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Investigating the Effectiveness and Nature of Change in Low-Intensity CBT: Guided Self-Help for Individuals with Low Mood in New Zealand.

A dissertation presented in partial fulfilment of the requirements of the degree of Doctor of Clinical Psychology at Massey University, Albany, New Zealand.

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ABSTRACT

Cognitive Behavioural Therapy (CBT) is an effective treatment for depression, however many people have limited access to this for a variety of reasons including reduced resources, limited access to practitioners, and lack of finances. Low-intensity psychological interventions based on CBT, such as guided self-help, offer a potential solution to this problem. While such interventions are surfacing in New Zealand, there is no current research conducted in a New Zealand sample. Furthermore, many research studies aggregate group outcomes, overlooking the rich information gained from individual time course data, and assume gradual and linear change, which is not always the case across psychotherapy. Early rapid response is a pattern of change that has been identified in traditional CBT studies and more recently in low-intensity CBT and has been associated with better treatment outcomes. The primary aim of this study was to investigate the effectiveness of a guided self-help intervention in a New Zealand sample, using Chris William’s *Overcoming Depression and Low Mood* self-help book with guidance provided by a practitioner either face-to-face or over the telephone. This study also aimed to identify whether participants in this low-intensity intervention demonstrated early rapid response. Nineteen adults experiencing low mood initiated the programme, with 13 completing the six-week programme, which included four support sessions. Low mood was measured by the nine-item Patient Health Questionnaire (PHQ-9), and secondary measures of psychological distress and quality of life were measured by the ten-item Clinical Outcome Routine Evaluation (CORE-10) and the short form Quality of Life and Enjoyment Questionnaire (QLES-SF), respectively. Results were analysed in terms of statistical analyses, visual analysis of individual trajectories across time, and reliable and clinically significant change analyses. In terms of depression, statistical analyses indicated significant changes in outcomes measures over the duration of the programme, yet these were not maintained at follow-up. In contrast, reliable and clinically significant change was demonstrated by the 54 percent of the participants by termination of the programme and by 77 percent at 12 weeks follow-up. Early rapid response was demonstrated by 44 percent of participants as measured by the PHQ-9, and these participants maintained reliable and clinically significant change at termination and follow-up intervals. Secondary measures also demonstrated similarly positive results. The intervention was evaluated positively by the New Zealand sample. Implications for future research and clinical practice are discussed.
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This study was approved by the Multi-Region Ethics Committee, Reference: CEN/11/09/051.
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TABLE OF CONTENTS

| ABSTRACT ...................................................................................................................... iii |
| ACKNOWLEDGMENTS ........................................................................................................ v |
| TABLE OF CONTENTS ........................................................................................................ viii |
| LIST OF FIGURES .............................................................................................................. xi |
| LIST OF TABLES ............................................................................................................ xii |
| LIST OF APPENDICES ........................................................................................................ xiii |

INTRODUCTION ................................................................................................................ 1

CHAPTER 1: DEPRESSION AND COGNITIVE BEHAVIOURAL THERAPY ........4
  Overview ...................................................................................................................... 4
  Depression: A growing concern .................................................................................. 4
  Epidemiology of depression ...................................................................................... 5
  Prevalence of depression in New Zealand .................................................................. 6
  Cognitive models of depression .................................................................................. 7
  CBT .............................................................................................................................. 8
    Key features of CBT ............................................................................................. 8
    Efficacy of CBT .................................................................................................... 9
    CBT shortfalls ..................................................................................................... 10

CHAPTER 2: THE EVOLUTION OF LOW-INTENSITY INTERVENTIONS ...... 13
  Overview .................................................................................................................... 13
  Origins of low-intensity interventions ....................................................................... 13
  Key features of low-intensity interventions ............................................................... 15
  Stepped care model of service delivery ...................................................................... 18
  Improving Access to Psychological Therapies .......................................................... 20

CHAPTER 3: SELF-HELP INTERVENTIONS ............................................................ 23
  Overview .................................................................................................................... 23
  Definition of self-help interventions .......................................................................... 23
  Who benefits from self-help? ..................................................................................... 24
  Unguided self-help .................................................................................................... 26
    Efficacy of unguided self-help .............................................................................. 26
    Limitations of unguided self-help .......................................................................... 28
  Guided self-help ......................................................................................................... 29
    Low-intensity practitioners .................................................................................... 29
    Efficacy of guided CBT self-help ......................................................................... 31
    Limitations of guided self-help ............................................................................ 33
  Self-help compared with face-to-face therapy ........................................................... 34
  Guidance provided via different modalities ............................................................... 35
    Efficacy of high-intensity therapy using the telephone ............................................ 36
    Efficacy of low-intensity therapy using the telephone ............................................ 36
    Acceptability of telephone psychotherapy ............................................................. 37
CHAPTER 4: STUDYING THE NATURE OF CHANGE IN LICBT ......................... 39
Overview .................................................................................................................... 39
Issues in the study of change ...................................................................................... 39
Studying change in psychotherapy ............................................................................. 41
Discontinuous change patterns in depression ............................................................. 42
   Early rapid response ............................................................................................ 42
   Sudden gains ....................................................................................................... 43
   Other change trajectories ..................................................................................... 43
Process of change research in low-intensity interventions ........................................... 44

