

New Zealand psychologists' use of and attitudes towards CBT-based technology in clinical practice

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Introduction

- Technology is becoming ever present in our personal and professional lives.
- However, it is only recently that international studies have begun to explore psychologists' attitudes to the increasing use of technology in clinical practice, and indeed, the ways in which they are incorporating technology into their interventions.
- Growing evidence for the effectiveness of technology-based CBT interventions (van der Zanden et al, 2012; Mouthaan et al, 2013).
- Wide range of technology-based interventions, for an even wider range of disorders and symptoms, currently being utilised (Andersson, 2015).
- Despite the potential benefits of technology-based tools, ethical, practical, cultural, and values-based reservations from therapists abound (Perle et al., 2012; Wangberg, Gammon, & Spitznogle, 2007).
- There is currently limited international research into clinical psychologists' attitudes towards, and use of technology based interventions (Nordgreen & Havik, 2011).

Method

- Anonymous survey emailed to 701 members of the New Zealand College of Clinical Psychologists
- Response rate 7% (54 participants)
- Items included CBT-technologies used, attitudes towards potential usefulness of technology-based interventions, perceived barriers to integrating this into their practice, and opportunities to provide comments about the various sections.
- Age range: 27 – 67 (mean = 47.4)
- M 13 : F 41
- Time registered: 3 – 38 years (mean = 16.4)

Results

Current use:

- Participants reported using between 1 and 6 technology-based interventions in their clinical practice
- These included **broad types of technology** (computers, websites, google, YouTube, podcasts, TedTalks, blogs, smartphone for taking photos), those focused specifically on **communication** (email, snapchat, whatsapp), **targeted interventions** (websites for reducing alcohol consumption, psychoeducation on disorders, personalised mindfulness recordings) and **CBT specific interventions** (apps for treating various symptoms/disorders, apps for developing skills, web-based programmes for difficulties/disorders, downloadable CBT resources)

Utility:

- For the most part, when asked about the usefulness of including various CBT-based technologies into clinical practice, participants agreed (average 39%) or strongly agreed (average 16.4%) with the utility of such technologies, with a further group being unsure (average 37.5%).
- Participants agreed or strongly agreed with CBT-technology having the most utility in the following areas:

monitoring their moods	74.1 %
activity scheduling	74.1 %
tracking thought records	72.2 %
complete homework tasks	70.4 %
teach mindfulness techniques	68.5 %
symptom-specific behavioural experiments	64.8 %
form and keep action plans	63.0 %
teaching the 5-part model	61.1 %
giving case-specific psychoeducation information	61.1 %
symptom-specific exposure and response prevention work	59.3 %
be used consistent with a case formulation	57.4 %
symptom-specific exposure work	55.6 %

- With respect to working with specific groups, participants saw utility in incorporating technology for youth (70.4% agree and strongly agree) and children (59.3%), but were unsure about including technology with older adults (51.9% unsure).
- Participants were unsure about using technology in Trauma-Focused CBT (59.3% unsure) and DBT (44.4%), and the majority reported disagreeing with the use of technology in ACT (51% strongly disagree and disagree).
- Whilst most psychologists indicated they were open to integrating technology into their clinical practice they also reported varying degrees of confidence in doing so.
- Participants saw advantages of technology based interventions particularly in the areas of mental health awareness, rural delivery of services, and for people struggling to attend appointments or with mild-to-moderate issues; however, they also reported concerns about confidentiality, ethics, legal issues, as well as difficulties in evaluating the various technologies.

Conclusion

- Whilst findings are limited by the low return rate, clinical psychologists' attitudes in this study suggest a genuine interest in the use of general and CBT-based technologies, and they report they are starting to introduce a range of technologies into their clinical practice.
- The reported varying degrees of comfort using technology in clinical practice suggest that training programs may need to incorporate teaching on how technology could be integrated safely, ethically, and effectively.
- A great deal more research is needed both on the efficacy of technology-based tools themselves, as well as the most effective ways of introducing these into clinical practice.