Comparison of Perceived Barriers and Treatment Preferences Associated with Internet-Based and Face-to-Face Psychological Treatment of Depression

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ABSTRACT

One of the major reasons that internet-based psychological treatments are strongly advocated is the belief that they may enable consumers to overcome many of the barriers to treatment otherwise encountered in seeking face-to-face treatment. A corollary to this belief is the assumption that many consumers may then be more likely to prefer to receive treatment via the internet because of the reduced barriers to care offered by internet-based treatments. However, there has been no formal examination of the barriers perceived by consumers to internet-based treatments in comparison to face to face treatment to ascertain whether these hypothesized differences impact on treatment preferences. This study compared consumer perceptions of barriers to treatment for both internet and face-to-face psychological treatments for depression. Of interest was whether consumers continue to report a preference for face-to-face treatment over internet-based treatment, even if perceptions of barriers to care were deemed greater for traditional than internet based delivery of services. Potential consumers of a structured online psychological program for workplace depression were targeted. An online survey was accessed by fifty-three employed individuals (female = 35, male = 18) with ages ranging from 18 to 60 (M = 35.57, SD = 12.15). Results indicated that participants perceived that internet-based treatment was associated with fewer barriers than face-to-face treatment for depression. Participants perceived that time constraints and participation restrictions would make it more difficult to access face-to-face treatment than internet-based treatment. However, the participants reported that they would be more likely to access face-to-face treatment for depression than internet-based treatment. These results suggest that there is a need to further investigate ways in which consumers can be encouraged to consider engaging in internet-based treatment.

Keywords: Depression, Face-to-Face Treatment, Internet-Based Treatment, Psychological Treatment

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1. INTRODUCTION

There is currently an unmet need for psychological services in many countries (Flisher et al., 1997; Wells, Klap, Koike, & Sherbourne, 2001). Indeed, recent research indicates that even in developed nations, the majority of people with a diagnosable mental illness do not receive treatment (Kazdin & Blase, 2011). The internet as a treatment delivery medium has been strongly promoted as a means of overcoming consumer barriers to psychological treatment and it has been assumed that this advantage will encourage consumers to take up internet-based treatment. However, there has been no formal assessment of the assumption that internet-based treatments are associated with fewer perceived barriers to care than face-to-face treatment. These barriers to care can include cost, accessibility of services, and time and geographical constraints (Clough & Casey, 2011). Equally, it is unclear as to whether fewer perceived barriers to care impact on treatment preference.

Seeking treatment via the internet can address many of the difficulties associated with physically attending traditional face to face or group treatment, and may be more cost effective that traditional services (Tate & Zabinski, 2004). It also eliminates the time associated with travelling, which may be particularly relevant to employed populations who are potentially time-poor (Tate & Zabinski, 2004). Additionally, internet-based treatments have been suggested to reduce the likelihood of consumers experiencing stigmatisation (Barney, Griffiths, Christensen, & Jorm, 2009; Berger, Wagner, & Baker, 2005). Although there is limited research in this area, a recent review indicates that many consumers report a preference for face to face treatment as opposed to internet-based treatment (Casey & Clough, in press). However, it is unclear whether this preference is related to a lack of perceived differences in barriers to care for internet-based versus face to face treatment.

2. THE CURRENT STUDY

The present research aimed to investigate whether potential consumers of a psychological treatment program for depression in the workplace would perceive fewer barriers to care for an internet-based or face-to-face treatment modality. In line with suggestions that internet-based treatment overcomes several barriers to care associated with face-to-face treatment (Tate & Zabinski, 2004), it was hypothesised that potential consumers would perceive fewer barriers to internet-based treatment than face-to-face treatment. Given the previously identified consumer preference for face-to-face treatment over internet-based treatment (Casey & Clough, in press; Casey, Joy, & Clough, 2013), it was also hypothesised that potential consumers would report that they would be more likely to seek face-to-face treatment than internet-based treatment. This preference for face-to-face treatment was predicted to occur despite the hypothesis that consumers would perceive fewer barriers to internet-based treatment, thus signalling an important need to consider what other factors may be important in encouraging consumers to engage in internet-based treatment.

2.1. Method

2.1.1. Design

The study utilised a within-subjects design. The independent variable was the type of treatment for workplace depression; internet-based treatment or face-to-face treatment. The dependent variables were the participants’ perceived barriers to treatment for workplace depression and their perceived likelihood of seeking treatment.

2.1.2. Participants

Minimum sample size was determined to be 45 participants, based on an a priori power analysis with an estimated medium effect size (d = .5), power of .80, and alpha of .05 (two tailed). Minimum sample size was obtained.
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