

# SweSRII 2024



**The 13<sup>th</sup> Swedish Congress on Internet Interventions  
Stockholm University, 20-21 May 2024**



# SweSRII

## 13th Swedish Congress on Internet Interventions

### Stockholm University, 20-21 May 2024

On behalf of the Organizing Committee, it is our great pleasure to welcome you to the 13th Swedish Congress on Internet Interventions (SweSRII). The Congress is held at the Department of Psychology at Stockholm University.

We have invited researchers from Sweden and all over the world to share their knowledge and experiences on using and developing Internet-based interventions. The aim of our conference is to contribute to the development and dissemination of best possible psychological interventions to help people in need.

#### *The Organizing Committee*



**Per Carlbring**  
Professor, Stockholm  
University  
(Head of the Scientific  
Committee)



**Gerhard Andersson**  
Professor, Linköping  
University  
(Chairman, Scientific  
Committee)



**Nora Choque Olsson**  
Associate Professor,  
Stockholm University,  
(Chairman, Scientific  
Committee)



**George Vlaescu**  
System developer,  
Linköping University  
(Chairman)

**Scan this QR-code or click on the video:** Dive into the spirit of SweSRII#13 by scanning the QR code or clicking on the video to listen to our official conference anthem. Get energized and inspired as we gear up for an engaging and productive event!



## Practical information

### Meeting location:

Department of Psychology at Stockholm University.

Address: Albanovägen 18, Stockholm. Link/QR-code for [Google Maps](#):

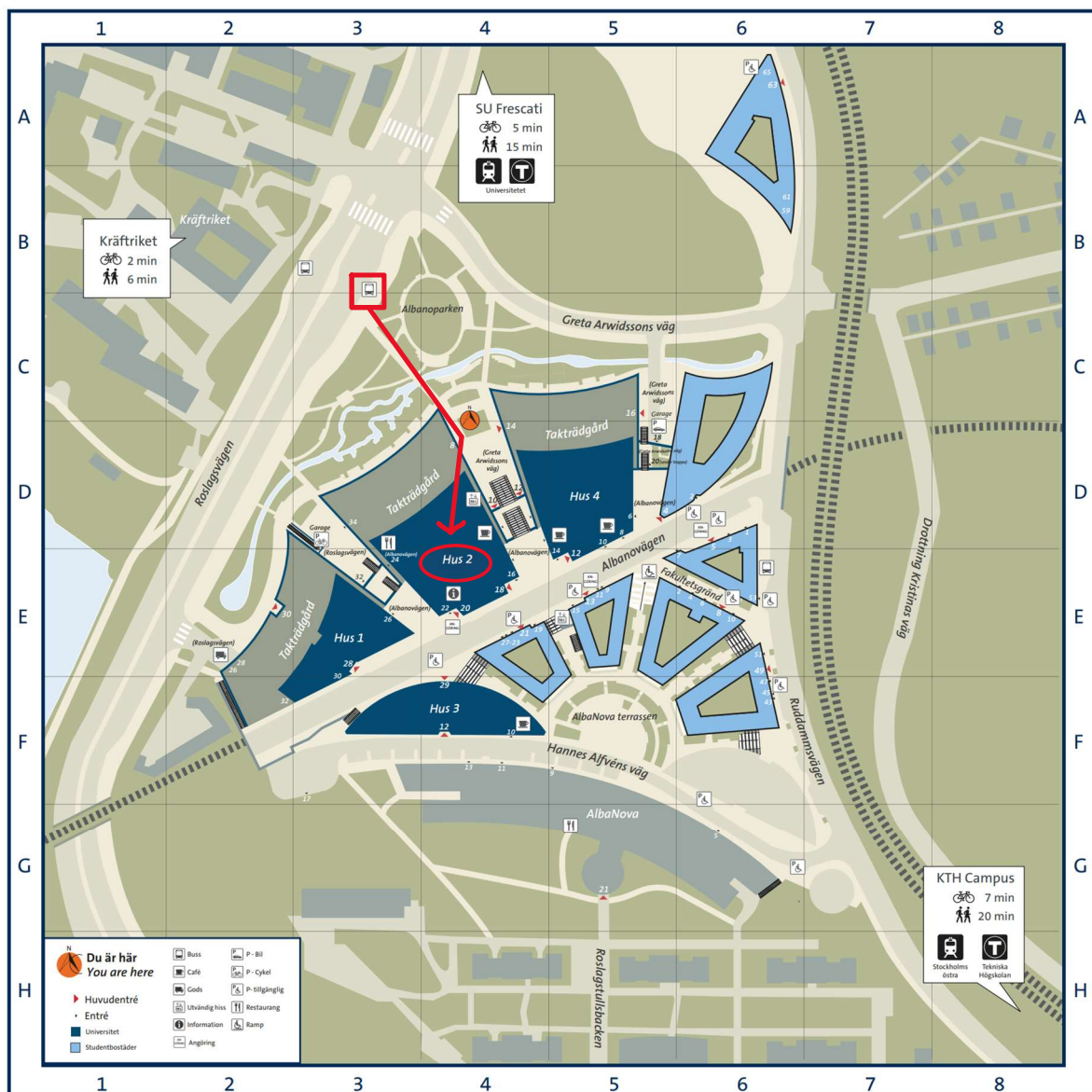


### Conference hall:

Albano House 2, Floor 3, Room = "ALB Hörsal 3" (Casasal). See the map below!

### Travel from Central station:

- We recommend the following buses: 50, 639, 670 and 676 (all stopping at "Albano").
- If you want to walk for 15 minutes you can also take bus 540 (stopping at "Universitetet Norra"), and the local railway Roslagsbanan (stopping at "Universitetet") and the underground (stopping at "Universitetet")
- By taxi: Call +46 (0) 8-150 000 (Stockholm Taxi).



# Scientific Program

## Day 1, 20 May (13:00-16:50)

13:00 *Per Carlbring and Nora Choque Olsson warmly welcome attendees as they open the 13th Conference on Internet Interventions in Sweden*

13:05 Gerhard Andersson Questions asked by trial participants in ICBT for depression.

13:20 George Vlaescu Darknet and anonymity in internet interventions

13:35 Nike Lindhe Climate coping: Participants' experiences of undergoing treatment for climate change-related distress

13:50 Ewelina (Nina) Smoktunowicz Development of the internet intervention to reduce work-family conflict in couples: Results of qualitative analysis

14:05 Martin Oscarsson Internet interventions for working adults with ADHD: a randomized trial of cognitive-behavioral versus mindfulness stress-management

14:20 *Group photo + Break*

14:50 Rebecca Andersson (fd Grudin) Guided and unguided internet-based BA vs regular care for adolescents with depression – the IDA trial

15:05 Vilgot Huhn I'm confused about within-group effect size in linear-mixed regression models, and you should be too – an explorative simulation.

15:20 Markus Jansson-Fröjmark Smartphone app-delivered cognitive behavioral therapy with telephone support for insomnia disorder compared to a waitlist control – a randomized clinical trial

15:35 Magnus Karlsson-Good A Transdiagnostic Tailored Digital Self-Help Intervention for Anxiety and Low Mood

15:50 *Break*

16:05 Fredrik Livheim Creating a non-profit, global app. - A wild vision, challenges and lessons learnt

16:20 Victoria Aminoff Life crises: Can ICBT help?

