

Symposium. Wat werkt voor wie in psychotherapie voor depressie? The truth is in the data.

Presentatie 1: Cognitieve therapie of gedragsactivatie bij depressie? Een systematische review en meta analyse van individuele patiëntdata.

Ellen Driessen, PhD

Presentatie 2: iCGT interventies voor depressie: Hoe een symptoom-specifieke benadering meer zicht geeft op de precieze effectiviteit van bestaande behandelingen

Lynn Boschloo, PhD

Presentatie 3: Geavanceerde mediatieanalyses en experimentele designs om werkingsmechanismen in psychotherapie voor depressie te onderzoeken

Sanne Bruijniks, PhD

Presentatie 4: Als suicidaliteit op de voorgrond staat: het inzetten van een additionele behandeling bij psychotherapie voor depressie

Jaël van Bentum

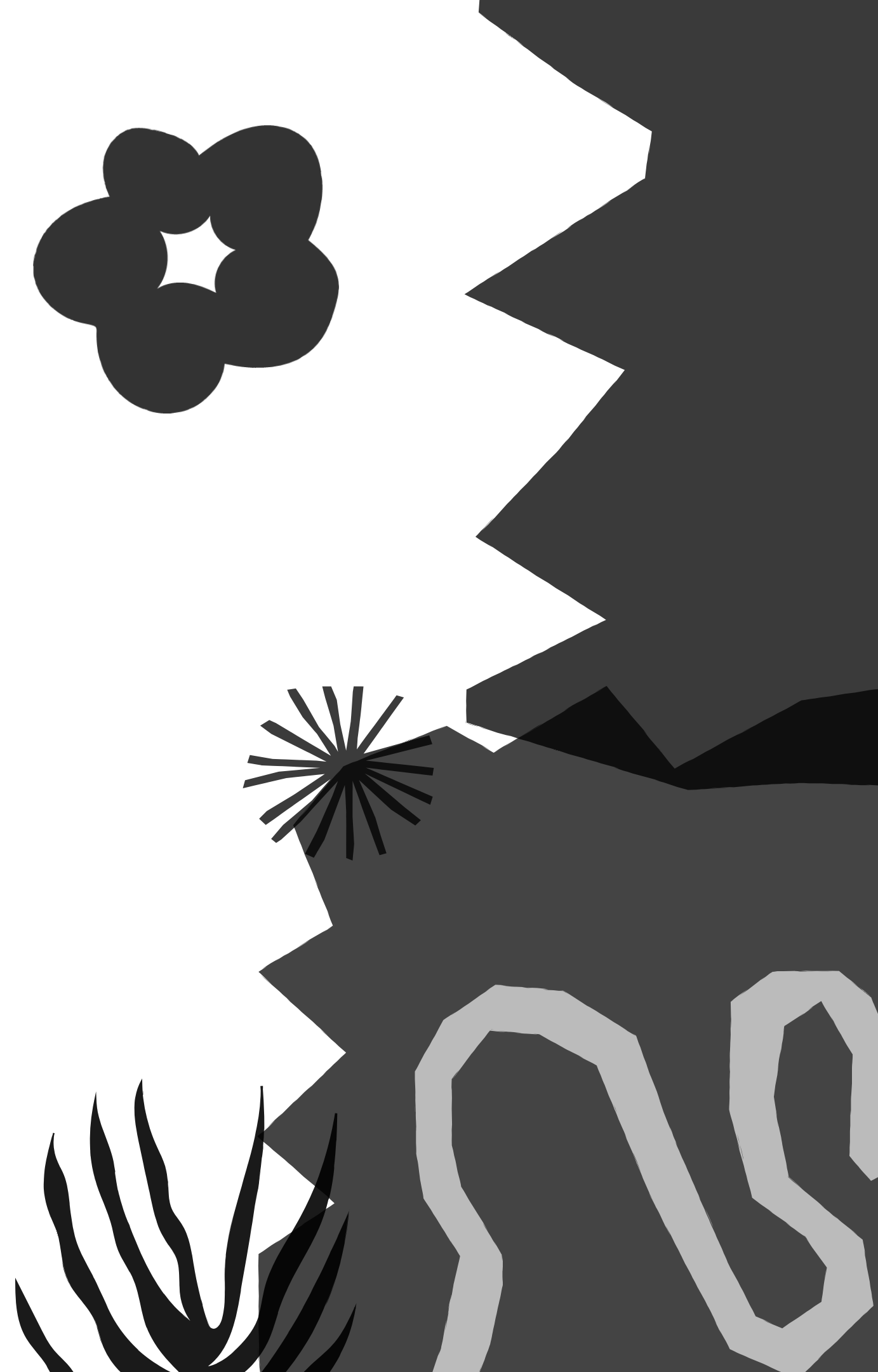


Belangenverstremgeling: geen

Werkingsmechanismen in psychotherapie voor depressie

Latent difference score models en
experimentele designs

Sanne Bruijniks, PhD
Universiteit Utrecht/GGZ inGeest
VGCT 2 november 2023





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Cognitive behavior therapy vs. control conditions, other psychotherapies, pharmacotherapies and combined treatment for depression: a comprehensive meta-analysis including 409 trials with 52,702 patients

