Web-CBT therapist resources

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Chapter 1

Introduction

Welcome to our online therapist resource for the *Web-CBT* platform for *OCD-NET* and *BDD-NET*.

We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at ocdnet.support@webcbt.se or talk to us in person at a training session.

1.1 Tasks for Kristin

As therapist:

- Log in as therapist 1
- Write a message to patient 1
- Review homework module 3 for patient 1
- Remove a suicidality flag and comment "Suicide risk assessment completed via telephone. Low risk" for patient 1

As patient:

- Log in as patient 1
- Answer questionnaires if they appear
- Complete homework for module 4 (you can write whatever)
- Write a message to the therapist

Chapter 2

Web-CBT therapist manual

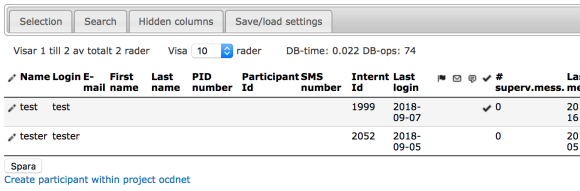
2.1 Quick start

If you want to explore the platform yourself, you can use test therapist and test patient logins provided to try out the features (separate document). We generally recommend that you use the platform while reading this manual, to test features as you go along.

2.2 Using the platform

There are five common scenarios during the course of treatment:

- Responding to messages
- Reviewing homework
- Opening new treatment modules
- Reviewing questionnaires
- Responding to warning flags



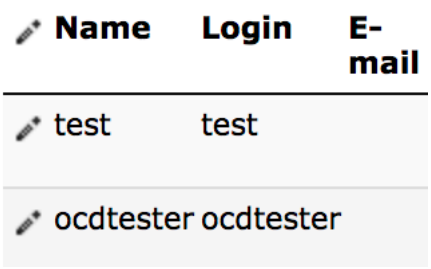
These actions can all be accessed in the participant overview, shown below:

A typical day as a therapist includes responding to one or more messages, reviewing homework and opening up a new module. Once in a while you will write to remind an inactive patient or assess a warning flag.

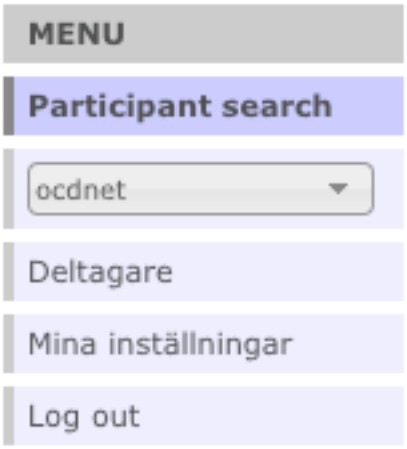
Quick note: We use Participant and Patient as synonyms here.

2.2.1 Navigation

You will be using the platform from the *Participant search* menu 99% of the time. If you get lost while using the platform, click *Participant search* to get back to the default view. When you want to access individual participants, click the pencil next to their name.



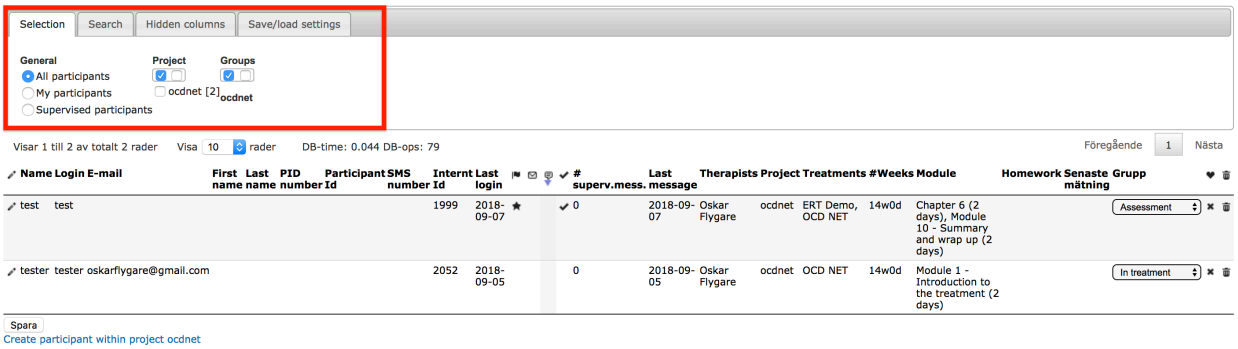
This menu may expand depending on your administrative rights. Other parts of the menu include administrative settings such as editing treatment content, editing assessments, changing the way flags appear, and changing settings to the site itself. These will not be relevant to most therapists and we do not cover them in detail here. Just remember that you can always go back to the default view by navigating to *Participant search* in the left-hand menu.



2.2.2 Filtering the participant overview

To get a quick overview, you can filter patients that are relevant to you. If you look at the top of the participant overview, there is a button called *Selection*. We recommend that therapists use the "My participants" filter to show only patients assigned to them.

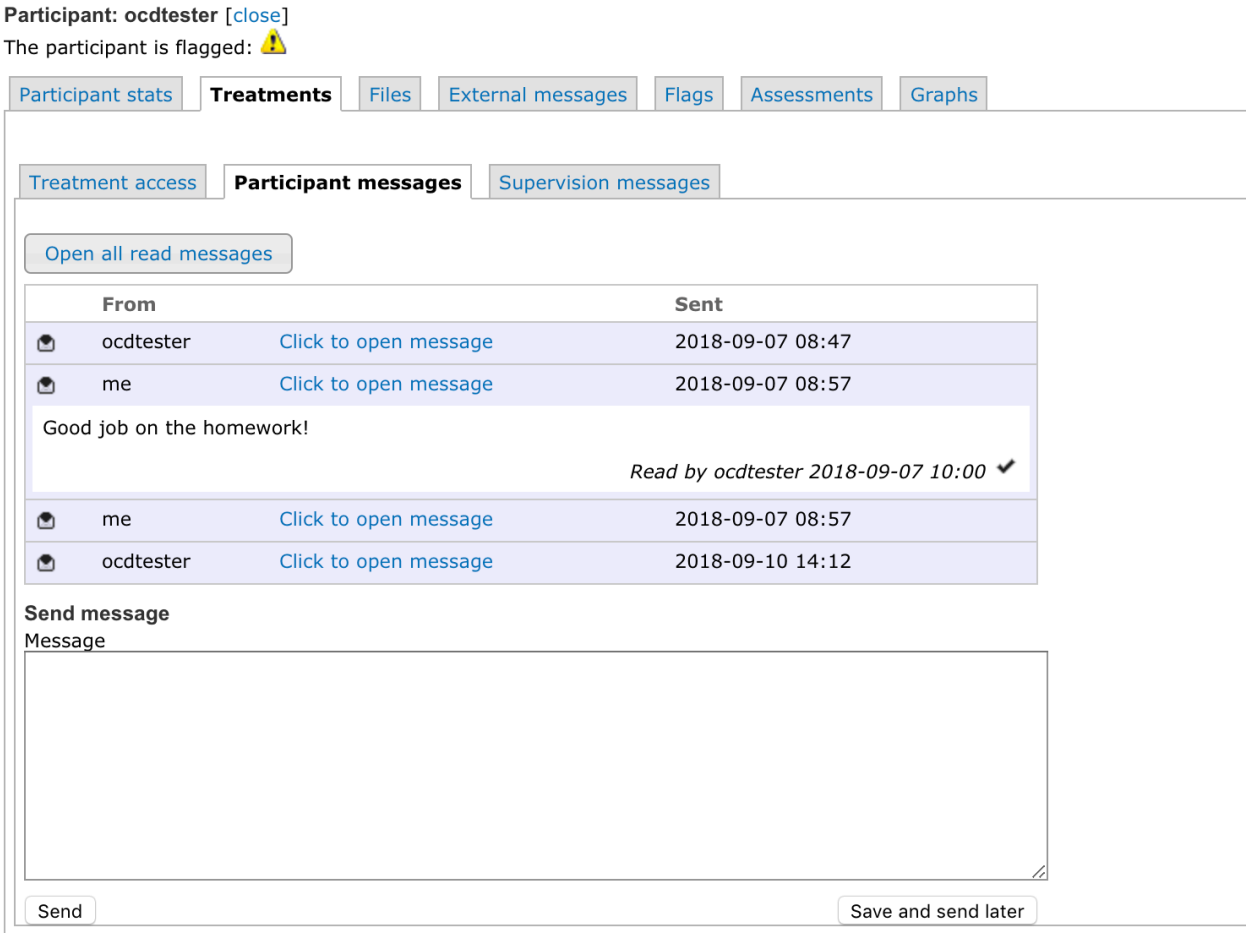
You can also filter patients by project (for example OCD-NET or BDD-NET), groups (for example "In treatment" or "post-treatment").



