would impact insight participants shared about themselves.

**Method**

**Participants**

This study serves as a preliminary evaluation of the MI intervention, the first in a series of studies aiming to evaluate the online MI intervention as a possible adjunct to ICBT. The second study on the MI intervention was piloted between October, 2018 and March, 2019 in a randomized controlled clinical trial (RCT) conducted in the Online Therapy Unit (OTU), which originally aimed to have 300 participants (Soucy & Hadjistavropoulos, 2018). For evaluating an intervention that is to be tested in a pilot study, Lackey and Wingate (1998) recommend obtaining approximately 10% of the final study size. Based on these recommendations, the current study required a minimum of 30 participants to fully complete the study in order to reach 10% of the pilot study sample size. By RCT completion, there were a total of 480 participants in the clinical trial, with 231 receiving the MI intervention, and 249 receiving standard ICBT care. The addition of participants to the RCT occurred after recruitment for the current study was completed; therefore, the final number of participants who fully completed the study \( n = 41 \) equates to 8.4% of the RCT final sample size.

In order to participate in the study, eligible participants were Canadian residents, 18 years of age or older, had access to a computer and the Internet, and understood English. Participants
could not actively be participating in ICBT research at the time of this study. Participants also had to indicate experiencing symptoms of anxiety or depression, either by answering “yes” to the question in the consent that inquired about experiencing anxiety, worry, difficulties with depression or loss of pleasure in activities, or by reporting symptoms of anxiety or depression on measures of anxiety and depression described below. A total of 286 people accessed the study; however, a total of 41 participants fully completed the study from pre- to post-intervention. The study had institutional ethics approval (see Appendix L).

**Measures**

**Demographic information.** Demographic details were gathered with participants first identifying how they accessed the survey, either through social media or email invitation. Demographic information was collected for age, gender, education level, residence location, ethnicity, and background with counselling and pharmacological treatments.

**Change Questionnaire (CQ; Miller, & Johnson, 2008).** Participants completed the three item CQ at both pre- and post-intervention, which asked participants to rate on a Likert scale, from 0 (definitely not) to 10 (definitely), the importance of reducing the anxiety or depression experienced, their ability to reduce the anxiety or depression experienced, and how much they are trying to reduce the level of anxiety or depression experienced. The CQ is a self-report measure of motivation for change, drawing on psycholinguistic research using common language in a natural state.

**Familiarity with online therapy.** Participants were asked to indicate their familiarity with CBT and ICBT from five possible answers; 1) never heard of this treatment, 2) have heard of this treatment, but do not know any details, 3) have some understanding of what this treatment is, 4) have a good understanding of this treatment, or 5) have used this treatment in the past.
Participants were also asked if they had ever taken a course through the OTU. The participants who indicated they had taken a course through the OTU were asked if they remembered completing the course. Respondents had eight multiple choice options to this question, with answers varying by the level of engagement and lesson completion. These participants were also asked to rate the amount of effort they felt they put into the OTU course, ranging from 0% Effort to 100% Effort. Participants were classified as having had past experience with ICBT based on responses to the following questions: Did you access this survey through a social media ad, or through an email invitation link? (Email invitations were sent to past ICBT participants); Have you ever taken an online therapy course through the OTU? Based on participant responses to these questions, one participant was identified as being in the incorrect sample and was moved from the no experience with ICBT sample to the experience with ICBT sample.

**Patient Health Questionnaire-8 items (PHQ-8; Kroenke, Spitzer, Williams, & Lowe, 2010).** The PHQ-8 is an eight-item questionnaire designed to assess symptoms of depression over the past two weeks. The statements requested respondents to rate the duration of their symptoms on a 4-point scale from 0 (*not at all*) to 3 (*nearly every day*). Scores of 5, 10, 15, and 20 correspond to mild, moderate, moderately severe and severe scores for depression (Kroenke, Spitzer, Williams, & Lowe, 2010).

**General Anxiety Disorder-7 items (GAD-7; Kroenke et al., 2010).** The GAD-7 measures general anxiety symptom severity over the past two weeks. Participants were presented with statements concerning the duration of their symptoms on a 4-point scale that ranges from 0 (*not at all*) to 3 (*nearly every day*). The GAD-7 cut off points are 5, 10, and 15 or greater representing mild, moderate, and severe anxiety. Higher scores indicated more severe symptoms of anxiety, with a cut-off score of 10 indicating a likely diagnosis of Generalized Anxiety
Disorder (Kroenke et al., 2010). The instrument has been reported to include criterion, construct, factorial, and procedural validity, as well as good reliability. Psychometric studies show that GAD-7 has excellent internal consistency ($\alpha = 0.92$) and strong construct validity (Kroenke et al., 2010).

**MI Evaluation.** Each component of the MI intervention was followed by a feedback questionnaire to assess the MI intervention. As seen in Table 4, the six feedback questionnaires vary in collecting quantitative and qualitative responses. In addition, the Introduction and Conclusion videos were followed by three Likert style questions, ranging from not at all (0) to very (4), asking participants to rate: 1) how logical the Planning for Change lesson seems; 2) how successful the lesson may be in helping to prepare someone for working on reducing symptoms of anxiety or depression; and 3) how confident they would be in recommending the lesson to a friend who experienced anxiety or depression. After the Introduction video, Expert video, and Conclusion video, participants were asked to rate the visual appeal, ease of listening and understanding, and interest in watching the videos on a 5-point Likert scale, from 0 (not at all) to 4 (very). All three videos were also followed with questions inquiring if the video encouraged the participant to learn more about how to reduce symptoms of anxiety or depression, and if the video encouraged the participant to learn more about online therapy. Response options to these questions were “yes”, “no”, and “unsure”.

The first feedback questionnaire concluded with two open-ended questions: 1) This introduction video was meant to clarify what the Planning for Change lesson includes. What do you think of this video?; and 2) How can we make this video more helpful?

The Values Clarification exercise was followed by feedback questionnaire 2, which asked participants to rate on a 5-point Likert scale, ranging from 1 (not at all) to 5 (very much so), if
thinking about one’s values motivates working on learning strategies to improve mental
wellbeing. Participants were also asked if they had any feedback or comments on the Values
Clarification exercise.

The Importance Ruler and Looking Back exercises were followed by feedback
questionnaire 3, which asked two quantitative and two qualitative questions: 1) On a scale from 1
(not at all) to 5 (very much so), does thinking about the importance of reducing your anxiety or
depression motivate you to work on learning strategies to manage symptoms?; 2) On this same
scale, do you find thinking about a situation you previously experienced and recognizing how
you overcame it motivates you to learn strategies to reduce anxiety or depression?; 3) Comments
on the exercises you just completed?; and 4) Comments on the feedback you received after doing
the exercises.

The Confidence Ruler and Looking Forward exercises were followed by feedback
questionnaire 4, which asked the same open-ended questions as feedback questionnaire 3, and
used the same 5-point Likert scale. The quantitative questions focused on: 1) does thinking about
your confidence in your ability to reduce anxiety or depression motivates learning strategies to
reduce symptoms?; and 2) Does thinking about hopes for the future motivate learning strategies
to reduce symptoms?

The Expert video was followed by feedback questionnaire 5, which incorporated Likert
response sets, as explained earlier, as well as two open-ended questions: 1) The Expert video
provided you with more information about the Online Therapy Unit’s Wellbeing Course. What
did you think of this video?; and 2) How can we make this video more helpful?

Feedback questionnaire 6 followed the Conclusion video, and along with the Likert
response sets previously outlined, four additional open-ended questions were asked: 1) This
Conclusion video was meant to clarify the next steps for starting the Wellbeing Course. What did you think of this video? 2) What suggestions, if any, do you have for improving the Planning for Change lesson? 3) What, if anything, did you realize about yourself by completing the Planning for Change lesson? and 4) Any final comments or feedback that you would like to add? The final question of the intervention asked participants how the Planning for Change lesson affected their interest in participating in online therapy. Response options were: Yes, it increased my interest to participate; Yes, it decreased my interest to participate; No, it did not change my interest, I am still interested in participating; No, it did not change my interest, I am still not interested in participating.
Figure 1. Procedural Flow Chart

- Consent
- Pre-intervention questionnaire
  - Introduction video: Outlines what client can expect from the lesson and lesson duration.
  - Feedback questionnaire 1
- Feedback questionnaire 2
  - Values Clarification: Client is asked about personal values, and how symptoms of anxiety and depression affect attainment of those values.
- Feedback questionnaire 3
  - Importance Ruler: Client is asked to rate their perceived importance of reducing anxiety/depression symptoms, and then provided follow-up questions and written feedback.
- Feedback questionnaire 4
  - Looking Back: Client is asked to recall a situation which they overcame, and to identify their strategies that facilitated resolution.
- Feedback questionnaire 5
  - Confidence Ruler: Client is asked to rate confidence in their ability to reduce anxiety/depression symptoms, then provided personalized follow-up questions and written feedback.
- Feedback questionnaire 6
  - Looking Forward: Client is asked about benefits of seeking treatment for anxiety and depression relative to not seeking treatment, and how this decision might impact their future.
- Expert video: Dr. H. Hadjistavropoulos shares information about ICBT, possible benefits of participating in ICBT, and patient stories.
- Conclusion video: Summarizes lesson, provides Online Therapy Unit contact information.
Procedure

In order to obtain participants who already have experience with ICBT, a staff member of the OTU sent an email invitation (see Appendix B) to past research participants, who were previously screened into OTU programs and who consented to being contacted for future research. The no experience with ICBT sample was recruited using snowball sampling through Facebook and Twitter (see Appendix A).

