MONASH UNIVERSITY

Panic Online: Frequent versus Infrequent Therapist Contact - Does it make a difference? Preliminary Results: (N = 32)

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Panic Disorder:

- 2.4% of people in the Australian community have PD over 12 month period
- characterised by recurrent unexpected panic attacks and
- at least one of the attacks has been followed by 1 month (or more) of the following:
  - persistent concern about having additional attacks
  - worry about the implications of the attacks or their consequences (e.g., 'going crazy').
  - a significant change in behaviour related to the attacks
- CBT is treatment of choice for PD

Panic Online:

- Initially developed in 1998 and re-developments in 1999, 2000 and 2002.
- An internet-based CBT program incorporating email interaction with a psychologist and more recently with face-to-face assistance by a GP.
- We have measured its effects on a wide range of panic-related, negative affect and QOL variables and "end-state functioning".
- Funded by National Health and Medical Research Council, BeyondBlue and Australian Rotary Health Research Fund.

Panic Online Study Program:

Study	Treatment Length	N	Conditions
1 – 1998	3 weeks	22	- PO - Self-Monitoring
2 – 1999	5 weeks	9	- Modified PO (weekly calls)
3 – 2000-2	6 weeks	55	- PO1 psych email-assist - Manual CBT plus psych phone therapy - Information-only control
4 – 2002-4	8 weeks	32	- PO1 - PO2 (plus stress) - Information only control
5 – 2003-6	12 weeks	95	- PO2 - F2F CBT - SSRI
6 – 2003-6	12 weeks	102	- PO2 – with psych email-assist - PO2 – with F2F GP-assist

Panic Study 7: Design

- Participants were randomly allocated to either the frequent or infrequent therapist email contact condition for 8 weeks while accessing Panic Online.

- Frequent Contact (n=18) - Minimum of 3 emails to the participant each week and the participant was able to email the therapist as frequently as they wished.
- 2/18 male; age = 37.6 (8.2); educ = 13.6 (2.0).

- Infrequent Contact (n=14) - One email to the participant each week, and the participant was also able to email the therapist as frequently as they wished.
- 1/14 male; age = 40.1 (10.7); educ = 13.1 (2.6).

Panic Study 7 (2006) - Significant Results:

Pre – Post (Repeated measures ANOVA - time effects). N= 32.

Measures	F	ES	Power
PD clinician ratings	58.04****	.68	1.0
PDSS	23.68****	.50	1.0
Panic frequency (1 month)	9.78**	.27	.85
Agoraphobic clinician ratings	19.31****	.45	.99
Agoraphobic cognitions	42.71****	.60	1.0
Anxiety sensitivity	23.12****	.45	1.0
Body vigilance	26.78****	.47	1.0
DASS - Depression	10.10**	.27	.87
DASS - Anxiety	16.98****	.38	.98
DASS - Stress	15.96****	.36	.97

Significance: $p < .05$ *; $p < .01$ **; $p < .001$*; $p < .0001$****

Panic Study 7 (2006) - Significant Results:

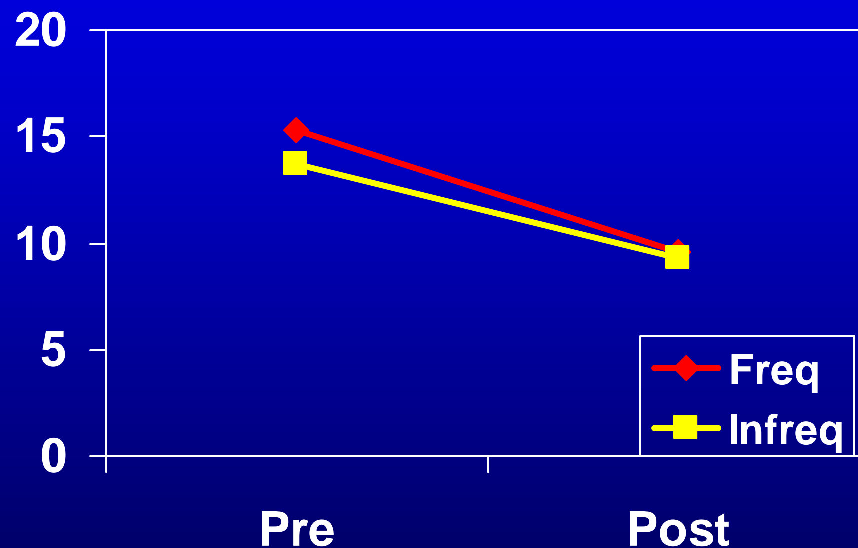
Pre – Post (Repeated measures ANOVA - time and group effects). N = 32.

