Shorter communication

Web-centred training in psychological treatments:
A study of therapist preferences

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ABSTRACT

One barrier to the dissemination of evidence-based psychological treatments is the fact that few clinicians have received training in how to implement them. A potential solution is “web-centred training”. For any training programme to be successful it must match the perceived needs of the trainee as otherwise there is likely to be poor compliance. As part of the groundwork for developing a web-centred training programme, a questionnaire on training preferences was sent to 373 therapists who had expressed interest in the website, of whom 183 responded. Their top priorities were a clinically relevant website that demonstrated in detail how to implement the treatment. The overall characteristics and functioning of the website were also a major concern. There was little interest in being put in touch with others learning the treatment. These findings demonstrate the importance of surveying users’ views in advance of and during the website development process.

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There are empirically-supported psychological treatments for a range of psychiatric disorders, most especially depression, the anxiety disorders and the eating disorders (Barlow, 2008; Nathan & Gorman, 2007). Despite this, there is good evidence that these treatments are not widely available (e.g., Shafran et al., 2009). One barrier to their use is that few clinicians have received training in how to deliver them. A potential solution to this problem is “web-centred training” (Fairburn & Cooper, 2011). This involves the trainee having access to a clinically-rich training website that has been designed to provide the training needed to implement the therapy in question.

If web-centred training is to be successful it needs to fulfil two core requirements. It needs to inform the trainee about the strategies and procedures that characterise the treatment, and it needs to address its actual implementation. However, there is an additional requirement. This is that it matches the desires and perceived needs of trainees as otherwise there is likely to be poor compliance.

As a part of the groundwork for developing a web-centred training programme in enhanced cognitive behaviour therapy for eating disorders (CBT-E; Fairburn, 2008), we conducted a study of the preferences of potential trainees.

Method

Recruitment

Participants attending two-day workshops (given by the second author) on CBT-E were invited to provide feedback on the plans for the training website. There was a high level of interest. Following the workshop, each was sent an email asking if they wanted to provide feedback on the website as it was being developed and whether they would also help with the validation of an online measure of therapist competence. Those who agreed were sent a link to an online questionnaire concerning desirable properties of the training website.

The preferences questionnaire

The questionnaire had two sections. The first addressed the professional background of the trainee and the second was concerned with the characteristics of the website. It included a 4 point Likert scale ranging from 0 to 3 for rating the desirability of various features as well as free-text boxes for more detailed and individualised comments.

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Results

The sample

Two-day CBT-E workshops were held in Cardiff, Copenhagen, Melbourne, Omagh, Sydney and Toronto in the second half of 2011. In each workshop, participants were asked if they would like to volunteer to help with the development of the training website and the measure of therapist competence. Emails were subsequently sent to 373 participants of whom 183 (49%) responded.

Characteristics of the respondents

The 183 respondents comprised clinical psychologists (36%), nurse therapists (15%), eating disorder therapists (11%), students (8%), psychiatrists (7%) and other professionals (23%). The average length of clinical experience was 12.5 years ranging from 0 to 35 years of experience.

Trainee preferences

Table 1 shows the responses of the participants to the questions concerning desirable properties of the CBT-E training website. The questions are listed in order of popularity of the feature concerned, ranked by the mean score for each item.

Clinical material that demonstrated the use of CBT-E was the top priority. The respondents wanted to see acted role-plays of key CBT-E procedures that employed realistic clinical examples. With regard to their length, the respondents showed a clear preference for segments of sessions rather than whole sessions.

Four other preferences were expressed by over half the sample. The first was that the website would help them keep up to date with the latest scientific findings concerning CBT-E. The second was that it would cover all the material normally covered in a two-day workshop. The third was that there would be embedded tests of knowledge. And the fourth was that the website would generate a certificate on completion.

Certain features were not wanted by the respondents. These included being put in contact with other trainees, and the inclusion of quizzes. Regarding the website host or presenter, the respondents expressed a clear preference for a “real person” rather than an avatar or cartoon-like figure.

