

**ABSTRACT BOOK – NORSR II 2019 –
BERGEN May 14th**

**Presentations and posters in alphabetical
order**

Presentations

Title

Attitudes towards adults with ADHD in a Norwegian sample

Presented by

Anne Gro Parnemann

Organization

INTROMAT

Authors

Astri Johansen Lundervold, Robin Kenter, Emilie Sektnan Nordby, Anne Gro Parnemann

Abstract

Objective: Evidence for misbeliefs and misconceptions regarding adults with an attention deficit hyperactivity disorder (ADHD) has been demonstrated in a German sample. The aim of the present study was to assess attitudes towards adults with ADHD in a Norwegian sample with ADHD (ADHD+) and without an ADHD diagnosis (ADHD-). Method: A total of 590 individuals participated in the study (216 ADHD+). Data were collected from a Norwegian translation of Fuermaier et al.'s (2012) German self-report questionnaires. Responses on the total score and within five of the six subscales defined by Fuermaier et al. were analysed. Results: The mean total score for the full sample was -1.77 (SD=.48), with a non-significant difference between the two groups. The distribution indicated that most participants gave few stigmatizing reports. Three group differences are worth commenting. The ADHD- group gave less stigmatizing responses on the subscale 'Norm-violating and Externalizing behaviour' than the ADHD+ group ($t(588) = -6.432.60, p < .001$), but more stigmatizing reports on the 'Reliability and Social Functioning' subscale, $t(588) = 2.60, p = .009$ and the 'Ability to Take Responsibility' subscale, $t(590) = 3.158, p < .002$. A univariate ANOVA showed that females overall reported a total score indicating less stigmatization attitudes than males, $F(588, 1) = 10.94, p = .001$, more stigmatizing attitudes were reported in the older than lower age group, $F(588, 1) = 2.06, p > .001$, and the influence of gender and age was stronger in the ADHD- than the ADHD+ group. All these effects were, however, weak. Conclusion: Few participants in the sample reported negative attitudes towards adults with ADHD. The two ADHD groups were surprisingly similar, with a somewhat higher score towards stigma in the ADHD+ group for items within the 'Norm-violating and Externalizing behaviour' subscale. Gender and age influenced the level of stigmatization, but the effects were overall weak.

Title

e-Health secondary prevention programmes for patients with coronary artery disease: A systematic review.

Presented by

Gunhild Brørs

Organization

St. Olavs hospital

Authors

Gunhild Brørs 1,2 ,Trond Røed Pettersen 3 ,Tina B. Hansen 4,5 ,Bengt Fridlund 3,6, Linn Benjaminsen Hølvold 1 ,Hans Lund 7 and Tone M. Norekvål 1,7,8

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Abstract

Background: e-Health interventions are emerging as an effective alternative model for improving secondary prevention of coronary artery disease (CAD). To date, no systematic review of the effectiveness of modes of e-Health delivery and its secondary prevention components among patients with CAD has been published.

Aim: To determine the effectiveness of different modes of delivery and components in e-Health secondary prevention programmes on adherence to treatment, modifiable CAD risk factors and psychosocial outcomes for patients with CAD.

Method: A systematic review was carried out based on articles found in MEDLINE, CINAHL and Embase. Studies evaluating e-Health secondary prevention programmes through different modes of delivery i.e. m-Health and web-based technology alone, or in a combination, were eligible. Main outcomes measured were adherence to treatment, modifiable CAD risk factors and psychosocial outcomes. The quality appraisal of included studies was assessed by the Joanna Briggs Institute critical appraisal tool for RCT. The results were synthesized narratively.

Result: A total of 4834 titles were identified and 1350 were screened for eligibility. After reviewing 123 articles in full, 24 RCTs including 4500 participants with CAD were included. Web-based technology applicable for desktop or laptop computers was the most frequently used mode of e-Health delivery (n=9). Eight studies delivered m-Health programmes and seven studies combined web-based and m-Health technology. The majority of studies employed two or three secondary prevention components, of which health education was employed in 21 studies. The m-Health programmes reported positive effects on medication adherence. Most studies evaluating web-based programmes alone or in combination with m-Health, reported improved modifiable CAD risk factors. Among 13 studies measured psychosocial outcomes, five studies reported positive effects. The quality appraisal showed a moderate methodological quality of the studies.

Conclusion: Evidence exists that supports the use of e-Health secondary prevention program for patients with CAD. However, comparison across studies highlighted a wide variability of components and outcomes within the different modes of delivery. More research is needed to define the most efficient mode of delivery and components addressing a favourable outcome for patients.

Title

Internet-Based Interventions for Parents of Children Aged 0-5: A Cross-Sectional Study on Perceived Usefulness among Health Practitioners.

