

発表成果報告書

国際学術交流助成金に採択された方は、学会参加後 1 か月以内（ただし、助成決定時にすでに発表済みの場合は通知から 1 か月以内）に以下の資料をご提出ください。

① 発表成果報告書（本様式）、②発表抄録（英文）、③発表実績（ポスターやスライド等の写し）

【発表概要】（400 字程度）

本研究は、医療リワークデイケアにおける集団認知行動療法の実施において、ホームワーク（HW）の ICT 化（デジタルデバイスの活用）が抑うつ症状や復職関連指標に与える影響を検討した。認知再構成法と行動活性化に基づく全 8 回のプログラムに、うつ病等休職者 23 名（ICT 群 13 名、紙群 10 名）が参加した。ICT 群はオンラインフォーム、紙群は紙媒体で HW を提出させた。2 要因分散分析の結果、ポジティブ自動思考は時期の主効果が有意、抑うつ症状、行動活性化、および職場復帰困難感は有意傾向であった。行動活性化の「回避と反すう」のみ、群と時期の交互作用が有意傾向であり、ICT 群は紙群よりも低減していた。その他の指標は群の主効果および交互作用は有意でなかった。以上のことから、HW の ICT 化と従来の紙ベースでの実施との間で、集団認知行動療法の効果の差は認められなかった。媒体特性と利用者のニーズを踏まえて、今後さらに復職支援における ICT 活用の可能性を検討していく必要がある。

【参加体験記】（800 字程度）

この度、2026 年 6 月 25 日～28 日にサンフランシスコで開催された第 11 回 WCCBT に参加し、ポスター発表を行う機会に恵まれた。初の国際学会であり、参加前は英語でのコミュニケーションに対する不安もあった。しかし、いざ現地に行くと積極的に交流し学びたいという意欲が湧き、たくさんの学びを得られた。

特に印象的だったのは、ワークショップにおいて国内大会以上に参加者同士の活発な相互議論が行われていたことだ。参加者の専門領域や興味に合わせてその場でアジェンダを組み立てたり、参加者からの意見や疑問もその場で扱っていた。参加者もただ参加して説明を聞くというスタンスではなく、一人の研究者として一緒に学ぶ時間であった。程よい緊張感の中で学ぶことが多くあったが、一方で「英語がもっとできたら」と悔しい思いも湧いた。さらに、自身は集団療法に関心があるため、発表者がファシリテーターとして柔軟に場を回す姿も勉強になった。

ポスター発表では、質問者が私の拙い英語に対しても意図を理解しようと寄り添ってくれたおかげで、何とかコミュニケーションをとることができた。ポスター会場には日本からの参加者も多く、日本語ではより活発な議論ができた。

5 日間という短い期間であったが、サンフランシスコでの生活や異文化に触れたことも、非常に刺激的で忘れられない経験となった。帰国する機内では、偶然にもサンフランシスコ在住のご夫婦と隣り合わせになり、次に訪問した際には是非遊びに来てほしいと連絡先まで交換した。英語で積極的にコミュニケーションを取ろうとしている自分にも気づき、これも国際学会に参加したことで生まれた変化なのかもしれないと感じた。

今回の WCCBT への参加を通して、各国の研究者たちが情熱を持って研究に取り組んでいる姿を目の当たりにし、自身の研究への取り組みについて改めて考えさせられたとともに、やはり研究は面白いという原点に気づかされた。

Introduction: Digital mental health interventions have expanded rapidly, yet evidence for their use in occupational rehabilitation—particularly in tertiary-prevention programs for workers on sick leave due to depression—remains scarce. In Return-to-Work (RTW) programs in Japan for individuals with depression, group-based Cognitive Behavioral Therapy (GCBT) is widely used to support recovery and facilitate return to work. Homework (HW) is a core therapeutic element of CBT, fostering cognitive change and behavioral activation. Although ICT offers convenience and immediacy that may enhance HW engagement, its effectiveness in workplace-based psychological interventions has rarely been evaluated. Because group cohesion is a key therapeutic factor in GCBT, fully digitalizing the program could compromise essential group processes. Therefore, this study applied ICT only to the HW component—leveraging digital convenience while preserving the cohesion of face-to-face sessions.