2.2.3 Writing and responding to messages

Written messages are the main form of communication—and often the only communication—between therapist and patient in internet-based CBT. Care and attention to messages should be applied accordingly[^ Writing effective messages in internet-based CBT—as any form of writing—is a difficult skill to master that requires practice. General advice on writing often applies here as well. We have found that feedback from colleagues is often as useful as standardised guidelines. Some quick tips though: read your message aloud to spot mistakes and complicated sentences, be as concise as possible, and save questions or action points to the end of your message.].

When you log onto the platform, a new message from a patient will be indicated by this icon turning red  . Navigate to *Treatments -> participant messages* to view the message and write your response.



2.2.4 Homework review

A completed homework assignment is shown in the **Homework** column in the participant overview. Click the pencil next to the participant and navigate to *Treatments -> Treatment access* to review the homework and mark it as completed.

Internet-based CBT relies heavily on self-directed activities and homework review is a good time to check whether the patient has grasped important concepts and are able to apply them to their own situation.

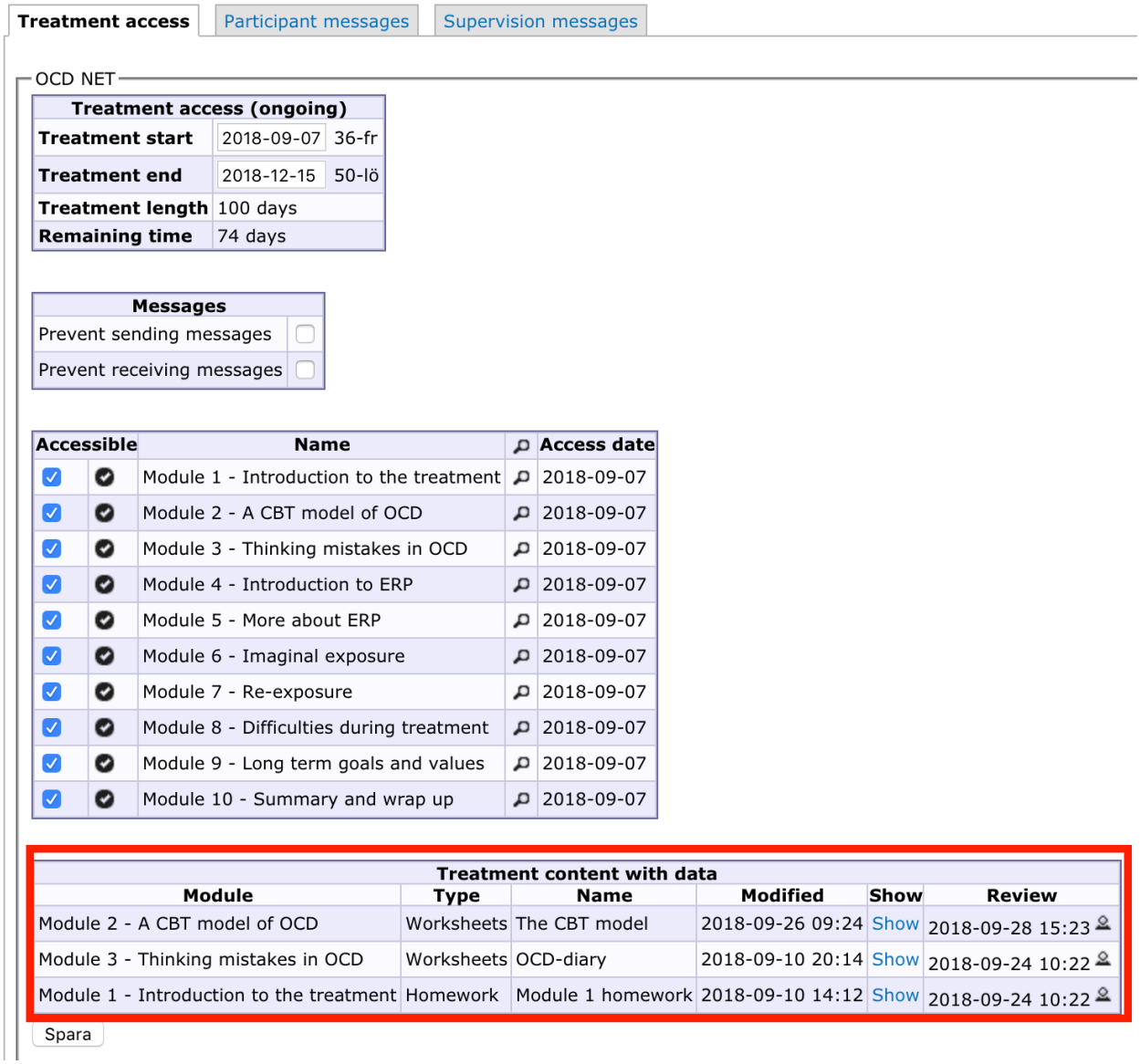


Figure 2.1: Completed homework assignments will show up for review in the treatment overview

Accessible		Name		Access date	Homework returned	Show	Review
☑	✔	Module 1 - Introduction to the treatment		2018-09-05			
☑	✔	Module 2 - A CBT model of OCD		2018-09-05			
☑	✔	Module 3 - Thinking mistakes in OCD		2018-09-05			

Figure 2.2: Check the box to the left to open a new module

2.2.5 Treatment modules

When a patient has read a module and completed the corresponding homework assignment(s), they are ready for the next module. Grant access to a new module by navigating to *Treatments -> Treatment access* and checking the box next to the next module. A date will appear next to the module indicating when the module was activated. Patients automatically get a text message when you open up a new module.

The number of modules and weeks in treatment varies but a rough guideline is that patients should progress through one module per week. Some treatment techniques, like exposure with response prevention in obsessive compulsive disorder, are spread out across several modules to emphasise their importance and iron out wrinkles that many patients experience.

While it is certainly satisfying to see that a patient has fully grasped a concept in treatment, therapists are advised against requiring perfect answers. Patients getting stuck on a certain module may feel less motivated to continue treatment, so choose revisions wisely. Older modules are always available to review throughout treatment.

2.2.6 Questionnaires

Before, during, and after treatment, patients are asked to fill out questionnaires. When new questionnaires are activated they appear as the patient logs onto the platform. You can review and change which questionnaires should appear at which day in *Assessments* but we recommend that you stick to the standard schedule whenever possible.

2.2.7 Warning flags

The Web CBT platform will display a *warning flag* next to a patient's name for certain events. The most common flags are due to inactivity or non-response to questionnaires. These serve as prompts to therapists to take further action, for example reaching out by phone to a patient or sending them another text message reminder.

Once you have noticed a warning flag and started to deal with it, you may indicate your action in the *temporary flag text* box in the *Participant stats* tab (shown below). Please note, however that inactivity flags automatically disappear once then patient uses the platform again.

2.2.7.1 Common warning flags

- Patient has not logged in for 7 days: 
- Patient has not written a message in 7 days: 
- Patient has not responded to measurement in time: 

