



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**INTERNET-BASED THERAPY**

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Definition: Any psychosocial intervention delivered over the Internet (web) designed and/or delivered by health-care professionals.

Elements: Internet use to complete and submit behavioral assignments and get peer support and therapist education, feedback and support, by e-mail, web pages, chat-rooms. Can be synchronous (all participants on-line at the same time) in a chat-room or asynchronous in a news-group (messages posted and read at any time). Content can be more or less structured. Groups can be open to any Internet-user or closed with a defined membership.

Related procedures: Internet-delivered therapy, computer-mediated therapy, on-line psychotherapy, *cyber-psychotherapy*, *cybercounseling*, *online counseling*, *e-therapy*, web-based CBT, e-mail therapy.

1st Use? Gustafson et al. (1993)

References:

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2. Lange A, Schrieken B, van de Ven JP et al. (2000) "Interapy": Effects of a short protocolled treatment of posttraumatic stress and pathological grief through the Internet. *Behavioural and Cognitive Psychotherapy*, 28, 175-192.
3. Taylor CB, Bryson S, Luce KH et al (2006) Prevention of eating disorders in at-risk college-age women. *Archives of General Psychiatry*, in press.
4. Winzelberg AJ, Classen C, Alpers GW et al (2003) Evaluation of an Internet Support Group for Women with Primary Breast Cancer. *Cancer*, 97, 1164-1173.

Case Illustration (Winzelberg et al 2003)

At age 46 Emily was diagnosed with breast cancer and a congenital condition made surgery impossible. She was married and distressed that she might not see her child grow up. Participation in a face-to-face group stopped due to scheduling difficulties. 7 months post-diagnosis, media ads alerted her to a closed 12-week Bosom Buddies group (12 members, news-group format, professionally moderated). Answering the moderator's question what group members wanted from it, Emily said she hoped to express her inner feelings without making someone else feel bad, and that giving back to others might help her make her cancer experience more positive. She logged onto the web-site regularly, read it, and posted 56 messages over 12 weeks. In week 2, on feeling new pains and worry about recurrence, she posted "I need a hug!". The group and moderator sent her 15 messages encouraging her to make appointments for her dreaded medical examinations, acknowledged her anxieties, and gave support including "cyber hugs". In several messages Emily reflected on other's expression of emotions. She said

she was sometimes sad and cried but also grateful. Group discussion on how to interact with one's medical team prompted her to discuss and resolve her concerns with her doctor. The moderator asked group members how they felt about their bodies. She said she had gradually learned to accept her loss of sexual desire (later confiding this was easier to disclose as she did not wait for facial feedback while writing). Other group members appreciated her openness. Near the end of the group Emily stated she did not think cancer was either bad or good, just something that happened and that she had to make the best of it. Her depression and traumatic stress scores fell markedly. She found it very comforting to know she could log on at any time and talk or listen.