Pim Cuijpers, Clara Miguel, Mathias Harrer, Constantin Yves Plessen, Marketa Ciharova, David Ebert, Eirini Karyotaki



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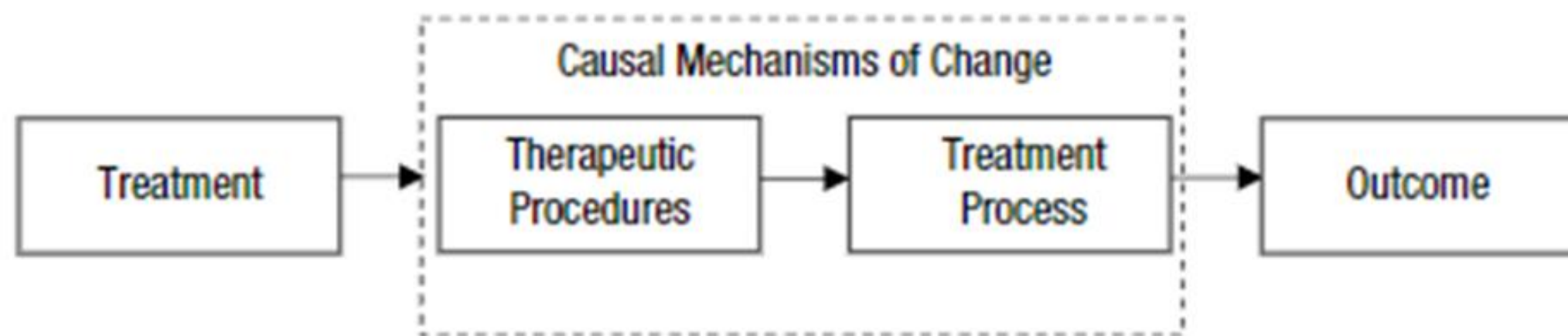


Fig. 1. Causal pathway hypothesis: the relation between treatment, therapeutic procedures, treatment processes, and outcome.

Table II. Requirements for Demonstrating Mediators and Mechanisms of Change

Strong association: Demonstration of a strong association between the psychotherapeutic (*A*) intervention and the hypothesized mediator of change (*B*) and an association between the proposed mediator (*B*) and therapeutic change (*C*). Strong might be measured in effect size or percentage of variance but usually is addressed statistically through mediation analyses that show how the relation between *A* and *C* depend on *B*.

Specificity: Demonstration of the specificity of the association among the intervention, proposed mediator, and outcome. Ideally, many plausible constructs do not account for therapeutic change, with the exception of one, which strengthens the argument that the proposed construct mediates change.

Consistency: Replication of an observed result across studies, samples, and conditions (i.e., consistency in the relation) contributes to inferences about mediators. Inconsistency might result from operation of a moderator and not controvert interpretation of the critical construct. Yet consistency across studies greatly facilitates drawing inferences about whether a particular mediator may be involved.

Experimental manipulation: Direct experimental manipulation of the proposed mediator to show the impact on outcome (*C*).

Time line: Demonstrating a time line or ordering of the proposed mediator and outcome (i.e., the mediator changes before the outcome).

Gradient: Showing a gradient in which stronger doses or greater activation of the proposed mediator is associated with greater change in the outcome can help make the case for a particular mediator. No dose-response relation (e.g., a qualitative or on-off gradient) or a relation that is not linear does not refute the role of the construct but may make inferences more difficult to draw.

Plausibility or coherence: A plausible, coherent, and reasonable process that explains precisely what the construct does and how it works to lead to the outcome. The steps along the way (from construct to change) can be tested directly.

Note. See Kazdin (2007) for further details.

Psychotherapy Research

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/tpsr20>

Understanding how and why psychotherapy leads to change

Alan E. Kazdin^a

^a Department of Psychology, Yale University, New Haven, CT, USA

Published online: 22 Sep 2009.

Review

Mechanisms of change in psychotherapy for depression: An empirical update and evaluation of research aimed at identifying psychological mediators



Lotte H.J.M. Lemmens, PhD^{a,*}, Viola N.L.S. Müller, MSc^b,
Arnoud Arntz, Prof PhD^{a,c}, Marcus J.H. Huibers, Prof PhD^{a,d}

^a Department of Clinical Psychological Science, Faculty of Psychology and Neuroscience, Maastricht University, P.O. Box 616, 6200 MD Maastricht, The Netherlands

^b Department of Psychology, University of Trier, Am Wissenschaftspark 25-27, 54286 Trier, Germany

^c Department of Clinical Psychology, University of Amsterdam, PO Box 19268, 1000 GG Amsterdam, The Netherlands

^d Department of Clinical Psychology, VU University Amsterdam, Van der Boerhorststraat 1, 1081 BT Amsterdam, The Netherlands

Table 3

Number (%) of studies meeting requirements for process research ($n = 35$).

