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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.

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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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