Individuals accessed the study through an anonymous, online link, which they received by email invitation from the OTU or via a social media advertisement on Facebook or Twitter. The link directed to the intervention and self-report questionnaires on the Research Electronic Data Capture (REDCap) website platform, which is hosted by the Regina - Qu’Appelle Health Region. Once respondents answered the eligibility criteria and participant consent was obtained, the survey continued with a downloadable informed consent and instructions (see Appendix C). Participants were asked to complete demographic and baseline questionnaires, with the first question asking participants if they accessed the survey through a link in a social media advertisement or through an email invitation link. Participants worked through the MI intervention, called the Planning for Change lesson, filling out feedback questionnaires after the videos and exercises in the MI intervention.

Statistical Analysis

Preliminary analyses. The aim of the preliminary analyses was to identify the demographic and clinical characteristics of the sample, as well as, to gauge participants’ familiarity and personal experience with ICBT. Independent samples t-tests and chi-square analyses were used to examine possible differences between the two samples for demographic and clinical variables (PHQ-8, GAD-7), and mental health treatment history.
Primary analyses. Using a mixed methods design, the primary analyses examined the four research questions. To address the first research question (does the MI intervention have an immediate impact on ratings of motivation for change, and if so, which areas of motivation for change (importance, ability, and trying to change) are affected?), a repeated measures analysis of variance (ANOVA) was conducted on the pre- and post-CQ scores for each sample.

To address the second research question (do participants perceive the MI intervention as logical and successful in helping an individual to prepare to work on reducing symptoms of anxiety or depression, and how confident are they in recommending the lesson to a friend who experiences anxiety or depression?), a repeated measures ANOVA was conducted on responses from feedback questionnaire 1, which followed the Introduction video, and from feedback questionnaire 6, which followed the Conclusion video.

To address research question three (what potential strengths and areas for improvement do participants identify in each component of the Planning for Change Lesson?), first, Likert-style responses were examined and groups were compared on ratings of MI using independent samples t-tests. Second, a thematic analysis was conducted on the open-ended responses in all six feedback questionnaires. Following the protocol outlined by Braun and Clarke (2006), two researchers (CB and JS) individually reviewed the qualitative responses, identifying common statements and suggestions. The researchers then conferred on the topics itemized in the review and from this, codes were developed. Prior to beginning the coding process in NVivo, two random lists of 12 participant record identification numbers were produced through www.researchrandomizer.org. Both sets of lists were used to code the responses as not all participants provided qualitative responses. A total of 14 of the 24 randomly selected participants had provided qualitative responses, which equated to 10% of the overall study sample. Cohen’s
Kappa demonstrated excellent agreement between the raters (Kappa = .80, weighted). Two overall themes were identified from the initial review of the qualitative responses, which all related to the structure of the Planning for Change lesson, or to participant feelings and thoughts evoked from participating in the lesson. Within these themes of structure and evocation, two codes were further identified for each theme. Under the theme of structure, a code for the strengths of the videos and exercises was identified, as well as structural areas that would benefit from improvement. Under the theme of evocation, a code was identified for negative thoughts or feelings that participants shared, and one for positive thoughts or feelings that participants shared.

To address research question four (what, if anything, do participants identify learning about themselves from participating in the MI intervention), a thematic analysis was conducted on participant responses to the open-ended question in the post-intervention questionnaire, “What, if anything, did you realize about yourself by completing the Planning for Change lesson?”

Results

Data Preparation

Prior to analyses, the primary researcher (CB) downloaded the data from the REDcap research platform into the Statistical Package for the Social Sciences (SPSS) software, version 25. The data was screened to ensure the accuracy of data entry and to identify missing cases. Data from participants who did not complete the survey was removed. Also verified was the accuracy of participants’ responses in order to categorize participants into the correct sample – experience with ICBT, or no experience with ICBT. One participant inaccurately reported their date of birth by selecting the calendar date in which they participated in the study; therefore, one
participant from the experience with ICBT sample was excluded from demographic details regarding age, but was included in all other statistical analyses. Aside from the inaccurate birthdates, no missing data was identified in the final sample of 41 participants.

**Outliers.** Outliers were determined for continuous variables of primary interest by converting scale scores to $z$ scores. The standardized $z$ values were then reviewed for scores in excess of $\pm 3.29 (p < .001$, two-tailed test), which classify as outliers according to Tabachnick & Fidell (2013). One participant in the no experience with ICBT sample was identified as an outlier in the pre-intervention CQ as scoring 1 out of 10 for trying to reduce anxiety and depression. Upon examination, it was decided there was no justification for transforming the case based on the sample from which it originated and the variable in which it fell, as recommended by Tabachnick & Fidell (2013).

**Preliminary Analysis**

**Differences Between Samples.** Chi-square and independent samples t-tests were conducted to test for differences between samples in terms of demographic and clinical variables, therapeutic and pharmacological treatment history, and familiarity with CBT and ICBT. As illustrated in Table 1, statistically significant differences were found between the two samples in demographic variables for age, $t(38) = 2.68, p < .01$ (experience with ICBT: $M = 45.35, SD = 11.99$; no experience with ICBT: $M = 35.80, SD = 10.47$) and for ethnicity, $p < .04$, as the no experience with ICBT was 100% Caucasian and the experience with ICBT sample was 81% Caucasian. Independent samples t-tests further identified statistically significant clinical differences between the samples. Symptom score differences for anxiety (GAD-7) were statistically significant, $t(39) = 3.213, p < .003$ (experience with ICBT: $M = 5.62, SD = 4.24$; no experience with ICBT: $M = 11.30, SD = 6.85$), as were scores for depression (PHQ-8), $t(39) =$
3.213, \( p < .01 \) (experience with ICBT: \( M = 7.33, SD = 4.84 \); no experience with ICBT: \( M = 11.95, SD = 6.40 \)). No significant differences were found between samples in terms of therapeutic and pharmacological treatment history; however, statistically significant differences were identified between samples in terms of familiarity with CBT, \( t(39), p < .006 \) (experience with ICBT: \( M = 4.05, SD = .97 \); no experience with ICBT: \( M = 2.95, SD = 1.40 \)), as well as with ICBT, \( t(39), p < .001 \) (experience with ICBT: \( M = 4.33, SD = 1.02 \); no experience with ICBT: \( M = 2.00, SD = .97 \)).

**Demographic variables.** As seen in Table 1, the following is an overview of the key demographic and clinical characteristics of both samples.

**Experience with ICBT sample.** Included in the data analysis were 21 participants who had some form of experience with ICBT (or in the case of age, 20, due to one participant not reporting date of birth). The experience with ICBT sample ranged in age from 31 to 67 years, with a mean of age of 45 (see Table 1). Twenty participants were female, and all but four self-identified as Caucasian. The majority reported living with family and living in an urban location. Most of the participants in the experience with ICBT sample had a college diploma or university education.

**No experience with ICBT sample.** Included in the data analysis were 20 participants who have no experience with ICBT. The no experience with ICBT sample ranged in age from 22 to 57 years, with a mean age of 35. The majority of the sample was female, and all self-identified as Caucasian. Sixteen out of the 20 reported living with family and all but five live in an urban location. All but two in the no experience with ICBT sample reported having a college diploma or university education.
Symptom Severity. **PHQ-8.** Eleven out of 21 participants in the experience with ICBT sample reported mild depression scores on the PHQ-8, with zero reporting severe depression scores. Alternatively, six out of 20 participants in the no experience with ICBT sample reported mild depression scores, while nine participants reported moderately severe to severe scores.

**GAD-7.** Two participants in the experience with ICBT sample reached the cut point for severe anxiety, while 18 reported mild to no anxiety symptom scores. The no experience with ICBT sample was significantly different in nine participants reporting mild anxiety symptoms scores and nine also reporting severe anxiety symptom scores.

Familiarity with CBT and ICBT. **CBT.** As seen in Table 2, all of the experience with ICBT sample had heard of CBT, with almost half (42.9%) indicating having received CBT in the past. One person in the no experience with ICBT sample reported never having heard of CBT before, while 25.0% reported receiving CBT in the past.

**ICBT.** Approximately half (57.1%) of the experience with ICBT sample reported having received ICBT in the past. Alternatively, 35.0% of participants in the no experience with ICBT reported never having heard of ICBT; whereas, 40.0% reported having heard of ICBT but not knowing any details.

Past participation in ICBT. Participants from the experience with ICBT sample were also asked to rate their experience in the ICBT program. As seen in Table 3, some participants reported putting in 100% effort, while the majority of participants reported completing all of the lessons and supplementary material. Despite one participant reporting being dissatisfied with the ICBT program, 100% of experience with ICBT participants reported the ICBT program was worth their time.
Primary Analyses

Testing Research Question One. The first research question asked: Does the MI intervention have an immediate impact on ratings of motivation for change, and if so, which areas of motivation for change (i.e., importance of reducing symptoms, ability to reduce symptoms, and trying to reduce symptoms) are affected? Participants completed the CQ pre- and post-intervention to measure differences in ratings of motivation for change in the areas of importance, ability, and trying to reduce symptoms of anxiety or depression. Independent samples t-tests revealed the experience with ICBT sample had statistically significant higher pre-intervention ability scores than the no experience with ICBT sample, \( t(39) = 3.84, p < .0001 \), (experience with ICBT: \( M = 7.67, SD = 1.53 \); no experience with ICBT: \( M = 5.85, SD = 1.50 \)). No significant differences were found in the scores for importance or for trying.