16:35 Lisa Bäckman Effects of internet-based enhanced acceptance and commitment therapy integrating interoceptive exposure for panic disorder and the association between therapeutic alliance and outcome: A randomized controlled trial

16:50 *Dinner on Your Own* *After the first day's sessions, take the opportunity to grab an attendee and head out for dinner. It's a perfect time to make new friends and enjoy some of Stockholm's dining experiences.*

## Day 2, 20 May (09:00-12:05)

09:00	Kristofer Vernmark	Mindfulness-Focused Internet-based Cognitive Behavioral Therapy for Elevated Levels of Stress and the Role of Mindfulness Training: A Two-arm Randomized Controlled Trial
09:15	Jakob Mechler	Guided and Unguided Internet-delivered Psychodynamic Therapy for Social Anxiety Disorder: A Randomized Controlled Trial
09:30	Karin Lindqvist	Predictors of outcome in internet-delivered psychodynamic treatment for social anxiety
09:45	Jón Ingi Hlynsson	Let's talk about digital mental health assessment: Utilizing PHQ-2 and GAD-2 for in-treatment monitoring & BBQ and QWB for outcome evaluation in internet interventions
10:00	Jonna Hybelius	Randomized Controlled Trial of Internet-delivered Exposure-based Treatment vs. Standardized Education for Distress Related to Persistent Somatic Symptoms (SOMEX1)
10:15	<i>Break</i>	
10:45	Alexander MacLellan	Simple games – The effect of adding isolated game elements on adherence and motivation in a digital food-response training.
11:00	Jan Maciejewski	Enhancing meta self-efficacy to improve work self-efficacy and well-being in young employees. A protocol of internet intervention RCT & co-creation process.
11:15	Zusanna Bjurenfalk	Multilingual anonymous internet-delivered psychotherapy for child sexual perpetration prevention
11:30	Rikard Sunnhed	Predictors and Moderators of Cognitive Therapy and Behavior Therapy for insomnia disorder
11:45	Shervin Shahnava	Individually tailored ICBT for immigrants with common mental health problems
12:00	Per Carlbring + ?	<i>Farewell and Forward with Per and a Special Guest: Unveiling the next SweSR11 and announcing the Best Presentation and Poster awards.</i>



## **Presentation Abstracts**

(in the order they appear in the agenda)

### **13:00: Per Carlbring & Nora Choque Olsson**

*Per Carlbring and Nora Choque Olsson warmly welcome attendees as they open the 13th Conference on Internet Interventions in Sweden.*

### **13:05: Gerhard Andersson**

*“Questions asked by trial participants in ICBT for depression”*

ICBT for symptoms of depression has been developed and tested many times. What is less well known in guided ICBT is the content of interactions between clients and their clinicians. Soucy et al (2019) reported such findings from Canada and in this report we present a similar coding of what clients asked in a Swedish factorial trial on depression (Andersson et al., 2023). We included 197 clients and categorised 166 interactions as direct questions to the clinicians. We used the coding schema by Soucy et al. and unclear statements were discussed. Overall 45% of the questions dealt with understanding and application of the treatment material, followed by 44% dealing the therapy process. Very few questions (7.8%) concerned technical issues and even fewer questions dealt with issues not related to the study and ICBT (3.1). There were few major differences between the different groups in the trial (e.g., scheduled versus support on demand, clinician vs self-tailored). However, clients with scheduled support posted more messages but did not ask more questions. There was a small association between number of opened modules and questions asked ( $r=.32$ ), but number of questions were not related to outcome on the BDI. In sum, given the many trials conducted more attention should be directed towards the therapeutic process in ICBT. Interestingly, questions asked by clients in regular psychotherapy has not been documented which means that ICBT again can take the lead and provide clinical knowledge of relevance for CBT in general.

*Gerhard Andersson, Lena Jarlunger, George Vlaescu*

### **13:20: George Vlaescu**

*“Darknet and anonymity in internet interventions”*

Based on our experience with running three intervention studies on darknet, involving complete anonymity for the participants, we intend to describe details from the implementation phase, including short technical aspects, considerations taken to ensure the security and trust from the participants, and challenges which we faced and how we have tried to deal with.

*George Vlaescu, & Gerhard Andersson*

**13:35: Nike Lindhe***“Climate coping: Participants' experiences of undergoing treatment for climate change-related distress”*

**Introduction:** A growing body of research supports the notion that indirect consequences of climate change have the potential to affect people’s mental health and general well-being. Less is known about what methods are effective in supporting individuals whose lives are severely impacted by anxiety, worry, or grief related to the climate crisis. To address this issue, we carried out a pilot-RCT investigating the effects of a novel ICBT program targeting climate change-related distress. As a follow-up, we conducted a qualitative study with the aim to explore participants’ subjective experiences of undergoing treatment. **Methods:** Telephone interviews were conducted with nine participants who had previously completed ICBT for climate change-related distress. All interviews were transcribed and analyzed using thematic analysis. **Results:** Three main themes were generated and divided into a total of nine sub-themes in order to capture the complexity and variability among participant experiences. The main themes were named as follows: 1) Same old feelings, brand new strategies, 2) Bumps in the road, and 3) Personalized climate engagement. **Conclusions:** Our analysis uncovered a broad range of experiences associated with undergoing treatment for climate change-related distress. Participants described a variety of emotional, cognitive, and behavioural changes, as well as challenges during the treatment period. Findings from this study may improve our understanding of interventions within the climate crisis context and inform decisions regarding further development of the current intervention.

*Nike Lindhe, Matilda Berg, & Gerhard Andersson.*

**13:50: Ewelina (Nina) Smoktunowicz***“Development of the internet intervention to reduce work-family conflict in couples: Results of qualitative analysis”*

**BACKGROUND.** Work-family and family-work conflicts (WFC and FWC) have been deemed a public health concern as they are predictive of multiple health outcomes. To mitigate, attempts have been made to transform the organizational culture. While this approach is necessary, there is also a need to support people who deal with WFC/FWC on the family front. Our proposed internet intervention will be designed to help couples manage their WFC/FWC, focusing specifically on the conflicts’ dimensions: time, strain, and behavior. This presentation will primarily focus on the initial phase of the co-creation. This study has two objectives. The first one is to identify the dimensions of WFC and FWC that people recognize in themselves and their partners, how those transfer within couples, and what strategies partners use to cope. The second objective is to identify perceived barriers and facilitators that might affect couples’ decisions to participate in a dyadic online intervention. **METHOD.** We conducted a qualitative study with data collected through semi-structured interviews with 20 heterosexual couples. Participants needed to have been professionally active and lived together for at least a year. **RESULTS.** Preliminary results indicate that interviewed couples rarely experienced WFC/FWC at the time of the study; rather they did so in the past but were successful in implementing strategies that helped them manage such as changing jobs, dividing home duties more fairly, taking turns in making careers. For some couples the



circumstances changed; for example, their children grew and balancing work and family became easier. Couples that did experience WFC/FWC usually spontaneously mentioned only the time dimension. Strain and behavior were discussed only when prompted, however, strain dimension seemed to have the most detrimental effect on couples' well-being. CONCLUSION. These findings have implications for recruitment, content creation and design for the subsequent RCT.

*Ewelina (Nina) Smoktunowicz, Magdalena Lesnierowska,  
Justyna Ziolkowska, Jan Maciejewski, Marta Roczniowska*

#### 14:05: **Martin Oscarsson**

*"Internet interventions for working adults with ADHD: a randomized trial of cognitive-behavioral versus mindfulness stress-management"*

INTRODUCTION Attention deficit hyperactivity disorder (ADHD) is a prevalent neurodevelopmental disorder, affecting 2-7% of adults worldwide. Adults with ADHD experience heightened levels of stress and fatigue, and ADHD is likely to be an underlying factor in cases of exhaustion. Despite growing evidence on the assessment and treatment of adult ADHD, many patients remain underdiagnosed and undertreated, largely due to barriers such as lack of recognition, misunderstandings, and limited access to specialized care. Internet-delivered cognitive behavior therapy presents an opportunity for increasing access to psychological interventions, though the evidence for its efficacy remains underexplored for adult ADHD. METHODS A total of 240 participants will be recruited and randomly assigned to one of three conditions: Internet-based cognitive-behavioral stress-management (42%); Internet-based mindfulness stress-management (42%); or Wait-list control (16%). Participants in the intervention groups take part in twelve-module, twelve-week interventions with clinical support on demand. Outcome measures include self-reported quality of life (primary outcome measure), symptoms of ADHD, perceived stress, symptoms of exhaustion, depression, and anxiety. DISCUSSION The cognitive-behavioral stress-management intervention has shown promise in a previous single-arm open trial. In this study, we aim to further evaluate its efficacy by comparing it to an active mindfulness intervention and a wait-list control. This allows us to control for the expectation of benefit and common factors of internet interventions. Additionally, the inclusion of a wait-list control condition enables us to account for spontaneous improvement and regression toward the mean. Should the cognitive-behavioral intervention prove beneficial and efficacious, it could undergo further development and potentially be disseminated to a wider audience, either through routine healthcare or as a packaged product.

*Martin Oscarsson, Alexander Rozental, Ylva Ginsberg, Per Carlbring,  
Gerhard Andersson, & Fredrik Jönsson*

**14:20: Group photo + Break***Group photo + Break*

Join us for a group photo to capture the spirit of collaboration at the 13th Conference on Internet Interventions. Following the photo, enjoy a break with a selection of coffee and fruit baskets, generously sponsored by the Clinical Division at Stockholm University, to refresh and network with fellow attendees.

