

psychoED: Experiences of Cybertherapy for Caregivers

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Abstract: When a family member gets sick, often some aspects of the care are assumed by their relatives; Psychoeducation have been shown to be an effective intervention to enhance the role of careers, but some barriers exist to develop these kinds of interventions, one of the most important is the problem of its access for the families. New technologies, particularly Internet are being positioned as an ideal environment to develop psychological distance-therapies. In this study it is presented a web platform designed to develop cybertherapies where it is tested a tele-psychoeducation for the cares of people with diagnosis of schizophrenia. It was compared the performance of psychoED with a traditional psychoeducation and a control group. Results indicated a good level of alliance of work; an enhance of the knowledge of careers; and a complementary impact of the psychoED when is faced with results of traditional Psychoeducation.

Introduction

Due to different diseases, the families often assume a great number of cares. This translates into a high burden for the caregiver and high sanitary costs. Faced with these difficulties, Psychoeducation has been shown to be an intervention that improves the quality of life of the caregiver and the patient [1]. But, the most important difficulty to develop a psychoeducation is justly the participation of the careers. Recently, new technologies of the information and communication, particularly Internet, are being positioned as an ideal environment to develop distance and cost-effective interventions, and researchers are proving that cybertherapies would be equivalent and

even better than some traditional therapies face to face [2, 3]. There are previous experiences of implementing Psychoeducation in online format with promising results [4].

Zamora is a province of Spain where the 65% of the population lives in rural zones and where there are many problems with transport and terrestrial communication [5]. In these conditions, Fundación INTRAS and Service of Psychiatry of Zamora decided to develop alternatives that would facilitate user access to services, one of which was the platform psychoED. In this paper we present a pilot application of a program called psychoED, experience that was conducted specifically in the psychoeducation of carers of users with a diagnosis of schizophrenia.

Methodology

The platform psychoED was tested with caregivers of people with schizophrenia; the test was developed in diverse aspects, mainly: expectative in front of the treatment [5] alliance of work [6], results on satisfaction [7], knowledge [8], and general health [9]. It was compared the effects of a traditional psychoeducation (face to face) and an online psychoeducational treatment by psychoED, including also a control group.

It was used a quantitative design, using the model of a clinical trial in an ecological, longitudinal and pre-experimental format. The variable manipulated was the type of treatment to determine their effect on the three conditions: control group (waiting list), psychoeducation traditional and e-psychoeeducation program (psychoED). Sampling was by convenience, the option to participate in online therapy was determined by the difficulties in attending to the traditional treatment as well as the technical feasibility of cybertherapy. Measurements were made at the start and end of 11 months of treatment.

The traditional psychoeducation was performed with a group of careers who attended a clinical service in the city of Zamora. The online format used was psychoED, a website that contains multimedia resources, characteristics of the 2.0 web like forums, library, and the possibility of multi-video-conference. psychoED allows access to an intervention of proven efficacy as psychoeducation is, without the need to travel, maintaining continuity of care and strengthening social support. Access to psychoED is as easy as accessing a private website and its technological requirements are as simple as a domestic Internet connection and a multimedia computer with webcam; all the user of psychoED received the psychoeducation at home by Internet. The control group did not receive psychoeducational intervention, only the traditional care.

Results

The total possible participants were 58 people, but a 55.1% (32) finally refused to participate. The study involved a total of 26 participants; six in psychoED, 11 in the traditional group, and nine in control group. The sample at the end of the study was nine in traditional psychoeducation, six in psychoED, and five in control situation; a total of 20 (76,9%) finalized the study (Death of sampling of 23.1%). There were no statistically significant differences between groups in terms of sex, educational level, socioeconomic status, only the online group was different in terms of age of its members. Before treatment no differences were found between the groups in the measured variables. After 11 months of treatment the main results point to a statistically significant better performance of psychoED in comparison with the control group and a similar result in comparison with the traditional intervention; even, in some cases the effect of psychoED is complementary to traditional treatment outcomes.

Thus, we found no significant differences in expectative in front of the treatment and in the evaluation of the therapeutic alliance between traditional and online group by the participants; no differences in term of satisfaction with the service, except the dimension of accessibility where psycho group differs from the control situation. In the knowledge about the illness the performance of the treatments (Traditional and psychoED) was statistically significant better than the control situation. We found no difference in the general health measurement

Discussion

The sample death was lower in psychoED, and the users approached to it with similar and positive expectations, both online and traditional treatments. Results indicate no differences in the development of working alliance in the comparison of treatments online and face to face, which suggests that it is possible to develop psychotherapeutic process in a web environment.

Moreover, satisfaction with psychiatric services does not differ statistically between the experimental groups except in the dimension of accessibility, although descriptively satisfaction is higher in the group online. Knowledge about the disease and their cares increases over time, but progress is much higher in the groups receiving Psychoeducation. We do not found impact of the treatments in the general health of the users.

Conclusions

Preliminary results point to a rationale for the incorporation of the Internet based tools as a media to develop counseling and psychological support. Cybertherapies seems to be a new alternative to develop mental health treatments that facilitate access to and can complement actions developed in the traditional treatments (face to face). Places with access problems or limitations in the number of specialized professionals can benefit from these cyber and distance interventions.

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