

# Online Therapy Unit

SERVICE, EDUCATION AND RESEARCH



## Online Therapy Unit Outcome Report

2013-2017





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## Introduction

One in five people experience anxiety or depression each year in Canada and many cannot access effective psychological treatments due to cost, geography, mobility, time constraints, or stigma. Online-Cognitive Behaviour Therapy (Online-CBT) involves patients reviewing weekly online lessons, which describe strategies for managing symptoms. This is combined with brief weekly support from a therapist or guide over secure email or phone. It represents an important and growing approach to address barriers to treatment.

In 2013, the Online Therapy Unit, led by Dr. Heather Hadjistavropoulos, Professor of Psychology, University of Regina, received funding from the Canadian Institutes of Health Research, Saskatchewan Health Research Foundation, and Rx&D Health Research Foundation (\$708,000). The purpose of this funding was to overcome barriers and foster innovation in the use of Online-CBT for depression and anxiety in Saskatchewan. In 2013, with the support of the above mentioned funding, the Unit specifically began to offer and evaluate a 5 lesson transdiagnostic *Wellbeing Course* developed at Macquarie University. This course is appropriate for addressing both symptoms of anxiety and depression. In 2015, the Ministry of Health began to provide some base funding to the Online Therapy Unit to further support the ongoing delivery of Online-CBT in Saskatchewan.

The following report summarizes the utilization and outcomes of Online-CBT using the *Wellbeing Course* in Saskatchewan between 2013 and 2017.

## Who We Are

In order to address access to mental health care, Dr. Heather Hadjistavropoulos established the Online Therapy Unit in 2010 to increase access to Online-CBT. The Unit specifically focuses on three areas:

*Service:* Providing effective online clinical treatment programs to individuals experiencing mental health difficulties, with a primary focus on depression and anxiety, as these are prevalent, disabling, and under-treated conditions.

*Education:* Training therapists and graduate students in the delivery of Online-CBT.

*Research:* Conducting multidisciplinary research on the reach, adoption, effectiveness, and implementation of Online-CBT.

*Vision:* Increase access to evidence-based mental health services through service, education, and research.

*Mission:* To provide effective online clinical treatment programs to residents of Saskatchewan who are experiencing difficulties with depression and anxiety.



## Values:

- Accessible mental health care
- Best-practice delivery of Internet-based therapy
- Coordinated care
- Student education
- Research-driven continuous improvement
- University-community partnership

## Objectives:

- To develop and maintain a web application that allows for delivery of Online-CBT
- To educate and inform stakeholders, including clients and referrers, about Online-CBT
- To train providers and students from various professional backgrounds in Online-CBT, and to provide them with experiences using Online-CBT with clients
- To evaluate and continually improve training and supervision in Online-CBT
- To develop and evaluate a user friendly, reliable, and valid online screening process
- To evaluate outcomes of Online-CBT for different patient groups, including symptom improvement and cost-effectiveness
- To optimize the delivery of Online-CBT in clinical practice, including studying different methods of offering support to patients (e.g., guides, therapists, optional, weekly, on demand support)
- To understand predictors of Online-CBT outcomes, including patient and therapist variables
- To understand best practices in implementing Online-CBT and facilitate implementation of Online-CBT in diverse settings with diverse clients
- To evaluate factors that facilitate or hinder Online-CBT services, training, and implementation
- To communicate and share findings facilitating Online-CBT
- To collaborate and learn from others who have a similar interest in improving Online-CBT in clinical practice

## Overall Accomplishments

The Online Therapy Unit has established a national and international reputation as an innovative centre for delivering and evaluating Online-CBT. The unit has developed strong collaboration with the Ministry of Health, community clinics across the province, as well as international experts. It is the first program of its kind in Canada and serves as a model for how to implement Online-CBT in clinical practice (53 Canada-wide consultations).

The Unit has received funding from multiple sources since inception including the Canadian Institutes of Health Research, Saskatchewan Health Research Foundation, Rx&D Health Research Foundation & Saskatchewan Ministry of Health.

Since 2010, the unit has trained 136 community therapists and 60 students in Online-CBT; assessed 4,429 patients (1100 in the past year); treated 2,932 patients (883 in 2017). The unit is serving a diverse group of



# Online Therapy Unit

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people (9% First Nations/Metis and 7.5% students) with a wide age range (18-86 years) from urban to rural and remote locations across Saskatchewan. The clinical outcomes have been excellent with significant improvement for most patients including improvements in symptoms of depression and anxiety.