**14:50: Rebecca Andersson (fd Grudin)**

*“Guided and unguided internet-based BA vs regular care for adolescents with depression – the IDA trial”*

**INTRODUCTION** Despite being a significant contributor to disability and a global health priority, depression in adolescence is often undetected and undertreated. This project addresses a critical gap by evaluating the efficacy of remotely delivered psychological treatments for adolescent depression. Moreover, there is a scarcity of studies examining behavioural activation (BA) specifically for adolescent depression, and none have explored remotely delivered BA. This presentation outlines the protocol for a randomized controlled trial (RCT) designed to compare the clinical impact of Internet-based BA (I-BA), with or without therapist support, to treatment as usual (TAU) for reducing depressive symptoms.

**METHODS** A single-blinded RCT with target N=215 adolescents (13-17) with mild to moderate major depression. Participants will be randomly assigned to guided I-BA, unguided I-BA, or TAU. The interventions consist of ten weeks of either guided or unguided I-BA, each with parental support, or TAU provided by regular mental health clinics. Primary outcome is the Children's Depression Rating Scale-Revised CDRS-R score at 3-month follow-up. Treatment response will be evaluated using the Clinical Global Impression – Improvement scale. Long-term effects and health economic analyses will also be conducted. Currently, 207 participants have been enrolled. Recruitment is expected to end April 2024, and primary endpoint is expected November 2024.

**RESULTS** The presentation will provide details on the trial's progress, including the number of screened, excluded, and included participants, along with baseline data. Additionally, data from our feasibility study on preliminary effects (Grudin et al 2022) will be presented briefly.

**CONCLUSIONS** If either or both I-BA interventions prove to be efficacious and cost-effective, they have the potential to significantly improve access to evidence-based care for adolescents struggling with depression.

*Rebecca Andersson, Sarah Vigerland, Fabian Lenhard, Johan Ahlen, Vera Wachtmeister, Moa Karemyr, Matteo Bottai, David Mataix-Cols, & Eva Serlachius*

**15:05: Vilgot Huhn**

*"I'm confused about within-group effect size in linear-mixed regression models, and you should be too – an explorative simulation"*

Background: Linear-mixed regression models are a useful tool to handle repeated measurements. For this reason, they have become increasingly popular in the context of ICBT research, where it is common with weekly or per-module measurements of symptoms. Standardized effect sizes such as Cohen's *d* is conventionally used for the sake of comparability and interpretability. However, there is potential ambiguity as to how Cohen's *d* should be calculated from linear mixed model parameters. These ambiguities become especially pronounced for estimates of within-group effect size. Aim: To demonstrate the multiple ways in which within-group Cohen's *d* can be defined and computed and how they differ. Additionally, I aim to show how the method for computing Cohen's *d* is often incompletely described in the literature. Method: Multiple ways of computing Cohen's *d* are explored on simulated longitudinal data analogous to patients going through a 10-week ICBT treatment without a control group. Parameters for slope, slope variability, and residual are gradually adjusted. Additionally, I do a limited review to investigate how commonly the method for estimating effect size is described in an interpretable way within ICBT studies. Conclusions: Different methods for computing the number we call the effect size is a potential source of confusion. Authors and reviewers should be aware of ambiguity when reporting and interpreting within-group Cohen's *d* extracted from linear mixed models.

Vilgot Huhn

**15:20: Markus Jansson-Fröjmark**

*"Smartphone app-delivered cognitive behavioral therapy with telephone support for insomnia disorder compared to a waitlist control – a randomized clinical trial"*

**STUDY OBJECTIVES:** Although there have been promising findings for smartphone app-delivered Cognitive Behavior Therapy for Insomnia (CBT-I), previous trials have not screened participants rigorously for insomnia disorder and used therapist support. Based on the above, we aimed to examine the effects of Smartphone App-delivered CBT-I with telephone support against a waitlist (WL) in a sample with insomnia disorder. **METHODS:** Sixty-four participants with insomnia disorder were randomized to smartphone app-delivered CBT-I ( $n=32$ ) or a WL ( $n=32$ ). Smartphone app-delivered CBT-I consisted of six weekly smartphone app modules with 15 minutes of telephone support per week. At pre-, post, and 3-month follow-up, we assessed insomnia symptoms and associated correlates and consequences. At posttreatment, we also assessed measures related to adherence (therapist support, exercise/module completion), self-rated perception of treatment content, activity, and adverse events. **RESULTS:** The smartphone app-delivered CBT-I outperformed the WL with medium to large effect sizes on most outcomes, with significant differences favoring smartphone app-delivered CBT-I. The smartphone app-delivered CBT-I also resulted in a significantly larger proportion of treatment remitters (64.5 - 77.4%, WL: 6.5 - 6.9%) and responders (77.4 - 90.3%, WL: 19.4 - 24.1%) at posttreatment and follow-up, compared to the WL. Treatment was associated with high satisfaction, high adherence, low attrition, and few aversive events. **CONCLUSIONS:** Based on the medium to large effects of smartphone app-delivered CBT-I with telephone

support, this trial highlights the potential of delivering CBT-I exclusively through an app with therapist telephone-support for high efficacy, satisfaction, and adherence.

*Markus Jansson-Fröjmark & Rikard Sunnhed*

**15:35: Magnus Karlsson-Good**

*“A Transdiagnostic Tailored Digital Self-Help Intervention for Anxiety and Low Mood”*

**INTRODUCTION:** Therapist-guided internet interventions have increased access to care for a range of psychiatric and somatic conditions during the last decades. However, there is still a need for more easily accessible self-care interventions to improve treatment dissemination further. Brief digital self-care interventions, i.e. self-help interventions without therapist-guidance that are given together with a clinical assessment interview, reduce both patient burden and clinical resources. **METHODS:** A new individually tailored self-care intervention for anxiety and low mood has been developed and will be tested in a pilot study. The study is a single-blind randomized controlled trial with parallel arms design. Participants are randomized to one of two groups: with or without weekly support from a therapist during the intervention. The intervention is eight weeks long and consists of less text and less number of exercises compared to the more comprehensive therapist-guided internet interventions used in Swedish routine care. A telephone interview evaluating the intervention will take place at the end of the eight weeks. The goal is to recruit 160 participants. **RESULTS AND CONCLUSIONS:** The design of the self-care intervention and preliminary efficacy data from the trial will be presented. Data on participant characteristics, adherence and choice of tailored problem area will also be shown. If successful, self-care interventions can further increase accessibility to care for people suffering with low mood and anxiety. Future studies aim to adapt the level of support by a clinician based on participant response to the self-care intervention, i.e. offering more support to participants that have a predicted negative outcome of the intervention.

*Magnus Karlsson-Good, Martin Kraepelien, Fredrik Holländare,  
Hugo Hesser, Viktor Kaldo, & Erik Forsell*

**15:50: Break**

*Stretch your legs and take another opportunity to relax while enjoying the remaining coffee and fruit from our earlier break. This is a perfect chance to catch up with colleagues and discuss the sessions.*

**16:05: Fredrik Livheim**

*“Creating a non-profit, global app. - A wild vision, challenges and lessons learnt”*

The digital platform “29k Aware”, developed by the non-profit foundation 29k, addresses a critical need in the mental health landscape for youth and adults. Focused on prevention and early intervention, the app employs a unique wiki-approach, drawing on top experts to create engaging sessions and courses. With a rating of 4.8 out of 5 in the App Store and 420,000 downloads from over 205 countries within two years, it has demonstrated its potential to be

of help globally. The user experience is centered around a video-sharing function, akin to popular platforms, facilitating interactive engagement. Remarkably, 50% of users continuing with peer-to-peer support for over 5.5 months underscores the app's potential to be effective. Furthermore, ongoing efforts are underway to enable educators, counsellors and civil society actors to lead sessions, enhancing the app's versatility in diverse settings. Importantly, the app aims to serve as a dynamic research platform. Currently involved in a randomized, controlled study with the KI Department of Global Mental Health, it enables the testing of digital interventions for youth not engaged in education or employment. This collaborative approach, coupled with the platform's ability to inform needs through data collection, positions it as a possible valuable resource for advancing mental health research and interventions.

