



World Congress 2010

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ID#

Location: CAS 522

Time of Presentation: Jun 04 10:30 AM - 10:46 AM

Category: Anxiety (Adult)

Fully-automated, online CBT program for social anxiety: Phase II trial findings

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Introduction: CBTpsych.com is a fully functional intervention that aims at bridging the gap between Eliza (Weizenbaum, 1966) and modern internet treatments for anxiety disorders (Helgadottir, et al, in press). A Phase I trial demonstrated that two participants no longer met the diagnosis of social phobia on the DSM-IV and ICD-10 after being treated by CBTpsych.com. The quality of the interaction appeared to be similar to face-to-face therapy. The automated techniques were successful in engaging the participants, and encouraging them to log on regularly and complete the treatment (Helgadottir, et al, in press). The current study is a phase II trial targeting social anxiety in stuttering. Method: File audit data was gathered from 10 years of experience in the psychological management of social anxiety and stuttering (St Claire, et al., 2008). These data were used to create a fully automated humanlike intervention using algorithms alone. The CBTpsych.com creates cognitive restructuring exercises, behavioural experiments, and negative thoughts checklists for the automated treatment program. Furthermore, other features such as imagery rescripting were incorporated to adhere to Clark & Wells (1995) model of social anxiety treatment. 10 participants presenting for treatment of stuttering with social anxiety at the Australian Stuttering Research Centre (ASRC) were offered 5 months access to the "computer psychologist". Treatment did not involve any contact with clinical psychologists at the ASRC. Results: The "computer psychologist" was able to identify the specific problem areas patients reported, and design individualized formulations and tailored treatment components with corrective feedback. Furthermore, participants were able to engage in highly specific cognitive restructuring exercises, and managed, with the help of the computer psychologist, to build behavioural experiments to test out unhelpful cognitions. Data from this Phase II trial suggests that the computerised treatment protocol can lead to substantial reductions in anxiety and avoidance, and improve mood and quality of life as measured by the FNE, SPAI, BDI-II, UTBAS, SASS, OASES. Conclusions: The computer psychologist is: motivating people both to log on regularly (with use of automated email process) and complete the program; engaging clients in detailed cognitive restructuring work; creating successful behavioral experiments for exposure; and producing promising preliminary results. However, these results need to be tested in a randomized controlled trial to establish efficacy. A RCT is currently underway. These preliminary data indicate that it is viable to develop this type of treatment intervention for other anxiety disorders. Limitations of this approach and future research will be discussed.

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