Examining ability scores, a repeated measures ANOVA revealed a statistically significant main effect for time, \( F(1,39) = 20.80, p^{***} < .0001, \eta^2_p = 0.291 \), with post-MI ability scores being significantly higher than pre-MI scores (see Figure 2). The repeated measures ANOVA further revealed a statistically significant main effect for group, \( F(1,39) = 14.40, p < .001, \eta^2_p = 0.270 \), with the no experience with ICBT sample reporting significantly lower ability scores overall (see Table 4). There were no interaction effects between time and group for ability scores \( (p < .21) \). Examination of scores suggested that, on average, both groups of participants began with moderate ratings of ability pre-MI (experience with ICBT: \( M = 7.67, SD = 1.53 \); no experience with ICBT: \( M = 5.85, SD = 1.50 \)), and ratings of ability were significantly increased post-MI (experience with ICBT: \( M = 8.62, SD = 1.43 \); no experience with ICBT: \( M = 7.55, SD = 1.67 \)).
Examining importance and trying scores, no main effects for time ($p$ range: 0.052 - 0.92) or group ($p$ range: 0.08 - 0.75) were found, nor interaction effects between time and group ($p$ range: 0.15 - 0.92). Of note, importance scores across groups from pre- to post-MI approached statistical significance, $F(1,39) = 4.02, p^* < .052, \eta^2_p = 0.093$, with pre-MI importance scores (experience with ICBT: $M = 8.86, SD = 1.56$: no experience with ICBT: $M = 9.25, SD = 1.12$) being lower than post-MI scores (experience with ICBT: $M = 9.52, SD = 0.81$: no experience with ICBT: $M = 9.35, SD = 1.35$) (see Figure 2).

Figure 2. Differences in Ratings of Motivation for Change

\[ p^{***} < .0001 \quad p = .052 \]

**Testing Research Question Two.** The second research question asked: Do participants perceive the MI intervention as logical and successful in helping an individual to prepare to work on reducing symptoms of anxiety or depression, and how confident are they in recommending the lesson to a friend who experiences anxiety or depression? Participants rated the intervention after the Introduction video and then again post-MI on being logical, successful, and in feeling confident in recommending the lesson. Independent samples t-tests revealed statistically
significant group differences at pre-intervention for ratings of the lesson being successful, \( t(39) = 2.17, p < .04 \) (experience with ICBT: \( M = 7.24, SD = 1.67 \): no experience with ICBT: \( M = 6.15, SD = 1.53 \)) and ratings of confidence, \( t(39) = 2.84, p < .01 \), (experience with ICBT: \( M = 7.24, SD = 1.79 \): no experience with ICBT: \( M = 5.55, SD = 2.01 \)).

A repeated measures ANOVA was conducted to address research question two, and whether participants at post-treatment perceived the MI intervention as more logical and successful, and if they felt more confident in recommending the lesson to a friend who experiences anxiety or depression. Furthermore, the repeated measures ANOVA allowed for assessment of any group differences and interaction effects. As depicted in Figure 3, the repeated measures ANOVA for participants’ ratings of the lesson being successful in helping someone prepare for ICBT revealed a statistically significant main effect for time, \( F(1,39) = 11.60, p ** = < .002, \eta^2_p = 0.229 \). That is, post-MI successfulness scores (experience with ICBT: \( M = 7.90, SD = 1.30 \): no experience with ICBT: \( M = 7.00, SD = 1.49 \)) across groups were found to be significantly higher than pre-MI scores (experience with ICBT: \( M = 7.24, SD = 1.67 \): no experience with ICBT: \( M = 6.15, SD = 1.53 \)). The repeated measures ANOVA further revealed a statistically significant main effect for group, \( F(1,39) = 5.81, p < .02, \eta^2_p = 0.13 \), with the no experience with ICBT sample reporting significantly lower successfulness scores overall compared to the experience group, as previously noted (see Figure 3). Figure 3 further depicts the repeated measures ANOVA for participants’ ratings of confidence in recommending the lesson to a friend. A statistically significant main effect for time, \( F(1,39) = 25.96, p < .0001, \eta^2_p = 0.400 \) was found, with post-MI confidence scores (experience with ICBT: \( M = 8.10, SD = 1.41 \): no experience with ICBT: \( M = 6.80, SD = 2.29 \)) being significantly higher across groups than pre-MI scores (experience with ICBT: \( M = 7.24, SD = 1.79 \): no experience with ICBT: \( M = \).
5.55, \( SD = 2.01 \)). The repeated measures ANOVA for confidence in recommending the lesson to a friend further revealed a statistically significant main effect for group, \( F(1,39) = 7.24, \ p < .01, \ \eta_p^2 = 0.157 \), with the no experience with ICBT sample reporting significantly lower recommendation scores overall, as previously noted, than the experience with ICBT sample. Examining logic scores, no main effects for time (\( p < .059 \)) or group (\( p < .12 \)) were found. Furthermore, there were no interactions between time and group on any of the variables (\( p \) range: 0.35 - 0.68).

Figure 3. Differences in Success and Confidence Ratings

\[ p ** = < .002 \]

\[ p *** = < .0001 \]

**Testing Research Question Three.** The third research question asked: What potential strengths and areas for improvement do participants identify in each component of the *Planning for Change* lesson? It was hypothesized that individuals with and without ICBT experience would identify both strengths and challenges of each individual component of the *Planning for Change* lesson. It was further hypothesized that the experience with ICBT group would provide more in-depth commentary on the MI intervention’s strengths and areas for improvement. This
hypothesis was based on the experience with ICBT sample having the retrospective ability to reflect on how ICBT previously affected them, and the possible impact the MI intervention may have had on their experience in receiving ICBT.

As seen in Table 4, descriptive statistics from Likert-style response sets identified that, overall, participants perceived the videos as somewhat visually appealing and interesting to watch, and very easy to understand and to listen to. The majority of participants across both samples found the videos encouraged learning how to reduce symptoms of anxiety and depression, as well as encouraged learning more about online therapy. Also as seen in Table 4, independent samples t-tests were conducted to examine possible differences between the sample groups on video ratings and exercise ratings, with no statistically significant differences being found between sample groups for any videos or exercises ($p$ range: .09 – 1.00). Taken together, participant ratings of the videos and exercises in the MI intervention were positive.

Similar to participant ratings of the video and exercises, participant feedback about the lesson was highly positive with some constructive feedback for improvement. From the thematic analysis of open-ended questions, four main themes were identified: (1) structural strengths of the intervention; (2) structural areas for improvement; (3) positive thoughts and feelings evoked by the intervention; and (4) negative thoughts and feelings evoked by the intervention.

**Feedback questionnaire 1.** Participant responses to feedback questionnaire 1, in evaluating the Introduction video, were coded into two themes: structural strengths, and structural areas for improvement. Participants predominantly identified the Introduction video as containing structural strengths, as in being clear, concise, informative, and straightforward. One participant wrote the Introduction video “gives me hope that change can be made,” while another participant indicated the video was “laid out in an approachable and logical manner.” In
responding to the question “how can the video be more helpful?” many participants suggested adding more information and examples pertaining to the content in the intervention. A number of participants also suggested changing the background colour of the videos. Some participants in the no experience with ICBT addressed possible concerns with entering into therapy without first speaking to a therapist to receive pertinent information. For example, one participant (ID 56) from the no experience with ICBT sample described concerns with the language used in the Introduction video which spoke about planning for change:

If I watched this when I was in the height of my anxiety, I would have turned it off immediately. I'm anxious about change, so jumping right in isn't something I want to do. If I’m signing up for online therapy, I want to talk about things with a human first, then get a better understanding of what changes I would need to make in my life. I’d say this would be an effective video if I’ve already spoken to someone.

*Feedback questionnaire 2.* Participant responses to feedback questionnaire 2, which evaluated the Values Clarification exercise, were coded into three themes: structural strengths, structural areas for improvement, and negative thoughts and feelings evoked. Structural strengths were predominantly identified. Overall, the participants found the questions in the exercise to be beneficial. Participants reported the exercise as thought provoking, an interesting reflection, and “an empowering feeling to see my thoughts in writing.” One participant suggested improving structurally upon the wording of one of the questions within the exercise, while another participant reported having difficulty thinking of values, further suggesting to provide more examples. In addition to reporting difficulties with identifying values, some participants described challenges associated with values due to lack of self-worth. For example, one participant shared, “It is hard to see what’s on the other side of the fence when you’ve lived in the dark for so long. I don’t feel worthy of having happiness or a life worth living. I don’t deserve it.”
Another participant identified negative emotions arising from exercises that encouraged self-reflection:

This didn't help me figure out what I value. If anything, it just reminded me of the things I hate about myself. It reminded me that I'm selfish and that while I may value things, I value them for selfish reasons. I would not recommend this exercise be completed without a counselor administering it. Without having someone there to remind me not to be so hard on myself, this would just make me more depressed about myself. ID 56

Feedback questionnaire 3. Feedback questionnaire 3 evaluated the Importance Ruler and the Looking Back exercise, with all four themes being identified in participant responses. Across both sample groups, participants reported structural strengths of the exercises as being interesting and providing rare opportunity for reflection and re-evaluation. Alternatively, a couple participants reported the exercises were lengthy and time-consuming. Pertaining to the theme of negative thoughts and emotions evoked, some participants in the no experience with ICBT sample reported difficulty with these exercises. One participant related it to, “I always find it hard to recognize my own strengths. I am very critical of myself.” Other participants related the difficulty to being in a negative state, such as, “It’s hard to think positive things when you are feeling down. My mind goes blank.” and “I see so much bad in my life, it’s hard to see what’s on the other side.” Furthermore, one participant reported the exercise was, “Ok, but when feeling depressed it is hard to remember the good and see the strengths.” Alternatively to the themes identified by the no experience with ICBT sample, the experience with ICBT sample found the exercises to be motivating. One participant reported, “Thinking about my goals and how anxiety affects me makes me more motivated to learn how to help myself.” Similarly, another participant reported, “Forcing yourself to really think about things can be motivating and help to re-energize your desire and/or commitment to get better.” Another participant from the experience with ICBT sample reported on the effectiveness of the exercises:
This is very interesting and helpful. In fact, I wonder if it wasn't more helpful to me than the CBT that I took before. I'd have to think about that a bit but my initial response is that I felt that I related to these exercises better right off the bat. ID 242

Participants were also asked to comment on the feedback they received after doing the Importance Ruler exercise. The predominant theme emerging across both samples in relation to feedback was structural, pertaining to a general lack of clarity as to what the feedback statements were. Some participants reported the feedback statements “seemed computerized”, while others did not recognize that feedback was provided. Alternatively, one participant reported, “I felt like they really listened and understood.” Some participants reported the exercises as being beneficial, such as, “Thanks for letting me do this. Even though I know it is not intended to be therapy, I felt helped by doing the exercises.”

