Telepsychotherapy for Generalized Anxiety Disorder: Impact on the Working Alliance

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Telepsychotherapy for Generalized Anxiety Disorder: Impact on the Working Alliance

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Relevance of telepsychotherapy

• Delivering psychotherapy in videoconference (VC) has been tested for several disorders, but not for generalized anxiety disorder (GAD).
  • Bennett et al., 2020
  • Berryhill et al., 2019
  • Bouchard et al., In press

• A sound working alliance is an essential component in psychotherapy, but more data is needed to document how it might be disrupted in VC (Norwood et al., 2018)
Aim

• The objective of the current study was to assess the impact delivering CBT for GAD in VC, or in face to face (FF), on the strength and trajectory of the working alliance.

• Both the clients’ and the psychotherapists’ perspectives were measured at multiple sessions across the full course of a RCT.
Participants and Treatment

• 148 adults suffering from GAD:
  – 82% female

• Mean GAD severity:
  – ADIS: 5.54 (sd = .94)

• Comorbidity:
  – 50% had at least one comorbid disorder; panic and agoraphobia, social anxiety, major depression, etc.

• The 15-week treatment followed a validated CBT program (Dugas et al.) focusing on intolerance of uncertainty.

• Alliance was measured with the WAI (total score, long version) every two sessions.
Method

• Participants were randomly assigned to one of two conditions: psychotherapy in VC or FF.

• Patients in the VC condition were further randomized to one of the other/remote site:
  – Gatineau, Montréal, Sherbrooke, Trois-Rivières, Québec.

• All sites were linked with videoconference units (over IP at 1.544 Mbp/s, H.323 standard protocol) and clients had to come to the treatment site for their sessions.
Outcome: ADIS

<table>
<thead>
<tr>
<th>Time effect</th>
<th>Condition effect</th>
<th>Interaction effect</th>
<th>Pre – Post interaction contrast</th>
</tr>
</thead>
<tbody>
<tr>
<td>$F(3,345) = 186.59^{***}$</td>
<td>$F(1,115) = 3.66$, ns</td>
<td>$F(3,345) = .62$</td>
<td><strong>Effect</strong></td>
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<td>$F(1,115) = .98$, ns</td>
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<td>$=.008$</td>
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Main results

Results for VC versus FF:
According to clients:
- The alliance was strong in both conditions.
- Repeated measures ANOVAs (clients):
  - VC > FF
  - The main effect of time was significant.
  - Interaction = ns.
- Using an aggregated mean score for VC and FF over all sessions:
  - VC vs FF = ns.
- Paired comparisons at all sessions:
  - VC > FF at sessions 11 and 15.
Main results

Results for VC versus FF:

According to therapists:

- The alliance was strong in both conditions.
- Repeated measures ANOVAs (therapists):
  - VC vs FF = ns.
  - The main effect of time was significant.
  - Interaction = ns.
- Using an aggregated mean score for VC and FF over all sessions:
  - VC vs FF = ns.
- Paired comparisons at all sessions:
  - VC vs FF = ns.
Main results

Evolution of alliance over time:

• Clients rated the alliance as significantly higher than therapists at all times except at Session 3.

• Alliance increased significantly over time, and according to linear and cubic curves.
  – with a larger effect size for the linear curve for clients
  – with a larger effect size for the cubic curve for therapists.

• Sex, age or GAD’s severity did not significantly influence the results.
Conclusion / implications for COVID-19

• We found no evidence that working alliance is seriously disrupted when psychotherapy is delivered in VC, at least for CBT and people suffering from GAD.

• Further research is needed to test the relationship between working alliance and other therapeutic mechanisms, such as change in intolerance of uncertainty.
Therapy in VC and COVID-19

- **Differences:** confidentiality (of the location and the communication), "being in" people's home (logistics, could feel less formal), instant access to a therapist, etc.

- **Similarities:** coping with lags (respect longer pauses, use more non-verbal cues), poor eye contact, importance of telepresence (the feeling of being together *in* therapy), and dealing with emergency situations. For more info, see Van Deale *et al.* (2020).
COVID-19, therapy, and VC

• Technological differences:
  – Software
  – Logistics

• Technological similarities:
  – Unstable communication...
  – Therapeutic techniques
    Example: exposure social worries
Thanks for your attention...!!!

Any Queries ??