CHAPTER 5: OVERVIEW OF THE CURRENT STUDY ........................................... 47
Rationale for the current study ................................................................................... 47
General aims ............................................................................................................... 49
Specific hypotheses .................................................................................................... 50

CHAPTER 6: METHOD .............................................................................................. 52
Research design .......................................................................................................... 52
Participants ................................................................................................................. 52
   Participant intake characteristics ......................................................................... 54
Materials ..................................................................................................................... 56
   The self-help book ............................................................................................... 56
   The Five Areas Approach ................................................................................... 57
Practitioner training .................................................................................................... 58
Measures ..................................................................................................................... 59
   Patient Health Questionnaire Depression Scale (PHQ-9) ................................... 59
   Clinical Outcomes in Routine Evaluation (CORE-10) ....................................... 61
   Quality of Life Enjoyment and Satisfaction Questionnaire (QLES-SF)............. 61
   Planner and review sheets ................................................................................... 62
Post-intervention feedback
   Client Satisfaction Questionnaire (CSQ-8) .................................................. 62
   Additional qualitative feedback ................................................................... 63
Procedure .................................................................................................................... 63
Ethical considerations ................................................................................................. 66
Analytical approach .................................................................................................... 67
Data analysis ............................................................................................................... 69

CHAPTER 7: RESULTS ............................................................................................. 73
Overview .................................................................................................................... 73
Preliminary data screening ........................................................................................ 73
   Missing data ........................................................................................................ 73
   Normality and outliers ........................................................................................ 74
   Random integrity check ...................................................................................... 74
Bivariate relationship between measures ............................................................... 74
LIST OF FIGURES

Figure 2.1  NICE (2009). The stepped care model
Figure 6.1  Flow chart of participants’ progression through the study
Figure 6.2  Snowflake model with optional ODLM workbooks for low mood represented by the outer circles
Figure 6.3  The ODLM workbooks and how they relate to the five areas approach
Figure 7.1  The relationship between the outcome measures from baseline to follow-up
Figure 7.2  Individual depression severity trajectories for completers
Figure 7.3  Individual depression trajectories for non-completers
Figure 7.4  Individual psychological distress trajectories for completers
Figure 7.5  Individual psychological distress trajectories for non-completers
Figure 7.6  Individual quality of life trajectories for completers
Figure 7.7  Individual quality of life trajectories for non-completers
Figure 7.8  Results from the CSQ-8 (scores ranged from 20 to 32)
Figure 7.9  John’s standardised scores on the PHQ-9, CORE-10 and QLES-SF across baseline, the programme, and follow-up
Figure 7.10  Sarah’s standardised scores on the PHQ-9, CORE-10 and QLES-SF across baseline, the programme and follow-up
Figure 7.11  Tom’s standardised scores on the PHQ-9, CORE-10 and QLES-SF from baseline to when he left the programme at week five
LIST OF TABLES

Table 2.1  Similarities and differences between high- and low-intensity CBT interventions

Table 6.1  Baseline demographic characteristics of participants receiving face-to-face and telephone support

Table 6.2  Measures administered across the duration of the study

Table 6.3  Schedule of support sessions for guided self-help offered to participants in the FTF and T conditions

Table 6.4  Reliable change indices for each measure during the programme

Table 7.1  Descriptive statistics for the outcome measures for the entire sample from baseline to follow-up

Table 7.2  Bivariate relationships (Pearson correlation) between outcome measures

Table 7.3  Summary results for repeated measures ANOVA at three time points (baseline, week three and termination of the programme)

Table 7.4  Descriptive statistics for the outcome measures for each support condition from baseline to follow-up

Table 7.5  Summary of changes in depression severity (PHQ-9) of completers in the FTF and T support conditions

Table 7.6  Depression severity and RCSC in non-completers

Table 7.7  Summary of changes in psychological distress (CORE-10) of completers in both FTF and T conditions

Table 7.8  Psychological distress severity and RCSC in non-completers

Table 7.9  Summary of changes in quality of life (QLES-SF) of completers in FTF and T conditions

Table 7.10  Quality of life severity and RCSC in non-completers

Appendices

Table F.1  Reliable change and clinical change in completers on the PHQ-9 at termination and 12 weeks’ follow up

Table F.2  Reliable and clinical change in completers on the CORE-10 at termination and 12 weeks’ follow up

Table F.3  Reliable and clinical change in completers on the QLES-SF at termination and 12 weeks’ follow up
LIST OF APPENDICES

Appendix A-1. Planner and review sheets
Appendix A-2. Additional feedback questions
Appendix B. Examples of advertisements
Appendix C. Registration screening questions
Appendix D-1. Informed consent
Appendix D-2. Consent form
Appendix E. Risk protocol
Appendix F. Reliable and Clinical Change Tables (F1-3)