

## **Conference Syllabus: Pugh, Nicole.**

### **Learning Objectives:**

Learning objectives of the presentation will include improving understanding of: 1) therapist-assisted internet cognitive behaviour therapy (TAICBT); 2) content, format, and outcomes of a specialized TAICBT program for women with postpartum depression; 3) therapeutic strategies used to facilitate internet therapeutic alliance; 4) strategies for garnering community interest in the TAICBT program; and 5) barriers and facilitators of offering TAICBT to treat PPD.

### **Summary**

Postpartum depression (PPD) impacts up to 15% of Canadian women following childbirth. Many women suffering from PPD do not receive appropriate treatment for reasons including stigma associated with receiving mental health treatment, difficulty arranging childcare, transportation challenges, and time and financial constraints (Vesga-Lopez, Blanco, Keyes, Olfson, & Grant, 2008). The integration of Internet technology with the practice of psychotherapy is an innovative method for increasing accessibility and affordability in the provision of mental health treatment. According to reports by Statistics Canada, over 80% of all households in Canada have Internet access, and approximately 70% of Canadians use the Internet to seek medical or health related information (Statistics Canada, 2010). Given that PPD is vastly under-treated and multiple treatment barriers have been identified with receiving in-person therapy for PPD, utilizing the Internet may be a novel modality to treat women afflicted with PPD who might otherwise not receive treatment.

There are an increasing number of controlled trials in Internet therapy in various fields such as mood disorders, anxiety disorders, and health conditions (Andersson, Ljotsson, & Weise, 2011; Cuijpers, Donker, van Straten, & Andersson, 2010). Internet therapy may be particularly well suited to treat PPD, as it potentially addresses many of the barriers identified with in-person PPD treatment. For instance, women can complete the therapy from the convenience of their home at any time, thereby addressing mobility and childcare challenges. Moreover, Internet therapy offers the potential reach women residing in rural or remote areas who might otherwise not receive treatment due to transportation challenges. Receiving treatment via the Internet from

a client's home is also likely beneficial when a woman is breastfeeding, as she can complete the therapy between feedings. Internet therapy can also be completed when the infant is sleeping.

A recent study conducted by Sheeber and colleagues (2012) reported that online CBT offered with telephone coach assistance was more efficacious for economically disadvantaged mothers than a waitlist control condition. The online program, however, was geared toward mothers of children less than five years of age and was not exclusively targeted to treat depression in the postpartum period. Given hormonal fluctuations and the pronounced sleep deprivation evident in the postpartum period, it is possible that women struggling with PPD may respond differently to online therapy. This investigation developed and piloted the efficacy of a therapist-assisted ICBT (TAICBT) program for women in Saskatchewan afflicted with PPD who have children less than one year of age. To our knowledge, this was the first Canadian TAICBT program tailored for women afflicted with PPD. The program was based on an adult Depression Online program (Hadjistavropoulos et al., 2011) and the adaptations were informed by the work of Milgrom, Martin, and Negri's group PPD treatment (1999).

Using a randomized control design, women ( $N = 50$ ) scoring above 10 on the Edinburgh Postnatal Depression Scale (EPDS) were randomly assigned to receive either TAICBT or waitlist control (WLC). The efficacy of the treatment was investigated at baseline and at seven- to 10-week follow-up. Treatment satisfaction, therapeutic alliance, and open-ended questions regarding participant experiences with the program were explored at post-treatment. For a longer-term follow-up, TAICBT participants were contacted four-weeks following treatment completion. Analyses included multi-level mixed models, clinical significance testing, multiple regressions, and thematic content analysis of the open-ended responses. Results indicated that symptoms of PPD tended to decrease more quickly over time for participants in the TAICBT group compared to those in the WLC group, and these results were clinically significant, reliable, and maintained at four-week follow-up. Secondary analyses indicated that TAICBT participants demonstrated a greater reduction in symptoms of postnatal anxiety, general stress, and parental distress and an increase in psychological and environmental quality of life when compared to the WLC participants. Study implications, limitations, and future research directions are discussed.

### **Selected References :**

Andersson, G., & Cuijpers, P. (2008). Pros and cons of online cognitive-behavioural therapy.

*British Journal of Psychiatry*, 193, 270-271. doi:10.1192/bjp.bp.108.054080

Andersson, G., Cuijpers, P., Craske, M. G., McEvoy, P., & Titov, N. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: A meta-analysis.

*PLoS Hub for Clinical Trials*, 5(10), e13196.

doi:10.1371/journal.pone.0013196

Hadjistavropoulos, H. D., Thompson, M., Ivanov, M., Drost, C., Butz, C., Klein, B., & Austin,

D. W. (2011). Lessons learned in developing a therapist-assisted internet cognitive

behavior therapy service. *Professional Psychology: Research and Practice*, 42, 463-471.

doi:10.1037/a0026176

Milgrom, J., Martin, P. R., & Nergi, L. (1999). *Treating postnatal depression: A psychological*

*approach for health care practitioners* (2nd ed.). West Sussex, England: Wiley.

Pugh, N.E., Klein, B., Austin, D.W., Hadjistavropoulos, H.D., & Austin, D.W. (2013) A

Case Study Illustrating Therapist-Assisted Internet Cognitive Behavior Therapy

for Depression. *Cognitive and Behavioral Practice*. doi: [10.1016/j.cbpra.](https://doi.org/10.1016/j.cbpra.2013.08.002)

[2013.08.002](https://doi.org/10.1016/j.cbpra.2013.08.002)

Sheeber, L. B., Seeley, J. R., Feil, E. G., Davis, B., Kosty, D. B., Lewinsohn, P. M., & Sorensen,

E. (2012). Development and pilot evaluation of an internet-facilitated cognitive-

behavioral intervention for maternal depression. *Journal of Consulting and Clinical*

*Psychology*, 80, 739-749. doi:10.1037/a0028820

#### Biography:

Nicole Pugh is a Clinical Psychology Resident at Vancouver Coastal Health. She received her MA in Clinical Psychology at the University of Regina and continued into the PhD program (expected graduation fall, 2014). Nicole's clinical and research interests are in the area of perinatal mental health and Internet therapy. She has been an active member of the *MotherFirst* provincial working group that

has developed policy recommendations to address gaps related to maternal mental health, including screening and treatment, in Saskatchewan. Nicole was involved in the creation and implementation of the Online Therapy User Program- one of the first therapist assisted Internet cognitive behaviour therapy unit's in Canada. Nicole has published and presented her research widely and received research funding through the Canadian Institute of Health Research, Saskatchewan Health Research Foundation, and the University of Regina.