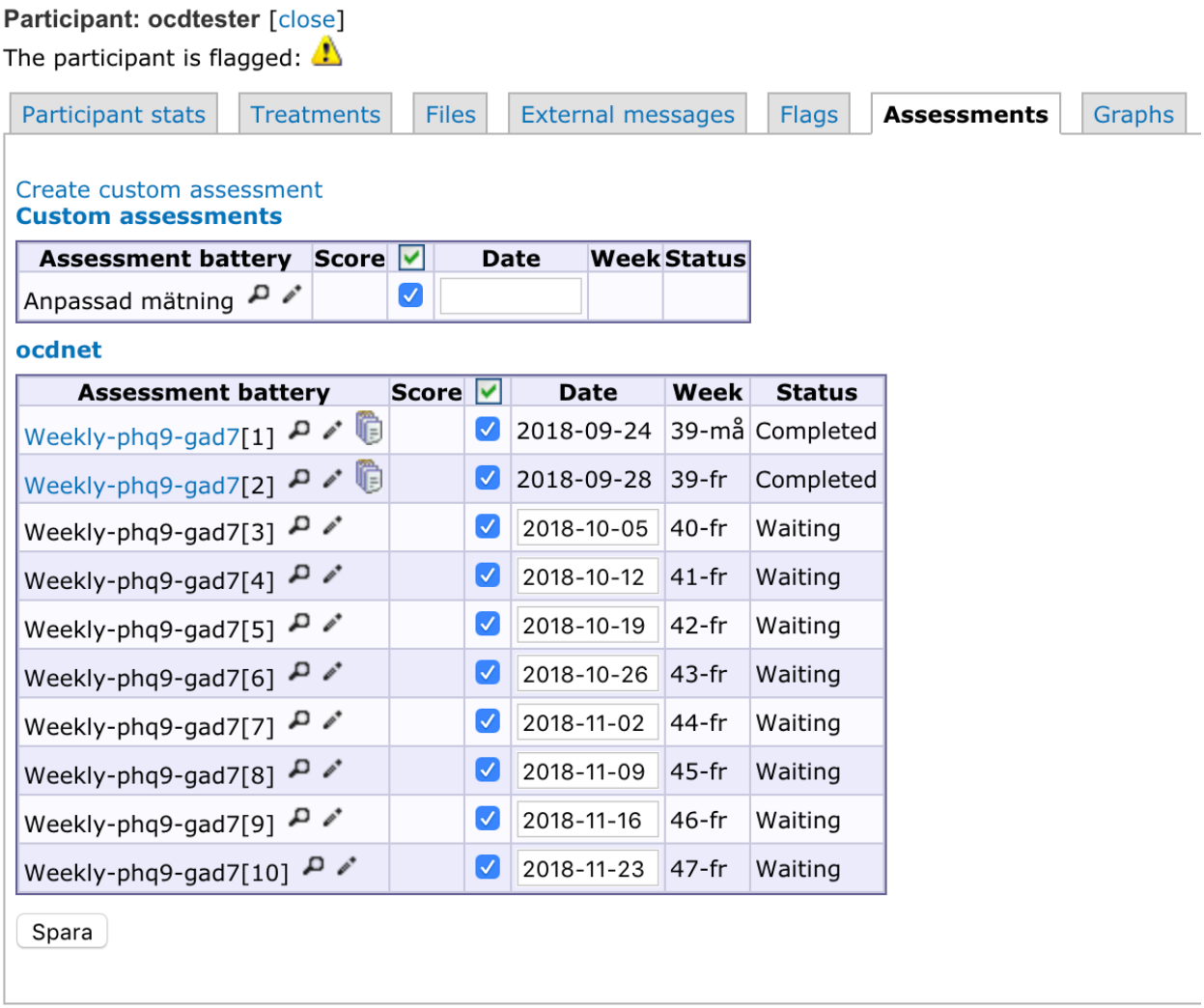


Figure 2.3: Questionnaires for each patient are listed in this view

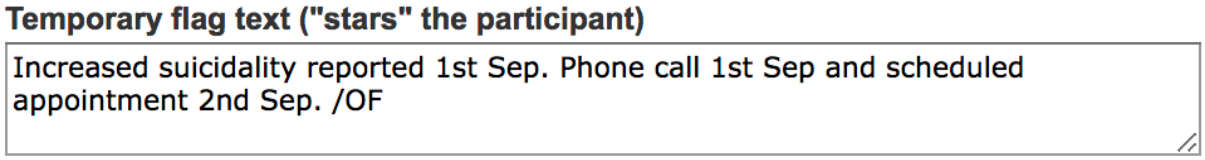


Figure 2.4: Temporary flag texts aid communication between therapists when they manage flags

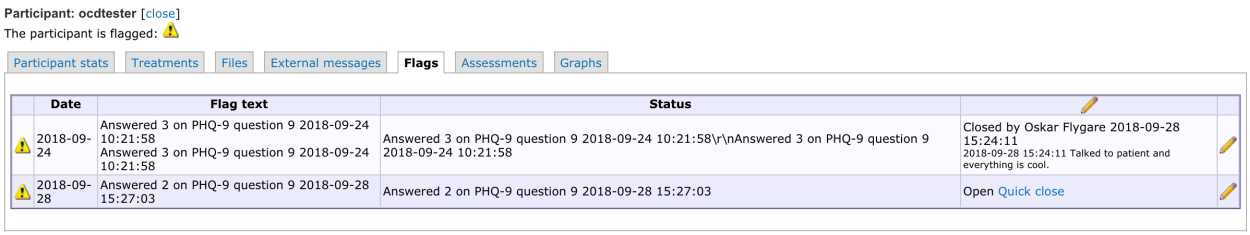


Figure 2.5: Flags are listed under the Flags tab, click on the pencil to edit flag.

- Patient has no assigned therapist: 
- Treatment ends within 1 week: 
- Treatment has ended: 

2.2.7.2 Suicidality warning flags

The most important type of warning flag is due to heightened suicidality. We have configured the platform to display this flag if a patient responds 4 or higher on the suicidality question in MADRS-S.

- Warning flag to indicate suicidal ideation: 

Local clinical guidelines may overrule the general course of action outlined here.

1. Call the patient immediately
2. Explain that it is standard procedure to call when a patient indicates heightened suicidal ideation
3. Follow a hierarchy of questions, such as M.I.N.I. interview, to assess level of suicidality
4. If the immediate risk is low (i.e. MADRS-S score of 4), make an agreement to check back in with the patient in a few days and give them contact information to the nearest 24-hour psychiatric care unit
5. If the immediate risk is high (i.e. MADRS-S score of 5-6), advise the patient to seek immediate help at your centre or at a 24-hour psychiatric care unit.

Once the level of suicidality is deemed to be low enough to not require further attention, you may remove the warning flag under the *Flags* tab for the participant.

2.2.8 Supervision

Supervision through the platform makes it easy to connect feedback from the supervisor to specific therapist messages and actions. The supervision page is found at *Treatment -> Supervision messages* for each participant.

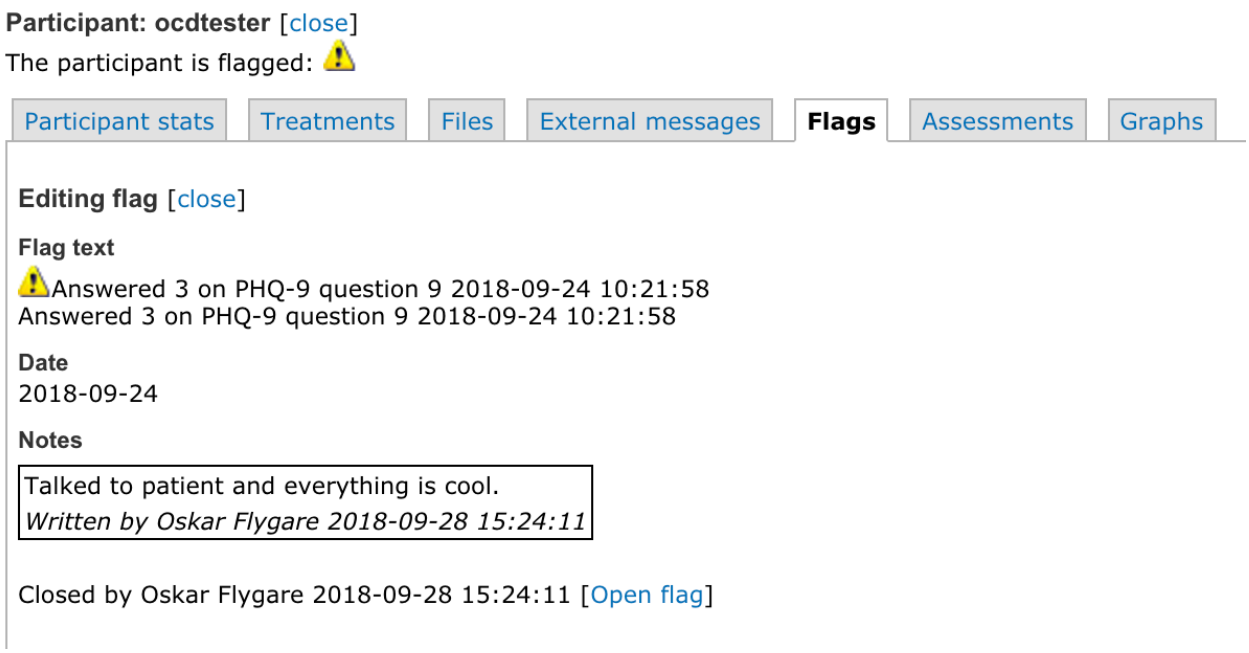
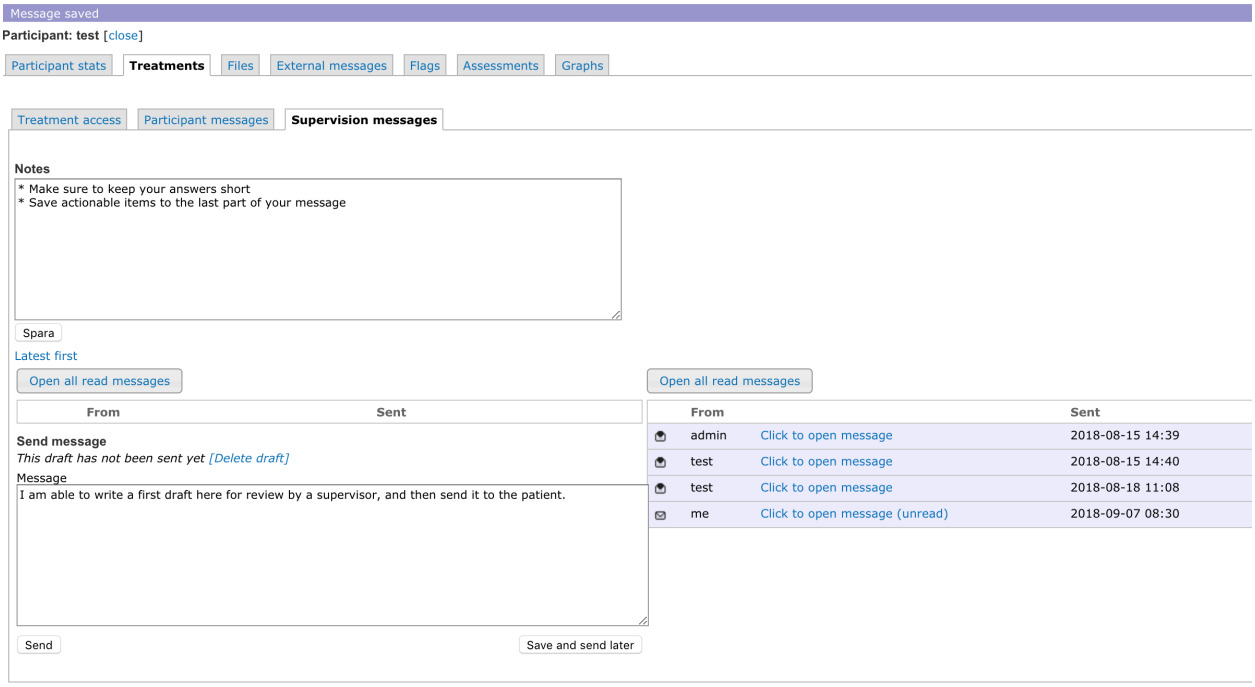


