SUMMARY

Chapter 1 provides the general introduction to the contents of this thesis. In summary, this chapter states that GAD is a mental disorder characterized by excessive worrying about a number of different topics which also tend to change over time. GAD is associated with negative impact on quality of life and is a highly prevalent and comorbid condition, with many patients also suffering from other anxiety disorders, depression and somatic disorders. Several models for explaining GAD are presented, where one such explanation is that GAD is driven by an intolerance of uncertainty. The psychological treatment of choice for GAD is CBT, and Internet-delivered therapy is an initiative to make CBT available to more patients who might benefit from treatment. Internet-delivered therapy has its roots in distance treatments using the telephone or letters and in bibliotherapy, in which patients work with self-help books focusing on their disorder. Treatment outcome in online therapy seems to be partly moderated by the therapist factor; the programmes that offer clinical guidance by a therapist have better outcomes than the programmes that are unguided, but it remains unclear how the guidance should be given in order to maximize the benefits.

Chapter 2 describes the study on Internet-delivered CBT for GAD. The study is a randomised controlled trial in which active treatment is compared to a wait-list control group. A total of 89 patients were randomised to one of the conditions. The CBT treatment consists of an 8-week self-help programme divided into eight modules, and each week the participants received feedback and support from an online therapist. The main outcome measure was the Penn State Worry Questionnaire, and large effect sizes were found both within the treatment group and between the conditions in favour of the CBT treatment on all outcome measures except for quality of life. The treatment gains were maintained at 1- and 3-year follow-up.

Chapter 3 reports an economic evaluation in which the cost-effectiveness of the Internet-delivered CBT treatment was evaluated. A self-report questionnaire, TIC-P, was used to gather information on economic factors such as health care and medication consumption, work absenteeism, work cutback and domestic cutback. In the treatment group, 52.3% did not fulfil the diagnostic criteria for GAD after the treatment, compared to 15.6% in the control condition. This effect comes at the relatively low cost of £447 for each remission. When there is no societal willingness to pay for a GAD remission, the treatment has a 47% chance of being cost-effective compared to the control condition. When society is prepared to pay £5,000 for a remission, the treatment instead has a 71% probability of being more acceptable than the control condition from a societal perspective.
Chapter 4 describes a study in which psychodynamic therapy was administered online and compared to Internet-delivered CBT as well as a wait-list control group. The trial had three arms with 27 participants in each. The Internet-delivered PDT programme was based on the self-help book Make the Leap, written by psychoanalyst Farrel Silverberg. The treatment outcome showed moderate to large within-group effect sizes for both the PDT and CBT treatments at 3- and 18-months follow-up on the primary outcome measure, the Penn State Worry Questionnaire. Our findings suggested that Internet-delivered PDT seems to work as well as CBT in the treatment of GAD.

Chapter 5 presents the results of an analysis of therapists’ e-mails to patients in our first trial of Internet-delivered CBT for GAD (which was described in Chapter 2). Examined were 490 e-mails from three therapists, and through content analysis, eight distinguishable therapist behaviours were found. The therapists in this trial used, to a greater or lesser extent: deadline flexibility, task reinforcement, alliance bolstering, task prompting, psychoeducation, self-disclosure, self-efficacy shaping, and empathetic utterances. Many of these therapist behaviours correlated positively with each other, and several correlated with module completion, but only two correlated with treatment outcome: deadline flexibility was negatively associated with outcome, and task reinforcement positively correlated with changes on the primary outcome measure. Although the therapists in this study behaved in different ways compared to one another, no single therapist style was superior to any other.

Chapter 6 outlines different ways that therapists are utilized in online treatment programmes as found in a literature review. Implications of the costs of administering treatments when these are guided by a therapist are discussed since there are also programmes that are fully automated and do not require therapist guidance. In the review a strong correlation was found between therapist input and treatment outcome.

Chapter 7 provides the general discussion of this thesis. The main results from our studies are discussed in light of previous findings. Main limitations are presented, clinical implications are discussed, and recommendations for future research are given.