Presented by

Hege Therese Størksen

Organization

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Authors

Hege Therese Størksen, Silje Marie Haga, Kari Slinning & Filip Drozd

Abstract

Background: Between 10-15% of parents and children struggle with a wide range of difficulties, which presents a risk for unhealthy developmental pathways. Health services should therefore have access to interventions which target a broader range of problems and that can reach many parents. However, despite the increasing evidence base concerning the efficacy of such interventions, the pace in transitioning internet-based interventions to healthcare has been slow, even more so in infant and child mental health. The purpose of this study is to examine the degree of perceived usefulness of internet-based parent support interventions for different target groups or problems among infant and child services from 0-5 years. Methods: Between May and September 2018, a total of 2 885 infant and child health leaders and practitioners were recruited to a cross-sectional web-based survey. Participants, 16 years or older, were recruited either through a) the Regional Centre for Child and Adolescents, Eastern and Southern Norway, course database, b) an official mailing list to infant and child health services, c) social media or d) other recruitment channels. Respondents filled in background information and were asked to rate the perceived usefulness of internet-based interventions for 12 different problem areas based on the broad categories from the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5; e.g., parent-child relationship problems, developmental delays/disorders, externalizing and internalizing problems). Results: Preliminary findings indicate a moderate-to-high degree of perceived usefulness of internet-based interventions for the different target groups or problems (on a scale from 0 to 3; all Ms > 1.61). Further analyses indicate differences in problem areas in which health services would find internet interventions useful. Overall tests between health services suggest significant differences. For most target groups $p < 0.007$. Post hoc tests with Bonferroni corrections show a few and small significant differences between health services. Comparisons suggest few practical differences in perceived usefulness between leaders and practitioners, despite significant difference in means for e.g., externalizing problems (practitioners $M = 2.0$, $SD = 0.7$ vs leaders $M = 2.2$, $SD 0.7$ ($t = - 3.3$, $p = 0.001$)). Conclusion: Final results will be reported following a

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discussion on implications of this study with regard to the practical insights into which infant and child health services find internet-based interventions useful and for what problem areas.

Title

Testing the Efficacy of a Lapse Management System in a Fully Automated Smoking Cessation Intervention: Preliminary Findings from an RCT

Presented by

Håvar Brendryen

Organization

SERAF (Senter for rus- og avhengighetsforskning), UiO

Authors

Håvar Brendryen, Marianne T.S. Holter, Brian Danaher

Abstract

Background: Web- and mobile phone health behavior change interventions, including smoking cessation programs, offer great promise, but little is known about the components that may add to their effect.

Objective: The purpose of the trial is to test the adjunctive effect of adding a lapse management system to a best practices web- and mobile smoking cessation program.

Methods: A 3-arm RCT, in which recruitment is ongoing. Participants in all three experimental conditions receive a comprehensive follow-up intervention during their quit attempt. That is, up to 25 web-based sessions, that typically takes 5-15 minutes to complete. Additionally, participants in two of the conditions receive a lapse management system that provides automated support upon self-reported lapses. The support is the 26th automated session, is based on Marlatt's cognitive-behavioral model, and designed to help prevent a full-blown relapse. In the SMS-condition the users are prompted by a proactive SMS-textmessage, every evening after the initial quit attempt, to report whether they have been smoking or not that day. In the WEB-condition, the same question is given each time the user logs on to the web-page to explore one of the other sessions, but the treatment given after the report of the lapse is identical in the WEB- and in the SMS-condition. Participants in the control condition will be provided the same 25 sessions that are provided in the two other conditions, but controls will not receive the 26th session, namely the lapse management session. At one and six months post cessation participants are followed up by an online questionnaire. Main outcome is self-reported smoking status at one and six months post cessation (i.e. 7-day point prevalence: not even a cigarette the last seven days).

Results and discussion: Preliminary analysis comparing the intervention with and without the lapse management system, as well as secondary analysis comparing the two versions of the lapse management system (i.e., SMS vs WEB), will be presented at the conference. As data collection is

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ongoing and sample size is yet too small to facilitate fully meaningful analysis (N = 196) we refrain from presenting results in the abstract.

Title

Ready for mHealth? Acceptance of mobile health applications for self-management among people with hypertension

Presented by

Jennifer Apolinário-Hagen

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Authors

Jennifer Apolinário-Hagen, Severin Hennemann, Julia Bretschneider, Ranghild Helmberger, Anja Jaeger, Odin Kampmann, Katja Schladitz, Bernhard Breil

Abstract

Background: Hypertension is highly prevalent in the adult general population and associated with poor adherence to medical treatment. In order to facilitate self-management of people with hypertension in daily life, mobile health (mHealth) applications may represent promising self-help tools. However, little is known about the acceptance of mHealth apps for hypertension management or barriers and facilitators for their efficient use in relevant target groups.