*Fredrik Livheim*

**16:20: Victoria Aminoff**

*"Life crises: Can ICBT help?"*

**INTRODUCTION:** Experiencing a life crisis is something many people go through at least once in their lifetime. During such crises, several transdiagnostic psychological symptoms may arise. However, research on the transdiagnostic concept life crises, and potential treatments for it, is limited. **METHODS:** Following recruitment, 54 participants were included in our study. 27 were randomly assigned to a treatment group and 27 to a waitlist control group. The treatment group received individually tailored internet-based cognitive behavioral therapy (ICBT) with weekly support from a therapist during eight weeks. During these eight weeks, participants worked with eight selected modules, based on their symptom description and their preferences. **RESULTS:** The treatment was shown to be effective for various types of psychological symptoms, as the treatment group reported lower symptoms compared to the control group regarding depression, anxiety, psychological adjustment disorder, stress, and insomnia in the post-treatment measurement. Furthermore, quality of life and financial well-being were significantly higher estimated in the treatment group. These results were shown when the pre-treatment measurement was controlled for. No effects were observed regarding alcohol consumption. **CONCLUSIONS:** Individually tailored ICBT appears to be a helpful treatment for individuals experiencing elevated psychological symptoms in the context of one or several life crises. With the limitations, such as a small sample size and drop out rate (22%), interpretation of the results should be made with caution. However, the findings indicate that individually tailored ICBT has the potential to be an effective treatment option, especially for preventive purposes.

*Victoria Aminoff, Billy Brunfelt, Sara Hervieu, Lina Högkling, Kalle Jedvik,  
Jona Kastö, Anna Ställborn, Nike Lindhe, Anton Kväll,  
Mikael Ludvigsson, & Gerhard Andersson.*

**16:35: Lisa Bäckman**

*"Effects of internet-based enhanced acceptance and commitment therapy integrating interoceptive exposure for panic disorder and the association between therapeutic alliance and outcome: A randomized controlled trial"*

This study investigated the effectiveness of an improved internet-based Acceptance and Commitment Therapy (iACT) adapted for individuals with Panic Disorder (PD) and

concurrent agoraphobia (AF), incorporating interoceptive exposure for better customization. The treatment, spanning eight modules over 10 weeks, demonstrated significant symptom reduction in the primary outcome Panic Disorder Severity Scale (PDSS-SR), with a large effect size ( $d=0.92$ ) in a randomized controlled trial involving a wait-list control group ( $n=79$ ). However, no significant impact was observed on the secondary outcome, Brunnsviken Brief Quality of Life Inventory (BBQ). Notably, 43% of the assessed participants in the treatment group were diagnosed free from panic disorder. Utilizing weekly ratings of therapist-client working alliance (WAI-SR-T/C) and PDSS-SE, we explored their connection throughout the treatment and its association with the final outcome. We found a relation between therapist working alliance and the reduction of panic symptoms during treatment. However, there was no significant relationship observed for client-rated working alliance or with the final treatment outcome. This study suggests that this enhanced iACT can be an effective method for treating panic disorder and shows promise for use, particularly in cases where panic disorder is accompanied by agoraphobia. It is also shedding light on the role of alliance in internet-based treatments, however, here it is important to acknowledge that the sample size was small.

*Lisa Bäckman, Sandra Weineland, Kristofer Vernmark, Ella Radvogin, Esther Enbuske, Nina Johansson, Ida Hermansson, Nathalie Petersen & Timo Hursti*

### 16:50: **Dinner on Your Own**

*After the first day's sessions, take the opportunity to grab an attendee and head out for dinner. It's a perfect time to make new friends and enjoy some of Stockholm's dining experiences.*

## TUESDAY 21 MAY

### 09:00: **Kristofer Vernmark**

*"Mindfulness-Focused Internet-based Cognitive Behavioral Therapy for Elevated Levels of Stress and the Role of Mindfulness Training: A Two-arm Randomized Controlled Trial"*

**INTRODUCTION:** Mindfulness interventions and Cognitive Behavior Therapy (CBT) are commonly used to treat elevated levels of stress and can be provided in an internet-based format. There are however few high-quality studies examining the combination of these interventions in an integrated online format (Mindfulness-Focused ICBT) and its effects on symptoms of stress and exhaustion, as well as the role of mindfulness exercises in digital treatment. **METHODS:** This study aimed to evaluate if a mindfulness-focused ICBT-program could lead to reductions in symptoms of stress and exhaustion and increase quality of life and experienced level of mindfulness. In a two-arm randomized controlled trial, 97 self-referred participants aged 18 to 65 years with elevated stress levels were included. An eight-week treatment program, "Stresshjälpen", with minimal therapist support, was compared with a waiting list condition. **RESULTS:** Post-treatment measurements revealed that the intervention group experienced significantly reduced symptoms of stress and exhaustion compared to the control group, with moderate to large effects on perceived stress ( $d=0.79$ ) and exhaustion ( $d=0.65$ ). Additionally, the intervention group reported a significant increase in quality of life

( $d=0.40$ ) and mindfulness level ( $d=0.66$ ). There was also a significant positive correlation between the extent of mindfulness training and an increase in mindfulness level, which, in turn, was significantly associated with reduced stress symptoms. **CONCLUSIONS:** The findings indicate that Mindfulness-Focused ICBT is an effective method for reducing self-reported stress and symptoms of exhaustion. Moreover, the amount of mindfulness training is important as it is significantly correlated with an increased level of mindfulness experienced after the treatment.

*Kristofer Vernmark, Timo Hursti, Victoria Blom, Robert Persson Asplund, Elise Nathanson, Linda Engelro, Ella Radvogin & Gerhard Andersson*

### 09:15: **Jakob Mechler**

*“Guided and Unguided Internet-delivered Psychodynamic Therapy for Social Anxiety Disorder: A Randomized Controlled Trial”*

**INTRODUCTION:** Social Anxiety Disorder (SAD) is a highly prevalent and debilitating disorder. While effective treatments exist, they are not always easily accessible or helpful for all patients. This highlights the need for accessible treatment alternatives. The aim of the STePS study was to evaluate internet-delivered psychodynamic therapy (IPDT) with and without therapist support, compared to a waitlist control condition, in the treatment of adults with SAD. **METHODS:** In this randomized clinical trial, we tested whether IPDT was superior to a waitlist control, and whether IPDT with therapeutic guidance was superior to unguided IPDT. Participants were recruited nationwide in Sweden. Eligible participants were  $\geq 18$  years old, scoring  $\geq 60$  on the Liebowitz Social Anxiety Scale self-report (LSAS-SR) without meeting any exclusion criteria. Included participants were randomly assigned to IPDT with guidance ( $n=60$ ), IPDT without guidance ( $n=61$ ), or waitlist ( $n=60$ ). The IPDT intervention comprised eight self-help modules based on affect-focused dynamic therapy, delivered over 8 weeks on a secure online platform. The primary outcome was SAD symptom severity measured weekly by the LSAS-SR. Primary analyses were conducted on an intention-to-treat sample, including all randomly assigned participants. Secondary outcomes included depressive symptoms, generalized anxiety, quality of life, emotion regulation, and defensive functioning. **RESULTS:** During the conference, results obtained from the study at post-treatment, as well as at 6- and 12-month follow-ups will be presented. **CONCLUSION:** This is the second RCT to investigate the efficacy of IPDT in the treatment of SAD. If found efficacious, IPDT should be compared to existing evidence-based internet-delivered treatments.

*Jakob Mechler, Karin Lindqvist, Kristoffer Magnusson, Adrián Ringström, Johan Daun Krafman, Pär Alvinzi, Love Kassius, Josefine Sowa, Gerhard Andersson, Per Carlbring*

### 09:30: **Karin Lindqvist**

*“Predictors of outcome in internet-delivered psychodynamic treatment for social anxiety”*

**INTRODUCTION:** Guided self-help based on psychodynamic principles (IPDT) has shown efficacy for adolescent depression and non-inferiority to ICBT. Two randomized controlled trials have shown promising results for IPDT in Social Anxiety Disorder (SAD). There is little known regarding predictors of outcome in IPDT. This presentation focuses on predictors of

outcome in IPDT for SAD. **METHODS:** In this randomized controlled trial (n = 181), participants were randomized to guided IPDT, unguided IPDT or waitlist. Participants were recruited nationwide in Sweden. Eligible participants were  $\geq 18$  years old, scoring  $\geq 60$  on the Liebowitz Social Anxiety Scale self-report (LSAS-SR) without meeting any exclusion criteria. The IPDT intervention comprised eight self-help modules based on affect-focused dynamic therapy, delivered over 8 weeks on a secure online platform. The primary outcome was SAD symptom severity measured weekly by the LSAS-SR. Baseline measures such as comorbid symptoms of depression, anxiety, self-compassion, emotion regulation and defensive functioning were all tested as potential predictors of outcome. **RESULTS:** Preliminary findings will be presented at the conference. **DISCUSSION:** This is the second predictor study on IPDT and the first on IPDT for SAD. Finding predictors of outcome could lead to improved outcomes in terms of matching patients to the most effective treatment given their baseline characteristics.