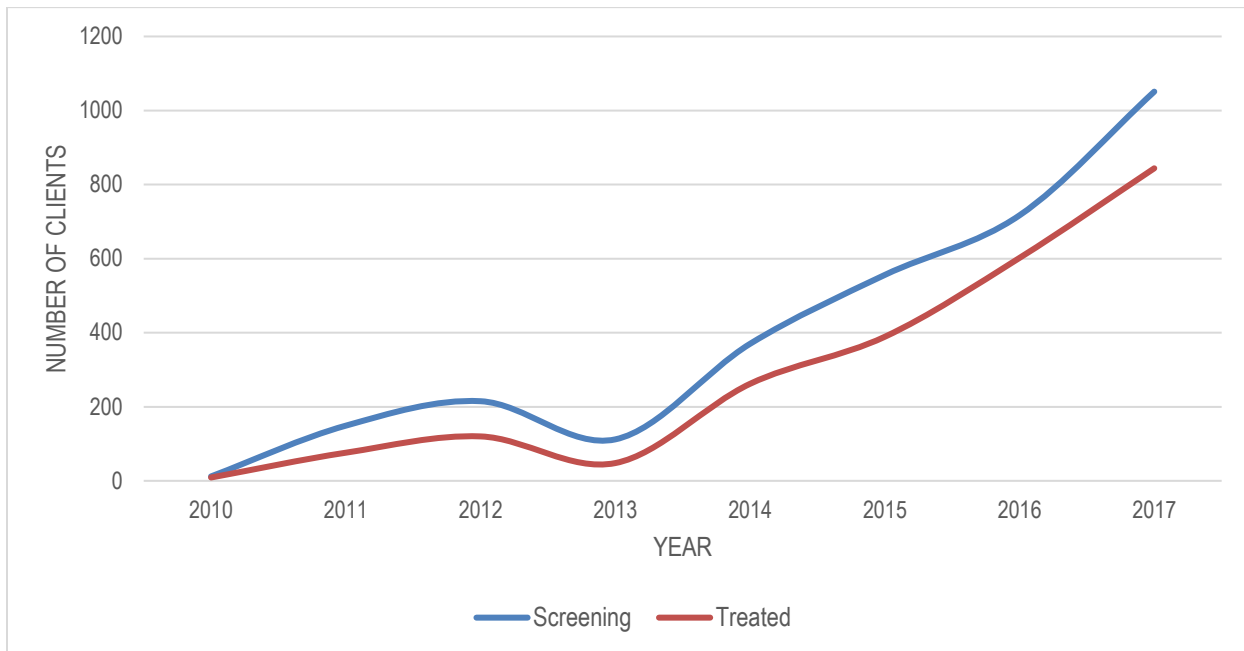
Dr. Hadjistavropoulos, has been named one of 150 leading Canadians for Mental Health by the Centre for Addiction and Mental Health (CAMH). As founder of the Online Therapy Unit, Dr. Hadjistavropoulos was selected for the award for “leading the way in bringing publically funded, online cognitive behaviour therapy to Canadians” and helping “many who might not otherwise have access to psychotherapy, such as those living in remote and rural locations.”

## Quick Facts

\$3,505,734 Direct Funding		\$222,296 Co-investigator Funding	
4,429 Clients assessed	2,937 Clients Treated	196 Number of Therapists trained	147 Number of therapists that have provided treatment
21 Trials	31 Publications	43 Conference Presentations	77 Invited Presentations
32 Employees	13 Volunteers	30 Student Theses / Dissertations	12 U of R Researchers
12 International Collaborators	12 Clinical Setting Implementations	53 Consultations with Canadian & International Organizations & Researchers	8 Years of Operation

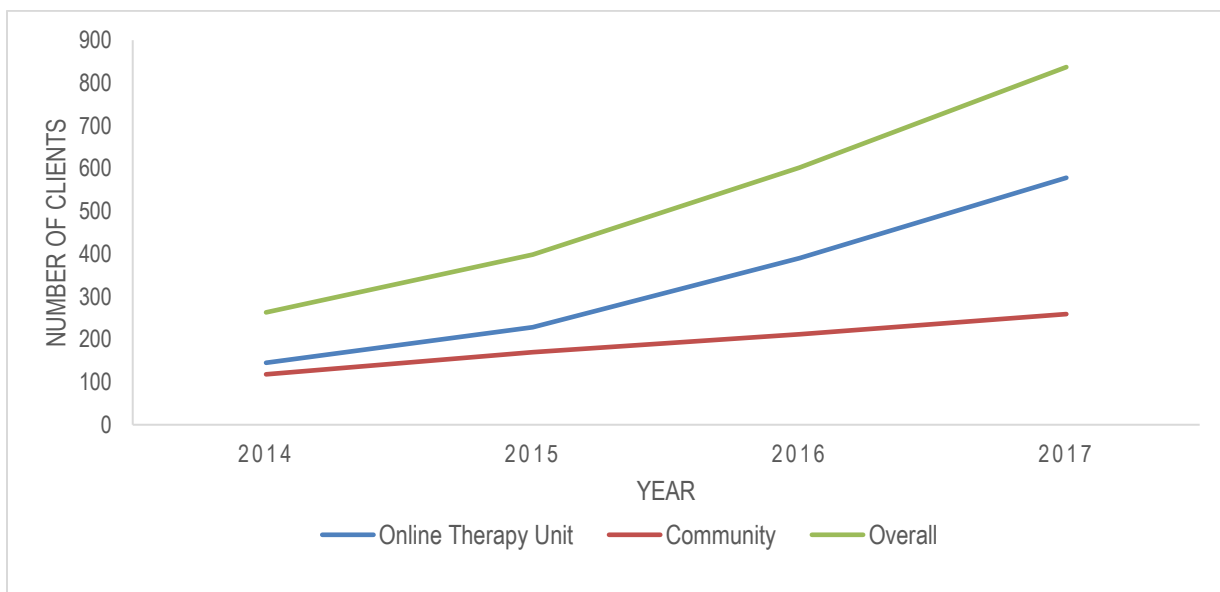
## Utilization of Online-CBT per Year in Saskatchewan

Utilization of Online-CBT in Saskatchewan has steadily grown since inception in 2010. 2013 marked the beginning of a period of growth in Online-CBT. Since 2013, the number of clients applying for Online-CBT has increased from 112 in 2013 to 1051 in 2017 (838% increase) and the number of clients enrolled in Online-CBT has increased from 120 in 2013 to 844 in 2017 (776% increase). Of note, the Saskatchewan Ministry of Health has recently provided the Saskatchewan Health Authority with new funding to increase the promotion of Online-CBT in Saskatchewan.