Objective: The purpose of this cross-sectional pilot study was to assess the acceptance of mHealth apps for self-management as the behavioral usage intention among people with various types of hypertension based on the Unified Theory of Acceptance and Use of Technology (UTAUT). Additionally, self-efficacy, openness to experience and perceived health threat were analyzed as additional determinants of acceptance.

Methods: A convenience sample of participants from Germany and Austria completed a self-administered measure (online and paper-pencil) based on an adapted UTAUT questionnaire covering four core predictors of acceptance (performance-, effort expectancy, social influence, and facilitating conditions) as well as further validated questionnaires for additional predictors.

Results: A total of 145 participants (mean age 52.51 years, SD 14.33; 60% female) completed the survey. On average, the acceptance was moderate (3.26, SD 1.07, minimum=1 and maximum=5). Multiple hierarchical regression confirmed performance expectancy ($B = .49, p < .001$) and effort expectancy ($B = .18, p = .05$) as relevant predictors of acceptance. Also, perceived health threat and openness to experience (both $B = .22, p < .001$) could be identified as additional predictors. In exploratory analyses, age had a negative influence on the intention of use in terms of acceptance ($B = -.25, p = .005$). No further subgroup differences in acceptance scores were identified regarding demographic and disease-related characteristics (all $p > .05$).

Conclusion: This exploratory study makes a significant contribution to the acceptance of mHealth solutions in the field of chronic diseases. Data suggest a substantial acceptance of mHealth applications for disease management in hypertensive persons, compared to previous research in diabetic, chronic pain or mixed inpatient populations. Positive expectancies about the performance and ease of use might help promoting the acceptance of mHealth apps among people with hypertension. However, the present findings need replication in a larger sample and a longitudinal assessment of the acceptance and use of such apps.

Title

No sign o´ the times—Social functioning assessment in psychosis

Presented by

Jone Bjørnstad

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Authors

PhD Jone Bjornstad, Associate Professor, PhD Wenche ten Velden Hegelstad, Principal investigator TIPS2, PhD Henrik Berg, Researcher, PhD Larry Davidson, Professor, PhD Inge Joa, Associate Professor, PhD Jan Olav Johannessen, Professor, PhD Ingrid Melle, Professor, PhD Helen J. Stain, Professor, PhD Ståle Pallesen, Professor

Abstract

Objective: To examine the inclusion of social media activity in measures of social functioning in psychosis and ultra high-risk for psychosis.

Design: Systematic review.

Data sources: Epistemonikos, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effect (DARE), MEDLINE, EMBASE and PsycINFO.

Eligibility criteria for study selection: Empirical study published in English language in peer reviewed journals, with a sample meeting criteria (DSM/ICD) for a psychotic disorder or ultra high risk for psychosis, and including a measure of social functioning. Papers published between January 2004 and April 2018 were included.

Data extraction: The electronic search resulted in 10,575 distinct articles. Full-text evaluation was conducted on 690 articles of which 573 articles met inclusion criteria.

Results: 58 social functioning measures were identified. With some exceptions, reports on reliability and validity were scarce and only one measures integrated social media social activity.

Conclusions: The ecological validity of social functioning measures is challenged by the lack of assessment of social media activity as it fails to reflect an important aspect of the current social reality of persons with psychosis. Measures should be revised to include social media activity and thus avoid the clinical consequences of inadequate assessment of social functioning.

Trial registration: The protocol was registered at PROSPERO International prospective register of systematic reviews in March 2017. Registration number: CRD42017058514.

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Declaration of interest: None.

Keywords: Psychosis, schizophrenia, social media, social functioning, measures, assessment, systematic review.

Title

Supporting adolescents who struggle with appearance-altering conditions: Evaluating an online psychosocial intervention (Ung Face IT)

Presented by

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Abstract

Approximately 1 in 44 young people (YP) have a congenital or acquired condition resulting in a visible difference to the face or body, such as burns, scarring, craniofacial, or skin conditions. Irrespective of cause, severity, or location on the body, a significant number struggle to cope with the psychosocial consequences of looking different. As a consequence, some young people struggle with dissatisfaction with appearance, low self-esteem, social anxiety, or reduced aspirations. The Centre for Appearance Research (CAR, Bristol, UK) has developed Young People Face IT, an online intervention for YP with a visible difference, aged 12-17, and experiencing distress, teasing or bullying. The intervention uses cognitive behavioural techniques and social skills training. It includes 7 x 35-40 mins weekly sessions and a booster session 6 weeks later. It includes interactive activities, multimedia, online journal and automated text reminders. The intervention has been translated into Norwegian by the Centre for Rare Disorders (www.ungfaceit.no), and a pilot study has been completed that tested its acceptability and feasibility (2016-2018), and informed the larger RCT design. The Norwegian Research Council has recently granted funding for a larger randomised controlled trial, to evaluate the programme's effectiveness. A sample of 160 YP will be recruited into the larger study, in order to study the programme's effectiveness in a Norwegian health care setting. If the results from the larger RCT confirms the usability and efficiency of Ung Face IT in supporting adolescents who struggle with the psychosocial consequences of appearance-altering conditions, the intervention will be implemented in Norwegian health care services. Participants will be recruited from specialised and local health and school services, and through posters and information on relevant websites. YP will be randomised to an intervention group or to a waiting list control group (who will receive "treatment as usual" for 6 months). Online quantitative outcome measures will be collected before randomisation (T1), and after 3 and 6 months (T2 and T3). A subgroup of parents and YP will also be interviewed, providing qualitative data. The development of the intervention, its preliminary testing, and the future RCT will be described. Examples will describe the content and structure of the programme.