*Karin Lindqvist, Jakob Mechler, Johan Daun Krafman, Adrián Ringström, Gerhard Andersson, Per Carlbring*

### 09:45: Jón Ingi Hlynsson

*“Let's talk about digital mental health assessment: Utilizing PHQ-2 and GAD-2 for in-treatment monitoring & BBQ and QWB for outcome evaluation in internet interventions”*

**INTRODUCTION:** In internet-based mental health research, the efficacy of assessment tools is pivotal. Extensive questionnaires often deter participant completion, undermining data integrity. This presentation focuses on the application of brief yet effective measures: The PHQ-2 and GAD-2 as ultra-brief measures for psychopathology, and Brunnsviden brief quality of life inventory (BBQ) and Questionnaire on Well-Being (QWB) as positively valenced measures for positive functioning. By prioritizing instruments with concise formats and positive framing, such as the BBQ and QWB, our research aims to enhance response rates and data quality. We explore psychometric findings from various internet-based trials, demonstrating the utility of these measures in capturing in-treatment fluctuations and informing treatment outcomes. **METHOD:** We outline findings from three studies at different stages of development. Primary statistics are obtained from ROC curve and factor analyses. **RESULTS:** Preliminary results suggest that brief measures like the PHQ-2 and GAD-2 can monitor in-treatment fluctuations in symptoms as effectively as their full-scale equivalents. The BBQ, indicating positive functioning, can validly assess divergent subgroups (e.g., vulnerable persons). Notably, BBQ total scores below 39 are linked with significant psychopathology. Preliminary results for the QWB indicate total scores are negatively associated with psychopathology and positively correlated with positive affect. **CONCLUSIONS:** Ultra-brief measures of psychopathology are too often used incorrectly; usage is recommended to be bound to in-treatment monitoring of treatment outcomes. Collecting data more frequently through concise surveys can provide insights into the mechanisms driving change. Treatment trials often overlook positive functioning. Thus, we encourage using the BBQ and QWB as they are psychometrically valid, freely available, and inform treatment outcomes beyond standard measures of psychopathology.

*Jón Ingi Hlynsson, Philip Lindner, Anders Sjöberg, & Per Carlbring*



**10:00: Jonna Hybelius**

*“Randomized Controlled Trial of Internet-delivered Exposure-based Treatment vs. Standardized Education for Distress Related to Persistent Somatic Symptoms (SOMEX1)”*

**INTRODUCTION** Exposure therapy has shown promise for somatic symptom distress in functional somatic syndromes and chronic medical conditions. Considering that primary care clinics are required to serve a broad spectrum of patients, and given the comorbidity between conditions, there could be much to gain from a transdiagnostic approach. In a previous single group feasibility trial (N=33) (NCT04511286) we found that a tailored internet-delivered exposure therapy for individuals with somatic symptom distress, regardless of somatic symptom domain (i.e., functional gastrointestinal symptoms, atrial fibrillation, chronic pain), can be delivered with high treatment adherence, adequate client satisfaction, large and lasting improvement in self-rated somatic symptoms and symptom preoccupation, and no serious adverse events. Moving forward, this study aimed to evaluate whether the tailored internet-delivered exposure therapy is more efficacious than a standardized education control for adult patients with clinically significant distress related to somatic symptoms. **METHODS** This study (NCT04942028) was a randomized controlled trial (N=161) based at Liljeholmen University Primary Health Care Center, Stockholm, Sweden. Primary outcome was change in self-rated somatic symptom burden as modelled using linear mixed models fitted on weekly Patient Health Questionnaire 15 (PHQ-15) sum scores over the treatment period. We expected that, compared to the control condition, the Internet-based exposure therapy would lead to a larger improvement in self-rated symptom burden, as assessed using the PHQ-15. Similarly, regarding our secondary research questions, we expected larger improvement in symptom preoccupation, psychiatric symptom burden, and functional impairment, compared to the standardized education control. **RESULTS** Preliminary results are presented, focusing on the effect on somatic symptom burden, symptom preoccupation, and functional impairment up to the post-treatment assessment.

*Jonna Hybelius, Sandra af Winklerfelt Hammarberg, Sigrid Salomonsson, Caroline Wachtler, Majken Epstein, Anna Olsson, Emma Strand, Lina Söderström Winter, Tomas Åkerlund, Daniel Björkander, John Wallert, Amanda Kosic, Eva Toth-Pal, Steven Nordin, & Erland Axelsson*

**10:15: Break**

*Enjoy a break with a fruit basket and coffee, generously sponsored by the Clinical Division at Stockholm University. This is a great opportunity to refresh and network with fellow attendees at the 13th Conference on Internet Interventions. Also, can you guess who will win the awards for best poster and presentation? And where do you think the next SWESRII will be held?*

**10:45: Alexander MacLellan**

*“Simple games – The effect of adding isolated game elements on adherence and motivation in a digital food-response training”*

**INTRODUCTION:** Consuming foods high in fat, salt and sugar commonly leads to premature mortality and chronic health condition. Response inhibition training aims to reduce overconsumption by devaluing these unhealthy foods through repeatedly inhibiting motor

responses. Like many computerised interventions, the training is repetitive and can have poor adherence rates. Gamification, adding game-like elements to non-games, is a potential solution to low adherence, though this is in question. This registered report investigated the effect of adding simple game elements on adherence, engagement, and effectiveness.

**METHODS:** A sample of 247 participants were randomly assigned to either a standard non-gamified food response inhibition training, a training gamified with feedback elements, or a training gamified with social elements. Participants completed measures of snacking frequency and food evaluation before and after a 14-day training period, during which they were instructed to complete their assigned training. Daily training engagement was recorded, and adherence was measured as the total number of training sessions completed. **RESULTS:** We found no effect of gamification on adherence or effectiveness, and found no mediating effect of adherence on changes in healthy and unhealthy food item endorsement, or snacking behaviour. There was weak evidence that adding social gamification improved daily training engagement, and that the feedback group had a greater reduction in snacking behaviour compared to controls. **CONCLUSIONS:** Against expectations, simple gamification did not improve adherence rates compared to a non-gamified control group, and had no effect on training effectiveness. The weak effect of adding social and feedback elements suggest potential benefits of gamification, though tempered by null results overall. This study raises questions as to the proposed pathways by which gamification may affect training motivation, with suggestions for future gamification efforts.

*Alexander MacLellan, Charlotte Pennington, Natalia Lawrence,  
Samuel Westwood, Andrew Jones & Katherine Button*

### 11:00: **Jan Maciejewski**

*“Enhancing meta self-efficacy to improve work self-efficacy and well-being in young employees. A protocol of internet intervention RCT & co-creation process”*

**BACKGROUND.** Sustainable employability requires early fostering to prepare young employees for work demands and upcoming changes in the workplace. Yet, modifiable skills and psychological resources tend to be specific to certain contexts and thus are not applicable in changing circumstances. We developed a meta self-efficacy construct that represents the ability to leverage self-efficacy sources (e.g., mastery experience) to increase one’s own self-efficacy beliefs in the context of any challenge. We outline a protocol for a trial testing the efficacy of an internet intervention aimed at enhancing meta self-efficacy in young employees, along with a preceding co-creation process. We also present specific activities designed to support meta self-efficacy in the internet intervention. **METHODS.** The co-creation phase will include three focus groups (N = 24) split into two thematic parts. The first part explores participants’ strategies for enhancing self-efficacy and perceptions of work-related well-being. The second part examines their needs for features in an internet intervention, including: delivery modality (web or app), views on AI-generated content, and general facilitators and barriers. The efficacy trial will be a two-arm parallel RCT with N = 920. It compares an internet intervention enhancing meta self-efficacy to an active placebo condition at post-test, 3-month, and 6-month follow-ups. **RESULTS.** We anticipate that the experimental condition will display improvements in outcomes compared to the control at post-test and follow-up assessments. Outcomes include: work self-efficacy (primary outcome), meta self-efficacy (manipulation check), work stress, occupational well-being, and sustainable employability. **CONCLUSIONS.** The co-creation process holds promise for developing an intervention design

that fosters uptake and usability. The meta self-efficacy internet intervention, if efficacious, may prove a valuable resource to young employees.