Figure 2.6: Once you have managed a flag, you can make a note that lists actions taken, and remove the flag.



2.2.9 Assign new therapist

The most typical scenario is that each patient is treated by one therapist throughout treatment, but it is not uncommon for a second therapist to act as backup if the primary therapist is not available.

To assign another therapist or change therapist, navigate to the patient in question and click the *Participant*

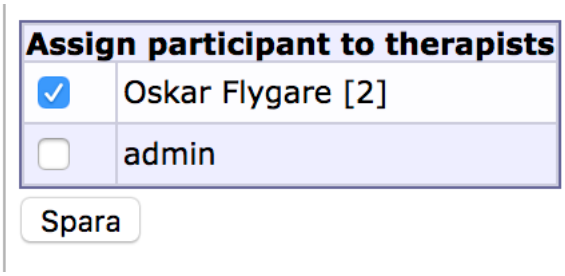


Figure 2.7: The number 2 next to Oskar Flygare indicates that he is assigned to 2 patients

stats tab. At the bottom of that page, you will see a list of therapists and those assigned to the patient will have a checkmark next to them. Simply un-check whoever is to be removed and check whoever is to be assigned the patient.

2.2.10 Create new patient login

To create a new patient login on the platform, go to the participant overview by selecting *Participant search* in the left-hand menu. Select *Create new participant* at the bottom of the participant list.

Participant: New participant [close]

Stats

Last login	never
Login count	
Total time	0 h 0 m 0 s
Internal Id	90000001

User information

Login		**Username**
E-mail		**Enter valid e-mail**
First name		
Last name		
PID number		**Personal identification number**
Participant Id		
SMS number		**Phone number for notifications from platform**
Group	(no group)	**Assign group**

Password

Participant has no password

Change password

Temporary flag text ("stars" the participant)

Temporary notes

Assign participant to therapists	**Select therapist(s) for patient**
admin	
Oskar Flygare [2]	

Spara

Fields not needed are:

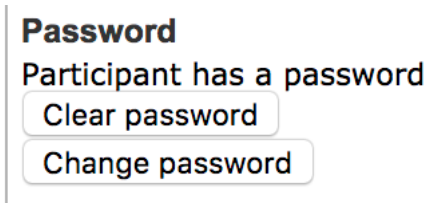


Figure 2.8: We recommend the Change password option

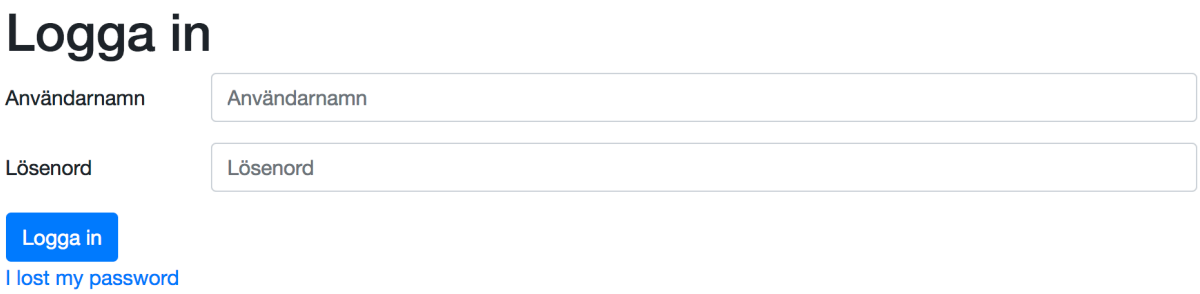
- Participant ID: Internal ID for the platform. Usually not needed.
- Password: New patient logins are created without passwords. The first time the patient logs onto the platform they will be asked to generate a password
- Temporary flag text: Usually not needed at creation but might come in handy later for communicating between therapists
- Temporary notes: Usually not needed

2.3 Technical support for patients

We have designed the platform to be user-friendly for patients with varying technical know-how. They will, however, require technical support from time to time. Here we review the most common issues that patients might have and how to solve them. If patients report technical issues that you cannot address yourself, send an email to ocdnet.support@webcbt.se and ask for assistance.

2.3.1 Forgotten username or password

If a patient has forgotten their password, they can request a new one at the login screen:



If they have forgotten their username, simply look at their *Participant stats* and **Login** is their username.

If a patient is unable to generate a new password on their own, navigate to the patient in question and the *Participant stats* tab. There is a button to clear password or change password, we recommend the *Change password* option.

Clear password: The password is removed and the user will not be able to use their previous password. You will have to generate a new one by clicking *Change password*.

Change password: The site generates a new, secure, password that you can send to the patient via SMS. You might want to save the new password as a temporary note (the box below the *Change password* button) in case the password is lost again.

2.3.2 The website does not work

This is usually for one of three reasons: wrong information (URL/username/password), the patient is using an out of date web browser, or there is an issue with cookies on the site.

2.3.2.1 Wrong URL/username/password

Make sure that the patient has correct information for all three. Also make sure that you have not made errors when entering the username!

- URL is webcbt.se/ocdnet
- Username is indicated by "Login" at *Participant stats*
- Their password is hidden to you and can be re-generated by patients themselves or by therapists (see above)

2.3.2.2 Recommended web browsers

The treatment is accessible for both desktop web browsers and mobile web browsers (iOS, Android). We recommend that patients use either **Google Chrome**, **Firefox**, or **Safari**. We do not recommend **Internet Explorer** or **Microsoft Edge**, although newer versions of those browsers usually work just fine.

2.3.2.3 Cookies and cache

Sometimes the browser will save cookies that interfere with access to the treatment platform. We recommend that patients clear cookies and restart their web browser.

- Google Chrome
- Firefox
- Safari desktop
- Safari iOS

2.4 Technical support for therapists

2.4.1 Creating an account

Send an e-mail to us ocdnet.support@webcbt.se containing the following information:

- Username
- Full name
- e-mail
- Phone number (to receive login codes via text messages)

We then create a user for you and generate a password that you replace on your first login.

2.4.2 Forgotten password

Admins are able to reset therapist passwords in the *Therapist* tab of the left-hand menu. Click the button called "Must change password" to initiate a password change for that user.