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Title

The person-to-program alliance as a potential eHealth working mechanism: Two grounded theory studies of relating and change

Presented by

Marianne T. S. Holter

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Authors

Marianne T. S. Holter, Ottar Ness, and Håvar Brendryen

Abstract

Automated eHealth programs have shown to be effective for a range of health issues, but surprisingly little is known of how these programs work. One potential eHealth working mechanism is a person-to-program working alliance. In psychotherapy, the alliance has been shown to influence change, and is often defined as agreement between the client and therapist on the goals and tasks of therapy as well as an emotional bond. Preliminary evidence indicates the presence of a person-to-program alliance; however, it is uncertain whether it influences change and whether it includes an emotional bond to the program. We developed an automated program to support an alliance and conducted two qualitative grounded theory studies with program users. The findings were used to inform two models: The first model describes three ways of relating to an automated eHealth program (a non-social interaction, a semi-social interaction, or a semi-social relationship) based on a combination of two basic relational processes: making come-alive and keeping un-alive. Through making come-alive, participants experienced a supportive social presence, resembling an emotional bond. The second model describes getting change-space; feeling free to engage in constructive change-work on one's own terms. Change-space was restricted by social forcing in participants' surroundings, but they could get change-space through how they related to the program: through making come-alive, participants felt supported, while keeping un-alive kept the interaction free from social forcing. These findings suggest that alliance is a meaningful and useful concept in automated therapy and supports it as an eHealth working mechanism.

Title

The design of a chatbot for guiding peer support chats between adults with ADHD

Presented by

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Authors

Oda E. Nordberg, Suresh Kumar Mukhiya, Frode Guribye, Eivind Flobak, Robin Kenter, Daniel A. Jensen, Astri Lundervold, Tine Nordgreen

Abstract

Peer support can be a valuable addition to treatments delivered as Internet-Based Interventions. The interactions between peers can take place in an online quasi-synchronous chat environment, but the chat should be guided to help the participants keep on topic and share relevant experiences.

This study explores how we can design a chatbot to provide guidance for peer support in groups participating in a web-based self-help program for adults with ADHD. The self-help program is inspired by the Goal Management Training program, which is presently under clinical evaluation in groups of adults with ADHD. The design of the chatbot is based on workshops with clinicians/domain experts and adults with ADHD to establish needs and requirements for the peer support and identify how a chatbot can facilitate and guide the conversation in an online quasi-synchronous group chat.

The first prototype has been tested in a field trial (with three groups of three participants) through using the software Slack and a Wizard of Oz technique. The aim was to test the format of the chat and to explore the potential of a bot guiding the group chat. In the trial the participants got an introduction to a stop exercise where they practice to stop and focus on the task at hand, then participated in one chat session to discuss expectations and their relevant preconceptions of the task, then they practiced for one week, and finally, they had a second group chat to discuss their experiences from doing the exercise. The data gathered in these sessions also serve as input to the design of chatbot functionality (such as identifying intents and keywords). The preliminary findings suggest that the participants were positive to the chatbot guiding them through the conversation. They also gave positive feedback on the format and found it useful to have a discussion related to the exercise.

The next iteration of design and evaluation will include a prototype of a chatbot that both guides and monitors the conversation (e.g. making sure everyone answers the questions within a certain time). This full version will be tested by five groups of three people and will include post-intervention interviews with all participants, and analysis of the interaction in the chatroom. The goal is to

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understand how we can guide the group chat with a chatbot and how we can tie these peer support sessions to the self-help program and have the chatbot help the group to discuss relevant issues.

Title

Mamma Mia – A U.S.-based pilot study of an internet intervention for perinatal depressive symptoms

Presented by

Patricia Kinser

Organization

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Authors

Kinser, P., Huberty, J., Haga, S., Garthus-Niegel, S., Thacker, L., Jallo, N., Serlin, D., Sullivan, M., Matthews, J., Drozd, F.

Abstract

Purpose: Close to 20% of perinatal women in the U.S. experience clinically significant depressive symptoms. The majority of these women are un- or under-treated due to a variety of barriers to care, such as concerns with stigma or limited access to care. Internet-based approaches have gained traction as pragmatic methods to address these common barriers, but at present, no comprehensive internet-based efforts addressing perinatal depression symptoms exist in the U.S. A promising internet-based approach — “Mamma Mia” — has been developed and tested in Norway. In this pilot study, we evaluated the preliminary acceptability “Mamma Mia” in perinatal women in the U.S., to prepare for a future full-scale U.S.-based trial.