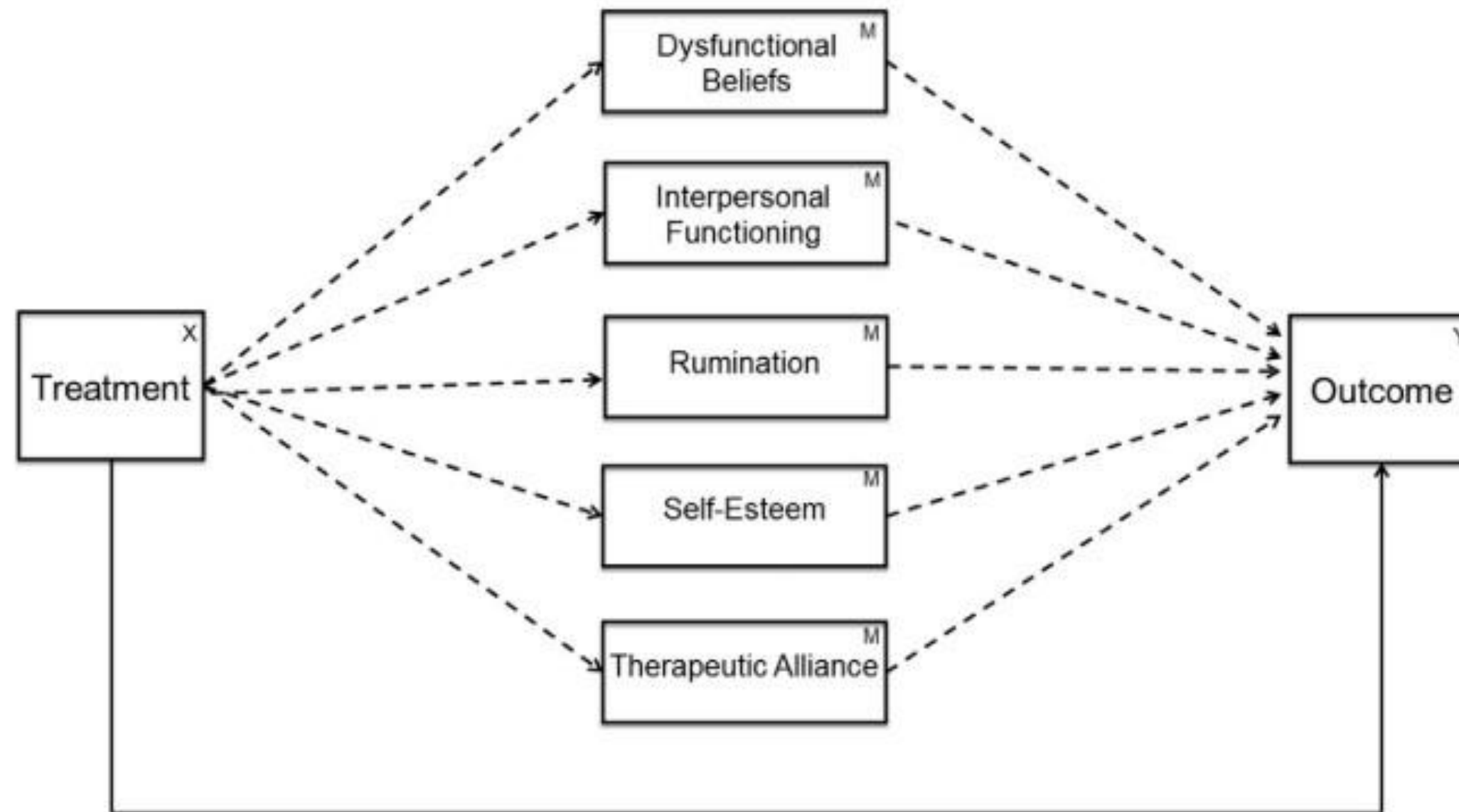
Requirement	<i>n</i> studies (%)
– RCT, yes, <i>n</i> (%)	26 (74.3)
– Control group, yes, <i>n</i> (%)	27 (77.1)
– Sample size per condition ≥ 40 , yes, <i>n</i> (%)	23 (65.7)
– Multiple mediators, yes, <i>n</i> (%)	27 (77.1)
– Assessment of temporality, yes, <i>n</i> (%)	12 (34.3)
– Manipulation of mediator/experiment, yes, <i>n</i> (%)	0 (0.0)

Table 2

Selection of significant mediators in the identified studies.

	All studies ($n = 35$)		Studies meeting 4 or more criteria ($n = 17$)	
	Examined	Significant	Examined	Significant
– Dysfunctional attitudes	7	4	3	2
– Negative (automatic) thoughts	7	4	4	2
– Attributional style	3	1	2	1
– Behavioural concepts	6	3	4	3
– Mindfulness skills	4	3	3	2
– Rumination	5	4	2	1
– Worry	3	3	3	3
– Therapeutic alliance	3	1	1	1
Total	38	23 (61%)	22	15 (68%)

L.H.J.M. Lemmens et al. / *Behaviour Research and Therapy* 94 (2017) 81–92



Referentie: Lemmens, L. H., Galindo-Garre, F., Arntz, A., Peeters, F., Hollon, S. D., DeRubeis, R. J., & Huibers, M. J. (2017). Exploring mechanisms of change in cognitive therapy and interpersonal psychotherapy for adult depression. *Behaviour Research and Therapy*, 94, 81-92.