Aim: This study aimed to compare the effectiveness of group CBT with ICT-based HW and paper-based HW in an RTW program.

Clinical implications: Integrating ICT-based HW into group CBT may offer a practical way to support continuity of skill practice and enhance engagement in RTW interventions.

Methods: Participants on sick leave due to depression ($N=23$; ICT group=13, paper group=10) completed an 8 session CBT program including cognitive restructuring and behavioral activation. HW consisted of five-column thought records and TRAP (Trigger – Response – Avoidance Pattern) worksheets. ICT participants submitted HW via an online form, whereas paper participants submitted handwritten worksheets. Pre- and post-intervention measures included the PHQ-9, Automatic Thoughts Questionnaire-Revised (ATQ-R), Behavioral Activation for Depression Scale (BADs), and Difficulty in Returning to Work Inventory (DRW). Two-way mixed ANOVAs and change-score correlations were conducted.

Results: Positive automatic thoughts increased significantly (ATQ-R: $p<.001$). Depressive symptoms, behavioral activation, and difficulty in returning to work showed a marginally significant reduction (PHQ-9, BADs, RTW: $p<.10$) across both groups. The BADs “avoidance/rumination” subscale showed a marginal interaction, with a significant reduction only in the ICT group ($p<.05$). The improvement of depressive symptoms was significantly associated with both the enhancement of behavioral activation ($r=-.47$, $p<.05$) and the reduction of RTW difficulty ($r=.52$, $p<.05$). HW submission rates were higher in the ICT group (94.1%) than in the paper group (86.2%).

Discussion: Although ICT-based HW was expected to enhance the effectiveness of group CBT due to its convenience and usability, no significant differences were observed between the ICT and paper-based groups. A possible explanation is that both groups received CBT sessions in person, which may have been sufficiently effective regardless of HW format. Future research should explore additional ways to incorporate ICT into return-to-work interventions beyond HW implementation.

The Effectiveness of Group Cognitive Behavioral Therapy in a Return-to-Work Program for Individuals with Depression: A Comparative Study of ICT-Based and Paper-Based Homework

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INTRODUCTION

- Digital mental health interventions have expanded rapidly, yet evidence for their use in occupational rehabilitation remains scarce.
- Because group cohesion is a key therapeutic factor in GCBT, fully digitalizing the program could compromise essential group processes.
- Therefore, this study applied ICT (Information and Communication Technology) only to the HW component—leveraging digital convenience while preserving the cohesion of face-to-face sessions.

METHODS

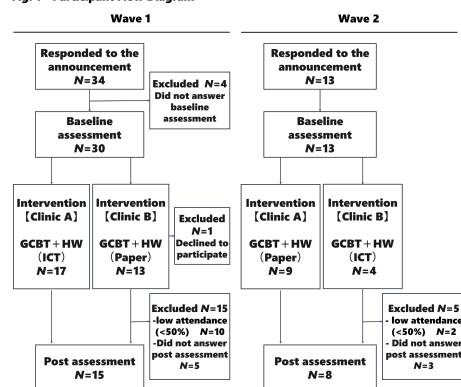
Analyzed participants

Medical rework program users (N=23)

- ICT HW group (n=13; M=8 F=5)
- paper HW group (n=10; M=9 F=1)

procedures

Fig. 1 Participant Flow Diagram



Measures

- Depression : PHQ-9
- Positive/Negative Automatic Thoughts : ATQ-R
- Behavioral Activation : BADS
- Difficulty in Returning to Work : DRW

No significant difference was observed in the reduction of depressive symptoms between the ICT-based homework (HW) group and the paper-based HW group within the face-to-face group CBT in return-to-work program.