## Delivery of Online-CBT by Therapist Setting per Year in Saskatchewan

The Online Therapy Unit supports the delivery of Online-CBT by therapists working in the Online Therapy Unit as well as by therapists working in the Saskatchewan Health Authority. Online Therapy Unit therapists have treated 4 times as many clients since 2013 which represents a 299% growth (from 145 in 2013 to 578 in 2017). We have also seen a 119% growth in use of Online-CBT in community clinics (from 118 in 2013 to 259 in 2017). The Ministry of Health has recently provided the Saskatchewan Health Authority with new funding to support increased use of Online-CBT by therapists in the Saskatchewan Health Authority.





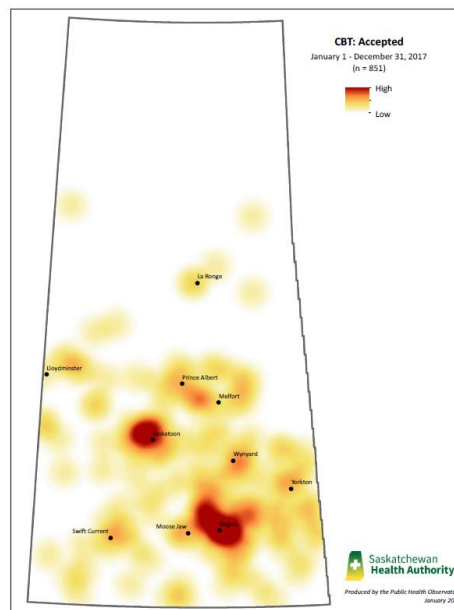
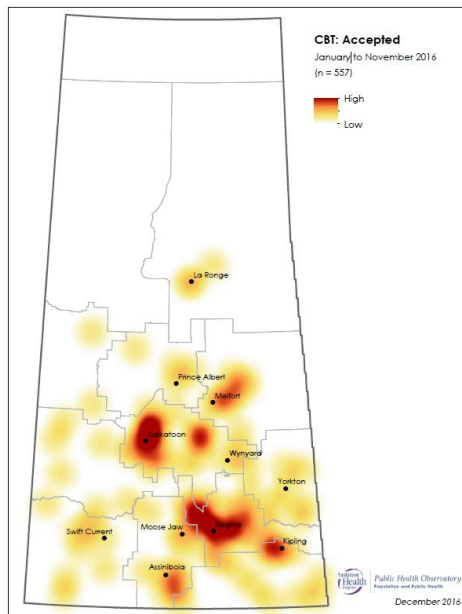
## Wellbeing Client Reach

The following information provides a snapshot of the clients we are reaching with the Wellbeing Course. Data is based on clients who completed the Wellbeing Course between January 2014 and December 2017.

Demographics	Mental Health Care Use
<ul style="list-style-type: none"> <li>• 36.91 years old (range:18-86)</li> <li>• 64.3% females</li> <li>• 55% residing in small cities or towns</li> <li>• 60.3% married or in a relationship</li> <li>• 57% employed full-time or part-time</li> <li>• 50% University education</li> <li>• 88.5% Caucasian</li> <li>• 4.9% First Nations or Métis</li> </ul>	<ul style="list-style-type: none"> <li>• 60.7% on psychotropic medications</li> <li>• 46.8% some form of current but infrequent mental health treatment</li> <li>• 32.9% first time accessing care</li> <li>• 67.1% used mental health services previously</li> <li>• 45.2% used Online-CBT as a supplement to other care</li> <li>• 13% used Online-CBT while they wait for other care</li> </ul>

## Heat Maps

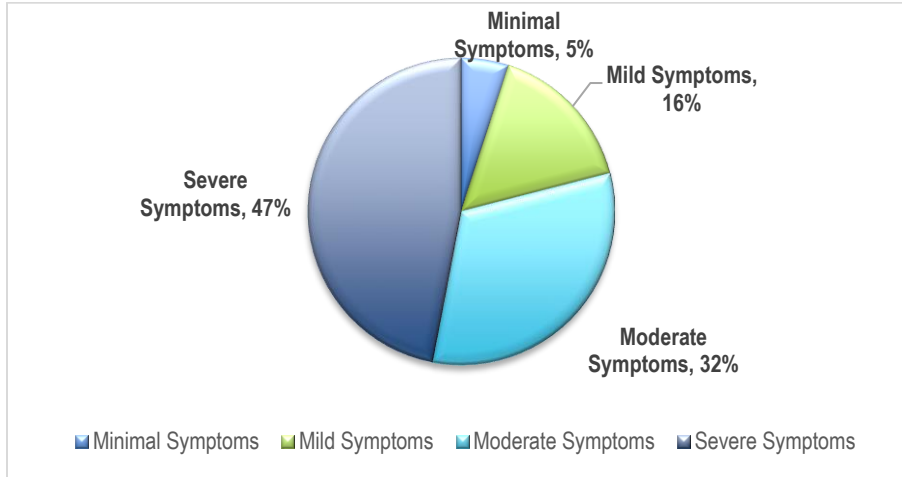
Clients accepted to the Wellbeing Course 2016 and 2017