Feedback questionnaire 4. Feedback questionnaire 4 asked participants to evaluate the Confidence Ruler and Looking Forward exercises. A small number of participants found the exercises to be repetitive and boring. One participant identified finding “the exercises affirming but minimal in their overall impact on my ability to reduce my depression/anxiety issues.” Alternatively, participants across both samples reported structural strengths of the exercises as being insightful and providing good reminders. Participants also found focusing on future goals as beneficial, and that the exercises “made me shift my focus in a good way.” Another participant identified the exercises were very clear, and provided understanding as to why a person would approach ICBT. Participants also reported recognizing, “I feel like I have the skills, sometimes I just don't apply them. I would like to learn more about depression and anxiety.” The exercise also evoked from one participant, “I get so caught up in the details of things that have not even happened, I forget that the future has not been written and I can change it at any time.”

Feedback questionnaire 5. The major theme identified from evaluating the Expert video was the structural strengths of the video, with one area identified for possible improvement.
Participants predominantly reported finding the Expert video as helpful and encouraging, while providing information and examples that increased interest in participating in ICBT. Participants also reported feeling welcomed by Dr. Hadjistavropoulos, and they appreciated hearing the insight from past participants. One area for improvement recommended by participants would be to add examples from the five lessons in the ICBT course.

Feedback questionnaire 6. Feedback questionnaire 6 first asked participants to evaluate the Conclusion video, with the theme of structural strengths of the video being identified. Participants reported the video was concise, appealing, and provided clear information. In evaluating the overall MI intervention, one participant recommended providing more information on how the client can help themselves in the future, while another participant recommended breaking up the MI intervention into smaller pieces and explaining the importance of each exercise. One participant reported wishing ICBT was available in all provinces.

Testing Research Question Four. The fourth research question asked: What, if anything, do participants identify learning about themselves from participating in the MI intervention? To further explore this research question and the immediate benefits of the MI intervention, participants were asked to identify if they learned or realized anything about themselves in completing the lesson. From the 41 participants, two chose not to answer this question, three reported being “unsure,” and three felt they had learned nothing new at this time. Two participants reported difficulties with the idea of online therapy, in not being able to accept “anonymous positive feedback”. The remaining participant responses (75.6%) were coded under the theme of evoking positive thoughts and feelings. The MI intervention evoked participants to recognize both the need and the want to commit to reducing symptoms of anxiety and depression and to improving overall wellbeing. As one participant shared the intervention “made me realize
that I am wanting change more than I thought I did, and I think maybe I could actually achieve it by utilizing this course.” Many participants reported recognizing they have the ability to reduce symptoms, and that the intervention helped them to realize they are not alone, for example, “that I should value my courage to ask for help when I need it. That my mental well-being is mine to control and change when required with the help of trained professionals. That I’m not alone.” Some participants in the experience with ICBT sample reported recognizing how far they have come since participating in ICBT (“This exercise just makes me think about how far I’ve come and where I want to be.”), while others recognized the importance of reviewing their ICBT material (“I should be reviewing the material I got while taking the [ICBT] course to progress even further.”)

**Discussion**

Considering the known benefits of integrating CBT and MI (Sijercic et al., 2016), in addition to the successful adaptation of CBT to ICBT (Andersson, Cuijpers, Carlbring, Riper, & Hedman, 2014), it follows that a natural direction for research would be to adapt MI into an online format as an adjunct to ICBT. However, little research to date has been conducted on the impact of MI in conjunction with ICBT. Only one study has examined an online MI intervention as an adjunct to ICBT for social anxiety (Titov et al., 2010). This study focused on providing reflection questions to participants and did not capture some other elements of MI, such as having clients share their values with a therapist. Clients also were not actively engaged by open-ended questions in order to evoke thoughts and feelings for exploring possible ambivalence to change. Furthermore, clients did not receive communication or feedback from the researchers in response to their exercise answers, which, when provided, demonstrates compassion while encouraging autonomy in resolving ambivalence. Albeit the study did not capture all elements of
face-to-face MI, the researchers still found that MI had a statistically significant effect on increasing completion rates (Titov et al., 2010).

It is important to note that Titov and colleagues were the first researchers to endeavour overcoming the difficulties of adapting face-to-face MI to an online platform specifically for anxiety. MI is difficult to adapt to an online platform because it does not follow concrete techniques, as does CBT (Miller & Rollnick, 2013). Alternatively, MI follows a set of principles that are postulated to underlie the “spirit” of MI, entailing partnership, acceptance, compassion, and evocation (Miller & Rollnick, 2013). Partnership refers to the collaborative nature of MI, whereby therapy is conducted ‘with’ a client rather than ‘to’ the client (Miller & Rollnick, 2013). Acceptance and compassion refer to the open attitude and empathetic behaviour modelled by the therapist for the client to feel respected, worthy, and capable of beneficial self-directed decision making (Miller & Rollnick, 2013). The last of the four principles is evocation, which refers to the process whereby the therapist works with the client to draw out, or evoke, the client’s wisdom about themselves. With the guided support of the therapist, clients are accountable and responsible for expressing and resolving their own ambivalence, followed by identifying their own positive motivations for change (Miller & Rollnick, 2013). Taken overall, adapting the “spirit” of MI to an effective online format poses its challenges.

In light of these challenges, the purpose of the current study was to offer a preliminary evaluation of a newly developed online MI intervention. The researchers focused on maintaining greater consistency with face-to-face MI principles by designing an intervention that paralleled collaborative communication. To facilitate the principle of partnership, participants were invited to watch the videos and to complete the exercises, with participants being made aware that their typed responses were being reviewed for research purposes. The action of entering responses on
the computer aimed to foster accountability in the partnership. Being asked to share comments or feedback aimed to build acceptance of and respect for participants’ input. To encourage client engagement and autonomy, three videos were incorporated to provide added details: what to expect from the MI intervention, expertly delivered information about ICBT, and personal experiences from past clients of the ICBT course. Sharing stories from past participants was aimed to affirm participants in their own experience with anxiety or depression. As well, the researchers purposefully incorporated MI style language in the videos and exercises to model empathy and compassion. The open-ended questions aimed to evoke participant ideas, and thoughts and feelings about change. Further to the spirit of MI, the exercises were constructed to facilitate identification of values and goals in order to mobilize intrinsic motivation. To aid in building autonomy support, reflection-based exercises encouraged participants to draw on past experiences to identify their strengths and to look ahead and think about the possibilities of learning the skills to manage symptoms of anxiety or depression in the future. Additionally, feedback statements were provided to participants in response to self-report ratings of importance and confidence, which persuaded participants to reflect on clarifying and resolving ambivalence to perceived ability to change. To further evoke and reinforce the possibility of change, clients were then asked what life may look like if they do not learn the skills to manage their symptoms. Concluding the intervention in the spirit of MI were two open-ended questions that provided opportunity for participants to recognize their own self-wisdom, and that change comes from within.

Results from the current study indicate that initial perceptions of the MI intervention were quite favourable regardless of participants having experience with ICBT or not. Participants across both samples rated the videos as highly understandable and easy to listen to. As a whole,
the videos and exercises were viewed as highly motivating and as fostering interest in ICBT participation. Participants with and without ICBT experience initially reported moderate views for the intervention as being logical and successful in preparing someone to participate in ICBT, and in feeling confident in recommending the lesson to a friend. Statistically significant increases in participant ratings from pre- to post-MI were found for the successfulness of the intervention and for increased confidence for recommendation of the lesson. In measuring motivation for change, participants in both samples reported high ratings for the importance of reducing symptoms and for the amount they were trying to reduce symptoms. Moderate ratings were initially reported across samples for belief in one’s ability to reduce symptoms. Statistically significant increases were found for ratings of ability at post-MI, with ratings of importance approaching statistical significance. Summarizing the results of the MI intervention on motivation for change, the findings parallel research findings by Hettema et al. (2005), who studied MI in face-to-face therapy and found that MI had an effect that was detected early in treatment. Furthermore, the findings from the MI intervention overall are consistent with those of Soucy, Owens, Hadjistavropoulos, Dirkse, and Dear (2016), who examined the effects of an educational video about ICBT on the perceptions of ICBT. The researchers found evidence suggesting that an informational video focusing on the benefits of changing a specific behaviour was more persuasive in health promotion than a video focusing on the harmful effects of not changing said behaviour.

Overall, the findings indicate the MI intervention had an immediate effect on motivation for change. Importantly, these findings were observed in both samples, even though the no-experience and experienced ICBT samples differed on these measures pre-treatment. Specifically, it was observed that the experience with ICBT sample reported higher pre-
intervention scores for ability to reduce symptoms, and trying to reducing symptoms, than the no experience with ICBT sample. The no experience with ICBT sample reported higher pre-intervention scores in the area of importance to reduce symptoms than the experience with ICBT sample. The higher scores for ability and trying reported by the experience with ICBT sample were expected considering these individuals had participated in ICBT and had possibly ascertained skills for reducing symptoms. The higher scores for importance at pre- reported by the no experience with ICBT sample was not expected. Taking into consideration the significantly higher anxiety and depression scores reported by the no experience with ICBT sample, it is possible that individuals in this sample rated importance higher due to their experienced negative effects on functioning from anxiety and depression.

The one measure where scores did not change immediately following the MI intervention was within the CQ for trying to change symptoms. The findings of the study do not provide an empirical explanation as to why no change occurred in this area. It is important to be mindful that MI is based on making individuals self-aware of their potential for change in behaviour, whereby “small changes may be of interest if they mark the beginning of a changing process for the [individual]” (Rubak et al., 2005, p. 309). In the current study, the MI intervention sought to better prepare participants for participating in ICBT. The intervention approached statistical significance for increasing self-report scores across both samples in the area of importance. Furthermore, the intervention significantly increased scores across samples for ability to reduce symptoms. These findings demonstrate the MI intervention did mark the beginning of change for participants in both samples. It is possible that a single MI lesson is too short of a time period to immediately effect one’s commitment to trying. Despite no immediate effects being reported, individuals may have continued along in the change process in trying to reduce their symptoms
after the MI intervention. If participants were provided the opportunity to begin ICBT after the 
MI intervention, the self-report ratings for trying may improve as participants essentially learn 
the skills to reduce symptoms.

