

Integrated Cognitive, Interpersonal, and Systemic Treatment for Women with Depression: Development and Efficacy Evaluation

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Extended Abstract

Aim

The major depressive disorder (MDD) is one of the most prevalent psychiatric disorders worldwide. Despite the efficacy of various therapeutic interventions, the relapse rate is high, and over time, the disorder recurs in a variety of forms. In identifying the primary obstacles to long-term recovery, emotional response deficits are more significant than cognitive deficits. These patients may benefit from the use of integrative psychotherapy with novel conceptualizations. The purpose of this study was to develop and evaluate the efficacy of an integrated package of cognitive, interpersonal, and systemic therapy on the depressive symptoms and coping skills of women with depression.

Methodology

The research design is an extended pre-test-post-test design with multiple groups. The statistical population of the study consisted of the women referred to the Atieh treatment center in Tehran in 2017-2018, and 60 of them were randomly divided into four groups of 15 participants. Following grouping, the first group received cognitive therapy, the second group received interpersonal therapy, the third group received systemic therapy, and the fourth group received an integrated package of cognitive, interpersonal, and systemic therapy over the course of 12 weekly 90-minute sessions. Data was collected using the Beck Depression Inventory-Second Edition (BDI-II) and the Coping Responses Inventory (CRI). The data were analyzed using SPSS-23 statistical software and mixed variance analysis. Based on the eight-fold paradigm of VENTLING educational programs, an integrated cognitive, interpersonal, and systemic treatment program was implemented to manage emotional rumination. After eight steps, the content validity ratio (CVR) and content validity index (CVI) were calculated.

Findings

According to the results of Benferoni's post hoc test after applying different treatment methodologies in the post-test phase, there is a statistically significant difference between the cognitive group and the systemic group in terms of the severity of depression symptoms ($P < 0.00$ and $d = 7.40$). The interpersonal therapy group and the integrated group also differ significantly ($p < 0.00$, $d = 6.80$). $P < 0.00$ and $d = 9.40$ indicate a significant difference between the systemic intervention group and the integrated group. At the follow-up stage, significant differences persisted between the cognitive group with systemic intervention and the interpersonal group with the integrated package. In addition, a significant difference ($p < 0.00$, $d = 4.87$) was observed between the cognitive group and the integrated group on the scale of emotional coping strategies based on the post-test results of coping strategies. This difference between the integrated group and the interpersonal group was also statistically significant ($p < 0.03$, $d = 4.70$). The emotional strategies in the unified group are more balanced and employed less frequently than in the other two categories. Obviously, these distinctions have diminished as a result of subsequent research. Post-test results indicated that integrated treatment package training has a significant impact on reducing depressive symptoms and enhancing coping skills among depressed women ($P < 0.001$), but these results were not substantiated during the follow-up phase.

Conclusion

The results of the present study demonstrated that all four therapeutic interventions are effective and have been able to substantially reduce depressive symptoms and poor coping strategies; however, a difference in effectiveness was observed when comparing each intervention to the others. Thus, cognitive intervention and integrated treatment packages are more effective than interpersonal and systemic interventions in reducing depressive symptoms and coping strategies among patients. The results demonstrated that the integrated treatment has a larger effect size on the emotional strategies subscale than the other three interventions. According to previous studies, cognitive interpretations are more prevalent in the acute phase of depression, whereas emotions play a greater role in later stages. In their study, they discovered that cognitive behavioral therapy patients have weaker touch and emotional experience than patients receiving emotion-based treatments. Therefore, cognitive therapy as a standard treatment has limited efficacy in some cases, such as the management of emotions in multiple disease stages. During the information processing phase of formulating treatment plans, it appears essential to consider emotions as an independent therapeutic variable that is not dependent on cognition.

Keywords: Depression, Effectiveness, Integrated Cognitive-Interpersonal-Systemic Treatment, Package Construction.