### Symptom Severity at Intake

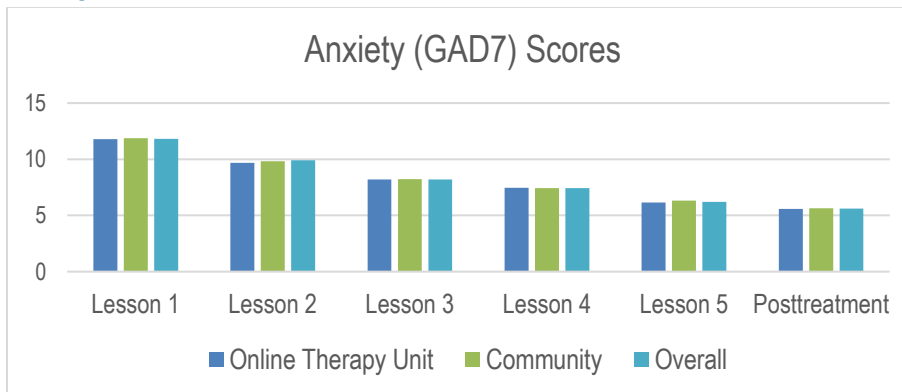
While it is often assumed that Online-CBT is only for clients with mild or moderate symptoms, over 47% of clients report severe symptoms of depression or anxiety at the time of online screening.



### Wellbeing Course Outcomes

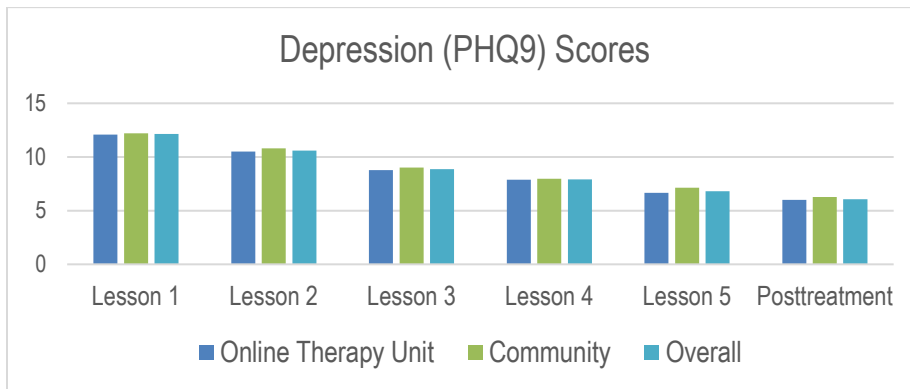
The following graphs depict changes in symptoms of depression and anxiety as delivered by therapists in the Online Therapy Unit or Community Clinics. There is a large effect of treatment on both symptoms of depression and anxiety, with similar outcomes obtained for therapists working in the Online Therapy Unit and therapists in the Saskatchewan Health Authority.

#### Change over Time



GAD-7 Scores above 10 are suggestive of clinically elevated anxiety. Scores below 10 are suggestive of non-clinical symptom levels. The scores show significant reduction in symptoms over the course of treatment. Findings are based on 68% of clients completing measures at post-treatment and are similar when adjusted for missing data.





PHQ-9 scores of 10 or above are suggestive of clinically elevated depression. Scores below 10 are suggestive of non-clinical symptom levels. The scores show a significant reduction in symptoms over the course of treatment. Findings are based on 68% of clients completing measures at post-treatment and are similar when adjusted for missing data.

### Wellbeing Effectiveness by Therapist Location

The following table depicts outcomes by therapist location for clients completing treatment January 2014-December 2017.