Further to the findings, the qualitative information provides rich insight into evaluating 
the strengths and areas for improvement in the individual components of the MI intervention. 
Overall, participants found the videos to be clear, informative, and encouraging, which was 
observed both in ratings of the intervention and in qualitative comments. The exercises were 
reported to provide opportunity for beneficial reflection and self-insight. While participant 
feedback was mostly positive, constructive feedback was provided. Consequently, the hypothesis 
that both sample groups would identify strengths and challenges of each individual component of 
the MI intervention was supported. Given the experience with ICBT sample was predicted to 
have the retrospective ability to provide insight as to how the MI intervention could have 
affected the ICBT experience, it was further hypothesized the experience with ICBT sample 
would provide more in-depth commentary on the MI intervention’s strengths and areas for 
improvement. This hypothesis was supported by the comparative responses provided by the 
experience with ICBT sample. For example, one participant “wondered if [MI] wasn’t more 
helpful than the CBT that I took before…I felt I related to these exercises better right off the 
bat.”

Further to evaluating the components of the MI intervention, the open-ended feedback 
questions also provided opportunity to gain participants’ insights, thoughts, and feelings about 
changing their lived experience with anxiety and depression. The majority of participants across 
samples indicated recognizing a need to change, whether it be the symptoms experienced, the 
current living situation, or direction of goals. In the face-to-face MI literature, Lombardi et al.
(2014) classified these types of statements as change talk, indicating the client is moving toward a desired behaviour or outcome. Change talk is postulated to be an essential component in the face-to-face MI process, including when offered as an adjunct to CBT (e.g., Sijercic et al., 2016). In the current study, a limited number of participants indicated counterchange talk, which is any form of communication that moves away from the target behaviour or maintenance of the status quo (Lombardi et al., 2014). The participants who conveyed counterchange talk in response to the final question (What, if anything, did you realize about yourself by completing the *Planning for Change* Lesson?) did so in expressing their difficulty with therapy delivered in an online environment.

In more consistently maintaining the principles of face-to-face MI, the adaptation to an online format provided an approach consistent with the spirit of MI. Beyond recognizing the need for change, participants shared statements reflecting discovery of their new found ability to make change occur (e.g., “[I learned] that I should value my courage to ask for help when I need it. That my mental wellbeing is mine to control and change when required with the help of trained professionals. That I’m not alone.”). Participant responses to the open-ended questions additionally indicated the identification and mobilization of intrinsic values and goals (e.g. “Thinking about my goals and how anxiety affects me makes me more motivated to learn how to help myself.”). Interestingly, the open-ended questions in feedback questionnaires 1 through 5 did not ask participants to share their thoughts or feelings about change; rather the questions asked for comments or feedback on the exercises. Participants provided personal thoughts and feelings in response to the questions of their own volition, which follows the MI principle of evocation, whereby shared participant thoughts and feelings is considered essential for identifying and resolving ambivalence to change (Rubak et al., 2005). It was expected that
participants would share personal insight in response to the question “What, if anything, did you learn about yourself by completing the Planning for Change lesson?” Participants did express change talk and provided examples of intrinsic motivation, which supports the intervention’s effectiveness, as change talk is posited to be the main mechanism of change in face-to-face MI (Miller & Rollnick, 2013).

**Study Limitations**

As this study is the first in a series of studies evaluating the newly designed online MI intervention, there is little research to date to support the findings of immediate benefits on motivation for change. Furthermore, the incorporation of a qualitative component presents limitations in the variability of researcher interpretation or bias of participant feedback (Braun & Clarke, 2006). In an attempt to control for variability of researcher interpretation and bias, multiple researchers reached agreement on the categories and themes identified in participant feedback. Also due to an overall lack of research to date on MI as an adjunct to ICBT, there are limitations in identifying how exactly MI impacts client engagement, symptom reduction, or across outcomes. The small sample size of this study may also be a limitation; additional research is needed to ensure findings replicate to a larger population.

**Strengths and Future Research**

Despite the limitations identified, the present study displays many strengths. The first lies within the design of the study in employing a mixed-methods design, analyzing both qualitative and quantitative data. Secondly, two sample groups were examined, highlighting the impact of the MI intervention on individuals who have experience with ICBT and those who do not. Furthermore, the findings support the successful adaptation of the MI intervention from face-to-face therapy into an online format in terms of immediate impact on motivation. Additionally, the
MI intervention successfully evoked participant thoughts and feelings, suggesting the online MI intervention had therapeutic value that appears similar to face-to-face MI.

This study ensures that the MI intervention is worthy of testing in a larger trial, setting the stage for future study of the online MI intervention to examine how it ultimately impacts engagement and outcomes of ICBT. The identified strengths and areas of improvement gathered from participant feedback also facilitate the modification and improvement of the MI intervention going forward.

In conclusion, the far-reaching effects of anxiety and depression (World Health Organization, 2017) deem further investigation necessary for identifying accessible and effective treatments. Aside from self-imposed barriers such as lack of motivation for change or ambivalence to change, ICBT overcomes the majority of barriers to treatment seeking (Newby, Twomey, Li, & Andrews, 2016) while effectively reducing symptoms of anxiety and depression, even more so when accompanied with therapist support (Baumeister et al., 2014). The successful adaptation of MI to an online format may aid in diminishing the intrinsic barriers to motivation for ICBT while resolving ambivalence to change. Future research incorporating MI as an adjunct to ICBT provides opportunity to adapt the methods in online therapy service delivery to more fully benefit clients seeking to change their lived experience with anxiety or depression.
References


Retrieved from


Randomized controlled trial of Internet cognitive behavioural treatment for social 
phobia with and without motivational enhancement strategies. *Australian and 

Wang, P. S., Angermeyer, M., Borges, G., Bruffaerts, R., Chiu, W. T., de Girolamo, G., … Üstün, 
T. B. (2007). Delay and failure in treatment seeking after first onset of mental disorders 
in the World Health Organization's World Mental Health Survey Initiative. *World 
Psychiatry, 6*(3), 177–185.

motivational interviewing in mixed anxiety and depression. *Cognitive Behaviour 
Therapy, 33*, 161-175.

treatment of major mental health problems: Current directions and evidence. *The 

World Health Organization. (2017). Depression and other common mental disorders: Global 
health estimates. Retrieved from 
## Table 1. Demographic and Clinical Characteristics of Sample Groups

<table>
<thead>
<tr>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong></td>
<td><strong>SD</strong></td>
<td><strong>M</strong></td>
</tr>
<tr>
<td>Age</td>
<td>45.35 11.99</td>
<td>35.8  10.47</td>
</tr>
<tr>
<td>Patient Health Questionnaire (PHQ-8)</td>
<td>7.33  4.84</td>
<td>11.95  6.40</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder (GAD-7)</td>
<td>5.62  4.24</td>
<td>11.30  7.00</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20  95.2%</td>
<td>18    90.0%</td>
</tr>
<tr>
<td>Male</td>
<td>-</td>
<td>2     10.0%</td>
</tr>
<tr>
<td>Other</td>
<td>1  4.8%</td>
<td>-     -</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>17  81.0%</td>
<td>20    100.0%</td>
</tr>
<tr>
<td>Other</td>
<td>4  19.0%</td>
<td>-     -</td>
</tr>
<tr>
<td>Community Size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>17  81.0%</td>
<td>15    75.0%</td>
</tr>
<tr>
<td>Rural</td>
<td>4  19.0%</td>
<td>5     25.0%</td>
</tr>
<tr>
<td>Living Arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Family</td>
<td>15  71.4%</td>
<td>16    80.0%</td>
</tr>
<tr>
<td>Living with Roommate</td>
<td>1  4.8%</td>
<td>1     5.0%</td>
</tr>
<tr>
<td>Living Alone</td>
<td>5  23.8%</td>
<td>3     15.0%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school / GED</td>
<td>5  23.8%</td>
<td>2     10.0%</td>
</tr>
<tr>
<td>College Certificate or Diploma</td>
<td>8  38.1%</td>
<td>8  40.0%</td>
</tr>
<tr>
<td>University</td>
<td>8  38.1%</td>
<td>10    50.0%</td>
</tr>
<tr>
<td>Therapeutic Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Therapy - Yes</td>
<td>3  14.3%</td>
<td>5     25.0%</td>
</tr>
<tr>
<td>Current Therapy - No</td>
<td>18  85.7%</td>
<td>15    75.0%</td>
</tr>
<tr>
<td>Past Therapy - Yes</td>
<td>20  95.2%</td>
<td>17    85.0%</td>
</tr>
<tr>
<td>Past Therapy - No</td>
<td>1  4.8%</td>
<td>3     15.0%</td>
</tr>
<tr>
<td>Pharmacological Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current - Yes</td>
<td>10  47.6%</td>
<td>9     45.0%</td>
</tr>
<tr>
<td>Current - No</td>
<td>11  52.4%</td>
<td>11    55.0%</td>
</tr>
<tr>
<td>Past - Yes</td>
<td>17  81.0%</td>
<td>13    65.0%</td>
</tr>
<tr>
<td>Past - No</td>
<td>4  19.0%</td>
<td>7     35.0%</td>
</tr>
</tbody>
</table>
Table 2. Familiarity with CBT and ICBT