Methods: Pregnant and postpartum (up to 6 months) adult women in the U.S. were invited to participate in the study. Upon eligibility confirmation and informed consent, participants engaged in a self-guided 15 minute demonstration of “Mamma Mia” and completed survey questions on perceived usefulness, ease of use, and credibility. Participants responded to open-ended qualitative questions on perceptions of and technological issues with the program.

Results: Seventy-two pregnant and postpartum women completed the demo and responded to survey questions. The responses were largely positive about “Mamma Mia”— participants endorsed agreement that the program would be useful for: promoting health and wellbeing (94%); addressing concerns about the perinatal period (79%); and, learning strategies to manage depressive symptoms (89%). Forty-three percent were unsure whether the program would interfere with their daily routine, yet 74% agreed that the program would be practical if completed on a weekly basis. A majority of participants endorsed being interested in participating in the program in the future (78%) and that they would recommend the program to others (86%). Key themes in the qualitative feedback included that participants appreciated the concise and accessible nature of the content; however, they expressed concern that a web-based format would be easy to ignore when dealing

with busy family life, the images were not interesting or compelling, and there were occasional issues with video loading speed.

Discussion: These findings suggest that “Mamma Mia” is interesting and credible for a population of perinatal women in the U.S. Future research should evaluate a U.S.-adapted version in a large-scale multi-site RCT, after taking into account feedback provided by participants.

Title

A guided e-intervention for women treated for gynaecological cancer – the development of Gynea – a learning and coping program

Presented by

Ragnhild Sekse

Organization

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Authors

Ragnhild Johanne Tveit Sekse (Nurse, PhD/Postdoc), Erica Werner (MD, PhD), Eivind Flobak (PhD-candidate), Morten Lystrup, Espen Braathen, Jorunn Moberg Ohnstad, Tine Nordgreen (PhD/Ass Professor)

Abstract

Background The number of gynaecological cancer survivors is increasing. Extensive studies have reported that the group of survivors faces challenges concerning the physical and psychosocial wellbeing lasting years after treatment and that they have a great need of more information and understanding concerning the changes and challenges. At the same time in-patient hospitalization has become shorter, and the follow-up, with its primary focus on early recognition of recurrence, does not meet all patients' needs. For cancer survivors adapting to life after illness and negotiating a new life situation, often with long-term side effects, is of paramount importance. To empower the individual woman to play an active role and manage her own care is essential. One way to support this is by internet interventions. Internet interventions have the advantages of being convenient, cost-effective and may in addition be interactive, as well as being an important asset to deal with taboo-related topics. **Aim** The aim of the study is, in close collaboration with the users, to develop an internet-based intervention that will support and strengthen the women's self-efficacy, coping and quality of life after treatment for gynaecological cancer. **Method** The content development builds on evidence from quantitative and qualitative studies, by: a) reviewing literature on women's challenges and late effects after treatment for gynaecological cancer: b) reviewing literature on self-management and empowerment in relation to e-interventions: c) using narratives, quotes and patient experiences, collected from findings in our previous studies, with the aim to be close to the users everyday life after cancer treatment, and: d) collaborating and meeting with the user group through the process of development, an iterative process on both content and usability. **Results** The review of literature and discussions with the user group have led to a program with six modules, encompassing psycho-education about physical, psycho-social and existential changes and challenges after treatment, as well as mindfulness and self-compassion exercises. The six topics are: Everyday life after cancer treatment; The changed female body; Identity, sexuality and relationship; Cancer-

related fatigue; Fear of cancer recurrence and Summing up. Summing up The collaboration with the users has proven very useful through the whole process. Regular meetings where content, tasks and exercises have been shown and discussed, reworked and discussed again, has been invaluable. The intervention will be tested on a slightly larger user group before we will test the study in a feasibility with 50 women treated for gynaecological cancer.

Title

Mamma Mia – the development and effect evaluation of an internet-based intervention (“Mamma Mia”) for perinatal depression

Presented by

Silje Marie Haga

Organization

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Authors

Silje M. Haga, Filip Drozd, Carina Lisøy, Tore Wentzel-Larsen, and Kari Slinning

Abstract

Context: 10-15% of perinatal women experience depressive symptoms. Due to the risks, problems with detection, and barriers to treatment, effective universal preventive interventions are needed. The present study assessed the effectiveness of an automated internet intervention “Mamma Mia” on perinatal depressive symptoms.