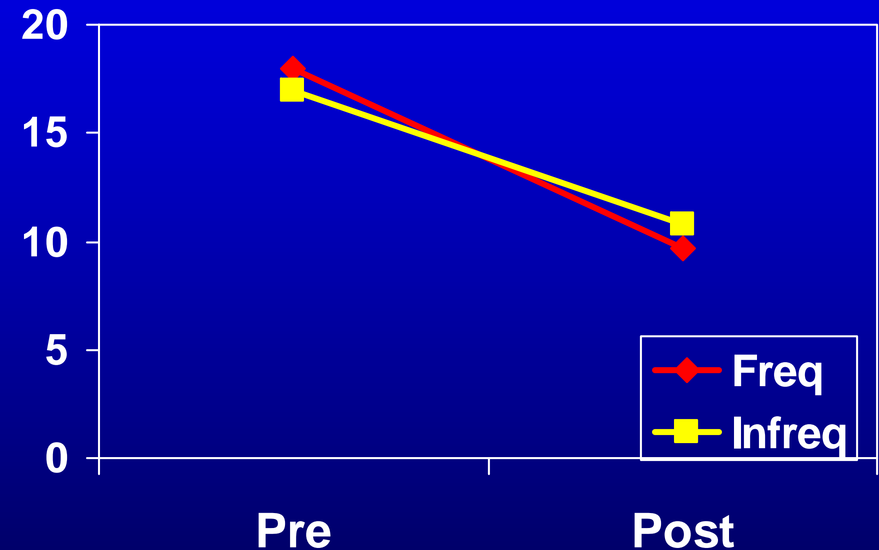
Measures	F	ES	Power
Locus of Control – Panic specific			
Internal	N/A		
Chance	4.48*	.14	.53
Doctor (b/w group effect)	6.04*	.18	.66
Other People	6.44*	.19	.69

Significance: $p < .05$ *

Multidimensional Health Locus of Control (MHLC) scales - Form C

Panic Study 7: General Pattern of Results from Pre- to Post- Assessment:

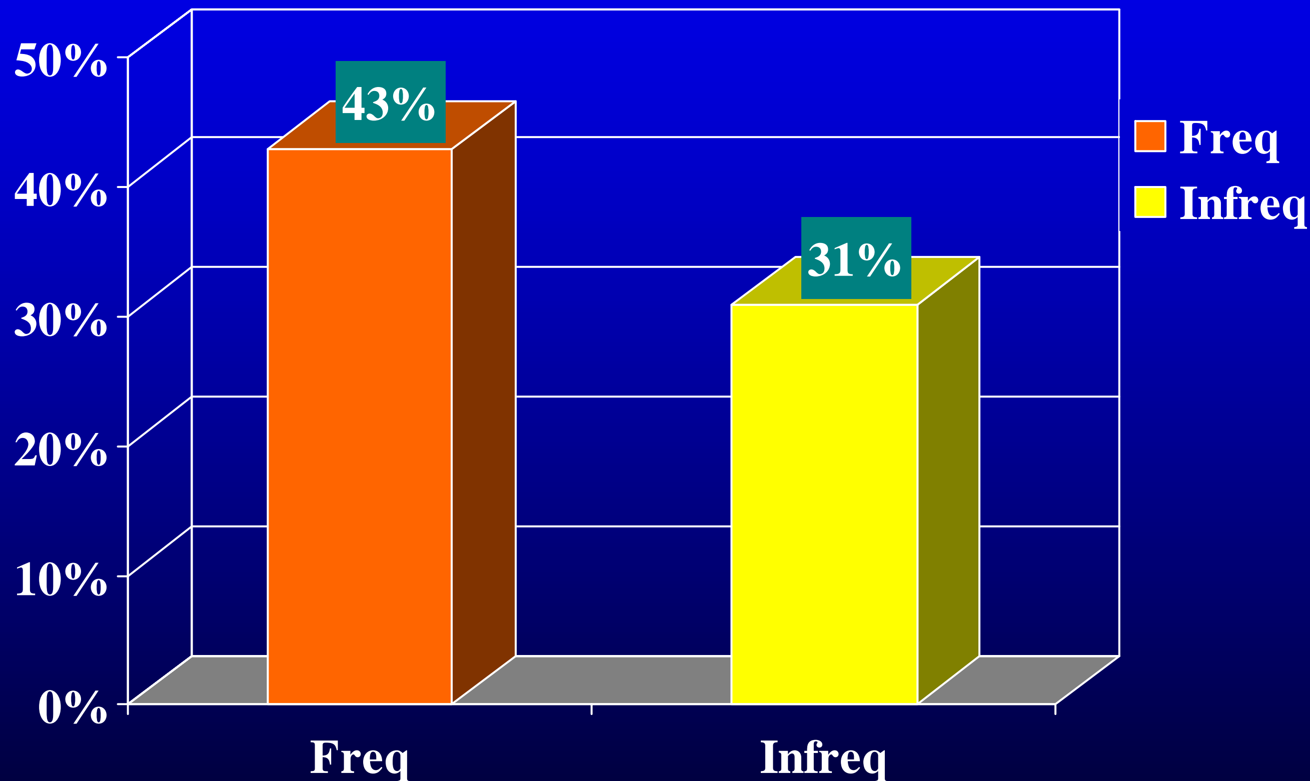




High End-State Functioning:

• **Criteria:**

Panic free (1 month) and ADIS-IV PD clinician rating 2 or below.



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Not significant - X^2 (1,27) = .422, $p > .05$. (FC = 6/14. IC = 4/13).

Therapist Alliance & Treatment Satisfaction:

• Helping Alliance Questionnaire - No significant difference found on any individual or total HAQ scores as rated by the participants.

• Treatment Satisfaction - No differences were found between the two conditions on any treatment satisfaction question.

Sample TSQ Questions:	FC Mean	FC sd	IC Mean	IC sd
How much did you enjoy the treatment program? (0-7)	6.07	(0.9)	5.80	(0.9)
How much did you enjoy communicating with your therapist? (0-7)	5.57	(2.0)	5.50	(1.4)
Overall, how much improvement do you believe occurred, after completing the program? (0-10)	6.93	(2.4)	7.00	(2.2)

Efficiency of Treatments – Study 7:

1. **Amount of therapist time**

   Frequent: average = 5.83 hours (SD = 4.4 hours)

   Infrequent: average = 3.76 hours (SD = 2.8 hours)

2. *** Number of emails sent**

   Frequent: average = 22.21 emails (SD = 8.2)

   Infrequent: average = 8.60 emails (SD = 1.0)

3. **Number of emails received**

   Frequent: average = 9.86 emails (SD = 5.3)

   Infrequent: average = 7.20 emails (SD = 3.6)

* Significant difference: $t = 5.19$, ($p = .000$)

Frequency vs. Therapist Time Groupings:

Pre – Post (Repeated measures ANOVA - time effects). N= 32.

Measures	Frequency F	Therapist Time F	Freq ES	Time ES
PD clinician ratings	58.04****	54.08****	.68	.75
PDSS	23.68****	14.70**	.50	.50
Panic frequency (1 month)	9.78**	7.16*	.27	.29
Agoraphobic clinician ratings	19.31****	8.10*	.45	.35
Agoraphobic cognitions	42.71****	29.24****	.60	.61
Anxiety sensitivity	23.12****	10.56**	.45	.36
Body vigilance	26.78****	22.08****	.47	.51
DASS - Depression	10.10**	6.91*	.27	.27
DASS - Anxiety	16.98****	14.87***	.38	.44
DASS - Stress	15.96****	9.95**	.36	.34