*Jan Maciejewski, Ewelina Smoktunowicz, Roman Cieślak*

### 11:15: **Zusanna Bjurenfalk**

*"Multilingual anonymous internet-delivered psychotherapy for child sexual perpetration prevention"*

The vast majority of sexual offending against children goes undetected by legal authorities. In addition, factors such as shame, fear of prosecution, and limited accessibility to treatment can be barriers to seeking help among individuals with an unwanted sexuality towards children. However, a substantial proportion of this group want help. Preferably, access to treatment should be given early - before they risk committing the abuse or downloading illegal child sexual abuse material (CSAM, "child pornography"). In this presentation, two anonymous low-barrier internet-delivered psychotherapeutic interventions for child sexual perpetration prevention will be described. Study 1 Firstly, we evaluated Prevent It, an eight-week, therapist-supported, anonymous, internet-delivered cognitive behavioral therapy aiming to reduce CSAM viewing time among users. It was global, single-blinded, randomized, psychological placebo-controlled trial. Intention-to-treat analyses suggested a significant between-group difference favoring Prevent It over Placebo regarding our primary outcome; self-reported weekly CSAM viewing time pre- to post-treatment (Prevent It: N = 76, Placebo: N = 78, estimate -0.25, 95 % CI, -0.46 to -0.04, p = .017, Cohen's d 0.18). Study 2 Following the promising results of the first clinical trial of Prevent It, a revised and updated version of the treatment program was developed - Prevent It 2.0. The English program has been translated and culturally adapted to Swedish, German, and Portuguese, and is currently being evaluated in a global randomized waitlist-controlled trial. Prevent It 2.0 targets individuals who are concerned about their sexual urges towards children but that does not necessarily have an ongoing criminal behavior, and the project thus has a more preventative approach. The main components of the Prevent It 2.0 treatment program and our innovative recruitment strategies used for reaching this patient group will be briefly described.

*Zusanna Bjurenfalk, Malin Joleby, Johanna Lätth, Allison McMahan, Christoffer Rahm, PRIORITY consortium*

### 11:30: **Rikard Sunnhed**

*"Predictors and Moderators of Cognitive Therapy and Behavior Therapy for insomnia disorder"*

**INTRODUCTION:** Little is known on what pretreatment patient characteristics the outcome of Cognitive Therapy (CT) and Behavioral Therapy (BT) for insomnia disorder depends on. Identifying for whom treatment is most useful is an essential step toward treatment optimization and personalized care. Therefore, the purpose with this investigation was to examine both theory-driven constructs and insomnia-associated clinical variables as potential predictors and moderators of outcome in CT and BT. **MATERIALS AND METHODS:** One hundred and forty-five participants diagnosed with insomnia disorder were randomized to 10 weekly internet-delivered modules of CT or BT with 15 minutes of weekly telephone support. General clinical predictors and theory-driven moderators (cognitive and behavioral processes), assessed in a former RCT, were analyzed using multiple linear regression with insomnia severity as the outcome. **RESULTS:** Bedtime variability and early morning waketime

interacted with treatment and indicated that lower bedtime variability and early morning waketime were associated with a higher effect for CT, whereas the opposite was true for BT. Waketime after sleep onset, insomnia severity index, and sleep efficiency emerged as predictors, indicating prognostic value of treatment outcome. **CONCLUSIONS:** Five constructs provided predictive values in the outcome of cognitive therapy and behavior therapy. The moderator findings are in line with the theoretical models of CT and BT and may have implications for future research and clinical practice of CBT-I, should they be replicated. Clinically, this could implicate the ability to match therapy to patient features in order to optimize outcomes.

*Rikard Sunnhed, Hugo Hesser, Per Carlbring,  
Allison Harvey, & Markus Jansson-Fröjmark.*

#### 11:45: **Shervin Shahnava**

*"Individually tailored ICBT for immigrants with common mental health problems"*

**INTRODUCTION:** Language barriers and lack of access to culturally competent care are some of the main obstacles faced by immigrants with mental health issues. This pilot study aimed to assess the initial outcomes of an internet-based psychological intervention for individuals between 15-29 years of age who speak Farsi/Dari and experience mild to moderate common psychological difficulties. **METHOD:** A culturally sensitive online program named Raha (meaning "liberated" in Farsi) consisting of 12 modules was tailored to suit the participating group of Farsi/Dari-speaking immigrants. The modules included Introduction, Goal Setting, Depression, Anxiety, Worry and Rumination, Stress, Sleep Difficulties, Emotion Regulation, Difficult Memories, Grief, Resilience, and Closure/Maintenance. Participants and therapists agreed on several modules: texts, psycho-educative PowerPoint, and exercises. Participants worked with Raha for 10 weeks, and weekly consultations with a Farsi-speaking therapist were included in the program. The primary outcome measure was the Hopkins Symptom Checklist 25, and secondary measures included the WHO 5 Wellbeing Index. **RESULTS:** Data analysis (pre-post measurement) for 17 participants revealed a statistically significant reduction in psychological problems measured by the primary outcome measure and a significant increase in well-being according to the secondary measure. Effect sizes were large. **DISCUSSION:** Based on the study's results, the Raha program has the potential to reduce mental health problems among many Farsi/Dari-speaking immigrants worldwide in need of psychological support. An RCT-study to further investigate the effect of the program is planned.

*Shervin Shahnava, Anahita Geranmayeh, Ali Amiri, Tomas Lindegaard,  
Elisabet Wasteson, Youstina Demetry, Gerhard Andersson*

#### 12:00-12:05: **Per Carlbring + ?**

*"Farewell and Forward with Per and a Special Guest"*

Join us for the closing session of the 13th Conference on Internet Interventions as Per Carlbring and a special guest lead the farewell. During this session, we will unveil the location and plans for the next Swedish Internet Intervention Research Initiative (SweSR11) conference. Additionally, we'll celebrate the highlights of this year's conference by

announcing the winners of the Best Presentation and Poster awards. This session promises to be an inspiring conclusion, setting the stage for future collaborations and advancements in our field.

### POSTERS ON DISPLAY FROM MAY 20<sup>TH</sup>

**Orientation:** Posters must be prepared in portrait (vertical) orientation. Landscape (horizontal) format is not acceptable.

**Size Requirements:** The maximum size for posters is A0 dimensions, which is 841mm wide x 1189mm tall. Posters may be smaller than this, but should not exceed these dimensions.

#### Jörg Albers

*“Trauma Treatment Assistance to Firstaiders and Paraprofessionals”*

EMDR treatment of trauma has proven to be very efficient in the intensive variant of 6 days treatment duration. During the conference, first results will be presented on how this effect can be scaled up and reproduced using a new designed apparatus. The digitalized apparatus and the control system are easy to learn and have incorporated additional evidence-based methods, the prolonged exhalation.

*Jörg Albers*

#### Saara Huhanantti

*“Dealing with the Mental Health Crisis of the Youth. Low-threshold Chat Service as a Versatile Solution”*

**INTRODUCTION:** Sekasin-chat [Mental-chat] is a national chat service for 12–29-year olds. The chat supports mental well being and helps coping with mental issues and life crises. It's free, anonymous and confidential. A diagnosis or a referral is not needed more than registering or logging in. Conversations are one-to-one chats with a professional counselor or a trained volunteer. The chat is available every day of the year Mon–Fri 9–24 and Sat–Sun 15–24. Volume of the service is exceptional in Finland as over 37.000 conversations comes true every year and even four times more won't even get through from the queue. Currently we're exploring the possibilities of frontier technologies to improve youth's access to mental health services. **METHODS & RESULTS:** Sekasin-chat has been involved in a research project that investigated young people's experiences of the thresholds of mental health services. The study interviewed 30 young people and analyzed hundreds of chat conversations in which young people talked about their needs for mental health and substance abuse services and the obstacles they have to overcome applying for or accessing services. According to the study, factors that lower the thresholds include e.g. the possibility of making contact anonymously, disseminating information about help channels, encouraging people to seek help and creating faith that help is available. **CONCLUSIONS:** As a low-threshold on-line service Sekasin-chat is important for the youth in many different ways. According to the study, the Sekasin chat played a significant role for many young people not only as a source of information, motivator and encourager to apply for services, but also as a supporter while waiting for treatment or

moving from one service to another. For some young people, Sekasin-chat functioned as an independent and sufficient form of help.

