

Validation of the effectiveness of streamlined cognitive-behavioral therapy delivered in a short period of time made possible by video-assist.

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Introduction

Cognitive behavioral therapy (CBT) is recommended in guidelines for the treatment of depression in many countries. Although there are more than 1.2 million patients with mood disorders including depression in Japan each year, only about 38,000 requests for reimbursement for CBT have been submitted. This number does not suggest that CBT is being adequately provided in Japan. According to questions posed to physicians who have completed CBT training, one of the reasons preventing the implementation of CBT is the lack of clinic time. The average outpatient clinic time for psychiatrists in Japan is 8.6 minutes, which is not enough time to conduct CBT, which usually lasts around 50 minutes. In order to reduce therapist contact time, computer-assisted CBT and application-based CBT have been provided and their effectiveness has been verified. In this study, we develop and test the effectiveness of Streamlined CBT (SCBT) that reduces session time to about 20 minutes by having the therapist go through a CBT instructional video in homework.

Method

SCBT was added tips to Ministry of Health, Labour and Welfare (MHLW)'s manual on CBT for depression and developed following the book (Wright et al.,2010, Otto et al2011) . Despite the time constraints of the CBT sessions, a well-defined framework and agenda were adhered to. The primary focus was on organizing the material to ensure its structured delivery. To enhance accessibility and enable participants to utilize the materials from their homes, an open-access website was established, providing comprehensive information in downloadable formats. A team of clinical experts collaborated to revise and compile these materials. The effectiveness of the SCBT program was evaluated in a multicenter feasibility study involving 14 adults with depression. The primary outcome was the change in Quick Inventory of

Depressive Symptomatology (QIDS) scores over time, assessed at each session during the intervention period. Health Labour Sciences Research Grant funded this study (JP20GC1016).

Result

Several CBT worksheets were meticulously designed and developed. Specifically, worksheets intended for patient use at the conclusion of sessions were created as straightforward tasks, enabling patients to simply check off the items they needed to address. This delivery approach provided patients with a more manageable way to engage with tasks at home. We developed seven videos to demonstrate CBT strategies. The incorporation of this multimedia component, alongside other available resources such as case materials, patient handouts, textbooks, and worksheets, facilitated patient engagement, even among those facing greater challenges. In our feasibility study, a total of 14 participants (7 males and 7 females) were recruited, and after 16 sessions, a notable decrease in Quick Inventory of Depressive Symptomatology (QIDS) scores was observed.

Discussion

This study represents the first pilot study in Japan focusing on Short-Term SCBT, designed to deliver CBT sessions to depressed patients in a condensed timeframe. The efficacy of the developed SCBT program will be assessed from the perspectives of both patients and therapists, with a particular focus on its "efficiency." As of the presentation date, based on the collected data, we will also explore future issues and prospects.

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Introduction

Cognitive behavioral therapy (CBT) is recommended in guidelines for the treatment of depression in many countries. But a traditional CBT session needs about 50 min. Japanese psychiatrist's length of consultation per patient is about 8.3 min (Nakagawa et al,2015). The insufficient time is hindering the provision of CBT. (Japan Health Policy Institute, 2021).

Objectives

This study is to develop a CBT that can be provided in a short amount of time and to validate its effectiveness.

Material and Methods

• We added tips to reduce the time in the CBT manual for depression, created in collaboration with the Ministry of Health, Labour and Welfare (Wright et al. 2010, Otto et al. 2010). We called it streamlined cognitive-behavioral therapy(SCBT). We developed 7 videos explaining CBT skills, 13 SCBT worksheets, and a website, CBT map (<https://cbtmap.jp>)



Figure1. Video example 'Cognitive Restructuring'



Figure2. Website CBT map

Material and Methods

• 14 outpatients (7F; mean age 46yrs. range 25-57yrs.)with depressive disorder received 12-16 weeks of SCBT. The primary outcome was the change in Quick Inventory of Depressive Symptomatology (QIDS) scores. It were assessed by self-report at baseline, at every sessions, and at posttreatment months 3.

