Are Technology-Assisted Therapies for Social Anxiety Acceptable for Rural Individuals?

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Background

• Social anxiety is the fear of negative evaluation by others (American Psychiatric Association, 2013)
  – 3rd most common mental disorder (Kessler, 2005)
  – Broadly defined term (American Psychiatric Association, 2013)
• Cognitive-Behavioral treatment (CBT) is effective (Hollon & Beck, 2013)
• Individuals living in rural areas often face numerous barriers when seeking mental health treatment (HRSA Office of Rural Health Policy, 2011)
• Technology may help overcome some of those barriers (Johnston et al., 2011)
• Self-Reported Rural-Urban Identity
  – Rural: Grew up on a farm or small town
  – Urban: Grew up in the suburbs, city, or big city
• Face-to-Face CBT Treatment Barriers
  – Costly
  – Lack of Trained Professionals
  – Long Wait Lists
  – Minimal Medical Insurance Coverage
  – Time
  – Distance
(Berger et al., 2011; Johnston et al., 2011; Robinson et al., 2010; Furmark et al., 2009; Wang et al., 2005)
• Internet-Based Cognitive-Behavioral Therapy (ICBT)
  – Cost-Effective
  – Easier to Access
  – More Availability
  – Reduce Stress on Clinical Resources
(Berger et al., 2011; Johnston et al., 2011; Furmark et al., 2009; Tiev et al., 2009; Wang et al., 2005)
• Importance of Treatment Acceptability
  – Treatment outcomes are dependent on client’s willingness to participate & treatment credibility/accessibility

Hypotheses

1. Self-paced ICBT will be rated as less credible than face-to-face CBT and coach-supported ICBT.
2. Coach-supported ICBT and face-to-face CBT willingness to attend therapy sessions will be rated similarly but higher than self-paced ICBT.
3. Rural participants would prefer self-paced ICBT while urban participants would prefer coach-supported ICBT.

Methods

• Participants:
  – 306 undergraduates from a large Midwestern university participating in the undergraduate subject pool
• Measures:
  – Adapted Client Credibility Scale (CCS)
  – Mini-Social Phobia Inventory (Mini-SPIN)
  – Focused Demographic Questions
• Procedures:
  1. Informational Social Anxiety Video
  2. Randomly presented with ICBT and CBT videos with coordinating CCS
  3. Mini-SPIN
  4. Demographic Questionnaire

Results

• Self-paced ICBT was rated less credible than face-to-face CBT & coach-supported ICBT
• Face-to-face CBT & coach-supported ICBT willingness to attend therapy session ratings were similar but higher than self-paced ICBT
• Rural-Urban identity does not affect how credible participants perceive each therapy
• Gender is a significant factor in perceived credibility
  – Women were more likely to have higher credibility ratings than men
• Non-significant factors in perceived credibility
  – Rural-Urban Identity
  – Previous Therapy Experience
  – Ethnicity
  – Mini-SPIN Score

Figure 1. Summary of credibility scores for treatment modalities

![Figure 1](image)

Figure 2. Summary of willingness to attend therapy sessions for treatment modalities

![Figure 2](image)

Figure 3. Summary of rural-urban credibility ratings for treatment modalities

![Figure 3](image)

Discussion

H1: Importance of Supportive Figure
  – Both treatments that included support were rated high inferring that support is an important factor in a treatment’s credibility

H2: Importance of Supportive Figure—Levels of Willingness
  – Participants rating that they were more likely to attend therapy sessions showing again that support could be the factor that is increasing treatment credibility.

H3: Wider Treatment Applicability
  – Rural-Urban identity did not affect treatment credibility or participants’ preferred modality which shows that technology-assisted therapies can be applied to a wider audience. Equally high mean ratings of coach-support ICBT and face-to-face CBT also express that this form of ICBT is acceptable for a rural population.

Additional Results: Wider Treatment Applicability
  – Previous therapy experience, ethnicity, and participants’ Mini-SPIN scores do not affect how they prefer/view the treatment modalities which opens ICBT to a larger client pool.

Summary

Technology-assisted therapies are acceptable for rural individuals
  – Coach-supported ICBT is viewed as more credible and had higher levels of willingness to attend therapy
  – Gender was a significant factor in perceived credibility
  – Women were more likely to provide higher credibility ratings than men
  – Contrary to the hypothesis, rural-urban identity was a non-significant factor

Limitations

Undergraduate Sample
  • Younger participants may be more comfortable with technology than older individuals
    – Although, internet usage has increased
  • Participants were not actually seeking treatment
    – If treatment were needed, they may care more about the modality
    – Older individuals feel that previous therapy experience does not affect preferred treatment

Future Directions

• Do these findings generalize to other types of problems for which people seek treatment such as depression or couples therapy?
• Study this fall will examine ICBT with peer-coach support

Contact

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