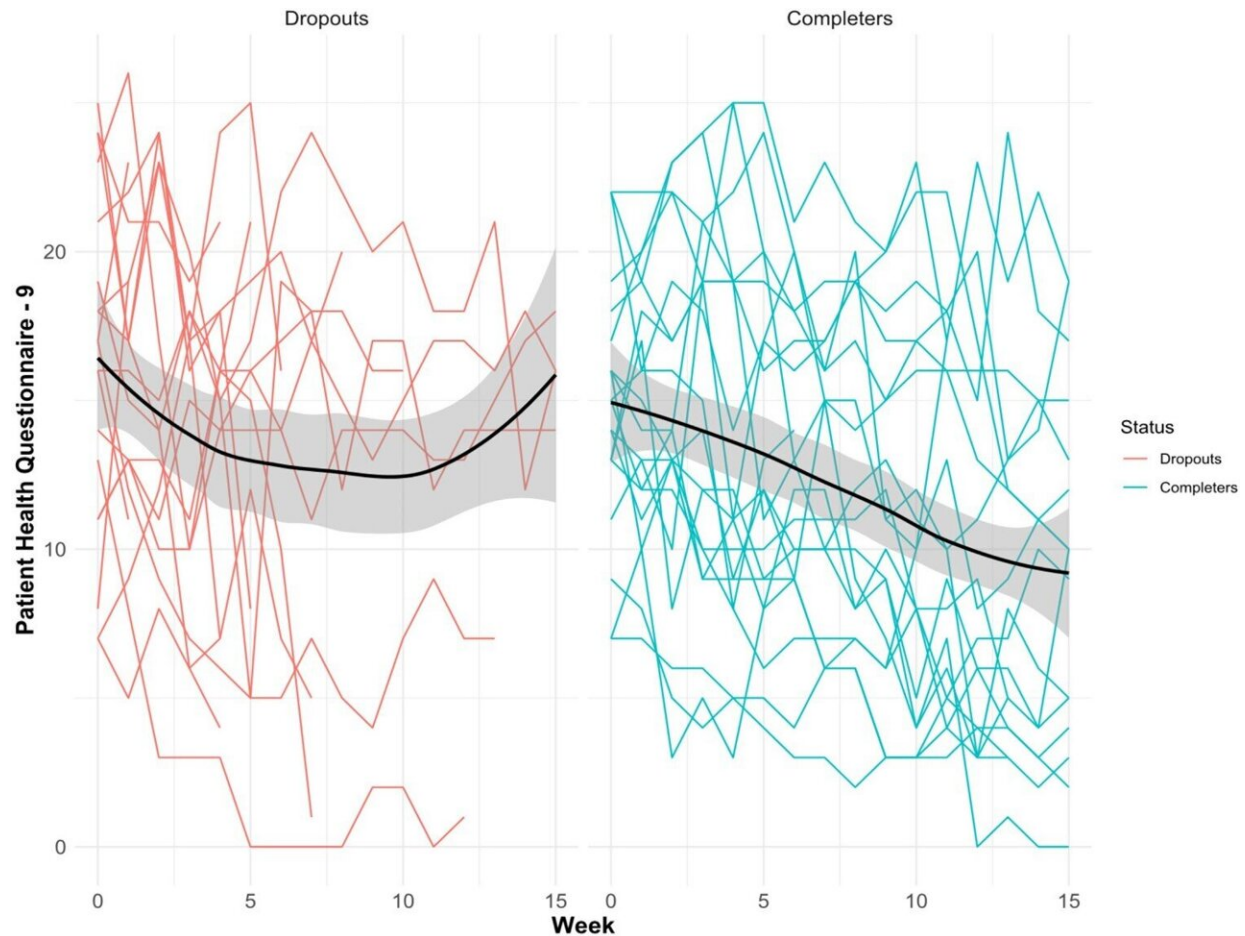


# Improving online depression treatment

May 20 2024



Symptom course of depression for individuals who dropped out of treatment and those who completed treatment. In the dropout group, there is an initial decrease in symptoms while the patients were still in treatment, which tapers off as they drop out. For completers, there is close to a linear change over time. This suggests there is a relation between the more that an individual continues to participate in ICBT and their depressive symptom improvement. Credit: *Psychotherapy Research* (2024). DOI: 10.1080/10503307.2024.2325510

A new study led by Dr. Dina Zalaznik, from Prof. Jonathan Huppert's Laboratory for the Treatment and Study of Mental Health and Well Being at the Hebrew University of Jerusalem, has revealed significant advancements in the treatment of depression. The study focused on two crucial aspects: the therapeutic alliance and attachment styles.

Participants for the study were recruited through ads for a free trial and underwent screening, including online surveys and a phone interview. Included were 39 participants, mostly female (59%), with an average age of 37.9 years.

The internet-based [cognitive behavioral therapy](#) program consisted of six modules covering psychoeducation, cognitive work, behavioral activation, challenging thoughts, optional cognitive behavioral therapy for insomnia, and relapse prevention. Treatment was delivered by supervised doctoral students, with weekly guidance and homework assignments. Dropout rates and treatment adherence were also examined.

One of the key findings of the [study](#), now published in *Psychotherapy Research*, was the importance of the alliance between the therapist and the patient, as well as the alliance with the program, in predicting adherence and dropout rates.

While both alliances played a role in treatment outcomes, only the alliance with the therapist was significantly related to symptom improvement. This highlights the unique contributions of each aspect of the alliance in the effectiveness of internet-based cognitive behavioral therapy.

The study also addressed the role of attachment styles in internet-based cognitive behavioral therapy, with results indicating that avoidant

attachment style scores improved significantly during internet-based cognitive behavioral therapy, whereas anxious attachment did not show significant improvement.

This finding suggests that even though the focus of internet-based cognitive behavioral therapy is not on [interpersonal relationships](#) and the therapist's involvement is limited, the emotional and cognitive components of attachment can still be positively impacted.

Results from the study demonstrate the effectiveness of a culturally-adapted Hebrew version of guided internet-based cognitive behavioral therapy for depression and insomnia. Depression symptoms and insomnia improved significantly over time, with noticeable and meaningful changes observed for all variables.

This study suggests that in internet-based therapy, the relationship with the therapist and the program is crucial for maintaining motivation and commitment to the treatment. Clinicians should consider using a weekly questionnaire to track these relationships and make necessary improvements. Future studies should explore factors influencing these relationships further.

Dr. Zalaznik's study reveals the critical role of interpersonal factors in internet-based cognitive behavioral therapy, highlighting the distinct impacts of the therapist and program alliances. These findings advance our understanding of depression treatment through internet interventions, emphasizing the therapeutic [alliance](#)'s importance and the therapy's broader benefits.

**More information:** Dina Zalaznik et al, Interpersonal factors in internet-based cognitive behavioral therapy for depression: Attachment

style and alliance with the program and with the therapist, *Psychotherapy Research* (2024). [DOI: 10.1080/10503307.2024.2325510](https://doi.org/10.1080/10503307.2024.2325510)

Provided by Hebrew University of Jerusalem

Citation: Improving online depression treatment (2024, May 20) retrieved 25 June 2024 from <https://medicalxpress.com/news/2024-05-online-depression-treatment.html>

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