*Saara Huhanantti & Satu Raappana*

## **Jeffrey Lambert**

*“Randomised controlled trial of a digital intervention for procrastination in UK students”*

Introduction: Procrastination is the act of postponing important tasks despite the possibility of negative consequences. Procrastination is common, associated with poor mental health, and affects half of students (Rozenal & Carlbring, 2014). Internet-based CBT is a scalable way to target procrastination with previous studies finding positive effects in Swedish adults (Rozenal, Forsström, et al., 2018). However, we do not know if this would apply to young people in the UK. This study aimed to evaluate the effect of 8-week internet-based CBT for young people struggling with procrastination in the UK. Methods: This study is a 2-arm RCT, comparing 7-week internet-based CBT to a waitlist control. We are aiming to recruit 140 young adults, aged 16 and 24, with access to a computer, who score at least 40 points on the Pure Procrastination Scale. Those randomised to the intervention group will receive access to an unguided internet-based procrastination program with weekly access to a new interactive module with text and audio content covering goal setting, motivation, barriers to action, managing maladaptive thoughts and beliefs, value clarification and moving forward. Those on the waitlist will receive access after 8 weeks. Outcomes are collected at baseline, 4 and 8 weeks and include, procrastination, perfectionism, symptoms of depression and anxiety, impulsivity, self-reported physical activity and engagement. Data will be analysed using linear models. Results: Recruitment commenced on the 5th of February 2024. Thirty-five young adults have been screened with 29 included, 14 in the intervention group and 15 in the waitlist control. We will report on feasibility, and acceptability and provide a preliminary analysis on intervention effects. Conclusions: This study will inform the literature around the potential for unguided internet-based intervention as a low-cost and scalable addition to the available UK university student service provision.

*Jeffrey Lambert, Dr Alexander Rozenal, Dr Maria Loades, Isobel Sutherland, Holly Howard, George Vlaescu and Prof Gerhard Andersson*

## **Julio Orta**

*“The Future of Mental Health, once we live outerspace . in the near future”*

Its becoming a reality to people to live in the Moon before 2030, the European Space Agency said before 2025 being said on 2016. we are getting late for surely getting there , the richest people are going to have access to the moon and even if it might sound crazy to real state , you have to think and right now i just want you al to discuss, for a minute if you think its possible rich people havinga house in the moon, as the Kommersant, the (NYtimes of Moscow ) said i created the MOCAM, Museum of Contemporary Art on the Moon, to give voice to artist that are often underpayed and not payed attention because they are not redituable , in this near future no one has ever talked about the mental health of the people living there. We could imagine

oh wow people on the moon, who and where ?'are we talking about the mental health of the new colonizers?

*Julio Orta*

### **Lauri Lukka**

*"Measuring digital intervention use with the user journey method"*

**INTRODUCTION:** Digital mental health interventions may face low usage and high dropout. Moreover, measuring their use is infrequent and heterogenous. This study advances measuring all the intervention elements that the user interacts with over time to identify and address intervention-specific usage barriers and constraints. **METHODS:** We applied the user journey method to measure the use of a novel digital intervention for adult depression. The service comprised of four technological (recruitment, website, questionnaires, intervention software) and two interpersonal elements (assessment, support). The service element use was measured with six data sources: social media analytics, website usage data, signup data, clinical study coordinator (CSC) interview data, symptom questionnaire data, and behavioral intervention usage data. **RESULTS:** Overall, both pre- and intra-intervention phases were associated with dropout: 83% of participants dropped out before acceptance, and 70% of participants did not meet the minimum adherence goal. All sequential service elements were associated with dropout: on average, 55% dropped off per phase. Considered per service element, the recruitment reached approximately 440 000 people, with social media, word-of-mouth, and news and web being the most effective channels. The study website received 16 243 visitors, which led to 1 007 sign ups. 895 participants were evaluated with interview assessment and online questionnaires, which led to 735 accepted participants. 498 participants were assigned to the intervention software, of whom 457 used the intervention at least once. The 28 intervention levels were associated with a dropout rate of 2.6%, with two sections exhibiting an increase against this baseline. 150 participants met the adherence goal. **CONCLUSIONS:** The user journey method allowed identifying when participants dropped out, which provides critical insights for iterative service design. The method corroborates a reconceptualization of digital interventions as services that consist of numerous integrated service elements and that are used over time. For further details, we refer to the submitted manuscript.

*Lauri Lukka, Maria Vesterinen, Antti Salonen, Vilma-Reetta Bergman,  
Paulus Torkki, Satu Palva, J. Matias Palva*

### **Helena Teresa da Cruz Moreira**

*"Formative evaluation of an internet-based intervention for the promotion of postpartum mental health and mindful parenting: The Parents of Little Ones program"*

**CONTEXT.** During the postpartum period, women undergo substantial physical, psychological, and role changes that can profoundly impact their mental health, potentially leading to postpartum depression (PPD), anxiety, or parenting stress (PS). Therefore, psychological interventions aimed at addressing early-onset PPD/anxiety and reducing PS are essential for assisting mothers in navigating the challenges of the postpartum period and fostering sensitive parenting skills. The Parents of Little Ones program is a self-guided online intervention aimed at improving maternal mental health, reducing PS and promoting mindful parenting during the postpartum period. It consists of 8 modules tailored for parents of

infants (0-12 months), incorporating principles from cognitive-behavioral therapy, mindfulness, compassion-based approaches, and mindful parenting strategies. This study outlines the formative evaluation of the program, with the goal of collecting feedback from potential users and stakeholders to enhance its design, content, and usability. **METHODS.** A total of 599 postpartum mothers completed an online survey assessing postpartum depression, PS, and the acceptability of mindful parenting interventions for the postpartum period. A focus group with perinatal mental health (PMH) practitioners and researchers was conducted to collect acceptability data. **RESULTS.** 95% of mothers considered that engaging in a mindful parenting intervention would be useful in this period. The qualitative study revealed high levels of acceptability among PMH practitioners and researchers. **CONCLUSIONS.** These findings underscore the acceptability of online mindful parenting interventions among postpartum mothers and PMH practitioners and researchers. This study represents a critical phase in the development of the program, guaranteeing alignment with parents' needs and providing a robust foundation for successful implementation and evaluation in future stages.

*Helena Moreira, Daniela Mourão, Maria Inês Nepomuceno & Daniela Fernandes*

### **Nora Choque Olsson**

*"Internet-delivered Cognitive Behavioral Therapy for insomnia in youth with autism: A pilot study"*

Adolescents with autism often suffer from sleep disorders affecting their development and quality of life. Research concerning psychological treatment of insomnia in this population is scarce. The objective of this pilot study was to examine the feasibility of internet-delivered CBT for insomnia (iCBT-I) and the participants' experiences after completing the treatment. Both quantitative and qualitative methods were used. Six adolescents with ASD and insomnia, aged 13 to 17, participated in the study. The results of the qualitative investigation showed general satisfaction with the iCBT-I. The participants experienced both better sleep and insights into their sleep patterns. Thematic analysis revealed five themes: experience of the structure of the treatment, treatment content, experienced outcomes, experienced difficulties, and suggested improvements. The results indicate the need for additional support for some participants and suggest distinct recommendations for further studies. The quantitative investigation showed large reductions in insomnia symptoms indicating the feasibility of the treatment in this population. The findings suggest promising results, but more studies are needed to define the efficacy of iCBT-I for adolescents with autism.

*Nora Choque Olsson, Lisa Georén, Markus Jansson-Fröjmark,  
Lisa Nordenstam, Gerhard Andersson*

### **Arvid Treutiger**

*"Now there's room for my emotions" – a qualitative study on the process behind sudden gains in internet-delivered psychodynamic therapy for adolescent depression*

**OBJECTIVE:** To qualitatively explore what emerges in the prepre-gain, pre-gain and post-gain chats for patients with sudden gains during internet-delivered therapy, that could contribute



to the understanding of the sudden improvements. **METHOD:** As part of a randomized controlled trial, this study used inductive qualitative analysis to examine what may contribute to SGs in internet-based psychodynamic therapy (IPDT) for adolescents with depression. Reflexive thematic analysis was used to analyze a total of 66 chats from 22 patients. **RESULTS:** In the majority of cases, SGs in IPDT were preceded by a process that can be summarized in four themes: 1. Engaged autonomous work with the treatment material, using the therapist as support; 2. Conceptual understanding of the material in relation to the patient's own problems; 3. Exploring new ways of relating to emotions and anxiety through self-observation; 4. Self-criticism and other defenses decrease while emotional awareness increases. **CONCLUSION:** The study can contribute to an understanding of the process behind SGs in IPDT, and it also shows that inductive, qualitative analysis of the development over several sessions can be a way to gain new knowledge about why some patients suddenly improve.