Therapist Location	Completion Rate	Symptom scores M(SD)						Satisfaction M(SD)		
		PHQ9 (0-27)**			GAD7 (0-21)***			Treatment (0-5)	Email (0-5)	Telephone (0-5)
		Pre	Post	Change score	Pre	Post	Change score			
<b>Cypress</b> (n = 25)	64%	12.20 (6.78)	4.71 (3.91)	6.93 (5.80)	12.76 (4.53)	4.29 (2.40)	8.36 (4.14)	4.23 (.60)	4.23 (.73)	4.60 (.55)
<b>Five Hills</b> (n = 94)	62%	12.38 (5.44)	7.00 (6.28)	6.17 (4.39)	11.70 (5.29)	5.89 (5.44)	5.57 (5.24)	4.10 (.80)	3.94 (.90)	3.78 (.93)
<b>Heartland</b> (n = 9)	67%	12.67 (6.54)	5.00 (5.10)	5.83 (7.44)	11.44 (5.83)	4.33 (2.66)	6.33 (4.08)	4.20 (1.30)	4.20 (1.10)	4.50 (1.00)
<b>Kelsey Trail</b> (n = 28)	79%	12.50 (5.30)	7.31 (4.94)	5.38 (4.36)	11.96 (5.53)	6.73 (4.46)	5.58 (3.83)	3.84 (.47)	3.64 (1.04)	3.28 (1.02)
<b>Prairie North</b> (n = 17)	59%	12.71 (5.47)	7.23 (7.52)	5.46 (7.80)	11.06 (5.26)	6.08 (6.24)	4.77 (8.07)	4.17 (1.34)	4.25 (.87)	3.60 (.55)
<b>PA Parkland</b> (n=51)	71%	12.20 (5.07)	5.69 (6.26)	5.33 (5.26)	11.39 (5.33)	4.78 (4.87)	5.64 (5.64)	4.09 (.93)	3.76 (.92)	3.50 (.71)
<b>Regina Qu'Appelle</b> (n = 213)	69%	11.82 (5.57)	6.03 (5.01)	5.74 (4.84)	12.00 (5.07)	5.43 (4.41)	6.61 (4.78)	4.05 (1.01)	3.98 (1.02)	4.02 (1.00)
<b>Saskatoon</b> (n = 103)	69%	12.49 (5.74)	6.69 (5.62)	5.82 (4.79)	11.85 (5.19)	6.35 (5.29)	5.35 (5.84)	4.15 (.85)	3.88 (.98)	4.26 (.81)
<b>Sun Country</b> (n = 27)	70%	12.85 (6.15)	4.31 (3.74)	7.56 (4.91)	12.33 (4.45)	4.63 (3.81)	8.25 (5.84)	4.38 (.72)	4.38 (.62)	4.67 (.50)
<b>Sunrise</b> (n=3)	Sample too small to report									
<b>Community Total</b> (n = 570)	65.6%	12.21 (5.55)	6.28 (5.53)	5.86 (4.98)	11.88 (5.08)	5.64 (4.82)	6.11 (5.23)	4.08 (.91)	3.95 (.96)	3.94 (.98)
<b>Online Therapy Unit</b> (n = 1058)	70%	12.08 (6.03)	5.99 (5.23)	5.61 (5.07)	11.79 (5.22)	5.59 (4.76)	5.90 (4.97)	4.14 (.85)	4.08 (.95)	4.00 (.99)
<b>Overall Total</b> (n = 1628)	<b>68%</b>	<b>12.14</b> <b>(5.86)</b>	<b>6.07</b> <b>(5.33)</b>	<b>5.71</b> <b>(5.05)</b>	<b>11.82</b> <b>(5.17)</b>	<b>5.60</b> <b>(4.77)</b>	<b>5.97</b> <b>(5.07)</b>	<b>4.12</b> <b>(.86)</b>	<b>4.03</b> <b>(.95)</b>	<b>3.98</b> <b>(.99)</b>

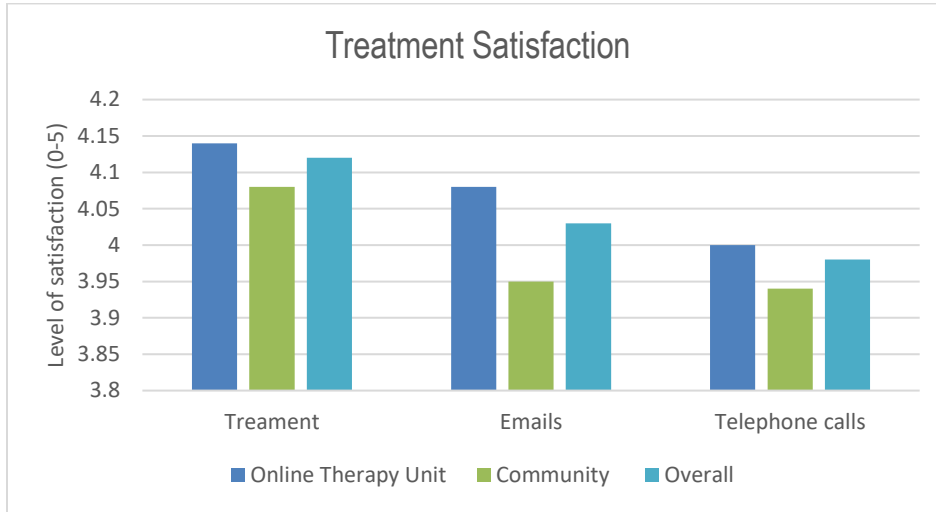
\*\*Patient Health Questionnaire-9 (PHQ9) measure of depressive symptoms

\*\*\*Generalized Anxiety Disorder-7 (GAD7) measure of generalized anxiety symptoms