<table>
<thead>
<tr>
<th>Familiarity with CBT</th>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Familiarity with CBT</td>
<td>4.05</td>
<td>0.97</td>
</tr>
<tr>
<td>Familiarity with ICBT</td>
<td>4.33</td>
<td>1.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Familiarity with CBT</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never heard of this treatment</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5.0%</td>
</tr>
<tr>
<td>Heard of but do not know details</td>
<td>1</td>
<td>4.8%</td>
<td>11</td>
<td>55.0%</td>
</tr>
<tr>
<td>Have some understanding</td>
<td>6</td>
<td>28.6%</td>
<td>1</td>
<td>5.0%</td>
</tr>
<tr>
<td>Have a good understanding</td>
<td>5</td>
<td>23.8%</td>
<td>2</td>
<td>10.0%</td>
</tr>
<tr>
<td>Have used this treatment in past</td>
<td>9</td>
<td>42.9%</td>
<td>5</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Familiarity with ICBT</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never heard of this treatment</td>
<td>1</td>
<td>4.8%</td>
<td>7</td>
<td>35.0%</td>
</tr>
<tr>
<td>Heard of but do not know details</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>40.0%</td>
</tr>
<tr>
<td>Have some understanding</td>
<td>2</td>
<td>9.5%</td>
<td>3</td>
<td>15.0%</td>
</tr>
<tr>
<td>Have a good understanding</td>
<td>6</td>
<td>28.6%</td>
<td>2</td>
<td>10.0%</td>
</tr>
<tr>
<td>Have used this treatment in past</td>
<td>12</td>
<td>57.1%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 3. Past Participation in ICBT

<table>
<thead>
<tr>
<th>Experience with ICBT</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you remember completing ICBT?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I reviewed all lessons and supplementary materials</td>
<td>14</td>
<td>66.7%</td>
</tr>
<tr>
<td>I reviewed all lessons and some supplementary materials</td>
<td>3</td>
<td>14.3%</td>
</tr>
<tr>
<td>I reviewed all lessons</td>
<td>4</td>
<td>19.0%</td>
</tr>
<tr>
<td>Rate effort in course on scale from 0 - 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>6</td>
<td>28.6%</td>
</tr>
<tr>
<td>90%</td>
<td>5</td>
<td>23.8%</td>
</tr>
<tr>
<td>80%</td>
<td>7</td>
<td>33.3%</td>
</tr>
<tr>
<td>70%</td>
<td>3</td>
<td>14.3%</td>
</tr>
<tr>
<td>How satisfied were you with ICBT?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>11</td>
<td>52.4%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>9</td>
<td>42.9%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>Was doing ICBT worth your time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>100.0%</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 4. Feedback Questionnaires - Quantitative Ratings

<table>
<thead>
<tr>
<th>FQ1: Introduction Video</th>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Visually Appealing</td>
<td>3.86</td>
<td>0.91</td>
</tr>
<tr>
<td>Easy to Understand</td>
<td>4.67</td>
<td>0.58</td>
</tr>
<tr>
<td>Easy to Listen to</td>
<td>4.62</td>
<td>0.59</td>
</tr>
<tr>
<td>Interesting to Watch</td>
<td>3.86</td>
<td>1.11</td>
</tr>
</tbody>
</table>

Does this video encourage you to learn more about how to reduce symptoms of anxiety/depression? (Yes, No, Unsure)
- Experience with ICBT: 0.57 ± 0.93
- No Experience with ICBT: 0.50 ± 0.76
- p: .79

Does this video encourage you to learn more about online therapy? (Yes, No, Unsure)
- Experience with ICBT: 0.48 ± 0.87
- No Experience with ICBT: 0.70 ± 0.98
- p: .44

<table>
<thead>
<tr>
<th>FQ2: Values Clarification</th>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Does thinking about your values motivate you to work on learning strategies to improve your wellbeing? (Yes, No, Unsure)</td>
<td>4.43</td>
<td>0.68</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FQ3: Importance Ruler/Looking Back</th>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Does thinking about the importance of reducing anxiety/depression motivate you to work on learning strategies to manage anxiety/depression? (Yes, No, Unsure)</td>
<td>4.57</td>
<td>0.51</td>
</tr>
<tr>
<td>Do you find thinking about a situation you previously experienced and recognizing how you overcame it motivates you to work on learning strategies to reduce anxiety/depression? (Yes, No, Unsure)</td>
<td>4.24</td>
<td>0.89</td>
</tr>
</tbody>
</table>
Table 4. Feedback Questionnaires - Quantitative Ratings continued

<table>
<thead>
<tr>
<th>FQ5: Expert Video</th>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Visually Appealing</td>
<td>4.14</td>
<td>0.85</td>
</tr>
<tr>
<td>Easy to Understand</td>
<td>4.86</td>
<td>0.36</td>
</tr>
<tr>
<td>Easy to Listen to</td>
<td>4.62</td>
<td>0.81</td>
</tr>
<tr>
<td>Interesting to Watch</td>
<td>4.00</td>
<td>1.05</td>
</tr>
<tr>
<td>Informative</td>
<td>4.62</td>
<td>0.59</td>
</tr>
<tr>
<td>Does this video encourage you to learn more about how to reduce symptoms of anxiety/depression? (Yes, No, Unsure)</td>
<td>1.24</td>
<td>0.63</td>
</tr>
<tr>
<td>Does this video encourage you to learn more about online therapy? (Yes, No, Unsure)</td>
<td>1.24</td>
<td>0.63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FQ6: Post-Intervention Questionnaire</th>
<th>Experience with ICBT</th>
<th>No Experience with ICBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Visually Appealing</td>
<td>3.95</td>
<td>0.92</td>
</tr>
<tr>
<td>Easy to Understand</td>
<td>4.76</td>
<td>0.54</td>
</tr>
<tr>
<td>Easy to Listen to</td>
<td>4.76</td>
<td>0.54</td>
</tr>
<tr>
<td>Interesting to Watch</td>
<td>4.00</td>
<td>1.05</td>
</tr>
<tr>
<td>Does the Planning for Change lesson motivate you to participate in online therapy? (Yes, No, Unsure)</td>
<td>0.90</td>
<td>0.30</td>
</tr>
<tr>
<td>How has your motivation changed?</td>
<td>4.19</td>
<td>0.68</td>
</tr>
<tr>
<td>(Likert 1 (very much decreased my motivation) to 5 (very much increased my motivation))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A. Social Media Advertisement

Are you 18 years of age and older, reside in Canada, experience some level of anxiety and/or depression, have access to a computer and the Internet, and comprehend English? If yes, this research study may be for you!

We seek volunteers to participate in an anonymous online study about people’s perceptions of a single brief online lesson in preparation for online therapy.

If you would like to learn more about the study, and/or would like to participate, please click on the anonymous link below.

{anonymous link to be generated through REDcap}

This study was approved by the Research Ethics Board, University of Regina on August 14, 2018.

For further information about this study, feel free to contact the student researcher:

Cynthia.Beck@uregina.ca
August 20, 2018

Hello,

You are receiving this email from the Online Therapy Unit as a past participant who provided consent to being contacted about future research projects.

Under the supervision of Dr. Heather Hadjistavropoulos, we are seeking volunteers who have experience with online therapy to participate in an approximate 1 hour anonymous online study. The study is about people’s perceptions of a single online lesson that we are currently considering to provide to clients before they participate in online therapy. Your feedback helps us continue to improve our services. In having a pre-existing relationship with the Online Therapy Unit team as a past participant, we would like to point out that there are no adverse consequences to you in choosing whether or not to participate in this research study.

If you would like to learn more about the study, and/or would like to participate, please click on the anonymous link below. You will not be asked to provide any identifying information.

{anonymous link to be generated through REDcap}

This study was approved by the Research Ethics Board, University of Regina on August 14, 2018. For further information about this study, feel free to contact the student researcher: Cynthia.Beck@uregina.ca

Thank-you for your time,

Online Therapy Unit
University of Regina
www.onlinetherapyuser.ca
Appendix C. Participant Information and Informed Consent

Participant Information and Consent Form

**Project Title:** Planning for change: Perceptions of an interactive video in preparation for Internet-delivered cognitive behaviour therapy

**Researcher(s):** Cynthia Beck, Undergraduate Student, Department of Psychology, University of Regina, 306-436-7354, email: Cynthia.Beck@uregina.ca

**Supervisor:** Heather Hadjistavropoulos, Ph.D., Department of Psychology, University of Regina, Phone: (306) 585-5133, Email: Heather.Hadjistavropoulos@uregina.ca

**Funding Sources:**
This project is funded by Canadian Institutes of Health Research.

**Purpose(s) and Objective(s) of the Research:**
This research evaluates an interactive preparation video for Internet-delivered cognitive behaviour therapy (ICBT). The purpose of this video is to provide individuals with the opportunity to identify their life values and the level of importance for changing symptoms of anxiety and/or depression so they can make informed decisions about their participation in ICBT.

**Procedure:**
You will be asked to complete questionnaires containing demographic information and measuring levels of anxiety and depression. You will view a video and respond to the brief questions within the video, then complete a second set of questionnaires asking your opinions of the video. You may choose not to answer any questions you do not feel comfortable answering. In total, viewing the interactive video and completing the questionnaires will take approximately one hour.

**Treatment Disclaimer:**
The video presented in this study provides an opportunity to identify one’s life values and also describes an ICBT service in Saskatchewan, Canada that is offered through the Online Therapy Unit at the University of Regina. Please note this treatment is currently only offered to individuals residing in Saskatchewan. If you are interested in receiving ICBT and are a Saskatchewan resident, please visit our website (www.onlinetherapyuser.ca) for more information. If you are seeking treatment and not a Saskatchewan resident, please contact your family physician or local mental health clinic for a list of treatment options. Client resources (e.g., free online material) will also be provided at the end of the study.

**Potential Risks:**
There are minimal risks to you by participating in this research. Due to the nature of the questionnaires, some individuals may experience elevated symptoms of anxiety and/or depression. If these symptoms do not subside, please contact your family physician, your local...
mental health clinic, or your local crisis line. Additionally, resources will be provided at the end of the online study.

