Clinical utility of cognitive-behavioral techniques as a treatment for depression

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Introduction

Most of the meta-analytic and narrative reviews conclude that cognitive-behavioral techniques are efficacious treatments for depression (Depression Guideline Panel, 1993; Robinson et al., 1990; Westen & Morrison, 2001).

However, it is not clear whether the positive effects found in ideal and controlled research conditions are generalizable to usual clinical practice. Investigation of the effectiveness or clinical utility of these techniques when provided in conditions that match those of habitual clinical practice is lacking and much needed.

Aim

- **To determine the effectiveness or clinical utility of cognitive-behavioral techniques for depression when provided in usual clinical practice.**

Method

- **Participants:** Adult patients with a primary DSM-IV diagnosis of depressive disorder or adjustment disorder with depressed mood who were treated in the Clinical and Health Psychology Unit at Complutense University of Madrid, an outpatient setting.

Table 1. *Characteristics of participants in this study and comparison with those of participants in the average efficacy study*

	This study	Robinson et al.'s (1990) meta-analytic study
N	35	40.4
Mean age (years)	34.2	39.4
Sex (% of females)	74.3	79.6
Mean number of treatment sessions	8.1	8.7
Mean BDI score at pre-treatment	24.0 *	22.7
Mean BDI score at post-treatment	7.5 *	
DSM-IV Diagnosis (%)		
– Major depressive disorder, single episode	34.3	No data
– Major depressive disorder, recurrent	25.7	No data
– Dysthymic disorder	11.4	No data
– Depressive disorder NOS	14.3	No data
– Adjustment disorder with depressed mood	14.3	No data

Note. * *N* = 29 and 26 for mean BDI scores at pre- and post-treatment, respectively.

- **Procedure:** Patients were treated with multicomponent programs based on cognitive-behavioral techniques.

Cognitive-behavioral techniques	% of treated patients
Psychoeducation	97
Relaxation (respiration, progressive muscular relaxation)	81.8
Cognitive (cognitive restructuring, problem-solving skills)	100
Behavioral (increasing participation in pleasant activities)	63.6
Social skills training	69.7

- **Measures of depressive symptomatology:**

  ❖ For 74,3% of patients, there were pre- and post-treatment measures on the Beck Depression Inventory (BDI-IA or BDI-II). BDI-II scores were converted to BDI-IA scores using Beck, Steer and Brown's (1996) conversion table.

  ❖ For the remaining patients (25,7%), there were pre- and post-treatment measures of the number of DSM-IV criteria met for a diagnosis of major depression episode as assessed by a clinical interview (range = 0-9).

  ❖ To analyze conjointly all measures, they were converted into 0-100 scales where 100 is the maximum score of the instrument.

- **Indices of treatment effectiveness:**

  ❖ **Effect size**: standardized mean difference (*d*) defined as the difference between pre- and post-treatment mean depression scores divided by the standard deviation of the pre-treatment scores.

  ❖ **% of improved patients at post-treatment**:

  • % of patients with at least a 50% reduction in depressive symptoms.

  • % patients with a BDI score lower than 10 at post-treatment.

Results

Figure 1. *Treatment effectiveness as a function of effect size*

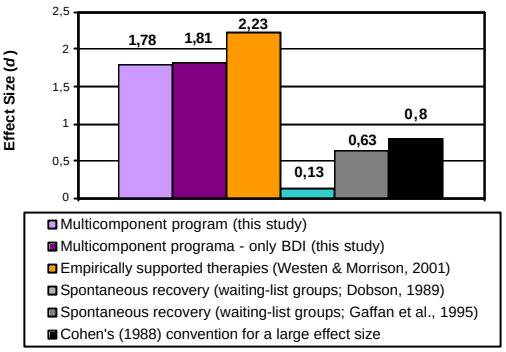
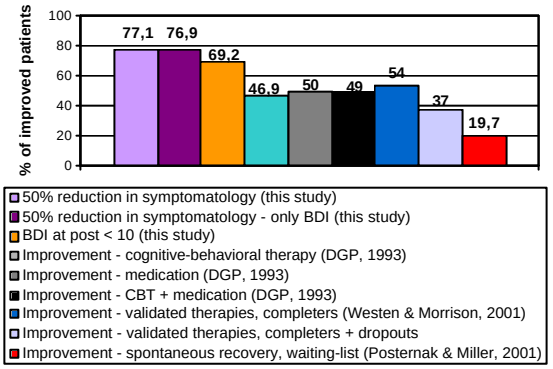


Figure 2. *Treatment effectiveness as a function of the percentage of impr oved patients*



Conclusion

- **The multicomponent cognitive-behavioral programs for depression administered in our clinic, a regular outpatient setting, showed to be effective in terms of both effect size and clinical significance.**
- **We found large pre-post effect sizes (*d*) of 1,78-1,81 suggesting that the average depressed patient at post-treatment would be at 96th centil of the distribution of patients at pre-treatment. We also found that between 69% and 77% of depressed patients showed a clinically significant improvement at post-treatment.**
- **In sum, for depressive disorders, the results of the multicomponent programs based on empirically supported cognitive-behavioral techniques seem to be as good in habitual clinical practice as in efficacy studies.**

References

- Depression Guideline Panel (1993). *Depression in primary care: vol.2. Treatment of major depression*. Clin Pract Guidel 5: AHCPR Publication No. 93-0551, 1993.
- Posternak, M. A., & Miller, I. (2001). Untreated short-term course of major depression: a meta-analysis of outcomes from studies using wait-list control groups. *Journal of Affective Disorders, 66*, 139–146.
- Robinson, L. A., Berman, J. S., & Neimeyer, R. A. (1990). Psychotherapy for the Treatment of Depression: A comprehensive Review of Controlled Outcome Research. *Psychological Bulletin*, *108*(1), 30-49.
- Westen, D., & Morrison, K. (2001). A multidimensional meta-analysis of treatments for depression, panic, and generalized anxiety disorder. An empirical examination of the status of empirically supported therapies. *Journal of Consulting and Clinical Psychology*, *69*(6), 875-899.

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