Methods: 1342 pregnant women were randomized to an intervention (“Mamma Mia”) and control group. Data were collected at gestational week (gw) 21-25, gw 37, 6 weeks after birth, and 3 and 6 months after birth. We investigated 1) whether the intervention group displayed lower levels of depressive symptoms compared to the control group, 2) whether the effect on depressive symptoms was moderated by baseline depressive symptoms, previous depression, and parity, and 3) whether the prevalence of mothers with possible depression (i.e. EPDS-score ≥ 10) differed between the intervention and control group.

Intervention: Mamma Mia was developed to prevent perinatal depressive symptoms. It starts in pregnancy and lasts until 6 months after birth. 44 sessions are tailored to the perinatal phase and target risk and protective factors for perinatal depressive symptoms.

Results: Participants in the Mamma Mia group displayed less depressive symptoms than participants in the control group during follow-up ($F(1) = 7.03, p = .008$). There were indications that the effect of Mamma Mia was moderated by EPDS score at baseline. The prevalence of women with EPDS-score ≥ 10 was lower in the Mamma Mia group at all follow-up measurements.

Conclusions: The study demonstrated effects of the automated web-based universal intervention Mamma Mia on perinatal depressive symptoms.

Title

Developing an Internet-based cognitive remediation program for cognitive residual symptoms after depression: Applying a person-based approach

Presented by

Sunniva Brurok Myklebost

Organization

University of Bergen

Authors

Sunniva Brurok Myklebost, Tine Nordgreen, Åsa Hammar and Ole Amundsen

Abstract

Background: Cognitive remediation therapy is a promising treatment for those who experience cognitive impairment after episodes with major depression disorder (MDD). However, access to cognitive remediation therapy is limited in the health care service. Moreover, little is known about the user's clinical needs and their attitudes towards digital interventions of this patient group. The aim of this study is to describe how users were included in the planning and the development of an internet-based cognitive remediation program (RestDep). Method: Sixteen patients in remission from MDD completed a semi-structured exploratory interview. Results: Preliminary qualitative analysis of the interviews indicates that the participants requests interventions targeting cognitive impairment after major depression. Psychoeducation from credible sources and structured and sequential modules and therapist guidance was key features wanted by the participants. Participants report a general positive attitude towards internet-based treatment, even though several participants underline that this mode of delivery may not be for everyone and that they would use the intervention differently on a computer compared to a mobile phone. These results will further guide the developmental process of RestDep and optimize the intervention for a future feasibility study.

Title

Expert Usability Evaluation of an Internet Based Cognitive Remediation Program: A Case Study

Presented by

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Abstract

Usability evaluations have proven to be a feasible way of ensuring that web-services are easy to use offering a good insight of usability problems to improve effectiveness, efficiency and satisfaction of evaluated systems. High usability is also important for the success of internet interventions and can help improve the intervention in terms of preventing unnecessary errors, inconsistent design and frustrating the users.

In this case study, we explore how one usability evaluation method – heuristics based expert evaluation – can be deployed to ensure that design guidelines are followed in an internet based cognitive remediation program developed for patients in remission from depression. The expert

evaluation had the goal of identification and analysis of usability problems in the program utilizing Nielsen's Heuristics which is one of the most well-established methods of diagnosing usability problems.

The evaluation was performed by 23 master students who were selected from among students enrolled in a graduate-level human-computer interaction course to ensure that they had sufficient knowledge and experience to evaluate an online intervention program with heuristics. The participants worked in groups of three to five, with each group independently analyzing and evaluating the program to report in detail any usability problem they identified.

When reporting the usability problems in detail, the participants were also asked to specify the severity rate of each problem. Results revealed that the most prominent problems with the usability of the evaluated program were inconsistencies in interface design and content, and visual clutter affecting the aesthetic and minimalist design. The severity of identified problems was rated as "minor" or "major". The participants also reported that the evaluated program provided well-designed information and error messages helping users recognize, diagnose and recover from errors, and used concepts familiar to the users.

Several usability problems were identified in the evaluation and the study illustrates how a relatively inexpensive method can uncover key usability flaws in an internet based cognitive remediation program, which makes heuristic evaluation a good candidate to include when developing internet interventions.

Posters

Title

Usability evaluation and short-term effects of the first two modules of an online intervention for adults with ADHD

Poster by

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Authors

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Robin MF Kenter

Frode Guribye

Eivind Flobak

Yavus Inal

Adrian Schønning

Abstract

Background:

Attention deficit hyperactivity disorder is a common neurodevelopmental disorder that affects individuals across lifespan. The availability of evidence-based psychological interventions is low, while the demand for them is high. Internet might help to increase the availability of effective psychological interventions for adult ADHD

Objective:

This pilot study will test the feasibility of the intervention by conducting a small-scale test of the methods and procedures and assess the acceptability, deliverability and within participant clinical outcomes for adults with ADHD. A secondary aim is to evaluate the usability of these modules. Results obtained from the pilot will be used in the planning and design of the full trial.