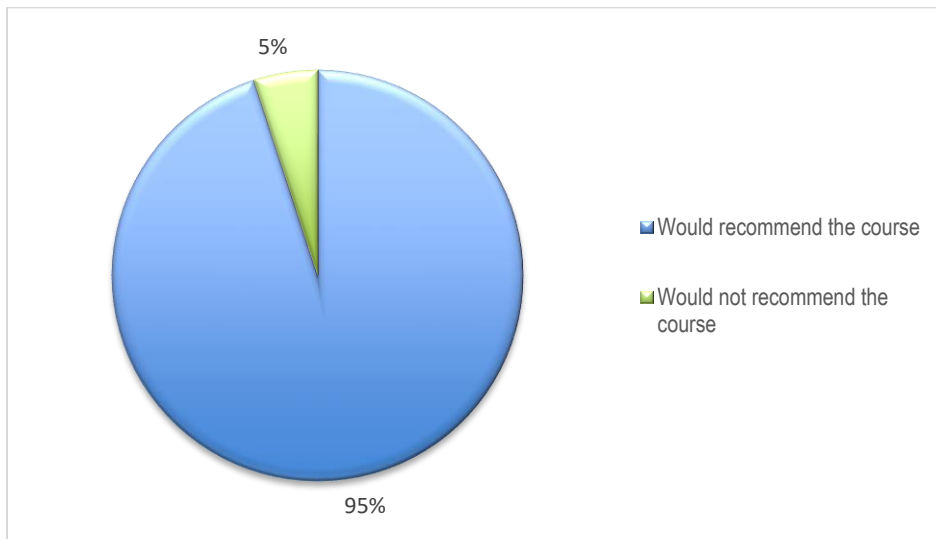


## Treatment Satisfaction

Scores show high levels of satisfaction with treatment, emails and phone calls provided. The overwhelming majority of clients who complete treatment report that the treatment was worth their time and they would recommend the treatment to a friend.

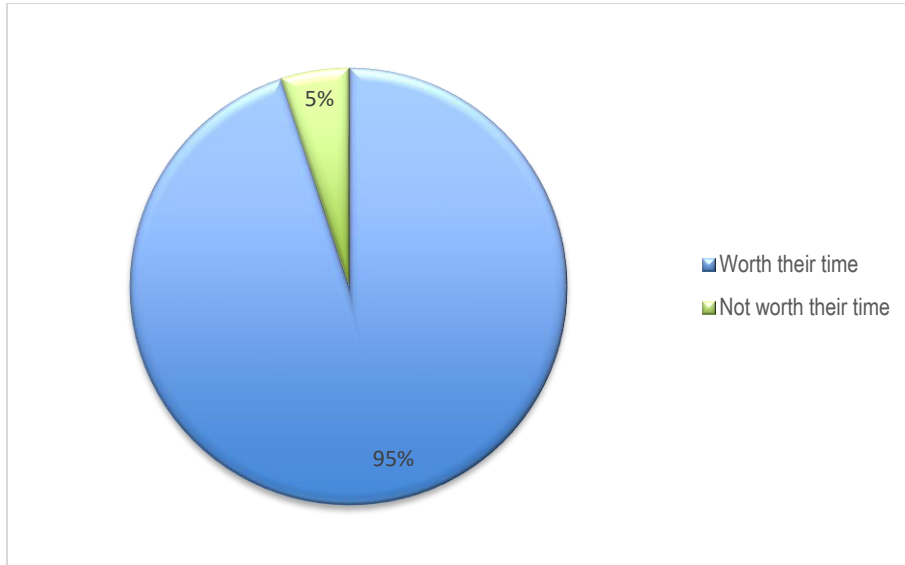


## Clients that would recommend the course to a friend





## Clients that felt the course was worth their time



## Highlights of Research Findings 2013-2017

Funding between 2013 and 2017, has led to a number of peer-reviewed publications. Some key findings from the research is listed below. Findings are broken down by findings related to the Wellbeing Course and findings related to Online-CBT for various health conditions.

### Wellbeing Course

- Outcomes of the Wellbeing Course have been found to be very strong and comparable across therapists working in the Online Therapy Unit and therapists working in the community. Completion rates are high. Symptom improvements are large (Hadjistavropoulos, Nugent, Alberts, Staples, Dear & Titov et al., 2016).
- Outcomes of Online-CBT are particularly strong for clients who report severe symptoms at intake. Clients who are older are more likely to complete treatment (Edmonds et al., 2018).
- Therapists show a high degree of adherence to guidelines for delivering Online-CBT; emails sent to clients are rated as being of high quality (88-89% of emails are rated as being of high quality; Hadjistavropoulos, Schneider, Klassen, Dear & Titov et al., 2018).
- Analysis of client emails to therapists during Online-CBT show that 39% of statements sent to therapists involve building an alliance with therapists while 25% of statements involve clients sharing problems and identifying patterns in their problems (Soucy et al., 2018). These findings are helpful for better understanding the nature of Online-CBT.



- Overall, community therapists and managers report positive impressions of Online-CBT. Implementation is perceived to have been facilitated by the Online Therapy Unit. The primary barrier to using Online-CBT by community clinicians is limited resources for Online-CBT and a tendency to give greater priority to delivering face-to-face CBT (Hadjistavropoulos, Nugent, Dirkse & Pugh., 2017)
- When offered optional support rather than weekly support, clients are at somewhat greater risk of not completing Online-CBT; nevertheless, outcomes still appear strong (Hadjistavropoulos, Schneider, Edmonds, Karin, Nugent, Dirkse, Dear & Titov, 2017).