**Potential Benefits:**
The results of this study will provide insight into how to better prepare individuals for participating in online therapy. There are no known direct benefits to you as a participant.

**Online Data Collected by REDcap (Research Electronic Data Capture):**
REDcap is available through the Regina Qu’Appelle Health Region (RQHR). Survey data will be collected by REDcap and stored on RQHR secure servers until retrieved. REDcap is a secure, web-based application designed exclusively to support data capture for research studies. The research assistant will retrieve and store surveys on a secure hard drive at the University of Regina in Saskatchewan, Canada.

**Confidentiality, Internet Surveys, and Data Storage:**
You will not be asked to provide your name or contact information in order to complete this survey. Any information gathered from you for this study will be kept confidential by the researchers. All results will be summarized into group data, and no identifying information will be used. In having a pre-existing relationship with the Online Therapy Unit team as a past participant, we would like to point out that there are no adverse consequences to you in choosing whether or not to participate in this research study.

There is a very small chance your privacy may not be guaranteed by participating in this online study. Descriptions of the risks are listed below:

a. When submitting your survey answers via the internet, there is a small possibility your information will be intercepted by unauthorized third parties using sophisticated tools. It should be noted that this rarely occurs, but is a risk that can occur at any time, not just with online surveys, but when using a computer connected to the internet. REDcap uses secure data transmission technology to lessen this risk.

b. Any computer connected to the internet will store information about visited websites on the internet browser’s history list and its disk cache. The responses to this survey are only temporarily stored on your computer until you close down your browser window. In other words, after you complete and submit your survey, your computer will automatically delete this information. You may also delete this information by clearing your history list and disk cache. An internet search can provide you with further information on how to clear your history list and disk cache for your specific web browser (such as Internet Explorer, Firefox).

c. Your responses to the survey will be sent directly to the survey software website using SSL encryption for secure data transmission. Once data collection is complete, all responses from the software website will be downloaded to a secure University of Regina drive (only accessible by Dr. Hadjistavropoulos’ research staff) and to a private folder that is only accessible by the primary researcher and research assistants involved in the study. This file will not contain any identifiable information. Once responses have been downloaded from the software website, all responses on the software website will be deleted and the online survey
account will be cancelled. Once data analysis is complete, the electronic results obtained from
the software website will be stored on a password protected hard drive, and the information
will not be linked to your internet address. The electronic data will be stored for 7 years in a
secure locked filing cabinet, in a secure room by Dr. Hadjistavropoulos at the University of
Regina. After seven years, the electronic data will be deleted.

**Right to Withdraw:**
Your participation in this study is completely voluntary. You may withdraw from the research
project for any reason and at any time during the survey without explanation or penalty of any
sort. Your right to withdraw data from the study will apply until you submit your responses at the
end of the survey. Once responses are submitted, it is not possible to withdraw your data from
the study.

**Obtaining Study Results:**
After all data has been collected and analyzed, a summary of study results will be posted on the
Online Therapy USER website (https://www.onlinetherapyuser.ca/study-results). Results may
also be published in academic journals and at conferences. Participants are welcome to contact
the researcher, Cynthia Beck, (Cynthia.Beck@uregina.ca) if they would like to receive the
overall group data. Individual data is unable to be sent to participants as there is no identifying
information being collected from participants.

**Questions or Concerns:**
You may contact the primary investigator, Dr. Heather Hadjistavropoulos (306-585-5133, Email:
heather.hadjistavropoulos@uregina.ca).

This project has been approved on ethical grounds by the University of Regina Research Ethics
Board on August 14, 2018. Any questions regarding your rights as a participant may be
addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town
participants may call collect.

We recommend that you download a copy of this consent form for your records by pressing the
button below. Once you have downloaded your copy please press **NEXT** to continue.
I have read the Information Page and have had any questions answered to my satisfaction.
Yes   No

I am aware that I can contact the primary investigatory (Heather Hadjistavropoulos) by email (heather.hadjistavropoulos@uregina.ca) or by telephone (306-585-5133).
Yes   No

I am aware that this research project has been approved on ethical grounds by the Research Ethics Boards of the University of Regina.
Yes   No

I am aware that any questions regarding my rights as a participant may be addressed to the committee through the University of Regina Ethics Board (306-585-4775) or by email (research.ethics@uregina.ca). Out of town participants may call collect.
Yes   No

I understand that no treatment will be provided as part of this research study.
Yes   No

I understand that my participation is voluntary and that I am free to withdraw at any time.
Yes   No

I understand that when the results of the study are published, I will not be personally identifiable.
Yes   No
Appendix D. Pre-Intervention Questionnaire

1. Date of birth: ___________________

2. Gender: ____________________

3. Highest Level of Education?
   - Less than high school
   - High school diploma
   - College certificate or diploma
   - Some university
   - University undergraduate degree (e.g. BA, BSc)
   - University professional degree (e.g. MD)
   - University graduate degree (e.g. MA, PhD)

4. How would you describe the location where you live?
   - Large City (population over 200,000)
   - Small to Medium City (population of 10,000 to 200,000)
   - Town or Village
   - Reserve
   - Farm

5. How would you describe your ethnicity?
   - White/Caucasian
   - First Nations
   - Metis
   - Inuit
   - Spanish/Hispanic/Latino
   - Black/African American
   - Asian
   - Southeast Asian
   - Pacific Islander
   - Other
   - Other: Please explain what other living arrangement you have__________________

6. What is your relationship status?
   - Living alone
   - Living with a spouse or partner
   - Living with spouse or partner and children
   - Living with children
   - Living with extended family
   - Living with roommate
   - Other: Please explain what other living arrangement you have__________________
7. Are you currently receiving psychotherapy or counselling?
   Yes
   No

   If yes, please explain: ______________________________________________

8. Have you ever received psychotherapy or counselling?
   Yes
   No

   If yes, please explain: ______________________________________________

9. Are you currently on any medication for mental health, such as antidepressants or anti-anxiety medication?
   Yes
   No

   If yes, please explain: ______________________________________________

10. Have you ever taken any medication for mental health, such as antidepressants or anti-anxiety medication?
    Yes
    No

    If yes, please explain: ______________________________________________

11. How familiar are you with cognitive behaviour therapies for the treatment of mental health problems?

<table>
<thead>
<tr>
<th>Never heard of this treatment</th>
<th>Have heard of this treatment, but do not know any details about them</th>
<th>Have some understanding of what this treatment involves</th>
<th>Have a good understanding of this treatment</th>
<th>Have used this treatment in the past</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. How familiar are you with Internet-delivered therapies for the treatment of mental health problems?

<table>
<thead>
<tr>
<th>Never heard of this treatment</th>
<th>Have heard of this treatment, but do not know any details about them</th>
<th>Have some understanding of what this treatment involves</th>
<th>Have a good understanding of this treatment</th>
<th>Have used this treatment in the past</th>
</tr>
</thead>
</table>
How would you rate yourself in the following statements?

13. It is important for me to reduce the anxiety and/or depression I am experiencing.
   - 0: Definitely not
   - 1: Probably not
   - 2: Maybe
   - 3: Probably
   - 4: Definitely

14. I feel I can reduce the anxiety and/or depression I experience.
   - 0: Definitely not
   - 1: Probably not
   - 2: Maybe
   - 3: Probably
   - 4: Definitely

15. I am trying to reduce the anxiety and/or depression I experience.
   - 0: Definitely not
   - 1: Probably not
   - 2: Maybe
   - 3: Probably
   - 4: Definitely

16. Have you ever taken an online therapy course through the Online Therapy Unit before?
   a. If respond yes: Do you remember if you completed the course?
      - I enrolled and reviewed all of the lessons and all of the supplementary lessons that were relevant to me.
      - I enrolled and reviewed all of the lessons and some of the supplementary materials that were relevant to me.
      - I enrolled and reviewed all of the lessons.
      - I enrolled and reviewed the majority of the lessons.
      - I enrolled and reviewed a few of the lessons.
      - I enrolled and reviewed at least one lesson.
      - I enrolled but did not start the course.
      - I do not remember.
   b. If respond yes: How much effort do you feel you put into the lessons?
      - Please rate your level of effort on a scale from 0 to 100%
      - 0%: No effort
      - 100%: I feel I gave it my all.

17. If yes to question 16, how satisfied were you with the Online Therapy course?
   - 1: Very dissatisfied
   - 2: Dissatisfied
   - 3: Neutral
   - 4: Satisfied
   - 5: Very satisfied

18. If yes to question 16, was it worth your time doing online therapy?
   - Yes
   - No

PHQ-8 Patient Health Questionnaire 8
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Click the circle to indicate your answer.)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching TV</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around more than usual</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Generalized Anxiety Disorder-7

Over the last two weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all sure</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5. Being so restless that it's hard to sit still</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Appendix E. Feedback Questionnaire 1

1. At this point, how logical does the Planning for Change lesson seem to you?

   1  2  3  4  5  6  7  8  9
   not at all somewhat very

2. At this point, how successful do you think this Planning for Change lesson would be in helping you to prepare to work on reducing symptoms of anxiety and/or depression?

   1  2  3  4  5  6  7  8  9
   not at all somewhat very

3. How confident would you be in recommending this Planning for Change lesson to a friend who experiences anxiety and/or depression?

   1  2  3  4  5  6  7  8  9
   not at all somewhat very

4. This introduction video was meant to clarify what the Planning for Change lesson includes. What do you think of this video?

