

# Evidence Compass



## Summary Report

What are the effective psychological interventions for adults with a diagnosis of depression?

A Rapid Evidence Assessment

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Australian Government  
Department of Veterans' Affairs

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## Executive Summary

- Depression is a serious psychological disorder and one of the most prevalent in Australia, placing significant burden on the individual and society. Effective psychological interventions for treating depression are an important focus of clinical research.
- The aim of this review was to examine the efficacy of psychological interventions for the treatment of adults with depression. The interventions of interest were cognitive behavioural therapy (CBT); rational emotive behavioural therapy (REBT); behavioural activation; problem solving therapy; couples therapy; interpersonal therapy; and short-term psychodynamic therapy.
- This literature review utilised a rapid evidence assessment (REA) methodology. As part of the REA methodology, a search was conducted for high quality treatment guidelines for psychological interventions for adults with a diagnosis of depression. The search identified “Depression: The Treatment and Management of Depression in Adults (Updated Version) National Clinical Practice Guideline 90 (‘NICE Depression guidelines’)”<sup>1</sup>. As the NICE Depression guidelines utilised a systematic review that identified studies up until 2009, an additional literature search from 2009-2013 was conducted.
- Only randomised controlled trials (RCTs) or pseudo-RCTs were eligible for inclusion, reflecting the gold standard of clinical research. Taken together, the guideline recommendations and the newly identified studies for each identified psychological intervention were assessed for strength of the evidence, consistency of evidence, applicability and generalisability to the population of interest.
- These assessments were collated to determine an overall ranking of level of support for psychological interventions used in the treatment of adults with a major depressive episode. The ranking categories were ‘Supported’ –clear, consistent evidence of beneficial effect; ‘Promising’ – evidence suggestive of beneficial effect but further research required; ‘Unknown’ – insufficient evidence of beneficial effect; ‘Not supported’ – Clear, consistent evidence of no effect or negative/harmful effect.
- The search identified a total of eight studies that met inclusion criteria. Three studies (38%) assessed IPT; two assessed CBT and the remaining 3 studies (38%) comprised a single RCT for REBT; behavioural activation and short-term psychodynamic psychotherapy, respectively. No studies assessing counselling, problem-solving therapy or couples therapy met inclusion criteria.
- The studies included in the REA for both CBT and IPT reported findings consistent with the NICE Depression guidelines recommendations. Taken together, the evidence for the use of both CBT and IPT in the treatment of adult depression received a ‘Supported’ ranking.
- Behavioural activation and short-term psychodynamic psychotherapy received a ‘Promising’ ranking. These findings from the identified studies were consistent with

the NICE Depression guidelines recommendations that the evidence for these two interventions was not sufficiently robust to be recommended as a direct alternative individual treatment option to CBT or IPT.

- While no new studies were identified for couples therapy, a review of the evidence base supporting the NICE Depression guidelines identified that the evidence for couples therapy in the treatment of adult depression could be ranked according to our ranking metric as 'Promising'. This ranking should be considered alongside the caveats made by the NICE Depression Guidelines which state that couples therapy should be only used for the treatment of depression in cases where the relationship is contributing to the depression.
- Support for REBT, counselling and problem-solving therapy received an 'Unknown' ranking as the evidence base identified by the NICE Depression Guidelines was limited and generally of poor quality.
- The results of this REA suggest that inclusion of therapies with strong and robust evidence bases, CBT and IPT in particular, should be made available to adults with depression.

## Background

The lifetime prevalence rates of major depressive disorder are estimated at between 4 and 10%<sup>2</sup>. Depression is characterised by low mood and/or loss of pleasure in most activities, accompanied by changes in appetite or weight, sleep difficulties, fatigue, feelings of guilt or worthlessness, poor concentration, somatic complaints and thoughts of death or suicide<sup>3</sup>. Impact on the individual with depression can be life-threatening, as depression leads to over a four-times higher risk of suicide compared with the general population<sup>4</sup>. Given the enormous impact of depression on a global and individual scale, targeted interventions to treat depression have been a significant focus of researchers, clinicians and policy developers world-wide<sup>5</sup>.

This aim of this rapid evidence assessment was to examine the efficacy of psychological interventions for the treatment of adult with depression. The interventions specifically identified for this REA were cognitive behavioural therapy (CBT); rational emotive behavioural therapy (REBT); behavioural activation; problem solving; couples therapy; interpersonal therapy; and short-term psychodynamic therapy, and are described briefly in the following section. Only randomised controlled trials (RCTs) or pseudo-RCTs were eligible for inclusion, as this methodology reflects the gold standard in clinical research and the quality of the depression intervention literature is high.

## Types of psychological interventions

**Cognitive behavioural therapy (CBT<sup>6</sup>)** is a type of psychological therapy which focuses on the relationship between cognitions, behaviours, and emotional responses. In CBT, the client and therapist collaborate to identify negative thinking patterns and the client is helped to recognise and evaluate these as they occur and identify new, more constructive thoughts. Problematic behaviours are exchanged for mood improving behaviours.