2.4.3 Other technical issues

Have you spotted an error in the treatment content? Are the questionnaires not displaying correctly? Did you accidentally make some changes that you are not able to change back?

Anything else that is not reviewed in this guide, please let ut know by sending an e-mail to us (ocdnet.support@webcbt.se) and we will help you.

We strive to improve the treatment content and the experience for therapists continuously and welcome any feedback!

Chapter 3

OCD-NET therapist manual

Write a kind introduction here.

3.1 What is OCD-NET?

OCD-NET is a therapist-guided internet-based cognitive behaviour therapy for OCD developed by researchers at Karolinska Institutet in Stockholm, Sweden. OCD-NET has been evaluated in six clinical trials to date with results indicating that it is as effective as regular face-to-face CBT, while requiring less therapist time per patient and with the advantage of being accessible from any device connected to the internet (Andersson et al., 2011, 2012, 2014, 2015; Rück et al., 2018).

OCD-NET is a therapist-guided treatment, which means that patients have an identified therapist throughout treatment that provides support and feedback along the way. OCD-NET is internet-based, and all contact with the therapist occurs through the treatment platform as asynchronous text messages (like e-mail or SMS).

The treatment in OCD-NET is based on established treatment protocols for OCD (Foa et al., 2012), and focuses on exposure with response prevention. This means that patients do most of the active treatment work away from their computer or mobile device, for example when they are performing exposure and response prevention exercises.

3.1.1 Who is suitable for OCD-NET

OCD-NET has been developed to treat adult patients with OCD. In the trials that have evaluated OCD-NET to date, participants have had comorbid conditions such as depression and anxiety, while autism spectrum disorder, psychotic symptoms and substance use disorder have been exclusion criteria.

The intended use of OCD-NET is within a stepped-care model where patients are offered low-intensity treatments as a first step, see the NICE-guidelines. We therefore recommend that OCD-NET is primarily used for patients with mild to moderate symptom severity without comorbid autism spectrum disorder, psychotic symptoms, or substance use disorder.

3.1.2 Presenting OCD-NET as an option to the patient

It is important that participating in internet-based treatments such as OCD-NET and BDD-NET is voluntary. Forcing someone to undertake a treatment they do not agree with is unhelpful at the very least and can also be harmful.

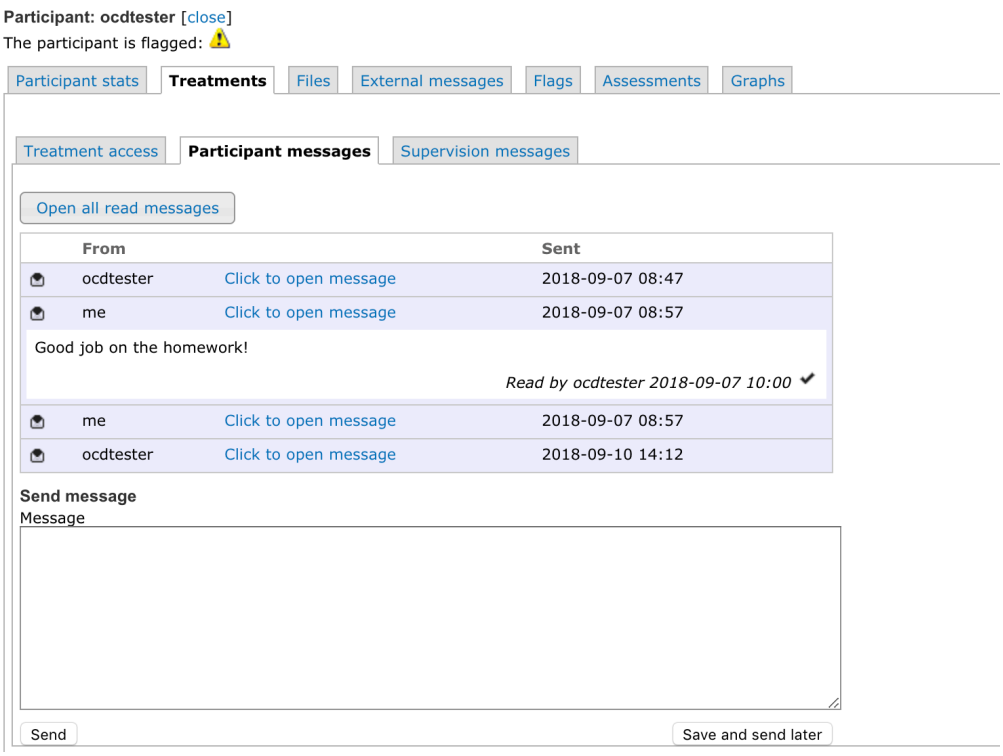


Figure 3.1: Messages from the therapists point of view

With that in mind, we believe there are two particularly strong arguments for the use of OCD-NET rather than face-to-face therapy: patients can access the treatment content and therapist therapist support whenever they want to, and treatment can start right away rather than after a waiting time.

We have also found that many patients like to contribute to research and the development of new treatments. For example, most patients will see the benefit of evaluating remote treatment options.

Other suggestions: * Write your first message on the first day of treatment to welcome the patient and notify them of ways to contact you with questions * Provide encouragement throughout treatment to motivate the patient and establish a therapeutic working alliance

3.1.3 Modules in OCD-NET

There are 10 modules in OCD-NET, which patients are expected to complete in 12 weeks. Each module consists of texts and uses well established evidence based interventions for OCD, with exposure and response (ERP) prevention being the core intervention. To progress to the next module participants have to complete homework assignments (such as reading text material, answering a quiz at the end of each module, filling out worksheets, or doing ERP) and report to their therapist.

We view modules 1, 2, 4, and 5 as the core modules in OCD-NET. Modules 1 and 2 are essential since the OCD diary and CBT model of OCD are the building blocks for understanding and doing ERP later on. Modules 4 and 5 should be presented in rapid succession so that patients can start doing ERP as quickly as possible. It is not crucial to have a detailed plan for each ERP exercise before starting, rather you should encourage patients to get started and fine-tune ERP exercises as they go along.

Modules 3 and 6 are optional. Module 3 (thinking mistakes) is useful for some patients but is not necessary for most. Module 6 (imaginal exposure) is crucial to some patients who might not be able to do *in vivo* ERP exercises, but not relevant to others who will rely solely on *in vivo* ERP exercises. A key difference

