

Internet-Delivered Cognitive Behavioral Therapy: Efficacy, Feasibility, and Implementation Perspectives

Ahmed Gourani^{1*}, Khadija Akebour², Zainab Ennaciri³, Mounir Jaafari⁴, Imane Adali³, Fatiha Manoudi³

¹Faculty of Medicine of Laayoune

²Faculty of Medicine of Agadir

³Faculty of Medicine of Marrakech

⁴Faculty of Medicine of Guelmim

DOI: <https://doi.org/10.36347/sasjm.2026.v12i02.016>

Received: 20.12.2025 | Accepted: 05.02.2026 | Published: 28.02.2026

*Corresponding author: Ahmed Gourani

Faculty of medicine of Laayoune

Abstract

Review Article

Internet-delivered cognitive behavioral therapy (iCBT) has emerged over the last two decades as a structured, evidence-based approach to treating depression, anxiety, and related disorders. This review summarizes the efficacy, feasibility, and safety of guided iCBT interventions compared to traditional face-to-face CBT and other control conditions. Clinical trials and systematic reviews demonstrate comparable outcomes between iCBT and conventional CBT, with additional benefits in accessibility and cost-effectiveness. Special attention is given to the Moroccan context, highlighting both opportunities and barriers for widespread implementation. Recommendations include therapist training, infrastructural support, and policy integration to maximize the potential of iCBT.

Keywords: CBT, internet, treatment.

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

1. INTRODUCTION

Internet-delivered cognitive behavioral therapy (iCBT) has been studied for approximately 20 years as a structured online intervention designed to develop adaptive behaviors and cognitions. The American Psychological Association recognizes iCBT as an empirically supported therapy for conditions including major depression, social anxiety disorder, and panic disorder [1,2].

Growing demand for psychotherapy, limited availability of trained therapists, and long waiting lists for face-to-face CBT have prompted exploration of online interventions. The increasing accessibility of the internet and lower costs further support the adoption of iCBT [3,4].

2. METHODS AND PROGRAM IMPLEMENTATION

2.1 Clinical Trials : Depression

The "Managing Your Mood" course, conducted in Australia in 2014, evaluated an 8-week iCBT program based on conventional CBT principles [5–8]. Patients received weekly therapist support via phone or secure messaging, with online course materials and tasks.

Supervision was conducted weekly by two senior therapists. Participants were randomized into iCBT or control groups, with assessments at baseline, post-treatment, 3 months, and 12 months [5–8].

2.2 Clinical Trials : Body Dysmorphic Disorder

A 2019 uncontrolled pilot study at the Psychiatric Research Center of Stockholm included 32 patients from nine countries, assessing the feasibility of therapist-guided iCBT for body dysmorphic disorder (BDD) [2]. Assessments included MADRS-S, BDDQ, DCQ, AUDIT, DUDIT, YBOCS-BDD, C-SSRS, and BABS. Inclusion criteria required age >18, DSM-5 diagnosis, BDD-YBOCS >20, proficiency in English, and regular internet access. Exclusion criteria included ongoing psychotherapy, recent CBT, recent pharmacological changes, lack of psychiatric emergency access, substance use, bipolar or psychotic disorders, and MADRS-S ≥35.

2.3 Therapeutic Process

Patients had unlimited access to the therapist via email, with monitoring of progress and assessment of therapeutic alliance and satisfaction. The Credibility/Expectancy Questionnaire (CEQ) was administered biweekly. Therapists assisted in problem

Citation: Ahmed Gourani, Khadija Akebour, Zainab Ennaciri, Mounir Jaafari, Imane Adali, Fatiha Manoudi. Internet-Delivered Cognitive Behavioral Therapy: Efficacy, Feasibility, and Implementation Perspectives. SAS J Med, 2026 Feb 12(2): 151-152.

conceptualization, clarification, emotional support, exposure exercises, and adherence reminders. Senior therapists supervised all cases weekly. Safety measures included pre-identification of 24-hour psychiatric emergency centers and continuous symptom and risk monitoring.

3. RESULTS

3.1 Depression Trials

iCBT participants showed significant improvements compared to controls on PHQ-9 and GAD-7 scores, maintained up to 12 months post-treatment [5–8].

3.2 BDD Trial

Significant improvements were observed in BDD-YBOCS (-12.63 at treatment end, -11.71 at 3-month follow-up), CGI-S, MADRS, GAF, and BABS scores, indicating sustained therapeutic benefit [2].

3.3 Systematic Review: Depression and Anxiety

A 2019 U.S. health technology assessment found guided iCBT significantly reduced symptoms versus waitlist and phone-call interventions, with improved quality of life [8]. iCBT with immediate therapist support resulted in a 70% completion rate, versus 11% with delayed support [8]. Comparisons with face-to-face CBT showed no significant difference in anxiety symptom reduction or quality of life [8].

4. MOROCCAN CONTEXT

Since 2000, approximately 500 CBT-trained therapists exist in Morocco, mostly concentrated in major cities, serving a population exceeding 37 million [10]. Limitations of face-to-face CBT include high costs, geographical concentration, and limited social coverage.

iCBT advantages include lower costs, accessibility for home-bound or remote patients, and shorter waiting lists. Barriers include limited trained therapists, lack of social insurance coverage, internet access constraints, and minimum literacy and digital skills requirements.

5. DISCUSSION AND RECOMMENDATIONS

Evidence supports iCBT as an effective, safe, and cost-efficient alternative to conventional CBT for depression and anxiety disorders. Key recommendations for Moroccan implementation include:

1. Training current therapists in iCBT.

2. Incorporating iCBT modules into new therapist curricula.
3. Developing videoconference-based iCBT for illiterate patients.
4. Establishing institutional infrastructure : computers, internet access, and adapted iCBT programs.
5. Including iCBT and CBT in social insurance coverage.
6. Promoting literacy and digital skills to enable therapy access.

6. CONCLUSION

iCBT is a validated, APA-approved intervention for depression and anxiety disorders, demonstrating outcomes comparable to conventional CBT. Its cost-effectiveness, accessibility, and sustained post-treatment effects make it a promising strategy, especially in contexts with limited mental health resources. Immediate action to integrate iCBT into the Moroccan mental health system is warranted.

REFERENCES

1. Romero-Sanchiz P, *et al.*, Economic evaluation of a guided and unguided internet-based CBT intervention for major depression. *PLoS ONE*. 2017 ;12: e0171.
2. Gentile AJ, La Lima C, Flygare O, *et al.*, Internet-based, therapist-guided cognitive-behavioural therapy for body dysmorphic disorder with global eligibility for inclusion : an uncontrolled pilot study. *BMJ Open*. 2019 ;9:e0271.
3. Romeo R, *et al.*, Economic evaluation of guided and unguided iCBT. *PLoS ONE*. 2017.
4. Viola S, *et al.*, *Cambridge University Press*. 2006.
5. Dear BF, Titov N, Schwencke G, *et al.*, Managing Your Mood Course : A series of studies evaluating internet-based CBT for depression. 2011–2014.
6. Titov N, Dear BF, Schwencke G, *et al.*, *Managing Your Mood Course* study. 2011–2014.
7. Zou J, *et al.*, Evaluation of internet-based CBT for depression. 2012.
8. Internet-delivered cognitive behavioural therapy for major depression and anxiety disorders: a health technology assessment. *Ont Health Technol Assess Ser*. 2019 Feb;19(6):1–199.
9. Dedert EA, *et al.*, Internet-based CBT: impact of immediate vs delayed therapist support. 2019.
10. Kadiri N, Bennani J. *Handbook: Counseling and psychotherapy in Morocco : the renex of tradition*.