The information entered into the free-text boxes revealed concerns about the ease of navigation of the website; a desire for no pop-ups, cartoons or moving images; and the importance of rapid loading and the absence of technical problems. A desire was also expressed for printable handouts and the availability of supervision via the website.

Discussion

If a website is to be a success, it needs to match the needs and desires of its potential users. As these are not necessarily predictable, it is important to study them in advance of designing a website. This was the aim of the present survey, the website of concern being one designed to train therapists in CBT-E, a complex psychological intervention for patients with eating disorders. The sample was a relevant one as it comprised people attending a two-day introductory overview of the treatment, most of whom were therapists.

Some of the findings were unsurprising; for example, that the therapists wanted a website that provided clinically relevant material and demonstrated how to implement the treatment. Less predictable was their desire that the website keep them abreast of research findings and include embedded tests of knowledge. Also surprising given the popularity of social media was the relative lack of interest in being put in touch with others learning the treatment. The overall characteristics and functioning of the website were also a major concern. Most wanted a simple gimmick-free website that was reliable, easy to use and straightforward to navigate. There was also a clear preference for a human “host” rather than an avatar, a preference that is not peculiar to this user group (Helgadottir, Menzies, Onslow, Packman, & O’Brien, 2009).

The CBT-E training website has been designed and developed with these initial preferences in mind. However, we expect trainee preferences to evolve during the period of web-centred training. Accordingly, we are seeking feedback from users as they progress through the website and gain experience implementing the treatment. We are also producing an extended version of the website with unrestricted navigation for those who have completed the core training programme.

Table 1

Responses to a questionnaire concerning features of a therapist training website. The questions are listed in order of popularity of the feature in question.

| Question                                                                 | Not desirable | Somewhat desirable | Moderately desirable | Highly desirable |
|--------------------------------------------------------------------------|---------------|--------------------|----------------------|------------------|
| Should the website provide illustrative clinical material (e.g., monitoring records, case formulations, weight graphs)? | 0% (0)        | 1% (1)             | 4% (8)               | 95% (178)        |
| Should the website provide illustrative (acted) role-plays of key treatment procedures (e.g., how to address body checking)? | 1% (2)        | 3% (6)             | 9% (16)             | 87% (163)        |
| Should these illustrations be taken from real clinical practice?          | 2% (3)        | 3% (6)             | 13% (25)            | 82% (153)        |
| Should the website direct viewers to the latest publications of relevance to CBT-E? | 0% (0)        | 4% (8)             | 31% (58)            | 65% (121)        |
| Should the website include commentaries on the role-plays?               | 2% (3)        | 9% (16)            | 24% (45)            | 66% (123)        |
| Should the website provide abbreviated (edited) versions of treatment sessions (e.g., 15 min long)? | 2% (4)        | 6% (12)            | 28% (53)            | 63% (118)        |
| Should the website provide all the information about CBT-E that would be given in a two-day workshop? | 5% (10)       | 10% (18)           | 17% (31)            | 68% (128)        |
| Should the website include ways of helping viewers measure their developing knowledge of CBT-E? | 1% (2)        | 10% (19)           | 31% (57)            | 58% (109)        |
| Should the website generate a certificate on completion of the training programme? | 4% (7)        | 14% (27)           | 26% (49)            | 56% (104)        |
| Should there be newsletter updating users about the research we are doing on therapist training? | 1% (2)        | 15% (28)           | 36% (67)            | 48% (90)         |
| Should the website include general information on eating disorders and their management? | 4% (8)        | 19% (36)           | 22% (41)            | 55% (102)        |
| Should the website provide acted role-plays of complete treatments (i.e., the full 20 sessions)? | 8% (14)       | 23% (42)           | 30% (56)            | 40% (75)         |
| Would the website be enhanced by the inclusion of quizzes?                | 12% (23)      | 23% (42)           | 33% (62)            | 32% (60)         |
| Should the website provide acted role-plays of entire treatment sessions (50 min long)? | 9% (16)       | 33% (61)           | 30% (56)            | 29% (54)         |
| Should the website provide a means for users to get in touch with each other? | 10% (18)      | 31% (58)           | 38% (71)            | 21% (40)         |
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