Agenda

01: Mediatie

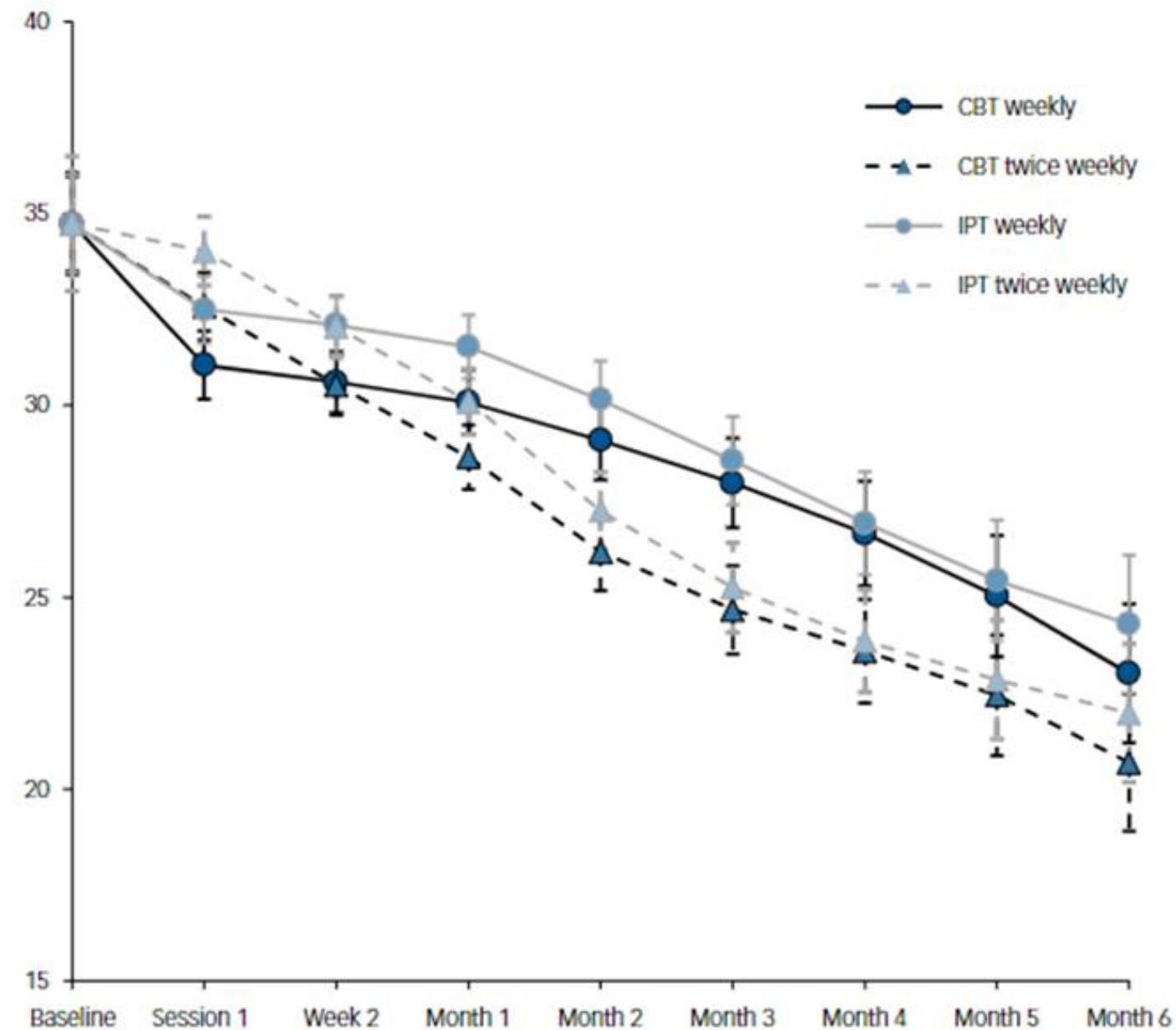
Brujniks, S. J., Meeter, M., Lemmens, L. H., Peeters, F., Cuijpers, P., & Huibers, M. J. (2022). **Temporal and specific pathways of change in cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) for depression.** Behaviour Research and Therapy, 151, 104010.

02: Experiment

Brujniks, S. J., Frank, U., Tuschen-Caffier, B., Werthmann, J., & Renner, F. (2023). **Skill Improvement Through Learning in Therapy (SKILT): A Study Protocol for a Randomized Trial Testing the Direct Effects of Cognitive Behavioral Therapy Skill Acquisition and Role of Learning Capacity in Depression.** Clinical Psychology in Europe, 5(1).

- Gebruik data Nederlandse multicenter studie

- Gebruik data Nederlandse multicenter studie



The effects of once- versus twice-weekly sessions on psychotherapy outcomes in depressed patients

Sanne J. E. Brujniks, Lotte H. J. M. Lemmens, Steven D. Hollon, Frenk P. M. L. Peeters, Pim Cuijpers, Arnoud Arntz, Pieter Dingemans, Linda Willems, Patricia van Oppen, Jos W. R. Twisk, Michael van den Boogaard, Jan Spijker, Judith Bosmans and Marcus J. H. Huibers

- Multicenter RCT
- 200 patienten met MDD
- Sessies 2 keer per week effectiever
- 'Effectiveness' studie

- Gebruik data Nederlandse multicenter studie
- Meerdere mediators: cognitieve verandering, gedragsactivatie, CGT skills, IPT skills, therapeutische alliantie, compliance, motivatie
- Meerdere metingen tijdens behandeling: baseline, week 2, maand 1-6