Significance: $p < .05$ *; $p < .01$ **; $p < .001$*; $p < .0001$******

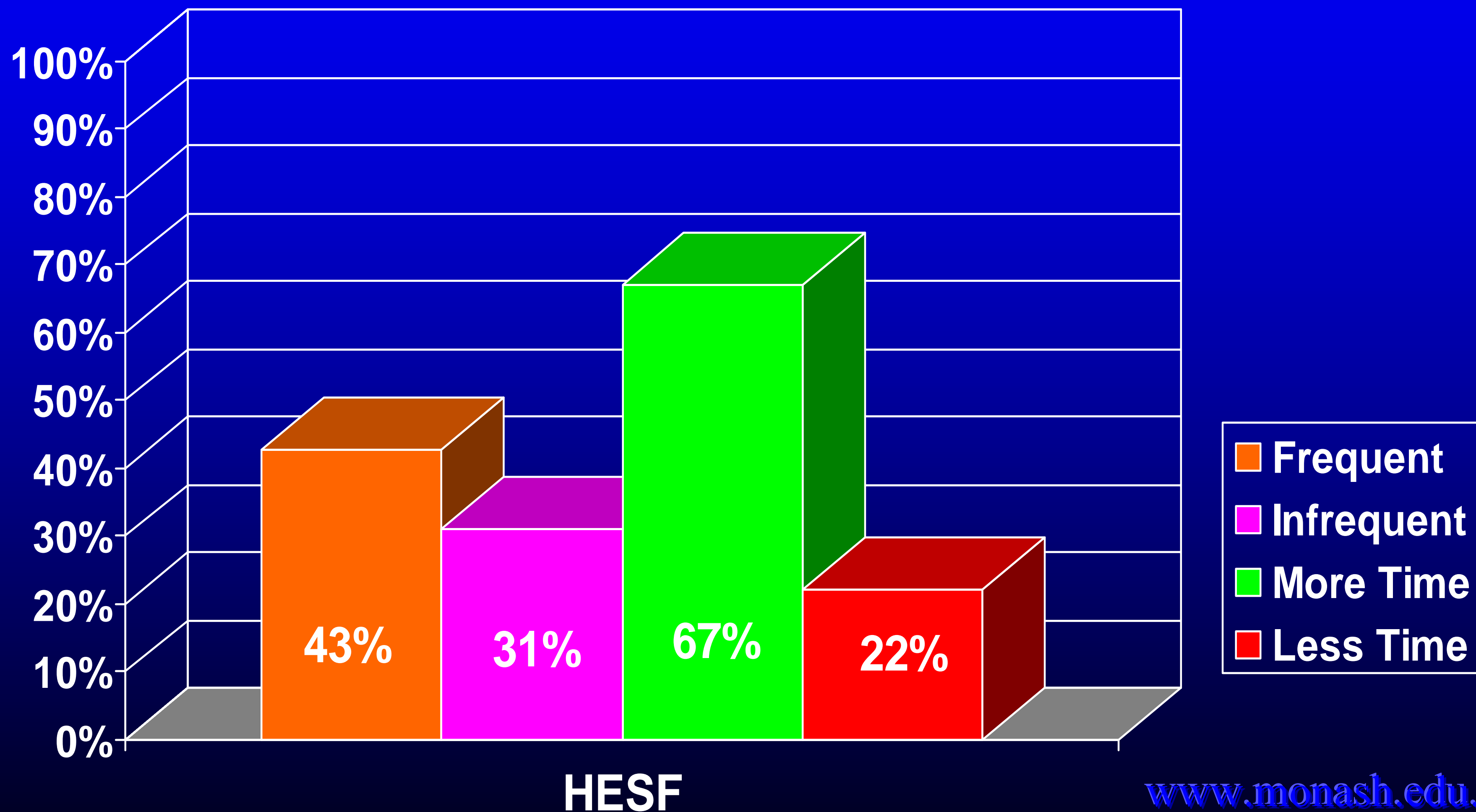
Frequency vs. Therapist Time Groupings:

Pre – Post (Repeated measures ANOVA - time and group effects). N = 32.

Measures	Frequency	Time	Frequency	Time
	F		ES	
LOC – Panic specific				
Internal	N/S	N/S		
Chance	4.48*	5.94*	.14	.25
Doctor (b/w group effect)	6.04*	N/S	.18	
Other People	6.44*	9.49**	.19	.33

Significance: $p < .05$ *; $p < .01$ **

High End-State Functioning between Frequency of Contact and Therapist Time Groupings:



Preliminary Predictive Analysis on High-End State Functioning:

- Multiple discriminant analysis was employed to explore which, if any, variables could best discriminate between the HESF participants from non-HESF partipants.

