



COMPARATIVE EFFECTS OF SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPY AND COGNITIVE-BEHAVIORAL THERAPY IN DEPRESSION: A META-ANALYTIC APPROACH

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ABSTRACT. *This article reviews the efficacy of short-term psychodynamic psychotherapy (STPP) in depression compared to cognitive-behavioral therapy (CBT) or behavioral therapy (BT). In this review, only studies in which at least 13 therapy sessions were performed have been included, and a sufficient number of patients per group were treated ($N \geq 20$). With regard to outcome criteria, the results were reviewed for improvements in depressive symptoms, general psychiatric symptoms, and social functioning. Six studies met the inclusion criteria. Results: In 58 of the 60 comparisons (97%) performed in the six studies and their follow-ups, no significant difference could be detected between STPP and CBT/BT concerning the effects in depressive symptoms, general psychiatric symptomatology, and social functioning. Furthermore, STPP and CBT/BT did not differ significantly with regard to the patients that were judged as remitted or improved. According to a meta-analytic procedure described by R. Rosenthal (1991) the studies do not differ significantly with regard to the patients that were judged as remitted or improved after treatment with STPP or CBT/BT. The mean difference between STPP and CBT/BT concerning the number of patients that were judged as remitted or improved corresponds to a small effect size (post-assessment: $\phi = 0.08$, follow-up assessment: $\phi = 0.12$). Thus, STPP and CBT/BT seem to be equally effective methods in the treatment of depression. However, because of the small number of studies which met the inclusion criteria, this result can only be preliminary. Furthermore, it applies only to the specific forms of STPP that were examined in the selected studies and cannot be generalized to other forms of STPP. Further studies are needed to examine the effects of specific forms of STPP in both controlled and naturalistic settings. Furthermore, there are findings indicating that 16–20 sessions of both STPP and CBT/BT are insufficient for most patients to achieve lasting remission. Future studies should address the effects of longer treatments of depression.* © 2001 Elsevier Science Ltd.

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VARIOUS META-ANALYSES HAVE recently addressed the efficacy of short-term psychodynamic psychotherapy (Crits-Christoph, 1992; Grawe, Donati, & Bernauer, 1994; Svartberg & Stiles, 1991). The meta-analyses of Svartberg and Stiles (1991) and Grawe et al. (1994) found cognitive-behavioral therapy (CBT) to be significantly more effective than short-term psychodynamic psychotherapy (STPP). According to Svartberg and Stiles (1991) this is especially true with regard to the treatment of major depression. However, the result of a meta-analysis depends significantly on the studies included: The meta-analysis of Svartberg and Stiles included only four studies, in which patients with major depression were treated. Furthermore, both the meta-analyses of Svartberg and Stiles, and of Grawe et al. included studies suffering from serious restrictions distorting the results of the meta-analyses (Leichsenring, 1996; Messer & Warren, 1995; Tschuschke & Kächele, 1996). The studies included by Svartberg and Stiles and by Grawe et al. overlap considerably: Almost 50% (8 of 19) of the studies included by Svartberg and Stiles were also included by Grawe et al. Results of Svartberg and Stiles and Grawe et al. are opposed to those of Crits-Christoph's (1992) meta-analysis, which used methodologically more rigorous inclusion criteria (e.g., specific forms of STPP as represented in a treatment manual or a minimum of 12 therapy sessions), and did not find significant differences between STPP and other forms of psychotherapy or medication. STPP demonstrated large effects compared to untreated control groups (Crits-Christoph, 1992). The Crits-Christoph meta-analysis did not evaluate efficacy of STPP in specific disorders. To demonstrate that STPP is effective, and as effective as other forms of treatment is quite unspecific. More specific questions still remain open, especially which forms of STPP of which duration lead to which effects in which diagnostic groups (Ursano & Hales, 1986).

This review aims to contribute answers to some of these questions. It addresses the efficacy of STPP in DSMIII major depression (Diagnostic and Statistical Manual of Mental Disorders, DSMIII, American Psychiatric Association, 1980, 1983) and especially the comparative efficacy of STPP and CBT/BT. Comparisons with a rival treatment provide the most stringent test of efficacy, because they not only control for common factors, but also involve tests between rival specific mechanisms (Chambless & Hollon, 1998). The aim of this review is to assess the effects of STPP on specific outcome measures: As in the Crits-Christoph (1992) meta-analysis, target symptoms (depression), general level of psychiatric symptoms, and social functioning were chosen as outcome criteria. Thus, outcome criteria go beyond the assessment of symptoms and include more general measures of functioning, which is consistent with Chambless and Hollon (1998) and their discussion of empirically supported treatments. This review is the first attempt to assess the efficacy of STPP compared to CBT/BT in a specific psychiatric disorder.

METHODS: SELECTION OF THE STUDIES

Search for Studies

In addition to the usual search for studies via reviews, meta-analyses, and textbooks, a computerized search was carried out using Medline and PsycLIT with the following

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