

CBT BYTESIZE:

ASSESSING THE FEASIBILITY OF A NOVEL MULTIMODAL INTERVENTION FOR ANXIETY

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INTRODUCTION

There is growing evidence that delivery of Cognitive Behavioural Therapy (CBT) via other modalities is an effective alternative to in-person therapy and that digitally based psychological interventions expand access to evidence-based mental health care (Aboujaoude et al., 2020). Research into the use of combinations of therapeutic approaches with adolescents is in its infancy. Following feedback from children and young people (CYP) that they would like contact and support between their weekly video- conferencing CBT sessions and that they sometimes found the traditional sessions too long and intense, we designed a novel intervention delivering CBT via a combination of text and video sessions which were based around use of a CBT-based mobile phone app.

A PERSONALISED PROGRAMME

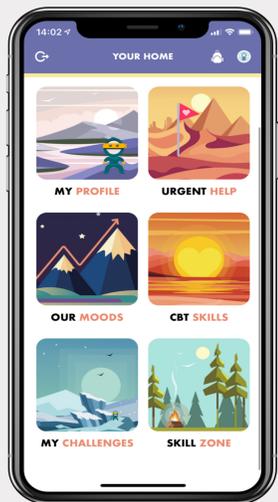
BABCP accredited therapists intensively support CYP (aged 12-16) to use the therapeutic content in a CBT-based app (ThinkNinja). They are guided by a structured 8-12 week CBT programme for anxiety and related problems. Therapist interactions are predominantly text based, via the app. Video calls are scheduled between the text sessions as necessary. The approach involves a minimum of three therapist-initiated contacts per week. A virtual avatar 'Wise Ninja', whose chat is built on CBT-based principles, augments the therapist and is available 24/7. The therapist also responds to client texts on a daily basis (extended hours Mon-Fri).

DEVELOPMENT OF THE PROGRAMME

The CBT Bytesize therapy manual was developed by a team of multi-disciplinary child mental health specialists comprising clinical psychologists, CBT therapists and a research assistants. The manual included the programme rationale, a visual programme roadmap, a therapist 'script', information about risk and safeguarding, and training resources for the CBT therapists.



"Sometimes all we can focus on is how bad we feel. Usually there's a threat making us feel so bad... for example, if we're scared of dogs, we might feel anxious when we see a dog, but it's what we think might happen is what is making us scared, e.g. the dog might bite us. In the my challenges section, click on 'putting it all together' and pick a situation you'd like us to work on."



CONTENT AND DELIVERY OF THE PROGRAMME

The therapist script is a template which can be personalised by the therapist to facilitate the delivery of 8 to 12 weeks worth of therapeutic content in text messages linked to specific app content. The script was designed to complement and prompt use of the extensive CBT-based therapeutic resources contained within our app; e.g. psychoeducation, 5 areas formulation, thought diaries, identification of safety behaviours and graded exposure.

The therapist script included three weekly 'check-ins', whereby the therapist would reach out to the young person via text. This checked progress and wellbeing, set missions within the app, provided support and facilitated learning skills. The young people had 24/7 access to the app and could revisit their work at any time. Therapists had access to an online dashboard where they could message their client and monitor their progress. Entries within the app were in real time. This enabled timely reinforcement and engagement with clients once missions were completed or goals were rated.

PROGRAMME OVERVIEW

MEET THE R.A	LAUNCHPAD	WEEKS 1-3	WEEKS 4-7	ADDITIONAL WEEKS	FINAL WEEK
Collecting measures Consent forms Setting up on the App	Establish identified mental health need where CBT would be appropriate	Introduction to CBT & the WiseNinja Goal setting Formulation	Thought Diary Developing more helpful thoughts Face my Fears challenges	Refining goals Troubleshooting Skills practice (Maximum 4 weeks)	Putting it all Together Staying Well Plan Goodbyes

RESULTS AND OUTCOMES

SAMPLE: 4 females and 2 males, mean age of 15 (SD = 0.63), range = 14 to 16. The primary presentation for all cases was anxiety.

CASE	GENDER	AGE	OUTCOME
Case 1 'Eve'	Female	14	Completed 5.5 weeks of the programme and appeared to respond well to the text messages at first, but contacted the therapist to withdraw from the programme. She was unwilling to be interviewed about her experiences but her parents reported that she found being able to text her therapist useful.
Case 2 'Rachel'	Female	15	Completed 2 weeks of the programme and appeared to respond well to the text messages but did not attend a scheduled video session and contacted the therapist to withdraw from the programme. Rachel's final YP-CORE score was more than halved, demonstrating reliable improvement from her baseline score in the 'severe' range.
Case 3 'Toby'	Male	15	Completed 4 weeks of the programme so far; midpoint ROMs are trending in a positive direction. During this time, Toby and his therapist have covered: anxiety psychoeducation, goal setting, feelings wheel, the hot cross bun, goal review and skills practice. Toby is engaging well and has been working through graded exposure tasks. Toby says "I like being able to text my therapist, I feel like my therapist is helping me and giving me ideas to improve and things I can do in the moment on the app."
Case 4 'Holly'	Female	15	Has completed 2.5 weeks of the programme so far. Has been attending short weekly video check ins alongside completing missions.
Case 5 'Sarah'	Female	16	Has completed 2 weeks of the programme so far. Has attended a couple of video sessions.
Case 6 'Josh'	Male	15	Has attended the initial measures appointment but has not yet started treatment.

We collected baseline measures on the RCADS-47, YP-CORE and SDQ-Child. 6/6 (100%) young people had baseline measures taken. The mean baseline score for the YP-CORE was 20, in the 'moderate' range. 5/6 (83%) of the sample had baseline scores in the clinical range. RCADS-47 mean baseline score 68, in the 'high' range, but non-clinical. 2/6 (33%) of the sample had baseline scores in the clinical range. The mean baseline score for the SDQ-Child was 20 in the 'very high' range. 5/6 (83%) of the sample had baseline scores in the clinical range.

DISCUSSION

Emerging results from our pilot study indicate that CBT Bytesize is a feasible intervention. We will refine the programme once we have had further feedback and then intend to conduct a series of formal evaluations.

REFERENCES

Aboujaoude, E., Gega, L., Parish, M. B., & Hilty, D. M. (2020). Editorial: Digital Interventions in Mental Health: Current Status and Future Directions. *Frontiers in psychiatry*, 11, 111. <https://doi.org/10.3389/fpsyt.2020.00111>