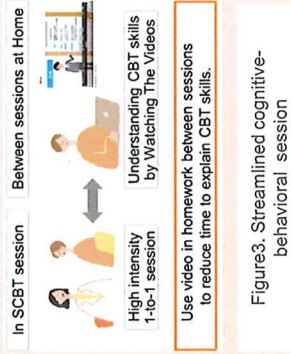
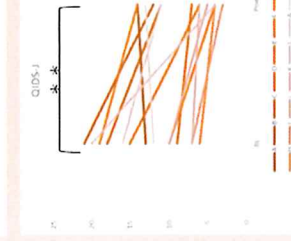


Table1. Change in QIDS-J



Result

We used paired T-test, patients showed significant increase in QIDS(Table1) ($p < .001$)
 The average QIDS score decreased from 13.07 to 8.14.
 No serious adverse events , no dropout.
 The average duration of the session was 26 min.

Discussion

- This is the first pilot study in Japan about video-assist and shorter session CBT.
- We would like to expand the application of CBT for other disorders by adding the necessary videos, thereby contributing to the popularization of CBT and clinical support for therapists.
- By SCBT training and website CBT map, we will provide more CBT for patients.

Conclusion

By video-assist, CBT could be provided in one-half the usual time, and depressive symptoms improved

Reference

Nakagawa, A., et al, Comparison of treatment selections by Japanese and US psychiatrists for major depressive disorder: A case vignette study. *Psychiatry and Clinical Neuroscience*. Sep;69(9): 553-62. 2015)
 Thase ME., et al, Improving the Efficiency of Psychotherapy for Depression: Computer-Assisted Versus Standard CBT. *Am J Psychiatry*. 2018 Mar 1;175(3):242-250

Acknowledgements

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発表概要報告書

【大会概要】

2024年2月29日(木) から 3月3日(日)にかけてインド、ニューデリーで開催された、第8回アジア認知行動療法学会(8TH ASIAN CBT CONGRESS;ACBTA)に参加しました。‘Behavioural Therapies Across Illness & Health:Advances, Challenges & Way forward.,Indian Association for Cognitive Behaviour’というテーマで開催されました。

【発表内容の概要】

“Validation of the effectiveness of streamlined cognitive-behavioral therapy delivered in a short period of time made possible by video-assist.”というテーマで、動画やワークシートを用いて限られた時間でも行える効率型認知行動療法について報告いたしました。インドでもCBTの普及は不十分で、オンラインやアプリでのCBTの提供の開発が盛んであるようでした。これからオンラインカウンセリング会社を起業するインド人の心理士さんと話すことができ、どこに住んでいてもCBTを受けられる体制づくりについて考えさせられました。

【学会体験記】

インドに行くまで、犯罪や衛生面等、心配していましたが、日本からコーディネートをしてくださっていた、大会長のNimisha Kumar先生や多くの現地の学会関係者の方、また国内からは同志社大学の石川信一先生達のサポートにより快適に過ごすことができました。とてもきれいなホテルやレストランのすぐそばで、道に横たわったやせ細った方や物乞いする人々に会い、これほど発展している国でも、貧富の差や身分の差が大きいことがよくわかり、このような国で、貧困を解決できない中、この人達に心理士ができることがあるとすれば何だろうかと考えさせられました。物乞いをする子ども達に心が痛むとともに、私自身がCBTセンターで働き始めた時の気持ちを思い出しました。生まれながらに、社会的にまたは能力的に恵まれている人々以外でも、今がどんな状況でも、何歳でもどんなに貧しくても、誰だって夢をもつ権利があり、人の役に立てる可能性があり、自分のことをなかなかいいと感じられ、人と一緒に何かやるのも悪くないと感じられて、人生は生きるに値する、と思って生きていけるような未来を創るために、心理療法を必要な人に届けるための仕事をしようという思いを再確認し、また仕事に励みたいと感じました。

採用された方についてはウェブページ等で内容が公開される場合があります。

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