- Latent difference score models:

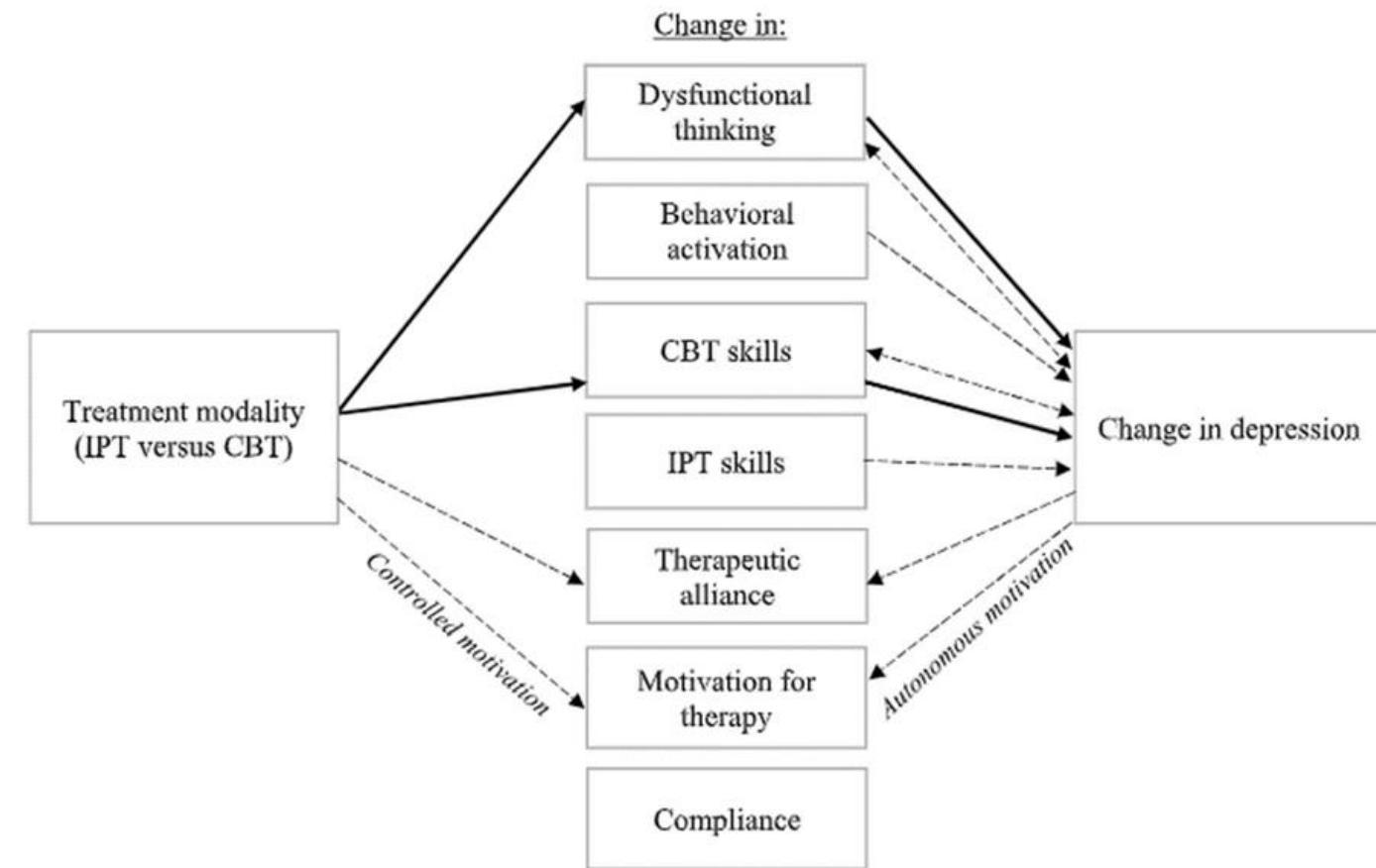
- Test temporele effecten
- Mediatie test

Bevindingen:

Mediatie

CGT: +CGT skills tussen w2 en m3 leidde tot -depressie m3-m6

IPT: -dysfunctioneel denken m4-m5 leidde tot + depressie m5-m6



Bevindingen:

Mediatie

CGT: +CGT skills tussen w2 en m3

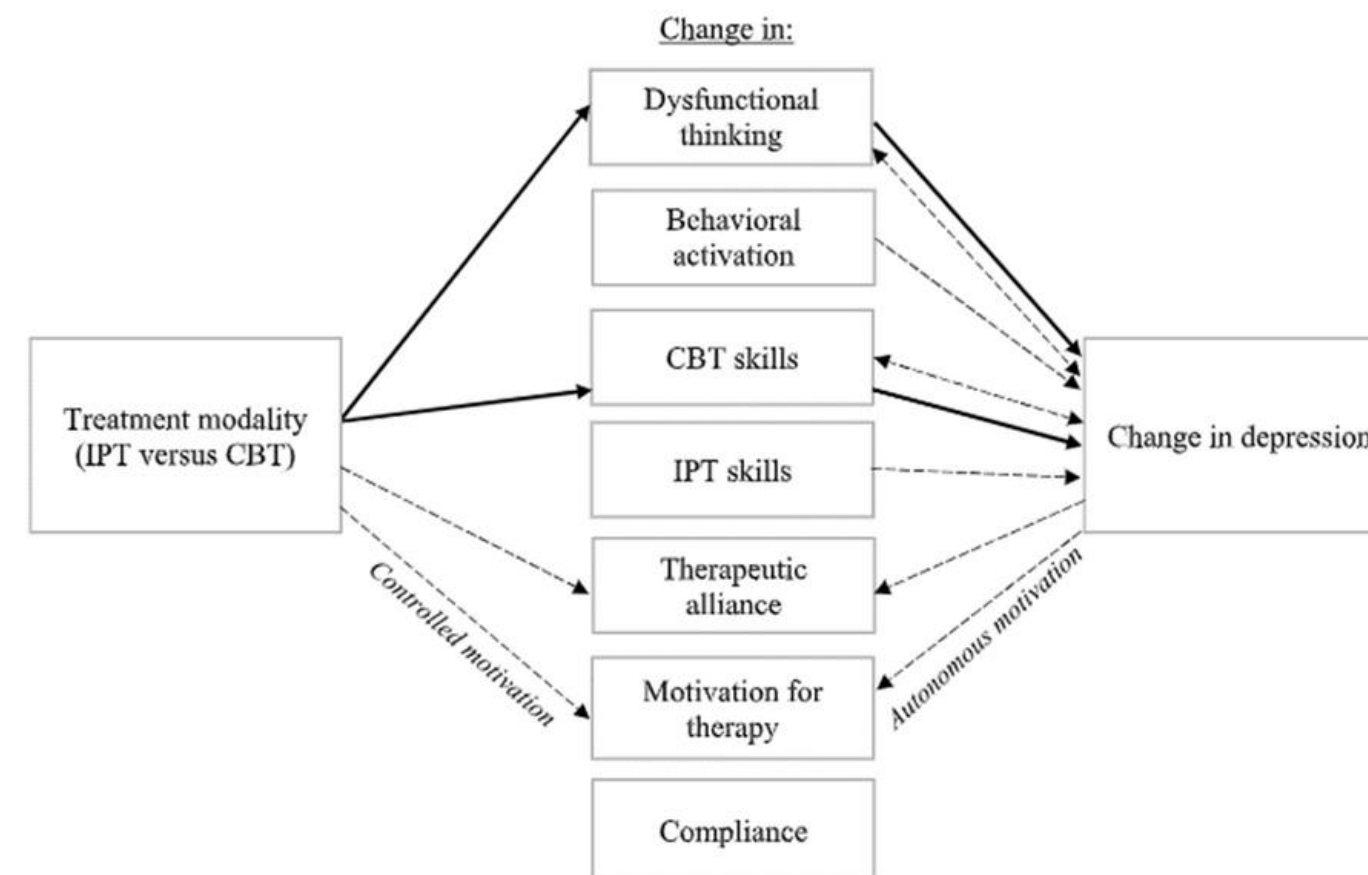
leidde tot -depressie m3-m6

IPT: -dysfunctioneel denken m4-m5

leidde tot + depressie m5-m6

Temporele effecten zonder mediatie

- + IPT skills b-w2 -> - depressie w2-m3
- - depressie -> - motivatie
- - depressie m1-m2 -> + alliantie m2-m3
- + gedragsactivatie m4-m5-> + depressie m5-m6



IPT specifieke effecten:

- + alliantie M4-M5
- - gecontroleerde motivatie M1-M2

Wederzijdse beïnvloeding:

Dysfunctioneel denken & depressie
CBT skills & depressie

Bevindingen:

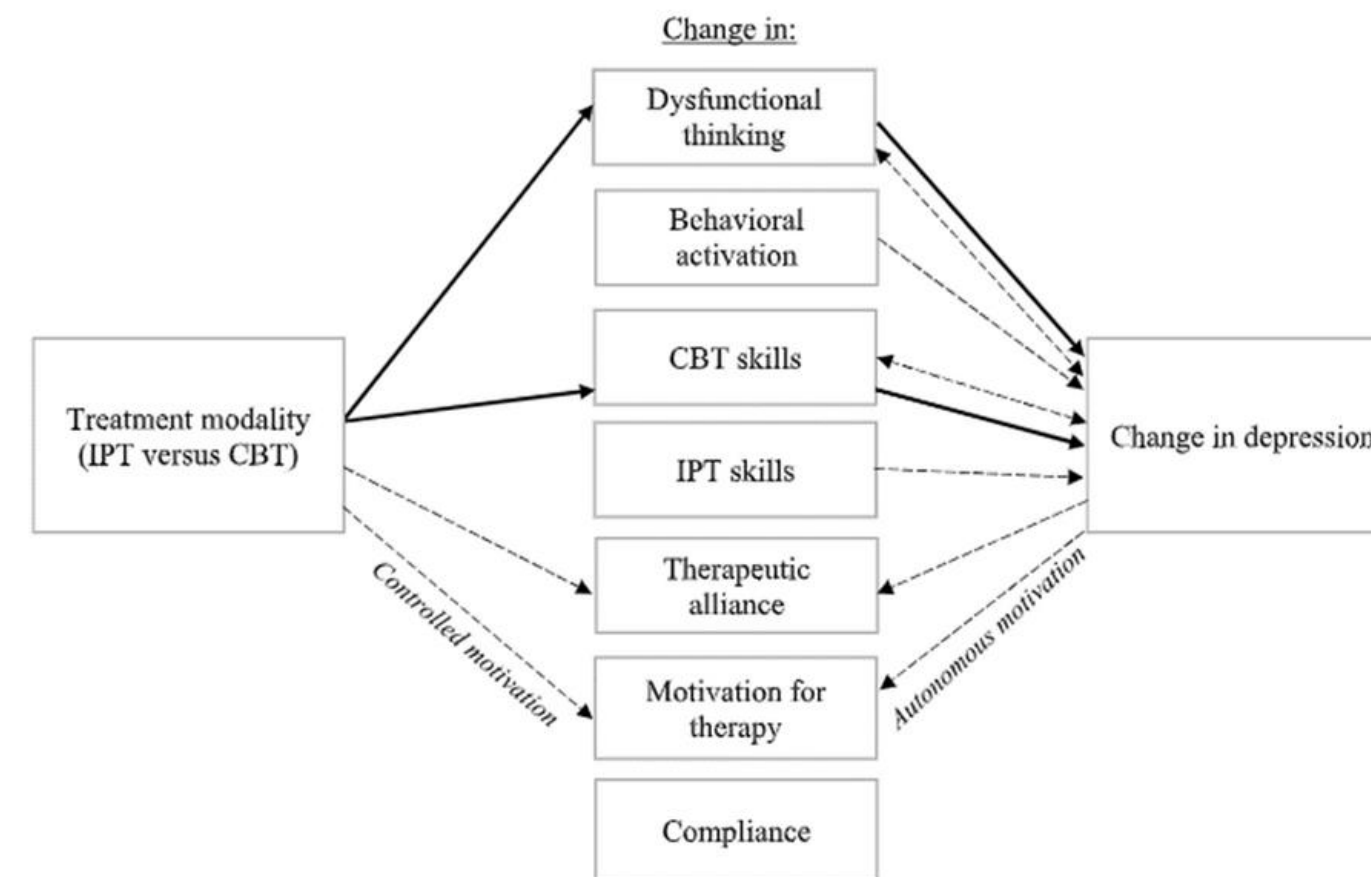
Mediatie

**CGT: +CGT skills tussen w2 en m3
leidde tot -depressie m3-m6**

IPT: -dysfunctioneel denken m4-m5
leidde tot + depressie m5-m6

Temporele effecten zonder mediatie

- **+ IPT skills b-w2 -> - depressie w2-m3**
- - depressie -> - motivatie
- - depressie m1-m2 -> + alliantie m2-m3
- + gedragsactivatie m4-m5-> + depressie m5-m6



IPT specifieke effecten:

- + alliantie M4-M5
- - gecontroleerde motivatie M1-M2

Wederzijdse beïnvloeding:

Dysfunctioneel denken & depressie
CBT skills & depressie

Conclusies

- Causale rol voor therapie skills in psychotherapie voor depressie?
- Meer onderzoek nodig: temporele paden + meerdere mediators in 1 model + toevoeging moderators