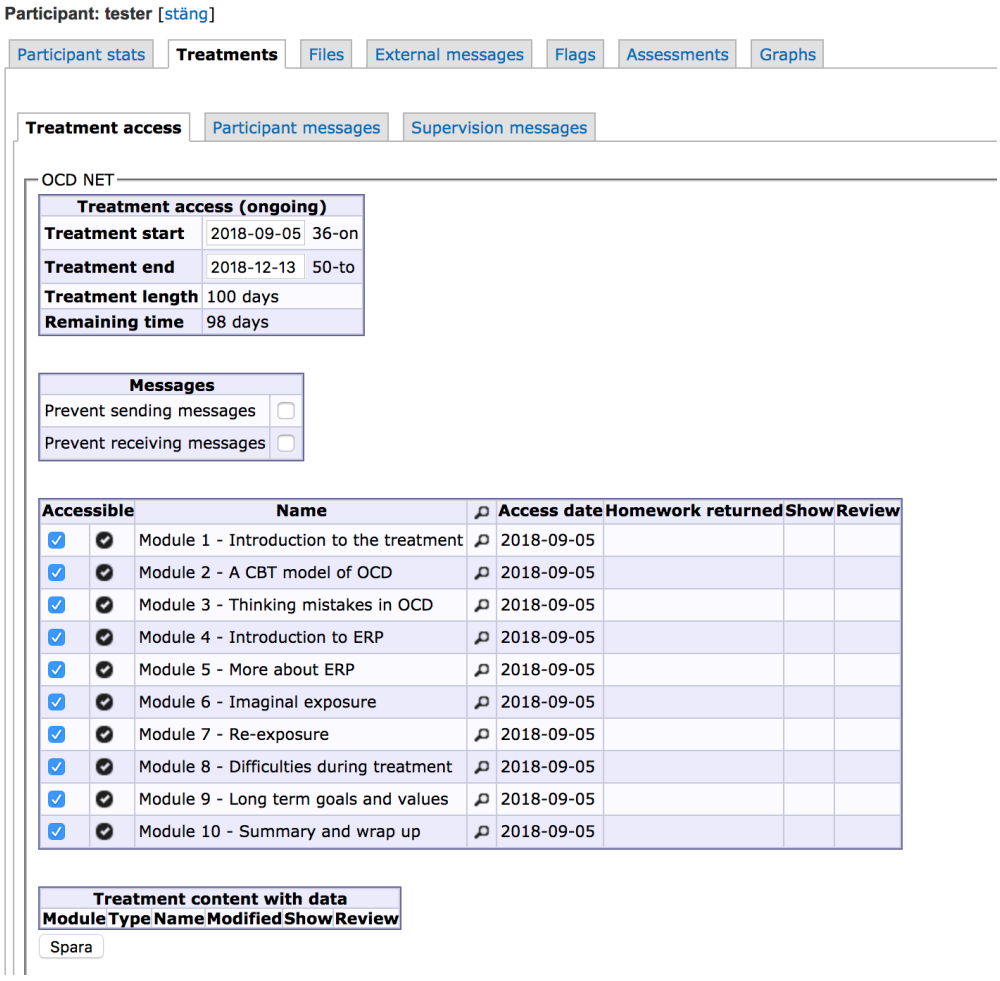


Figure 3.2: Treatment modules in OCD-NET

in module 6 compared to other modules on exposure is that imaginal exposure should not be seen through the lens of habituation. We do not expect–or want–that a patient will habituate to the thought of being a pedophile, for example. Rather, imaginal exposure can be helpful as a tool to learn that having a thought or image is not the same as acting that way, and to tolerate uncertainty.

The number of completed modules is not an important predictor of treatment outcomes in OCD-NET. As long as patients reach modules 4-5 and perform ERP exercises, the later modules are not essential and can opened if needed. Patients will gain access to all modules at the end of treatment, and will be able to log onto the platform for one year after completing the OCD-NET treatment. Your most important job during the active treatment phase is therefore to encourage the patient to do ERP exercises and help them to design and evaluate ERP exercises effectively.

Modules 6-9 can be opened in any order to fit the needs of each patient. For example, a patient might not have any use of imaginal exposure but finds that they have a hard time refraining from habitual compulsions. In that case, you may open up module 7 (re-exposure) instead of module 6 (imaginal exposure). Other patients may struggle with ERP exercises and will find module 8 (difficulties during the treatment) useful.

3.2 Being an effective ICBT therapist

Being a therapist in OCD-NET differs in several ways from regular face-to-face treatment. The first difference is the mode of communication: asynchronous text messages rather than live face-to-face talking. The second is that you are more closely integrated in the treatment content, and will rely more heavily on material that is already written. Third, there is less therapist oversight when patients do exposure exercises. We discuss the implications of these differences, and some strategies to have in mind, below.

3.2.1 Communicating through written messages

From the participant's point of view, your messages will look like text messages on a phone. This is deliberate, as such a design encourages short and frequent messages rather than long messages that are few and far between.

3.2.1.1 Keep your messages short

Messages should be concise and to the point. Refer the patient to module text whenever possible. Your main use of the messages should be to provide encouragement and reinforce key behaviours such as registering obsessions and compulsions in the OCD diary and performing ERP exercises. To this end, you can allow yourself longer messages related to the OCD diary where you highlight examples that the patient has given and relate them to the CBT model of OCD. One common strategy to reinforce ERP exercises is to connect them to the long-term goals that the patient has decided on.

3.2.1.2 Write often

Frequent communication is particularly useful at the start of treatment and when patients start doing ERP exercises. This establishes the habit of logging onto the platform daily, and ensures that patients start doing exposure exercises which are challenging and likely to be avoided without your encouragement.

As a minimum, therapists should write to patients once every 2-3 days to check in, but several messages per day can be useful when patients start doing ERP exercises. For example, you may confirm an exposure exercise in the morning and check in during the afternoon for a follow-up. There are exceptions to this rule: some patients will prefer to do ERP exercises on their own and will not have many questions for you. This is perfectly fine; some patients benefit greatly from the OCD-NET content without the therapist support.

3.2.2 You and the rest of the content in OCD-NET

Your communication with the patient is integrated with the rest of OCD-NET. What feels like a low-intensity contact from your perspective is actually a **highly intensive treatment** for patients. They not only respond to your messages but also read module texts, answer homework questions and questionnaires, and fill in worksheets. The treatment becomes particularly intensive once patients start performing daily ERP exercises. Do not be fooled by the seemingly low-intensity treatment from your point of view; OCD-NET is a highly intensive treatment for patients.

3.2.3 Lack of therapist-guided exposure exercises

We do not have the privilege of guiding patients through ERP exercises in OCD-NET. This means that you will have to focus on the essentials when giving corrective feedback and when planning ERP exercises. Correcting every little detail before each exercise is counter-productive. Rather, we want to reinforce the behaviour of challenging their OCD through ERP exercises. OCD-NET therapists should therefore encourage patients to get started and gain new experiences. Wrinkles can be ironed out along the way.

3.3 Dealing with patients with low engagement

The best way to deal with low engagement is to prevent it from happening to begin with. Strategies to prevent low engagement include writing frequently and focusing on encouragement in your written messages, promptly calling patients that do not respond to messages, and helping patients design their first ERP exercises to get early experiences of the treatment procedures in action.

If a patient becomes less active on the treatment platform, it does not necessarily mean that they are not actively working with the treatment or have given up on the treatment. Some inactive patients are actually doing a lot of treatment work in their daily life but do not report it. Others are early responders that have grasped the treatment strategies quickly and experienced symptom reductions early in treatment. Even with these exceptions, there are certainly occasions when a patient struggles to adhere to the treatment.

3.3.1 Strategies when patients express lack of time to work on the treatment

One common reason for low engagement is that patients struggle to find the time to work on OCD-NET. We recommend that you encourage any small steps the patient takes and that you prioritise ERP exercises away from the computer over reading additional modules.

If a patient is completely unable to work on the treatment, try to schedule a point to check back in to resume treatment or help the patient problem-solve around other events that may interfere with working on the treatment.

3.3.2 Strategies when patients express skepticism about OCD-NET

Some patients may initially be skeptical about OCD-NET in general or in their ability to do a fully remote treatment like OCD-NET. We recommend that therapists validate the feelings of frustration that can come from any attempt to change behaviour, and that therapists note that this as a common feeling early in treatment. Initially skeptical patients often change their opinion after doing ERP exercises that work, and we encourage therapists to help these patients experience *early wins* by starting with easier ERP exercises that have a high likelihood of success.

3.4 Closing remarks

We hope that you have found this therapist guide useful. Our goal has been to present a few ideas about how to deliver OCD-NET effectively. These are just the first building blocks and you will likely find that adaptations are needed to your particular patients and your own style as a therapist.

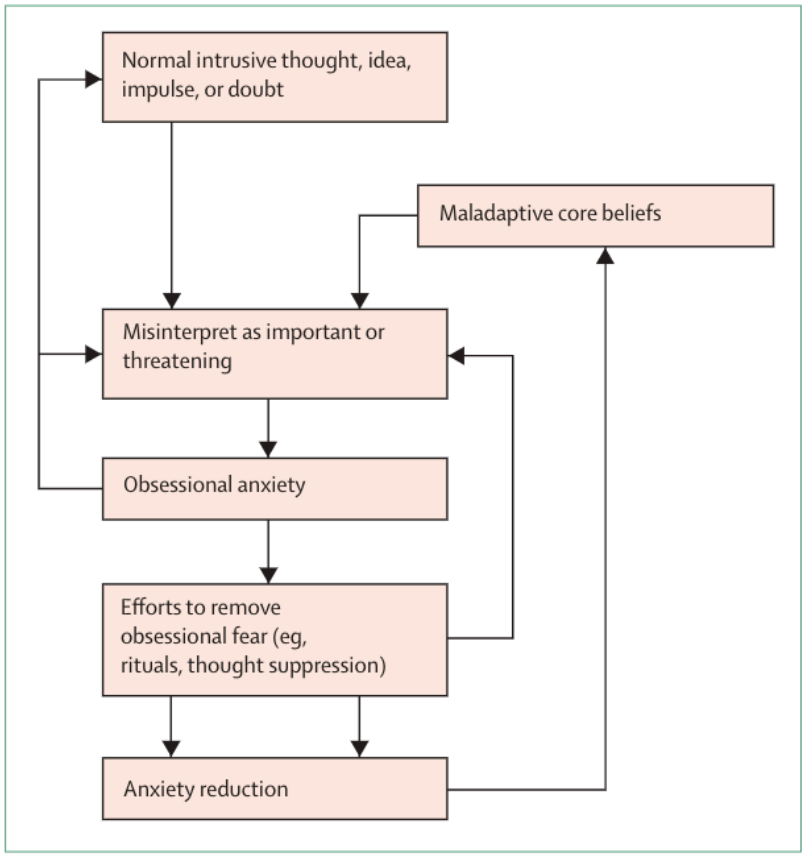
We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at ocdnet.support@webcbt.se or talk to us in person at a training session.

