Cognitive Behavioral Therapy For Depression and Anxiety Disorders

Review 12

Reger, M. A., & Gahm, G. A. (2009). A meta-analysis of the effects of internet- and computer-based cognitive-behavioral treatments for anxiety. *Journal of Clinical Psychology, 65*(1), 53–75. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/19051274.

Objectives	Quantitatively summarize the literature that has examined the treatment effects of Internet- or computer-based (ICT) cognitive behavioral therapy (CBT) on anxiety.
Studies Included	Nineteen U.S. and international studies from 2000 to 2007
Participants in the Studies	Adults diagnosed with an anxiety disorder
Settings	Some of the reported settings were clinical and home locations.
Outcomes	Depression, anxiety, general distress, dysfunctional thinking, and functioning/quality of life
Limitations of the Studies	The number of placebo-controlled studies was small, which limits conclusions; many studies had small sample sizes and high dropout rates; most studies did not appear to utilize empirically supported manualized treatments in treatment as usual (TAU) conditions; there were insufficient data to compare the effects of ICT to placebo or TAU in some analyses; participants in the studies were generally well educated and all could use a computer, so it is unknown how well these results generalize to the general population; there was variability in participant characteristics, treatment approaches, clinical scales, and other methodological differences between studies; the sample sizes were small; there were high attrition rates; differences in treatment "dose" (e.g., number of sessions) may have impacted comparisons of TAU and ICT; definitions of clinician contact varied.

Results

The authors focused on Internet- and computer-based approaches that used software on a standard personal computer to automate the delivery of CBT training. The effects of ICT were compared to wait-list control, placebo, or TAU. Participants who received ICT showed fewer symptoms than wait-list and placebo controls across all clinical outcome measures, with moderate to large effect sizes in most cases. The benefits of ICT were equivalent or superior to TAU. The presence of clinician contact did not enhance the impact of ICT. Lack of data prevented more indepth analyses of diagnostic group comparisons; however, tentative support was indicated for the use of ICT in treating panic disorder and phobia, as compared to no treatment. Specifically, there were large effect sizes for panic disorder studies, there was a moderate effect size for phobia studies, and ICT was equally effective for those who had anxiety disorders and participants with subclinical symptoms.