Table 2 Mean of All Variables, and Results of ANOVA (N=23)

Measures	ICT group (n=13)		Paper group (n=10)		ANOVA (F value)		
	Pre	Post	Pre	Post	Time	Group	Interaction
PHQ-9	6.92	5.46	10.40	8.30	4.30 †	4.31 *	0.14
ATQ-R -NATs	11.10	9.85	11.20	11.50	0.37	0.44	1.00
ATQ-R -PATs	10.54	14.38	9.80	16.10	27.29 ***	0.18	1.60
BADS	86.42	100.75	80.50	81.90	3.13 †	3.49 †	1.98
-Activation	19.62	18.69	16.00	15.60	0.09	1.12	0.01
-Avoidance/Rumination	23.83	14.33	23.20	23.20	4.04 †	0.77	4.04 †
-Work/School Impairment	13.54	11.92	12.70	13.20	0.31	0.00	0.78
-Social Impairment	14.15	11.92	11.80	13.70	0.10	0.04	2.44
DRW	29.85	27.00	29.80	27.80	3.08 †	0.02	0.09
-Physical Functioning Diffic	8.31	7.92	8.90	7.90	1.38	0.08	0.27
-Interpersonal Difficulties	10.85	10.62	11.50	10.80	0.42	0.12	0.11
-Cognitive Functioning Diffi	9.15	8.46	9.70	9.10	2.17	0.62	0.01

Note. *** $p < .001$, * $p < .05$, † $p < .10$.

Table 3 Correlation between the PHQ-9, ATQ-R, BADS and DRW of Change Score (Post-Pre)

	1	2	3	4	5	6	7	8	9	10	11
1. PHQ-9	—										
2. ATQ-R -NATs	.36 †	—									
3. ATQ-R -PATs	-.03	-.10	—								
4. BADS	-.47 *	-.09	.02	—							
5. -Activation	-.27	.14	.15	.14	—						
6. -Avoidance/Rumination	-.24	.18	.39 †	.15	.31	—					
7. -Work/School Impairment	-.43 *	-.21	.44 *	.26	.48 *	.68 **	—				
8. -Social Impairment	-.44 *	-.06	.61 **	.19	.34	.74 **	.81 **	—			
9. DRW	.52 *	.21	-.26	-.58 **	.09	-.11	-.14	-.31	—		
10. -Physical Functioning Difficulties	.21	-.23	-.22	-.19	-.17	-.39 †	-.36 †	-.48 *	.52 *	—	
11. -Interpersonal Difficulties	.37 †	.03	-.50 *	-.52 *	.05	-.54 **	-.42 *	-.62 **	.56 **	.24	—
12. -Cognitive Functioning Difficulties	.39 †	.16	-.23	-.54 **	-.22	-.04	-.15	-.07	.63 **	.11	.31

Note. 5-8 are BADS subscales and 10-12 are DRW subscales. ** $p < .01$, * $p < .05$, † $p < .10$

RESULTS & DISCUSSION

Two-way ANOVA (Table 2)

- Depressive symptoms showed a trend-level reduction across both groups.
 - Positive automatic thoughts increased significantly across both groups.
 - BADS "Avoidance/Rumination" subscale showed a significant interaction and timing effects, with the ICT group showing a greater decrease.
- ICT-based homework may be more effective in reducing negative cognitive processes such as avoidance and rumination.

Correlation Analysis (Table 3)

- The improvement of depressive symptoms was significantly associated with both the enhancement of behavioral activation and the reduction of RTW difficulty.
 - Behavioral activation and the reduction of RTW difficulty was a strong correlation.
- Promoting behavioral activation within the rework program may lead to RTW.

HW submission rates

ICT group (92.4%) > paper group (87.0%)

*not statistically significant

CONCLUSIONS

- No significant difference was observed in the reduction of depressive symptoms across both groups.
- both groups received the sessions in person, traditional paper-based HW may have been sufficiently effective even without ICT.
- Future research is expected to explore further ways to utilize ICT in return-to-work support, beyond homework (HW) implementation.

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