3.5 Appendix: Theoretical basis for remote treatments such as OCD-NET

In **learning theory**, obsessions can be seen as conditioned stimuli (CS) that elicit a conditioned response (CR) in the form of fear/anxiety. The CR then serves as a discriminant stimulus to perform a compulsion (operant behaviour). The compulsion relieves anxiety in the short-term but maintains the CS-CR relation and compulsions remain a likely response in the future (Mowrer, 1960).

Cognitive theories of OCD stipulate that beliefs about the *meaning* of obsessive thoughts is the key difference between individuals with and without OCD. For example, if a person believes that having aggressive thoughts are dangerous because it increases the risk of aggressive behaviour, they are more likely to appraise aggressive thoughts as highly negative and rely on compulsions to reduce the anxiety (Salkovskis, 1985).

Classic conditioning (obsessions are associated with a fear response), operant conditioning (compulsions persevere because they reduce the fear associated with obsessions), and cognitive factors (obsessive beliefs) form the cognitive-behavioural model of OCD (Abramowitz et al., 2009).



The cognitive-behavioural model of OCD fits some patients well, but other psychological mechanisms may contribute to OCD that deserve mention here. The first is cognitive inflexibility, such as deficits in attention switching or task switching (Gruner and Pittenger, 2017). This means that OCD-patients may struggle to change their behaviour after learning about the CBT model. Second, individuals with OCD rely on habitual learning mechanisms to a higher degree than others, which means that the compulsions are tightly ingrained as habits and it might take time to undo that learning and establish new goal-directed behaviours (Gillan and Robbins, 2014; Voon et al., 2014).

What, then, is the role of the therapist in remote treatments such as OCD-NET? We see two core components: to help patients generalise the CBT model of OCD to their own particular situation, and to provide frequent positive reinforcement for exposure exercises. Exposure exercises done in the patients own *natural environment* are particularly useful as the new information is directly applicable and patients may not need therapist involvement in this setting (Emmelkamp et al., 1989).

We cannot be certain about the underlying psychological mechanisms that are important and influence behaviour change over time, so we focus on getting the patients started and they will learn along the way. The key here is that you as a therapist act as an antecedent and positive reinforcer to desired behaviours: using the CBT model for their own situation and performing exposure exercises.

Chapter 4

BDD-NET therapist manual

Write a kind introduction here.

4.1 What is BDD-NET?

Detailed review of the content of the product. What therapeutic interventions are included and how are they implemented?

BDD-NET is a therapist-guided, internet-delivered cognitive behaviour therapy (ICBT) for body dysmorphic disorder (BDD) developed by researchers at Karolinska Institutet, Stockholm, Sweden. BDD-NET has been evaluated in three clinical trials to date with results indicating that it is as effective as regular face-to-face CBT, while requiring less therapist time per patients and with the advantage of being accessible from any device connected to the internet (Enander et al., 2014, 2016).

BDD-NET consists of eight interactive modules and is based on a treatment protocol by Sabine Wilhelm and colleagues (Wilhelm et al., 2013) that focuses on exposure with response prevention. This means that patients do most of the active treatment work away from their computer or mobile device, for example when they are performing exposure and response prevention exercises.

In BDD-NET, therapists and patients communicate through asynchronous text messages (like e-mail or SMS) throughout treatment. The primary role of therapists is to provide support and feedback related to the treatment exercises.

4.1.1 Comparison between BDD-NET content and current IAPT services content in the treatment of BDD

4.1.1.1 Wilhelm (Wilhelm et al., 2013)

Core treatment elements: * Psychoeducation * Cognitive interventions (maladaptive beliefs, importance of appearance or self-worth) * Exposure to avoided situations and prevention of rituals * Mindfulness and perceptual retraining (e.g., to reduce selective attention to details such as appearance flaws) * Relapse prevention

Optional treatment modules: * Skin picking * Surgery seeking

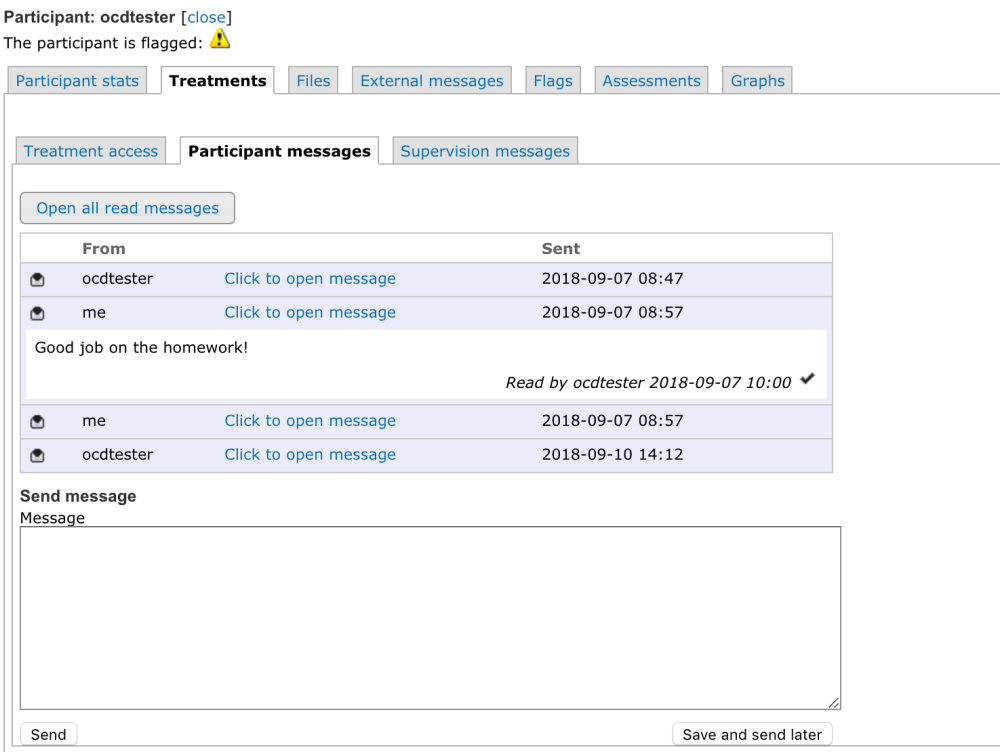


Figure 4.1: Messages from the therapists point of view

4.1.1.2 Veale (Veale and Neziroglu, 2010)

- Imagery rescripting
- Modifying attentional biases
- Modifying cognitive processes
- Avoidance, compulsive, and safety behaviours
- Modifying appraisals
- Behavioural experiments to test beliefs about processes such as ruminating or mirror-gazing
- Self-monitoring and habit reversal for skin-picking

4.2 Who is suitable for BDD-NET

The clinical condition that the digital product has been developed for and the recommended range of symptom severities for patients using the digital product.

BDD-NET is developed to treat adults with body dysmorphic disorder (BDD). Patients may have comorbid conditions, for example other anxiety disorders, depression, or OCD. Patients may also take antidepressant medication during the course of treatment. We recommend that patients do not change the dose during the course of treatment. BDD-NET may also be delivered to patients with any level of BDD symptom severity.

Contraindications include having a personality disorder that might interfere with treatment (such as borderline personality disorder), psychotic symptoms, an ongoing substance abuse, or acute suicidal ideation. BDD-NET is text-based and so requires sufficient reading skills and understanding of English. We recommend that the patient is referred to face-to-face treatments if contraindications are discovered.

4.3 Presenting BDD-NET as an option to the patient

How to present the digital product to patients in a way that generates enthusiasm and ensures that the patient promptly starts using the product. Managing patients' expectations of BDD-NET therapy

4.3.1 Assessing insight

Participating in internet-based treatments such as BDD-NET is voluntary, and therapists need to make sure that patients are willing to challenge their BDD in treatment. Lack of insight is common in BDD and BDD-NET is designed to work for patients that express varying degrees of insight. It is our experience that patients need to at least be willing to try out alternative behaviours during the course of treatment, even if they might still be convinced that their appearance concerns are justified at the start of treatment.

4.3.2 Managing expectations

Some patients may have expectations to be completely free from anxiety after BDD-NET, and that all that is required of them is to read and understand what is written in the treatment modules. Such expectations are discussed in module 4 (goal setting) but therapists are advised to assess whether patients are willing to challenge their BDD through exposure with response prevention and try out alternative behaviours before starting BDD-NET. If someone completely refuses to try new behaviours they are unlikely to participate in BDD-NET fully and benefit from the treatment.

