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Conference Abstract

## Using the Medical Research Council (MRC) Effectiveness Research Framework to evaluate Computer Assisted Therapy (CAT) for 'Dual Diagnosis'- Breaking Free Online

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### Abstract

In recent years there has been a proliferation of computer-based psychosocial interventions (PSIs). Building on this, a small number of such interventions have been developed that address substance misuse and comorbid mental health difficulties ('dual diagnosis'), one of which is Breaking Free Online (BFO), a form of computer-assisted therapy (CAT) incorporating cognitive-behavioural therapy techniques (CBT) on a digital platform. BFO has been specifically developed to support individuals to overcome difficulties within a range of psychosocial domains that may underlie substance misuse and mental health problems. Each individual service user's psychosocial difficulties are conceptualised within the programme via an evidence-based cognitive-behavioural model, with intervention techniques for each area of psychosocial dysfunction being provided. In this way, the BFO programme may be completely tailored to the needs of the individual. Effectiveness of BFO is currently being examined utilising a mixed-methods research programme informed by the Medical Research Council (MRC) framework for developing, evaluating and implementing complex interventions. Such complex interventions may pose a number of challenges in effectiveness research as they contain several interacting components, and due to their psychosocial nature, their effectiveness is often influenced by the context and manner in which they are delivered. This challenges the 'medical model' that currently predominates in healthcare research, as the 'gold-standard' randomised controlled trial (RCT) may not allow examination of how multi-component PSIs may exert their effects. The MRC framework therefore incorporates a range of methodologies that generates data that spans a 'hierarchy of evidence' (Craig et al., 2008), from qualitative interview studies, to clinical trials and meta-analyses, to examine in detail the specific mechanisms of action of complex interventions. A number of studies of BFO have been completed that map onto the MRC framework, including those that have explored qualitatively processes of implementation using Roger's 'Diffusion of Innovation' theory, and quantitative clinical outcomes from substance misuse and dual diagnosis services, with some control comparison data also available. These studies have revealed potential barriers to and facilitators of implementation of digital healthcare innovations such as BFO, and have also provided robust data to support the clinical effectiveness of BFO in supporting individuals to recover from mental health and comorbid substance misuse difficulties. The MRC-informed research programme is now being extended to incorporate studies examining specific methods of delivery of BFO and how practitioner clinical skills may impact on effectiveness despite

the standardised nature of such digitally delivered interventions. In addition, large-scale studies incorporating randomisation and comparison control groups are now underway within criminal justice settings. Economic evaluations are also now being conducted as this particular modality of treatment has the potential to provide not only a clinically effective, but also cost-effective, option for individuals experiencing difficulties with mental health and comorbid substance misuse. As the evidence-base for BFO increases and further insights are gained as to how to best implement digitally-based healthcare interventions that may initially be perceived as being 'disruptive' to traditional practice, it is hoped that access to evidence-based treatments for dual diagnosis will be widened via such treatment approaches.

## **Keywords**

**computer assisted therapy; substance misuse; mental health; dual diagnosis; mixed-methods research**

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