### Health Conditions

- An Online-CBT called the *Pain Course* was delivered and evaluated by the Online Therapy Unit and found to be effective and acceptable method of offering support to clients with chronic pain (Hadjistavropoulos, Schneider, Hadjistavropoulos, Titov, & Dear, 2018).
- An Online-CBT Course for Cancer Survivors was delivered and evaluated by the Online Therapy Unit and also found to be effective and acceptable method of offering support to cancer survivors (Alberts et al., 2015) Online-CBT for cancer survivors was also regarded as acceptable to cancer survivors as well as to health care providers (Alberts et al., 2018).
- An Online-CBT Course for Fibromyalgia was delivered and evaluated by the Online Therapy Unit and also found to be an effective and acceptable method of offering support to individuals who report fibromyalgia (Friesen et al., 2017).
- Online-CBT was rated as an acceptable treatment option for clients who have health anxiety. Nevertheless, clients report preference for use of medication and face-to-face CBT. Computer anxiety predicts lower acceptability of treatment (Soucy & Hadjistavropoulos, 2017).

### 2018-2019 Directions

Below we summarize the 2018-2019 directions for the Online Therapy Unit. During this period, we will have funding from the Canadian Institutes of Health Research as well as the Ministry of Health.

### Service Delivery

- Collaborate with Saskatchewan Health Authority to expand promotion and delivery of Online-CBT in Saskatchewan. Targets include screening 1500 clients and providing Online-CBT to 1200 clients (700 Saskatchewan Health Authority, 500 Online Therapy Unit therapists).



## Education

- Continue to provide training and supervision to both registered providers and students in Saskatchewan. In 2018-2019, we anticipate having four therapists in the Online Therapy Unit deliver Online-CBT and 8 therapists located in the Saskatchewan Health Authority provide Online-CBT (2 Regina site; 6 outside Regina).
- Enhance ongoing supervision practices including implementing monthly supervision meetings & standardized tracking of supervision and audits.
- Support multi-disciplinary student training in clinical practice and research on Online-CBT, including hosting a student from Australia.
- Host international speakers from Australia (Professor Nick Titov) and Sweden (Drs. Viktor Kaldo & Susanna Jernelöv) to understand international developments in Online-CBT.

## Research

- Continue trial assessing outcomes and implementation processes involved in on-demand versus standard weekly support.
- Complete trial understanding patient preferences for therapist support in Online-CBT.
- Complete trial assessing use of motivational interviewing combined with Online-CBT.
- Continue or complete trials on use of Online-CBT for workplace mental health and chronic health conditions, such as cardiac conditions, cancer survivors, chronic pain, and spinal cord injury.
- Continue research on individual therapist effects and therapist fidelity to Online-CBT.
- Complete review of the literature and stakeholder interviews to examine potential for expansion to internet interventions for substance use.
- Disseminate Online-CBT research through website, social media, peer-reviewed publications and conference presentations.

## Operations

- Continue to build Online Therapy Unit team culture.
- Continue to review and improve upon Online Therapy Unit work processes (e.g., screening, outcomes, and supervision).
- Complete update of OnlineTherapyUser.ca web application.
- Promote Online Therapy Unit initiatives through website, bi-annual newsletters, social media posts, project reports & unit boards.
- Hold two meetings with our Community Advisory Panel to assist with ongoing development of Online-CBT.

## Collaboration

- Maintain collaborative relationships with Ministry of Health & Saskatchewan Health.
- Continue collaboration with University of Regina researchers interested in research in Online-CBT for mental health.
- Where resources permit, support initiatives to develop Online-CBT outside of Saskatchewan.





## 2018 Online Therapy Unit Team

<b>Director:</b>	Heather Hadjistavropoulos, PhD, Psychology, U of R	
<b>Researcher Collaborators:</b>	Gordon Asmundson, PhD, Psychology, U of R Nick Carleton, PhD, Psychology, U of R David Gerhard, PhD, Computer Science Harminder Guliani, PhD, Economics, U of R Thomas Hadjistavropoulos, PhD, Psychology, U of R Lynn Loutzenhiser, PhD, Psychology, U of R, Nuelle Novik, PhD, Faculty of Social Work, U of R Julia Witt, University of Manitoba, Economics Amy Zarzeczny, LLM, Johnson Shoyama Graduate School of Public Policy, U of R	
<b>International Collaborators:</b>	Blake Dear, PhD, eCentreClinic and MindSpot Clinic, Macquarie University Nickolai Titov, PhD, eCentreClinic and MindSpot Clinic, Macquarie University	
<b>Saskatchewan Collaborators:</b>	Mary Lee Booth, Mental Health and Addictions, Saskatchewan Health Authority (FMR FHHR) Lorri Carlson, Mental Health and Addictions, Saskatchewan Health Authority (FMR RQHR) Penni Caron, Mental Health and Addictions, Saskatchewan Health Authority (FMR CHA) Dori Gaudet, Mental Health and Addictions, Saskatchewan Health Authority (FMR PAPHR) Tracy Muggli, Mental Health and Addictions, Saskatchewan Health Authority (FMR SHR) Phyllis O'Connor, Canadian Mental Health Association- Saskatchewan Division Rick Peters, Mental Health and Addictions, Saskatchewan Health Authority (FMR KTHR) Terry Romanow, Mental Health and Addictions, Saskatchewan Health Authority (FMR SCHR) Chad Sayers, Mental Health and Addictions, Saskatchewan Health Authority (FMR PNHR) Lorne Sier & Kathy Willerth, Saskatchewan Ministry of Health	
<b>Coordinator:</b>	Marcie Nugent, MSW	
<b>Personnel:</b>	Kelly Adlam, MSW, MEd Shelley Adrian-Taylor, MA Lee Bourgeault, MA Amber Klatt, BEd. BPhil	Giuliano LaPosta Kimberly Larson, BSW Adriana Mora, BA Kerry Spice, MEd
<b>Current Students and Fellows:</b>	Dale Dirkse, MA Michael Edmonds, BSc Nichole Faller, MA Hugh McCall, BA Swati Mehta, PhD Victoria Owens, MA	Vanessa Peynenburg, BA Luke Schneider, MA Joelle Soucy, MA Giuliano LaPosta Cynthia Mason
<b>Information Technology:</b>	Max Ivanov Shawn Jenkins Garrett Harnish	



