



## Target Area: Behaviour / Emotion, Mood &gt; Depression

<b>Beckner V, Howard I, Vella L, &amp; Mohr DC (2010)</b> Telephone-administered psychotherapy for depression in MS patients: moderating role of social support <i>Journal of Behavioral Medicine</i> 33(1): 47-59	PEDro score - To be confirmed.
Method/Results	Rehabilitation Program
<b>Design</b> <ul style="list-style-type: none"><li>➤ <b>Study Design:</b> RCT</li><li>➤ <b>Population:</b> Participants diagnosed with MS (n= 127 adult; 77% female; 90% Caucasian; M = 47.96 years).</li><li>➤ <b>Groups:</b><ol style="list-style-type: none"><li>1. Telephone-administered Cognitive Behavioural Therapy (T-CBT)</li><li>2. Telephone-administered Emotion Focused Therapy (T-EFT)</li></ol><b>Setting:</b> Interaction with therapist through telephone</li></ul>	<b>Aim:</b> To examine whether two telephone treatments targeting depressive symptoms differentially impact depressive symptoms in participants with MS, depending on baseline levels of social support.  <b>Materials:</b> Participants' manual/ workbook to T-CBT with 5 chapters. 11 optional modules for specific problems such as fatigue management and sexual difficulties.  <b>Treatment Plan:</b> As a secondary analysis to study by Mohr et al. 2005. <ul style="list-style-type: none"><li>➤ <b>Duration:</b> 16 weeks of treatment</li><li>➤ <b>Procedure:</b> 50-min telephone sessions by licensed, doctoral-level psychologists</li><li>➤ <b>Content:</b><ul style="list-style-type: none"><li>- T-CBT sessions with therapist with accompanying workbook developed by the authors that included five chapters that are used by all participants and 11 optional modules. The core chapters focused on challenging depressogenic thoughts, increasing pleasant activities, problem solving skills and managing interpersonal difficulties.</li><li>- T-EFT based on a manualised process-experiential therapy developed by Greenberg et al. 1993, adapted for this study. The sessions focused on empathic attunement and the facilitation of communicating emotional experience in the moment. T-EFT therapists were instructed to abstain from using CBT techniques.</li></ul></li></ul>
<b>Primary outcome measure</b> <ul style="list-style-type: none"><li>➤ Depression change score (pre- to post-treatment) assessed with the BDI-II and HAM-D</li></ul> <b>Results:</b> Both the level of social support participants reported receiving at baseline, as well as their satisfaction with that support, moderated treatment outcome among participants with MS and depression. I.e. Individuals with higher levels of received support and satisfaction with their social support network showed greater reductions in depressive symptoms when enrolled in T-CBT compared with T-EFT. Participants with low social support at baseline improved similarly in both treatments.	