Methods: The study has an uncontrolled, within group, pre-post design with an embedded qualitative and quantitative process evaluation. Ten patients with ADHD will receive internet-based treatment modules that aim to reduce stress and increase attention. The primary outcomes

inattention as measured with ASRS Inattention scale. Secondary outcomes are hyperactivity as measured with ASRS Hyperactivity scale, quality of life as measured with AAQoL and stress as measured with PSS. Participants' involvement, satisfaction and subjective evaluation of the treatment will also be measured.

Results:

The pilot study has not yet been carried out, therefore no results have been obtained.

Discussion: The results of the pilot study will inform the further development of the Internet-based treatment and inform methods and research procedures for the full RCT.

Title

VR Assisted Therapy for Adolescents with Psychosis

Poster by

Guri-Elise Holgersen

Organization

Haukeland universitetssjukehus, Klinikk psykisk helsevern for barn og unge

Authors

Guri-Elise Holgersen: HUS, Klinikk psykisk helsevern for barn og unge

Anita Barsnes: HUS, Klinikk psykisk helsevern for barn og unge

Thomas Fiskeseth Larsen: Helse Vest IKT

Håkon Garfors: Helse Vest IKT

Abstract

Psychotic disorders are characterised by impaired social functioning. Recent studies show that patients who develop a better sense of self-efficacy in social situations can experience reduction of psychotic symptoms and increased function in everyday life. The recommended method for social skills training has inconclusive results for this group of patients. Most of the interventions in mental healthcare are provided in clinical settings, which lack the “real” characteristics of the social situations.

In the last decade there has been a growing interest in using virtual reality (VR) to treat various psychological disorders. VR can enable the assessment of cognitions, emotions and behaviour in an ecologically valid environment. Studies have found that VR environments can evoke responses in a participant that are very similar to those occurring in natural environment. In this context, therapist and patient can explore these responses as they are happening. The goal is to develop a VR assisted cognitive behavioural treatment program for adolescents with psychosis. Currently there are no such programs for youths. The aim of the program is to increase the patients’ own belief in the ability to cope with social situations, give them a higher level of functioning and increased self-esteem. In time, this could lead to higher participation in society, both socially and occupational, and contribute to recovery. The patients will be able to practice social situations in a virtual reality, with a therapist present. The virtual environments are developed in collaboration with patients and our ICT department. The program is rooted in existing research on psychosis and psychosis treatment.

Our presentation will include an introduction to the field of psychosis, the use of VR in psychological treatment, the development of the virtual situations and status of our pilot study.

Title

eMeistring

Poster by

Hanne Gulbrandsen

Organization

eMeistring, Haukeland University Hospital

Authors

Hanne Gulbrandsen, coordinator of eMeistring

Abstract

eMeistring (eCoping) at Haukeland University Hospital offers guided internet-based treatment for adults with social anxiety, panic disorder and depression. The treatment method we use in eMeistring is cognitive behavioral therapy. The treatment programs are composed of modules containing psychoeducative texts and therapeutic exercises. The communication between the therapists and the patients takes place within the treatment platform in a secure embedded message system. The patients log on to the eMeistring treatment platform using 2-factor authentication (BankID), the same log-in-system used by the Norwegian banks.

Some numbers from the eMeistring Clinic:

THERAPISTS: We will present the total number of therapists employed in eMeistring at Haukeland University Hospital. Number of patients per therapist employed in 50%-, 40%- and 20%-positions in eMeistring: Per today's date (per May 14. 2019) and total per one year.

PATIENTS: We will present the patients in eMeistring at Haukeland University Hospital since the start in 2013. Number of patients per treatment-program. Number of patients in treatment per today's date (per May 14. 2019). Total number of women and men. Number of women and men per treatment-program. Each of the treatment-programs: How far have the patients come to in the treatment - modulenummer and percentage of the total of modules. Suicidal-danger Flags (these flags are triggered when patients score 4, 5 or 6 on question 9 (measure: zest for life) in MADRS-S) : Number of flags per treatment-program. Suicidal-danger flags: How many of the patients have scored 4, 5 or 6 on question 9 (measure: zest for life) in MADRS-S.

eMeistring Milestones:

Start-up: 01.01.2012. First patient start-up: 30.04.2013 Prize: eHealth event of the Year: 01.11.2013 Prize: Helse Vest this year's innovation: 15.10.2014 State refund granted: 01.01.2016 eMeistring becomes an independent Section in Helse Bergen: 02.01.2017 Guided internet-based treatment approved as a Method: 28.01.2019

Title

Participatory Design of a Guided Peer Support Application for Women Recovering from Gynecological Cancer

Poster by

Ingvild Fiskerstrand

Organization

Department of information science and media studies, University of Bergen

Authors

Ingvild Fiskerstrand, Eivind Flobak, Ragnhild Sekse, Frode Guribye, Tine Nordgreen

Abstract

This study reports on the participatory process of designing online peer support for women recovering from gynecological cancer. The online peer support is designed as an addition to and integrated part of a psycho-educative internet intervention that provides psychosocial support for this group as many cancer survivors struggle to deal with psychological and bodily changes following cancer treatment. The main aim of the design is to guide the women to having helpful and meaningful conversations with each other about the topics raised in the psycho-educative intervention.