## Registered Trials

1. Hadjistavropoulos, H. D. (2018). Internet-delivered Cognitive Behaviour Therapy for Chronic Conditions: Comparing Low Intensity Delivery Models (NCT03500237). ClinicalTrials.gov
2. Mehta, S. & Hadjistavropoulos, H. D. (2018). Guided Internet Delivered Cognitive-Behaviour Therapy for Persons With Spinal Cord Injury: A Feasibility Trial. (NCT03457714) <https://clinicaltrials.gov/ct2/show/NCT03457714>
3. Hadjistavropoulos, H. D. (2017). Advancing Mental Health Care by Improving the Delivery of Therapist-guided, Internet-delivered Cognitive Behavioural Therapy in Clinical Practice. (NCT03304392) <https://clinicaltrials.gov/ct2/show/NCT03304392>
4. Hadjistavropoulos, H. D. (2016). Examining the efficacy of online cognitive behaviour therapy with different levels of therapist support. <http://www.isrctn.com/ISRCTN14230906>
5. Dirkse, D. & Hadjistavropoulos, H. D. (2016). Evaluating an online cognitive behaviour therapy program with different levels of support for recent cancer survivors. <http://www.isrctn.com/ISRCTN32477700>
6. Hadjistavropoulos, H. D. (2016). Evaluating the effectiveness of an Internet-delivered cognitive behavioural pain course ISRCTN15509834. <http://www.isrctn.com/ISRCTN15509834>
7. Schneider, L., & Hadjistavropoulos, H. D. (2016). Evaluating an Internet-delivered cognitive behavioural therapy program for reducing depression and anxiety after a cardiac event ISRCTN12345678 <http://www.isrctn.com/ISRCTN18912772>
8. Alberts, N., & Hadjistavropoulos, H. D. (2014). Evaluating the feasibility and effectiveness of Internet cognitive behaviour therapy for anxiety and depression among cancer survivors. ISRCTN60887190. doi:10.1186/ISRCTN60887190
9. Friesen, L., & Hadjistavropoulos, H. D. (2014). A randomized controlled trial of a self-guided Internet cognitive behaviour therapy-based course for individuals with fibromyalgia and anxiety and/or depression. ISRCTN85116527. doi:10.1186/ISRCTN85116527
10. Hadjistavropoulos, H. D. (2014). Transdiagnostic Internet cognitive-behaviour therapy (T-ICBT) for anxiety and depression. ISRCTN42729166. doi:10.1186/ISRCTN42729166
11. Hadjistavropoulos, H. D. (2014). Evaluating the acceptability and effectiveness of Internet cognitive behaviour therapy. ISRCTN48160673. doi:10.1186/ISRCTN48160673



12. Jones, S., & Hadjistavropoulos, H. D. (2014). An efficacy trial of therapist-assisted Internet cognitive behaviour therapy for older adults with generalized anxiety. ISRCTN83626400. doi:10.1186/ISRCTN83626400
13. Pugh, N., & Hadjistavropoulos, H. D. (2014). Using online-cognitive behaviour therapy (Online-CBT) to treat maternal depression. ISRCTN85456371. doi:10.1186/ISRCTN85456371

## Peer-Reviewed Publications – 2010-2018

1. Edmonds, M., Hadjistavropoulos, H. D., Schneider, L., H., Dear, B., & Titov, N. (2018). Who benefits most from therapist-assisted Internet-delivered cognitive behaviour therapy in clinical practice? Predictors of symptom change and dropout. *Journal of Anxiety Disorders*, 54, 24-32.
2. Hadjistavropoulos, H. D., Schneider, L., Klassen, K., Dear, B.F. & Titov, N. (2018). Development and evaluation of a therapist-assisted Internet-delivered cognitive behavior therapy fidelity rating scale. *Cognitive Behaviour Therapy*, <https://doi.org/10.1080/16506073.2018.1457079>
3. Hadjistavropoulos, H. D., Schneider, L. H., Hadjistavropoulos, T. Dear, B., Titov, N. (2018). Open trial of Internet-delivered cognitive behavioral pain management program in a routine online therapy clinic: Effectiveness, acceptability and feasibility. *Canadian Journal of Pain*, 2, <https://doi.org/10.1080/24740527.2018.1442675>
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