Predictor	GROUP HSEF X	sd	Non-HSEF X	sd	Standardized discriminant function coefficients	Structure coefficient
Therapist time	478.1	(296.8)	192.0	(120.6)	.873	.682
LOC – C Chance pre	9.25	(2.0)	12.89	(4.5)	-.756	-.535

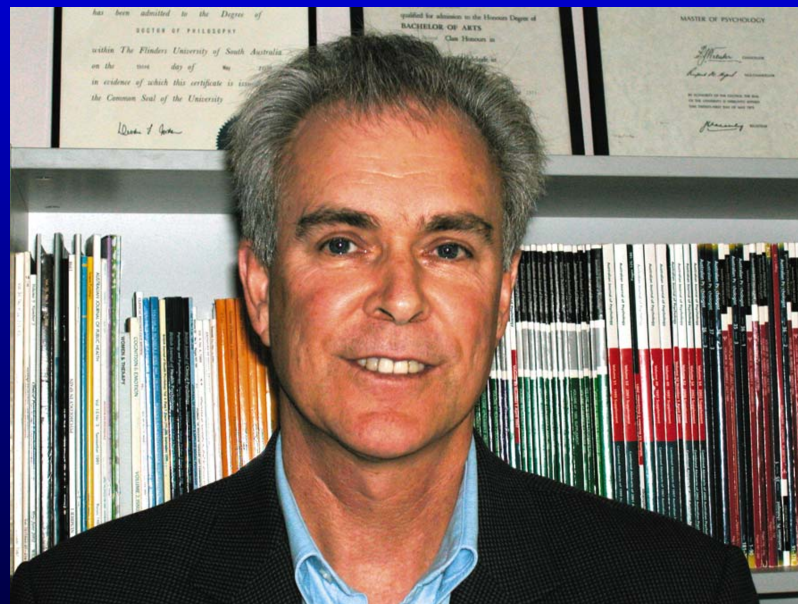
Canonical correlation = .710; Wilks' Lambda = .496; Chi-Square = 9.82, p = .007.

Group Centroid Function Coefficient: HESF at Post - Yes (r = 1.005); No (r = -.893).
88.2% of cases correctly classified & cross-validated. (100% correct HESF group; 77.2% non-HESF group)

Summary of Results:

- To date, these results suggest that the '*frequency*' of therapist contact does not significantly impact on treatment outcome, therapist alliance and treatment satisfaction, nor high end-state functioning.
- The '*amount of therapist time'* may have some influence on high end-state functioning, but appears not to on general treatment outcome measures. Yet *'time'* was not formally manipulated.
- The '*amount of therapist time spent'* and '*LOC - Pre Chance domain'* appear to have some potential predictive qualities for determining group membership to HESF at post-assessment. Yet more work is required.
- Additional data should aid in investigating the '*role of the therapist'* further and potentially lead to identifying critical cut-off scores of the amount of therapist time required to achieve HESF.

Dedicated to the memory of the Founder and Original Chief Investigator, our friend and esteemed colleague, Prof Jeff Richards



Future Directions:

Is the ‘therapist-assisted’ aspect required to effectively treat a clinical disorder online?

We are hoping to undertake a RCT using 4 conditions:

- PO with psychological email assistance
- PO with GP face-to-face assistance
- PO Automated
- Waitlist Control condition

Including a full-scale CEA (incorporating medication and medical services utilisation data) and predictor analyses of these 3 models.

Locus of Control - Panic Specific Chance Domain

Multidimensional Health Locus of Control (MHLC) scales

- As to my panic disorder, what will be will be.
- Most things that affect my panic disorder happen to me by chance.
- Luck plays a big part in determining how my panic disorder improves.
- Whatever improvement occurs with my panic disorder is largely a matter of good fortune.
- If my panic disorder worsens, it's a matter of fate.
- If I am lucky, my panic disorder will get better.

Wallston, K.A., Stein, M.J., & Smith, C.A. (1993). Form C of the MHLC Scales: A condition-specific measure of locus of control.