ICBT for informal caregivers: pilot findings

Authors
Ieva Biliunaite (Linköping University - Sweden), Austeja Dumarkaite (Vilnius University - Lithuania), Evaldas Kazlauskas (Vilnius University - Lithuania), Robbert Sanderman (University Medical Center Groningen - Netherlands), Gerhard Andersson (Linköping University - Sweden)

Presenting author
Ieva Biliunaite

Background: Informal caregivers are not seldom known to experience negative mental health outcomes, such as an increase in depressive symptoms. Traditional support options could be suggested for supporting their psychological health however, innovative support options are warranted. More so, in the light of current COVID-19 pandemic. Objectives: In this presentation, findings from two research studies will be presented to illustrate effectiveness as well as acceptability of the internet intervention for reducing informal caregiver burden. Firstly, results of the pilot randomized controlled trial (RCT) will be presented complemented by the data collected during the qualitative interviews with the participants. Method: In total, 63 informal caregivers took part in the pilot RCT for using an intervention program based on Internet-Delivered Cognitive Behavioural Therapy (ICBT) principles. Caregiver burden was chosen as a primary outcome measure, with depression, anxiety, stress, and quality of life as secondary. Shortly after the pilot RCT, 23 participants have been interviewed about their experiences of using the intervention. Interview data was analysed using Thematic Analysis. Results: Moderate to high between-effect sizes were observed for the reduction of the caregiver burden, depressive symptoms, anxiety, and stress as well as increases in quality of life for participants in pilot RCT. In turn, analysis of qualitative data lead to emergence of 4 themes in relation to benefits and suggestions of the intervention as well as informal caregiver well-being. Conclusion: ICBT intervention has potential in improving informal caregiver psychological well-being. Certain barriers and facilitators should be considered before further implementation of the intervention.
Guided Internet-Based Cognitive-Behavioral Therapy for Patients With Rheumatic Conditions: A Systematic Review

Authors
Jessy Terpstra (Leiden University - Netherlands), Rosalie van der Vaart (Leiden University - Netherlands), He Jie Ding (Leiden University - Netherlands), Margreet Kloppenburg (LUMC - Netherlands), Andrea Evers (Leiden University - Netherlands)

Presenting author
Jessy Terpstra

Introduction: Rheumatic conditions have a large impact on both patients and society. Many patients experience adjustment problems, such as symptoms of anxiety and depression, contributing to high healthcare costs. Internet-based cognitive-behavioral therapy (iCBT) has shown to support patients with somatic conditions in coping with their disease, with therapist-guided iCBT usually showing larger effects than unguided iCBT. However, the specific relevance of guided iCBT for rheumatic conditions has not been reviewed yet, which could have important implications for implementation. The objective of our review was to summarize evaluations of guided iCBT for rheumatic conditions.

Methods: PubMed, PsycINFO, and Embase were searched, combining search terms indicative of rheumatic conditions, the internet, and CBT. Inclusion criteria were: patients ≥18 years old with a rheumatic condition, randomized controlled trial, accessible full-text English article, original data, inclusion of psychological, physical and/or impact outcomes, guided iCBT.

Results: A systematic search identified 4695 studies; 8 trials were included. Significant medium to large between-group effects were found for psychological (depression, anxiety, catastrophizing, self-efficacy) and impact on daily life outcomes (impact on daily life, quality of life), whilst results for physical outcomes (pain, fatigue) were mixed. Conclusion: Whilst more research is warranted, for instance regarding physical outcomes, cost-effectiveness and moderators of iCBT success, our results show that iCBT could be an important addition to medical treatment for rheumatic conditions. iCBT can improve psychological and impact on daily life outcomes in patients with rheumatic conditions, which is promising for iCBT implementation in clinical practice, for instance via a stepped-care model.
Therapist Online Behaviours in a Web-Based Psychological Therapy (eMBCT) for Chronic Cancer-Related Fatigue

Authors
Anne Maas (Prinses Maxima Ziekenhuis - Netherlands), Melanie Schellekens (Helen Dowling Institute - Netherlands), Rosalie van Woezik (Helen Dowling Institute - Netherlands), Marije van der Lee (Tilburg University - Netherlands)

Presenting author
Marije van der Lee

Web-based mindfulness-based cognitive therapy (eMBCT) has been found effective in decreasing fatigue severity in patients suffering from Chronic Cancer-Related Fatigue (CCRF). In web-based therapy, guidance from a therapist positively affects treatment outcome. So far, less is known about what kind of therapist behaviours contribute to treatment outcome. The present study aimed at 1) identifying therapist behaviours during eMBCT and 2) exploring whether these behaviours were correlated to a decrease in fatigue severity among patients. Qualitative content analyses were performed on 537 feedback e-mails from five therapists sent to 31 patients within a secured portal. Through content analyses, nine therapist behaviours were identified: emphatic utterances, probing self-reflection, informing, psychoeducation, task prompting, paraphrasing, task reinforcement, providing group context and alliance bolstering. Among these behaviours task prompting (19%), paraphrasing (16%) and task reinforcement (15%) were the most common. Linear regression analyses showed a significant association between informing and task prompting on the one hand and a decrease in fatigue severity on the other. Multivariate analysis indicated that informing and task prompting jointly explain the decrease in fatigue. These findings underline the importance for therapists to provide patients with sufficient information and to encourage them to do the exercises.
The Vital Movement: The transition from a Health Care State to a Participating Society

Authors
Martine Goedendorp (University Medical Center Groningen - Netherlands), Feline Platzer (University Medical Center Groningen - Netherlands)

Presenting author
Martine Goedendorp

The national Dutch government formulated the policy transition from the “Health Care State” to a “Participating Society”. For older adults, this is specified as being able to live independently for as long as possible. The transition is stagnating because of the complexity of the health and social care system, because it is problem-focused and not supporting self-management abilities of older adults. This transition requires a system change, that we call the ‘Vital Movement’. In this project, we aim for a change toward more “self-managing health” facilities and services for older individuals, by the “Vital Movement”. To realize processes of change we aim to identify and adjust barriers and facilitators of the Vital Movement among key stakeholders (such as older inhabitants, social care organizations and local government) in four locations. In co-creation, we will follow the CEHRES roadmap and use reflexive monitoring to make changes, by using focus groups, logbook, and interviews. We will present barriers and facilitators of the Vital Movement on above mentioned three levels that were found after one year.