*Arvid Treutiger & Erling Swedenmark, Björn Philips, Karin Lindqvist, Jakob Mechler*

### **Thomas Jack Samuels**

*“Exploring Interpersonal Synchrony in Online vs. Face-to-Face Psychotherapy: A Novel Multimodal Approach”*

Introduction Psychotherapy has traditionally been viewed as a popular and effective treatment option, with the ‘therapeutic alliance’ found to be significant in shaping treatment outcomes. Recently, researchers have begun to explore the role of interpersonal synchrony in supporting the development and maintenance of therapeutic alliance. Interpersonal synchrony can be broadly defined as the coordination of behaviours over time. The study of how synchrony relates to specific psychotherapy contexts (e.g. delivered IRL vs. internet-based) is largely underexplored but holds promise in potentially explaining alliance dynamics across these contexts. Method We will recruit 100 psychotherapists comprising two main groups, computer-mediated therapy and those practising IRL. The groups will be counter-balanced based on various selection criteria, including professional experience and therapeutic approach. Interactional synchrony will be assessed using a novel multimodal approach, including measures relating to head movement and action unit activation. Therapeutic alliance and treatment outcomes will be evaluated through standardised measures, including questionnaires relating to symptom severity. Results Findings will reveal potential differences in interpersonal synchrony and therapeutic alliance between internet-based and face-to-face psychotherapy. By implementing machine learning methods such as transfer learning to analyse the extensive data we aim to collect, we also hope to provide illuminating exploratory analyses that will aid in hypothesis formation for future research. Conclusion This project seeks to bolster our understanding of the more granular dynamics of psychotherapy delivery, in examining internet-based and face-to-face practice. By identifying specific patterns in interactional synchrony and therapeutic alliance, our results hope to inform the refinement of internet-based interventions and assist in improving psychotherapeutic outcomes in modern clinical practice.

*Thomas Samuels, Lennart Högman, Franco Rugolon, Ioanna Miliou, Nora Choque Olsson, Therese Anderbro, Lillian Döllinger, Luis Eduardo Velez Quintero, Håkan Fischer, Petri Laukka, Panagiotis Papapetrou, & Stephan Hau.*

**Henrik Bischoff***“Suicidality in Online Therapy: An Online Survey Among German-speaking Therapists”*

This paper explores the efficacy of online therapy (OT) for managing suicidality among German-speaking therapists. Utilizing a cross-sectional survey methodology, 155 therapists were surveyed about their attitudes and practices concerning the treatment of suicidal tendencies through OT. Despite a noted decline in suicides in German-speaking regions, a significant portion of therapists (about 60%) regard OT as unsuitable for treating suicidality. Key findings suggest that the perceived suitability of OT for suicidality depends on several factors. Positive predictors include therapists' conscientiousness, age, specialized training in suicidal behavior management, and adherence to a humanistic-existential theoretical orientation. However, traits such as anxiety and empathy were not significant influencers. The study found that while over half of the therapists (56.1%) consistently assess suicidal tendencies, about 51.6% refuse to treat such cases, primarily due to concerns about handling emergencies remotely. The paper concludes that there is a critical need for enhanced training and support systems for therapists to potentially improve their readiness and effectiveness in using OT for suicidal patients. Recommendations for future research include evaluating the impact of supervisory support and peer collaboration, and analyzing different therapy modalities to increase therapist engagement with suicidal patients in online settings.

*Henrik Bischoff, Pia Nissen, Christiane Eichenberg*

**Daniel Ventus***Co-creating an Ecological Momentary Intervention for Academic Procrastination*

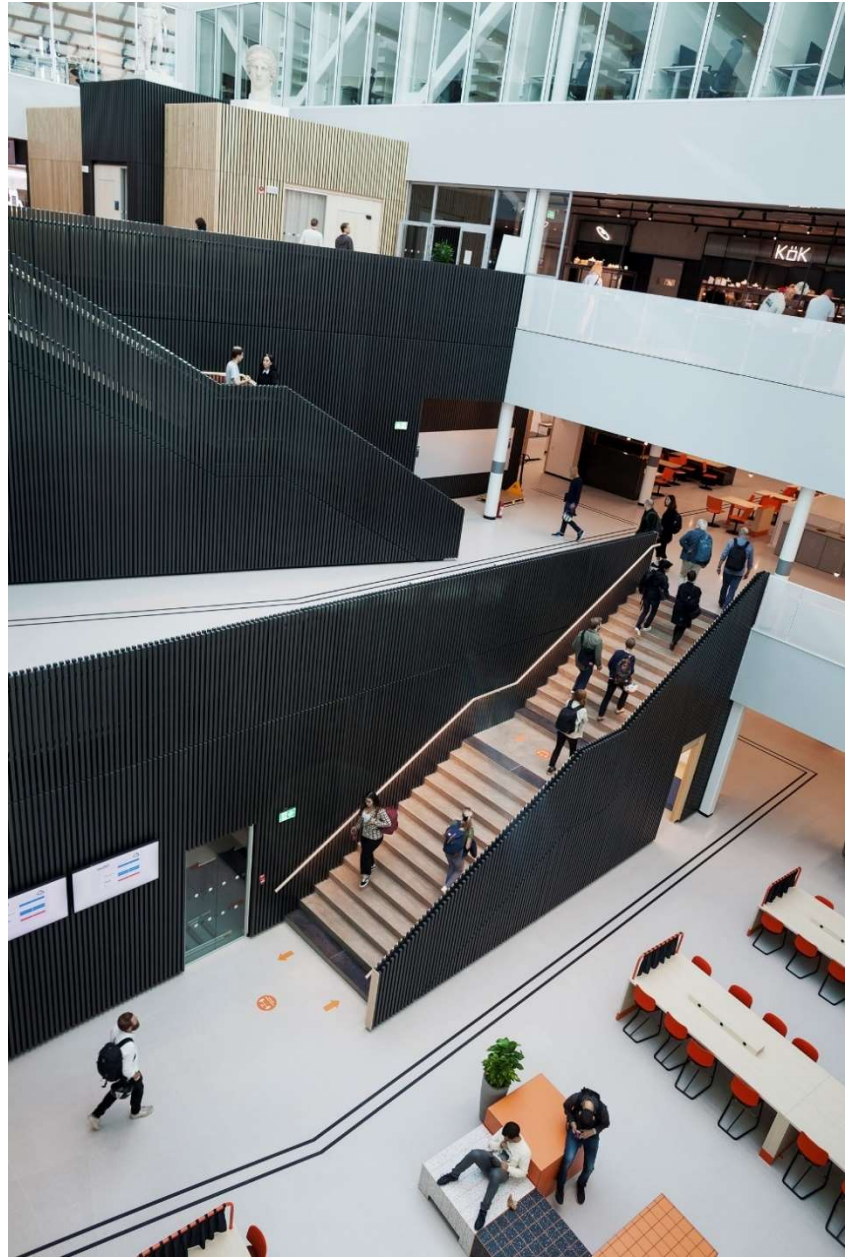
Introduction To voluntarily delay an intended course of action despite expecting to be worse off for the delay (i.e., procrastination) is a common self-regulatory failure that can lead to problems in many areas of life. Almost half of university students report severe problems with procrastination, affecting their learning, academic productivity, and wellbeing. This contributes to delayed or discontinued studies, which can have costly consequences for both the individual and society. Methods Using ecological momentary assessment, students were queried regarding their current situation seven times daily for two weeks. The sample consisted of university students at five universities in Finland. Results Results showed that students were more likely to procrastinate in situations when they experienced stronger negative emotions and thoughts, supporting a view of procrastination as an avoidance behavior. Contrary to expectations, task ambiguity did not increase risk of procrastination. On a between-person level, psychological flexibility was negatively associated with procrastination tendency and anxiety and depression was associated with an increased risk of procrastination. Conclusions Based on the results from the EMA study, an intervention study will be co-created together with students. Preliminary plans are presented during the talk.

*Daniel Ventus, Katrin Klingsieck, & Alexander Rozental*





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