The participatory design process has included domain experts and two focus groups with women recovering from gynecological cancer. In these focus groups we have found that the women do not currently use any form of online support groups, much because they are not professionally moderated, and that they do not trust the information provided in the support groups. The focus groups also served as a basis for establishing requirements to our design and a low-fidelity prototype was developed and evaluated by the domain experts.

In the next iterations of design and evaluation we will identify guidelines for the conversations inspired by phenomenology and gestalt therapy. These guidelines will consist of examples of how to initiate the conversation on a given topic, and general advice for having a respectful and constructive dialog with your peers. In the final evaluation we will focus on how the different conversation topics, conversation guidelines and suggestions for helpful comments are perceived and experienced by the participants.

Title

User testimonials to improve attitudes toward digital stress coping interventions among university students: preliminary results of a pilot RCT.

Poster by

Jennifer Apolinário-Hagen

Organization

University of Hagen/Dep. of Health Psychology

Authors

Jennifer Apolinário-Hagen, Jeanette Wopperer, Frank Wals, Mathias Harrer, David Ebert

Abstract

Background: Internet-based and mobile interventions (IMIs) can help students to effectively cope with stress. However, lacking knowledge and negative attitudes may be barriers to use such interventions. While research suggests that information can be acceptance-facilitating, little is known about the additional usefulness of testimonials in improving attitudes toward IMIs.

Objective: The aim of this cross-sectional study was to explore (1) whether target-specific user testimonials improve attitudes toward digital stress coping interventions among students, and (2) whether the perceived credibility and similarity with the narrator of testimonials play a role in this relationship.

Methods: In a randomized-controlled trial, a convenience online sample of students from German universities were randomly assigned to four groups that received text-based information about IMIs (control condition, n=52) or identical information supplemented with user testimonials on either (a) fictional commercial IMI or evidence-based IMIs for (b) employees ("GET.ON", n=51) or (c) students ("StudiCare", n=49). Attitudes were operationalized using a short scale (baseline vs. post) and two measures at post-intervention (APOI, ETAM). Then, they were asked to assess the testimonials regarding their credibility and similarity with narrators.

Results: A total of 205 students (82% distance-learning students, age M=34.05, SD=10.1; 76.1% female) completed the survey. Analyses of variance showed no significant differences between the three testimonials groups and the control condition in attitudes, neither at baseline nor at the post-assessment (all p>.05). Independently from the group allocation, mediation analysis revealed a more positive influence of information and testimonials for students (StudiCare) on attitudes than for employees (GET.ON). This effect was partially mediated by perceived similarity (indirect effect, 95% CI .10, .48).

Conclusion: This exploratory study indicates no added value of testimonials to information in improving attitudes toward IMIs among students, whereas attitudes toward IMIs may be improved through increasing the perceived similarity with testimonial content for students. However, given several limitations such as the use of self-constructed testimonials and the low awareness of evidence-based IMIs, future research should aim to clarify under which conditions real first-person narratives may be useful in improving the views of students on IMIs.

Title

Personalised Internet-delivered treatment for comorbid mental disorders

Poster by

Reidar Nævdal

Organization

eMeistring - Helse Bergen

Authors

Kerstin Blom, Kjersti Skare, Reidar Nævdal

Abstract

eMeistring in Helse Bergen have been treating patients through internet interventions since 2013. The clinic is well established as part of the public health care system in western Norway, and expansion to other parts of the country is underway. The treatments offered through the clinic are all shown to yield comparable treatment outcomes as face to face interventions. However, most patients utilising the public health care system have multiple diagnoses, and the treatments offered by eMeistring are diagnosis specific. Because of this, the treatments offered through eMeistring lack the adaptability that face to face treatment can offer by addressing multiple diagnoses simultaneously.

To address this problem, eMeistring have started the project “Personalised Internet-delivered treatment for comorbid mental disorders”. The project is built on research on trans-diagnostic, and personalised internet interventions done by Martin Kraepelien, Viktor Kaldø, Kerstin Blom and Robert Johansson. The aim of the project is to create a therapist supported internet treatment that first delivers a trans-diagnostic intervention, before each patient receives a personalised set of interventions for their problem areas. The set of personalized interventions can consist of one, or two, of the following problem areas: panic disorder, social anxiety, depression, generalised anxiety, stress, health anxiety, insomnia, work related issues, and/or overconsumption of alcohol.

The presentation will show our research protocol, give a quick overview of the treatment content and an insight into the developmental progress.