

Efficacy of Delivering Streamlined Cognitive Behavioral Therapy with Online Psychotherapy Tools for Depression: A Feasibility Study in Japan

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Introduction:

As mental illness is one of the five noncommunicable diseases defined by Ministry of Health, Labour and Welfare (MHLW), depression has a lifetime prevalence of 6.3% in the Japanese population. In recent years, cognitive behavioral therapy (CBT) has gained considerable attention and has been recommended as an effective therapy for depression worldwide. However, a typical CBT session lasts 30-50 minutes. In contrast, a clinician's average outpatient time in Japan is about 8.3 minutes, making it challenging for physicians to conduct CBT in the limited available time. Conceivably reflecting this fact, the implementation rate of CBT in psychiatric clinics remains low, as reported as 6.9% in one report. The most frequently cited reason preventing implementation in clinical settings was lack of time. For adequate dissemination, a less time-consuming way to provide CBT is essential. As such, this study aimed to develop an individual CBT program enabling one to perform CBT more efficiently in a 15-minute session and examine its efficacy.

Method:

Streamlined CBT (SCBT) was developed following the book (Wright et al., 2010, Otto et al. 2011) and added tips to MHLW's manual on cognitive-behavioral therapy for depression. Emphasis was put upon structuring the materials to ensure that a CBT session followed a framework and adhered to an agenda, despite the limited assigned time. An open-access website containing all the

necessary materials with sufficient information in a downloadable format was constructed, emphasizing accessibility and allowing one to utilize resources from a home environment. A team of clinical experts revised and assembled the materials through consensus and collaboration. The efficacy of the developed SCBT program was conducted through a multicenter feasibility study of 12 adult patients with depression. The primary outcome was change in Quick Inventory of Depressive Symptomatology (QIDS) scores over time, measured every session throughout the intervention. Health Labour Sciences Research Grant funded this study (JP20GC1016).

Results :

Several CBT worksheets were designed and developed. In particular, the worksheet filled by the patient at the end of the session was created so that their task was straightforward, having only to place a checkmark on the possible agenda to be engaged. This delivery style allowed a more manageable way for patients to work on their agenda at home. Seven videos were developed to demonstrate CBT strategies, all 5 to 7 minutes long. Integration of multimedia elements with all other available resources, including case materials, patient handouts, textbooks, and worksheets, allowed even those with difficulty to concentrate on working with the agenda. A total of 12 patients (seven men and five women) were recruited for the feasibility study. The mean age of participants was 42.1 (standard deviation: SD 12.0), with a mean QIDS of 12.9 (SD 5.50) before the intervention. After the five sessions, we confirmed the decrease of QIDS score with a mean, 10.4 (SD 4.72).

Discussion :

This is the first pilot study for SCBT undertaken as a national research project in Japan, which allows CBT sessions to be conducted in a short period of time for patients with depression. The efficacy of the developed SCBT will be discussed while also considering "efficiency" from the both the patient's and the therapist's perspective. We plan to discuss future issues and prospects based on data collected up to the day of the presentation.

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Conclusion

We have developed Streamlined Cognitive Behavioral Therapy (SCBT) by video assists that can be provided in a shorter time than traditional CBT. It has enabled patients to learn CBT techniques on their own at home.

Background

- A traditional CBT session lasts about 50 min.
- A psychiatrist's average outpatient time in Japan is about 8.3 min.
- Therefore, CBT provided with only 6.2% of psychiatric clinics in Japan.

Purpose

- (1) To develop SCBT that can be done in shorter sessions.
- (2) To test the effectiveness of SCBT.

Methods

- (1) How to make SCBT manual & materials.
- (2) Feasibility Study



FIGURE1. How to make SCBT manual

A team of clinical experts developed the manual & materials through consensus and collaboration.

*MHLW=Ministry of Health, Labour and Welfare of Japan

- 12 adult patients with depression.
- 12-16 Sessions
- The primary outcome QIDS ; Quick Inventory of Depressive Symptomatology

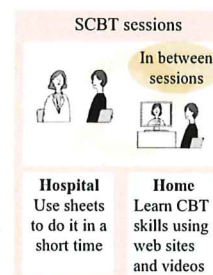


FIGURE2. Structure of SCBT

Results

(1) Materials**

- An open access site "CBT Map" where all necessary materials can be downloaded.
- 7 videos to help patients learn CBT skills on their own.
- 13 worksheets to help patients set their agenda and encourage action plans.

**you can see the material from the top right corner QR code

(2) Feasibility Study

- QIDS 12.4 → 8.6
- No serious adverse events, no dropout.
- The average duration of the session was 26 min.

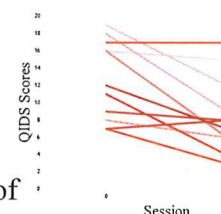


FIGURE3. Change in QIDS-J

Discussion

This is the first pilot study for SCBT undertaken as a national research project in Japan. This study findings indicate that SCBT can actually be implemented in less than 30 min and might be effective against depression.

Acknowledgements

This work was supported by MHLW Program Grant Number JP20GC1016.

Materials**

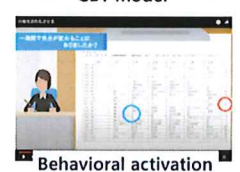
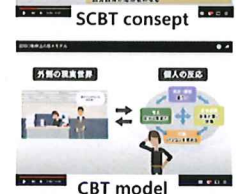


Web site

"CBT Map": <https://cbtmap.jp>



7 Videos



Assertion

発表概要報告書

【大会概要】

2023年6月1日(木) から 4日(日)にかけて、韓国ソウルで開催された、第10回世界認知行動療法学会(10th World Congress of Cognitive and Behavioral Therapies;WCCBT)に参加しました。大会テーマの‘Global CBT Dissemination, Accessibility and New Technology’にふさわしく、CBTの普及についてはAPTの提唱者であり、国内では「心理療法がひらく未来」の書籍で有名なDavid Clark先生が“Realising the Mass Public Benefit of Psychological Therapies: Science, Politics and Economics”について講演され、会場では同時通訳アプリやソフトなどデジタル機器によって多言語で学習、交流することができました。

【発表内容の概要】

“Efficacy of Delivering Streamlined Cognitive Behavioral Therapy with Online Psychotherapy Tools for Depression : A Feasibility Study in Japan”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。普段、オンラインでしか会っていなかった国内の分担者の先生方と直接お会いできたり、海外の先生からはCBTのスキルを説明する動画やホームページ(<https://cbtmap.jp>)をその国の言語で翻訳しながらみていただけ、初学者の学習にも使えそうだという感想をいただきました。

【学会体験記】

Judith Beck先生のワークショップに参加して、セラピストの信念について話される中でAaron Beck先生にカンファレンスで助言をもらい続けてきたことがとても幸せなことだったと話され、「セラピストが自己批判しないこと、誰かと比較しなくていいことを繰り返し教えてくれた」という言葉に励まされました。また、ディナーの時にJ. Beck先生が花を束ねて持ったまうろうろされていて何をされているのか・・・とみていたら、お知り合いの方をみつけては、一本お花を渡してハグしていらっちゃって、本当に人を大事にする、そして何かを相手にしてあげたいという思いがおりなのだろうと感じました。書籍からも人間に対する信頼感、優しさを感じていましたが、直接お会いしたことで、CBTはスキルではなく、セラピスト自身の信念、人となりもとても大切なことなのだということを体感できたことが、とても貴重な体験でした。優れたセラピストになりたいという思いとともに、あたたかいセラピストになりたいと思いました。このような機会をいただけたことに心より感謝しています。

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。

(1182字)