4.3.3 A good start in BDD-NET

Many patients with BDD find BDD-NET an interesting treatment option, particularly those who avoid many activities due to their appearance concerns. The strongest arguments in favour of ICBT treatments like BDD-NET, from a patient perspective, is that the treatment content and the therapist are accessible throughout the week, and that the treatment starts promptly after evaluation rather than after a time in waiting list.

To give patients a positive first impression of the treatment, we suggest that therapists write their first message on the first day of treatment to welcome the patient and notify them of ways to contact you. Provide encouragement throughout treatment to motivate the patient and establish a therapeutic working alliance. Patients sometimes struggle with crucial treatment components such as the BDD diary exposure with response prevention (EX/RP), so make sure to provide extra support if patients get stuck at those points.

4.4 Modules in BDD-NET

Below is an overview of the eight treatment modules. We recommend that you look at them from a patient's point of view before starting the first treatment.

Treatment module	**Content**
1. Introduction to BDD and the treatment	An introduction to BDD Introduction to the treatment content
2. A CBT model of BDD	Psychological explanation of the link between thoughts, emotions, and behaviours
3. Interpretation traps	Common cognitive biases in BDD
4. Introduction to EX/RP	Goal setting and planning of exposure with response prevention

Treatment module	Content
5. More about EX/RP	Doing and evaluating exposure with response prevention exercises
6. Values and Goals	Identifying and acting in accordance with personal values
7. Difficulties during treatment	Strategies to deal with common difficulties and setbacks
8. Summary and Relapse Prevention	Treatment summary, evaluation of treatment, and designing a relapse prevention plan

As you can see, the emphasis is on doing exposure with response prevention (EX/RP), which we view as the main component of BDD-NET. You typically want to encourage the patient to progress through the first three modules as fast as possible, check that they have understood the rationale for EX/RP, and then start doing EX/RP. Once a patient is doing regular EX/RP-exercises, you can open up modules 6-7 for them to complete while continuing to do daily EX/RP. Module 8 can then be opened up with one to two weeks left in treatment.

4.5 Being an effective ICBT therapist

Being a therapist in BDD-NET differs in several ways from regular face-to-face treatment. The first difference is the mode of communication: asynchronous text messages rather than live face-to-face talking. The second is that you are more closely integrated in the treatment content, and will rely more heavily on material that is already written. Third, there is less therapist oversight when patients do exposure exercises. We discuss the implications of these differences, and some strategies to have in mind, below.

4.5.1 Communicating through written messages

What to include in support messages and frequency of communication. Common problems with supporting messages.

We recommend that most messages are short and follow the structure of topic sentence, body, and conclusion. In the topic sentence, you describe the content of your message. The body text can then expand on certain things that you want to achieve, for example giving feedback or providing encouragement after the patient reports an EX/RP exercise, or helping the patient understand a treatment concept they struggle with. In the conclusion, you restate your main message from the topic sentence and can choose to end with a call to action or a question.

From the participant's point of view, your messages will look like text messages on a phone. This is deliberate, as such a design encourages short and frequent messages rather than long messages that are few and far between.

4.5.1.1 Keep your messages short

Messages should be concise and to the point. Refer the patient to module text whenever possible. Your main use of the messages should be to provide encouragement and reinforce key behaviours such as registering in the BDD diary and performing EX/RP exercises. To this end, you can allow yourself longer messages related to the BDD diary where you highlight examples that the patient has given and relate them to the CBT model of BDD. One common strategy to reinforce EX/RP exercises is to connect them to the long-term goals that the patient has decided on.

4.5.1.2 Write often

Frequent communication is particularly useful at the start of treatment and when patients start doing EX/RP exercises. This establishes the habit of logging onto the platform daily, and ensures that patients start doing EX/RP which is challenging and likely to be avoided without your encouragement.

As a minimum, therapists should write to patients once every 2-3 days to check in, but several messages per day can be useful when patients start doing EX/RP. For example, you may confirm an exposure exercise in the morning and check in during the afternoon for a follow-up. There are exceptions to this rule: some patients will prefer to do EX/RP on their own and will not have many questions for you. This is perfectly fine; some patients benefit greatly from the BDD-NET content without the therapist support.

4.5.2 You and the rest of the content in BDD-NET

Your communication with the patient is integrated with the rest of BDD-NET. What feels like a low-intensity contact from your perspective is actually a **highly intensive treatment** for patients. They not only respond to your messages but also read module texts, answer homework questions and questionnaires, and fill in worksheets. The treatment becomes particularly intensive once patients start performing daily EX/RP exercises. Do not be fooled by the seemingly low-intensity treatment from your point of view; BDD-NET is a highly intensive treatment for patients.

4.5.3 Lack of therapist-guided exposure exercises

We do not have the privilege of guiding patients through EX/RP exercises in BDD-NET. This means that you will have to focus on the essentials when giving corrective feedback and when planning EX/RP exercises. Correcting every little detail before each exercise is counter-productive. Rather, we want to reinforce the behaviour of challenging their BDD through EX/RP exercises. BDD-NET therapists should therefore encourage patients to get started and gain new experiences. Wrinkles can be ironed out along the way.

4.6 Common issues

We list common issues and suggest strategies for dealing with them below. You can view these as starting points and we encourage you to adapt these strategies when necessary. Discussions with colleagues and supervision are (as always) helpful strategies.

4.6.1 Lack of space to address questions through messages

Starting out as a therapist in BDD-NET can be frustrating if you want to address every question and issue that patients report.

IDEAS: * Focus on one thing per message * Rely on the written material, common questions are most likely addressed in one of the modules * Whenever possible, turn it into an exercise that the patient can try out for themselves. Maybe it's suitable for cognitive restructuring, maybe an EX/RP exercise. * You can also defer some common issues to module 7 if it's included there. * We have to accept that we do not have fine grained control over the patient's understanding. Maybe that's OK as long as they do EX/RP exercises, then you can steer the patient toward exercises that might resolve a misunderstanding

4.6.2 Reinforcing rumination instead of behaviour change

You can avoid reinforcing the wrong behaviour by thinking about what you attend to in your responses to patients. A typical message from a patient mid-treatment might include a summary of their latest EX/RP, comments about what they have found challenging, and a couple of questions about the treatment content. It is very tempting to try to answer the questions and make suggestions for how to deal with the challenges in your response, but that is not really what we want to reinforce here. Rather, we want to encourage the patient to continue doing EX/RP because that is the key behaviour for them to get better in the long-term.

IDEAS: * Maybe it's already discussed in the "common difficulties" module, then open up that one * Maybe you can recommend a certain EX/RP exercise for the patient to try and see whether that resolves their question * Maybe it's lack of clarity in the EX/RP exercise and you need to revisit the plan, make some changes, and then try again * We don't want to reinforce rumination over challenges but rather the patient's ability to do hands-on exercises and adjust them over time

4.6.3 Dealing with low engagement

The best way to deal with low engagement is to prevent it from happening to begin with. Strategies to prevent low engagement include writing frequently and focusing on encouragement in your written messages, promptly calling patients that do not respond to messages, and helping patients design their first EX/RP exercises to get early experiences of the treatment procedures in action.

If a patient becomes less active on the treatment platform, it does not necessarily mean that they are not actively working with the treatment or have given up on the treatment. Some inactive patients are actually doing a lot of treatment work in their daily life but do not report it. Others are early responders that have grasped the treatment strategies quickly and experienced symptom reductions early in treatment. Even with these exceptions, there are certainly occasions when a patient struggles to adhere to the treatment.

4.6.3.1 "I don't have time to work on the treatment"

One common reason for low engagement is that patients struggle to find the time to work on BDD-NET. We recommend that you encourage any small steps the patient takes and that you prioritise EX/RP exercises away from the computer over reading additional modules.

If a patient is completely unable to work on the treatment, try to schedule a point to check back in to resume treatment or help the patient problem-solve around other events that may interfere with working on the treatment.

4.6.3.2 Skepticism about BDD-NET

Some patients may initially be skeptical about BDD-NET in general or in their ability to do a fully remote treatment like BDD-NET. We recommend that therapists validate the feelings of frustration that can come from any attempt to change behaviour, and that therapists note that this as a common feeling early in treatment. Initially skeptical patients often change their opinion after doing EX/RP exercises that work, and we encourage therapists to help these patients experience *early wins* by starting with easier EX/RP exercises that have a high likelihood of success.

4.7 Conclusion

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We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at ocdnet.support@webcbt.se or talk to us in person at a training session.

Chapter 5

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