   ___________________________________________________________
   ___________________________________________________________

5. How can we make this video more helpful?

   ___________________________________________________________
   ___________________________________________________________

6. On a scale of one to five (with 1 being not at all to 5 being very), did you find the Introduction video in the Planning for Change lesson:

   Visually appealing?
   1  2  3  4  5
   Not at all Not appealing Neutral Appealing Very appealing
   visually appealing

   Easy to understand?
   1  2  3  4  5
   Very difficult to
to understand
to understand Neutral Easy to understand
   understand
7. After watching this introductory video, does it encourage you to learn more about how to reduce symptoms of anxiety and/or depression?
   a. YES
   b. NO
   c. UNSURE

8. After watching this Intro video, does it encourage you to learn more about online therapy?
   a. YES
   b. NO
   c. UNSURE
Appendix F. Feedback Questionnaire 2

**Feedback Questionnaire 2**

1. Does thinking about your values motivate you to work on learning strategies to reduce your anxiety and/or depression?


   Comments: ______________________________________________________________
   ________________________________________________________________________
Appendix G. Feedback questionnaire 3

Feedback Questionnaire 3

1. Does thinking about the importance of reducing your anxiety and/or depression motivate you to work on learning strategies to manage your anxiety and/or depression?

   1. Not at all
   2. Very little
   3. Somewhat
   4. To a degree
   5. Very much so

   Comments: ______________________________________________________________
   _________________________________________________________________________

   Comments about the feedback you received: ________________________________
   _________________________________________________________________________

2. Do you find thinking about a situation you previously experienced and recognizing how you overcame it motivates you to learn strategies to reduce your anxiety and/or depression?

   1. Not at all
   2. Very little
   3. Somewhat
   4. To a degree
   5. Very much so

   Comments: ______________________________________________________________
   _________________________________________________________________________
Appendix H. Feedback questionnaire 4

**Feedback Questionnaire 4**

1. Do you find that thinking about your confidence in your ability to reduce your anxiety and/or depression motivates you to learn strategies to reduce your anxiety and/or depression?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Very little</td>
<td>Somewhat</td>
<td>To a degree</td>
<td>Very much so</td>
</tr>
</tbody>
</table>

Comments: ______________________________________________________________
________________________________________________________________________

Comments about the feedback you received: __________________________________
________________________________________________________________________

2. Do you find that thinking about your hopes for the future motivates you to learn strategies to reduce your anxiety and/or depression?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Very little</td>
<td>Somewhat</td>
<td>To a degree</td>
<td>Very much so</td>
</tr>
</tbody>
</table>

Comments: ______________________________________________________________
________________________________________________________________________
Appendix I. Feedback questionnaire 5

**Feedback Questionnaire 5**

1. The Expert video provided you with more information about the Online Therapy Unit’s Wellbeing Course. What did you think of this video?

______________________________________________________________________________

______________________________________________________________________________

2. How can we make this video more helpful?

______________________________________________________________________________

______________________________________________________________________________

3. On a scale of one to five (with 1 being not at all to 5 being very), did you find the Expert video in the Planning for Change lesson:

   Visually appealing?
   
   1  Not at all visually appealing
   2  Not appealing
   3  Neutral
   4  Appealing
   5  Very appealing

   Easy to understand?
   
   1  Very difficult to understand
   2  Difficult to understand
   3  Neutral
   4  Easy to understand
   5  Very easy to understand

   Easy to listen to?
   
   1  Not at all easy to listen to
   2  Not easy to listen to
   3  Neutral
   4  Easy to listen to
   5  Very easy to listen to

   Interesting to watch?
   
   1  Not at all interesting to watch
   2  Not interesting to watch
   3  Neutral
   4  Interesting to watch
   5  Very interesting to watch

   Informative?
   
   1  Not at all informative
   2  Not informative
   3  Neutral
   4  Informative
   5  Very informative

4. After watching this Expert video, does it encourage you to want to learn more about how to reduce your anxiety and/or depression?
a. YES
b. NO
c. UNSURE

5. After watching this Expert video, does it encourage you to learn more about online therapy?
   a. YES
   b. NO
   c. UNSURE
Appendix J. Feedback Questionnaire 6

Feedback Questionnaire 6

1. This Conclusion video was meant to clarify the next steps for starting the Wellbeing Course. What did you think of this video?

___________________________________________________________________________
___________________________________________________________________________

2. What suggestions, if any, do you have for improving the Planning for Change lesson?

___________________________________________________________________________
___________________________________________________________________________

3. On a scale of 1 to 5 (with 1 being not at all to 5 being very), did you find the Conclusion video in the Planning for Change lesson:

Visually appealing?

1 Not at all visually appealing
2 Not appealing
3 Neutral
4 Appealing
5 Very appealing

Easy to understand?

1 Very difficult to understand
2 Difficult to understand
3 Neutral
4 Easy to understand
5 Very easy to understand

Easy to listen to?

1 Not at all easy to listen to
2 Not easy to listen to
3 Neutral
4 Easy to listen to
5 Very easy to listen to

Interesting to watch?

1 Not at all interesting to watch
2 Not interesting to watch
3 Neutral
4 Interesting to watch
5 Very interesting to watch

4. Overall, how logical does the overall Planning for Change lesson seem to you?

1 not at all
2 somewhat
3 somewhat
4 somewhat
5 somewhat
6 somewhat
7 somewhat
8 somewhat
9 somewhat

5. How successful do you think this Planning for Change lesson will be in motivating clients to want to work on reducing symptoms of anxiety and/or depression?
6. How confident are you in recommending this Planning for Change lesson to a friend who experiences anxiety and/or depression?

not at all  2  3  4  5  6  7  8  9
not at all  2  3  4  5  6  7  8  9

7. What, if anything, did you realize about yourself by completing the Planning for Change lesson?

________________________________________________________________________
________________________________________________________________________

How would you rate yourself in the following statements?

8. It is important for me to work on reducing the anxiety and/or depression I experience.

0  1  2  3  4  5  6  7  8  9  10
Definitely not  Probably not  Maybe  Probably  Definitely

9. I feel I can change the anxiety and/or depression I experience.

0  1  2  3  4  5  6  7  8  9  10
Definitely not  Probably not  Maybe  Probably  Definitely

10. I am currently trying to reduce the anxiety and/or depression I experience.

0  1  2  3  4  5  6  7  8  9  10
Definitely not  Probably not  Maybe  Probably  Definitely

11. Does the Planning for Change lesson motivate you to participate in online therapy?
   a. If yes: How has your motivation changed:

1 2 3 4 5
Very much decreased my motivation
Decreased my motivation a little
No change
Increased my motivation a little
Very much increased my motivation

12. If you have previously taken a course through the Online Therapy Unit, looking back, how do you feel the Planning for Change lesson would have affected your motivation for working on the online course?

1 2 3 4 5
Very much decreased my motivation
Decreased my motivation a little
No change
Increased my motivation a little
Very much increased my motivation
13. If you have previously taken a course through the Online Therapy Unit, looking back, how do you feel the Planning for Change lesson would have affected your likelihood of completing working on the online course.

<table>
<thead>
<tr>
<th></th>
<th>Very much decreased likelihood of completing</th>
<th>Decreased my likelihood of completing</th>
<th>No change</th>
<th>Increased my likelihood of completing</th>
<th>Very much increased my likelihood of completing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>5</td>
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</tr>
</tbody>
</table>

Comments:____________________________________________________________________
____________________________________________________________________________

14. How does the Planning for Change lesson affect your interest in participating in online therapy?
   a. YES: Increased my interest to participate
   b. YES: Decreased my interest to participate
   c. NO: It did not change my interest, I am still interested in participating.
   d. NO: It did not change my interest, I am still not interested in participating.
Debriefing Form

The online survey is now over. Thank you for your participation! At this time, we would like to provide you with more information about the study. Anxiety and depression are common and disabling conditions that are typically under treated for various reasons, including lack of services, associated cost, limited accessibility, long wait times, and stigma. Internet-delivered cognitive behaviour therapy (ICBT) has emerged as an accessible and cost effective psychological treatment. In the Online Therapy Unit, ICBT has been found to be effective in treating symptoms of anxiety and depression with approximately 75% of clients fully completing treatment and showing large improvements in symptoms. Although results of ICBT are impressive, there is still room for improvement. Motivational interviewing (MI) is an intervention that aids in encouraging clients' internal motivation to change. MI has been used in face-to-face therapy in the treatment of anxiety and depression, with evidence suggesting this combination of MI and face-to-face therapy further enhances treatment results. To date, the efficacy of MI for use in online therapy remains unclear because it is difficult to adapt face-to-face MI to an online platform delivered with ICBT. Therefore, the purpose of the current research was to receive your feedback on a newly developed online MI intervention for use with ICBT. Results will be used to revise the online MI lesson for use with future clients participating in ICBT.

If you have any complaints, concerns, or questions about this research, please feel free to contact Heather Hadjistavropoulos (Heather.Hadjistavropoulos@uregina.ca or 306-585-5133) or Cynthia Beck (Cynthia.Beck@uregina.ca or 306-436-7354).

This project was approved by the Research Ethics Board at the University of Regina on August 14, 2018. If you have any questions or concerns about your rights as a research participant, you may contact the Chair of the University Research Ethics Board at 306-585-4775 (out of town may call collect) or by e-mail at: research.ethics@uregina.ca.

The responses to this survey are only temporarily stored on your computer until you close down your browser window. In other words, after you complete and submit your survey, your computer will automatically delete this information. You may also delete this information by clearing your history list and disk cache. An internet search can provide you with further information on how to clear your history list and disk cache for your specific web browser (such as Internet Explorer, Firefox).

Further Reading:


**Resources:**
In this survey, we asked you many questions about your feelings related to anxiety and sadness. If you feel that you need help related to these feelings, please go to our website for information on client resources (see link below). Additionally, please do not hesitate to contact the Online Therapy Unit in Regina, Saskatchewan (306-331-3337) with any questions or concerns you may have.

https://www.onlinetherapyuser.ca/client-resources
Appendix L. Research Ethics Board Approval

The University of Regina Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol, or related documents.

Any significant changes to your proposed method, procedures or related documents should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for the renewal and closure forms:
https://www.uregina.ca/research/for-faculty-staff/ethics-compliance/human/ethicsforms.html

Laurie Chance PhD
REB Chair
University of Regina

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research.ethics@uregina.ca