**Rational emotive behavioural therapy (REBT<sup>7</sup>)** is a form of cognitive behavioural therapy with slightly different approach to cognitive component of the therapy.

**Behavioural activation<sup>8</sup>** is a component of CBT interventions, but is also a stand-alone behavioural intervention, with an emphasis on positive reinforcement schedules<sup>9</sup>. Clients are encouraged to develop more rewarding and task-directed behaviours, and removing patterns of negative reinforcement<sup>1</sup>.

**Problem-solving therapy<sup>10,11</sup>** developed out of a psychotherapeutic trend toward teaching psychosocial skills, and involves teaching a client how to use a step-by-step process to

problem solving. The intervention also examines how to apply the problem solving approach to situations in an individual's life that may be distressing<sup>12</sup>.

**Couples therapy**<sup>13,14</sup> approaches vary, but the systemic couple therapy approach<sup>13</sup> or the behavioural approach<sup>14</sup> both aim to help couples understand the impact of their interactions on each other on the development and/or maintenance of symptoms of depression, thus encouraging a new perspective on the presenting problem, e.g. depressing behaviours.

**Interpersonal therapy**<sup>15</sup> is a time-limited psychodynamically informed approach which is directed at symptom relief and improved interpersonal functioning, with the overall aim of improving interpersonal relationships or changing expectations about them<sup>16</sup>. The client and therapist work to identify the effects of interpersonal conflicts, role transitions, grief and loss, or social skills on symptoms, and clients are assisted in learning to cope with or resolve problem areas.

**Short-term psychodynamic psychotherapy** represents a therapy derived from a psychodynamic/psychoanalytic model<sup>1</sup>. While there are conceptual and technical differences in the therapeutic elements of short-term psychodynamic psychotherapy, it generally reflects a restricted time frame (16-20 sessions), focuses on present experience, active therapists and special focus on specific conflicts or themes and the setting of achievable goals<sup>17</sup>.

## Evaluation of the evidence

Assessment of the evidence was based on the following criteria:

- the **strength of the evidence base** which incorporated the quality and risk of bias, quantity of the evidence (number of studies), and level of the evidence (study design)
- the **consistency** across studies
- the **generalisability** of the studies to the target population
- the **applicability** to an Australian context.

## Ranking the evidence

After the evidence was evaluated, and the studies were ranked as follows:

<b>SUPPORTED</b>	<b>PROMISING</b>	<b>UNKNOWN</b>	<b>NOT SUPPORTED</b>
Cognitive-Behavioural Therapy Interpersonal Therapy	Behavioural Activation Short-term Psychodynamic Psychotherapy Couples Therapy	Problem Solving Therapy Counselling Rational Emotive Behavioural Therapy	

**'Supported'** means there was clear and consistent evidence of a beneficial effect of the intervention; **'Promising'** means the evidence was suggestive of beneficial effect, but requires confirmation with additional evidence/research; **'Unknown'** is defined as insufficient evidence at present on whether or not to support the use of this intervention, or additional evidence is required to determine efficacy of intervention; **'Not supported'** is defined as evidence suggesting that the intervention does not have an effect, or produces a harmful effect when implemented.

The literature search was restricted to 2009 – 2013 as a result of published guidelines on treating adult depression - The "Depression: The Treatment and Management of Depression in Adults (Updated Version) Clinical Guidelines"<sup>1</sup>, with literature search end-dates in 2009. A total of eight articles met the inclusion criteria for this REA. This review found that CBT and IPT had RCT studies showing efficacy of these therapies, and taken with the findings of the NICE Depression Guidelines, CBT and IPT received a 'Supported' ranking. These findings are consistent with the NICE guidelines<sup>1</sup> which recommended CBT and IPT as efficacious psychological treatments for depression. Behavioural activation and short-term psychodynamic psychotherapy both received a 'Promising' ranking. This ranking needs to be considered alongside the NICE Depression Guidelines recommendations that the evidence supporting these interventions was not sufficiently robust so as to recommend them as a direct alternative individual treatment option compared to CBT or IPT. No RCTs assessing the efficacy of couples therapy, counselling or problem-solving therapy for treatment of adult depression met the inclusion criteria for this REA. A review of the studies for these



interventions included in the NICE Depression Guidelines resulted in a ranking of 'Promising' support for couples therapy, but only for situations in which an intimate relationship was driving the development, maintenance or resolution of depression, and not as a direct alternative to CBT or IPT. Counselling, Rational Emotive Behavioural Therapy and problem-solving therapy received an 'Unknown' ranking based on a weak evidence base.

## **Implications for policy makers and service delivery**

The results of this REA suggest that inclusion of therapies with strong and robust evidence bases, CBT and IPT in particular, should be made available to all adults with depression. There may be a need for IPT training programs to address the potential competency gap in clinicians, who may have more extensive training in a CBT model. Opportunities for development and participation in online training programs for IPT, with modules for adult depression and veteran-specific depression represent an interesting and innovative new research direction. The results also point to competencies regarding treatment selection and provision of therapies for adults with depression. The decision making process and priority of treatments represents an important area for clinician training. Online teaching modules may be an interesting approach to assessing and training accuracy of therapeutic selections in clinicians.

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