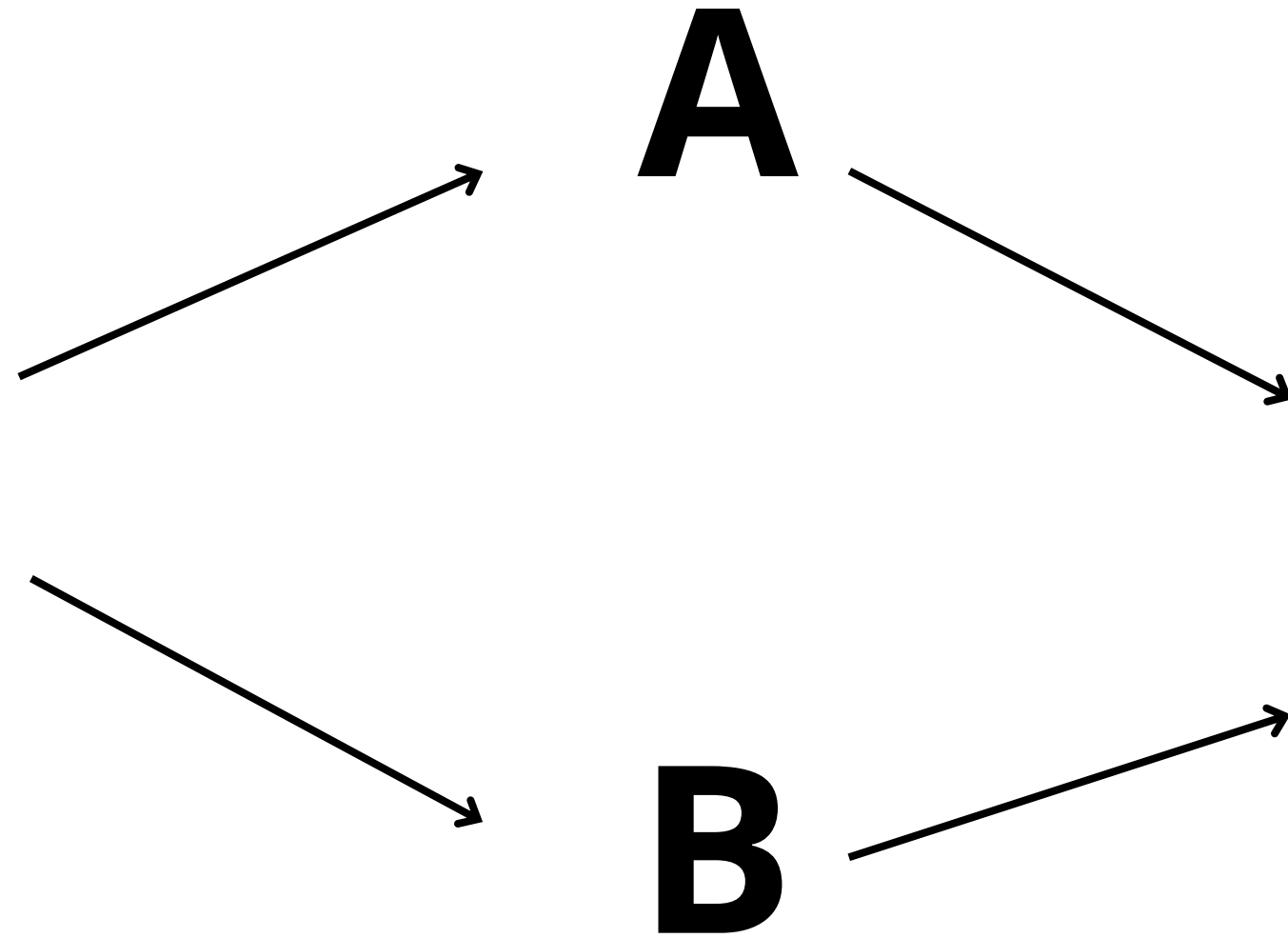
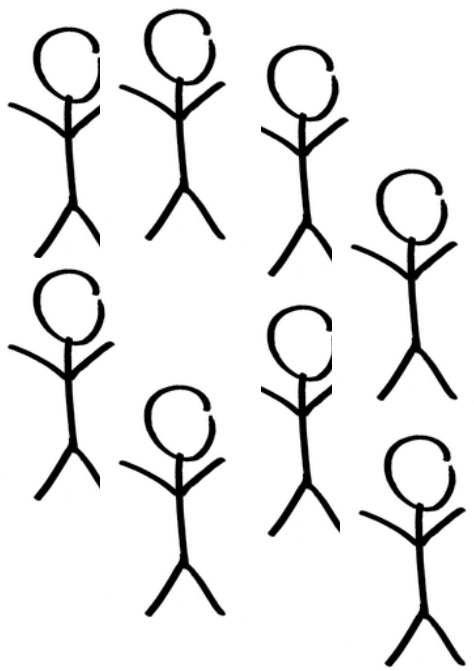
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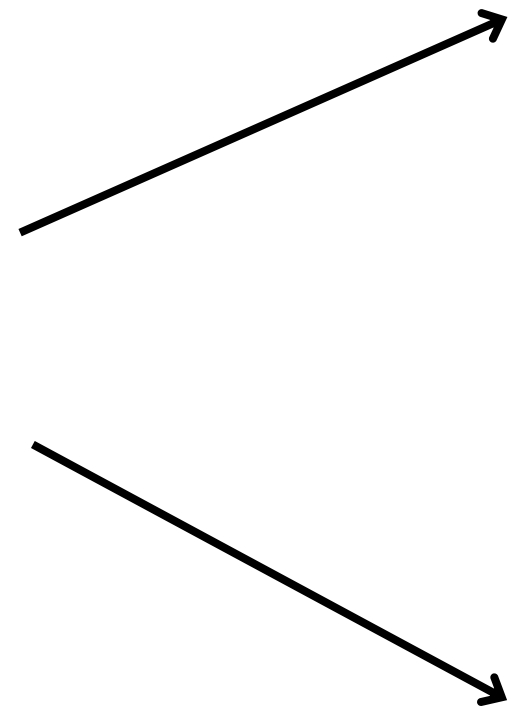
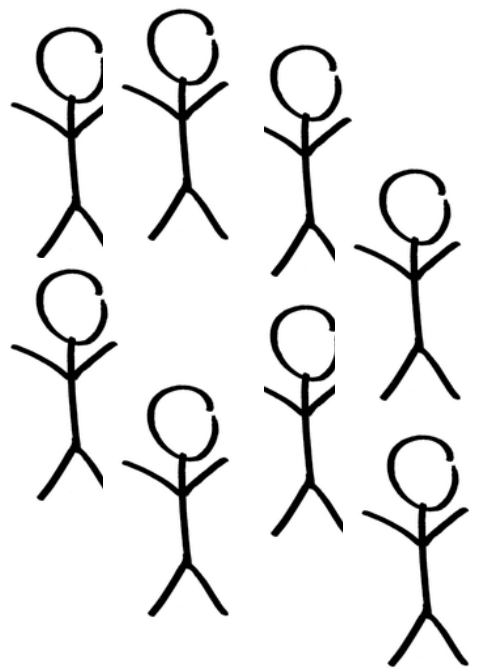
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Uitkomst



A

B

Uitkomst

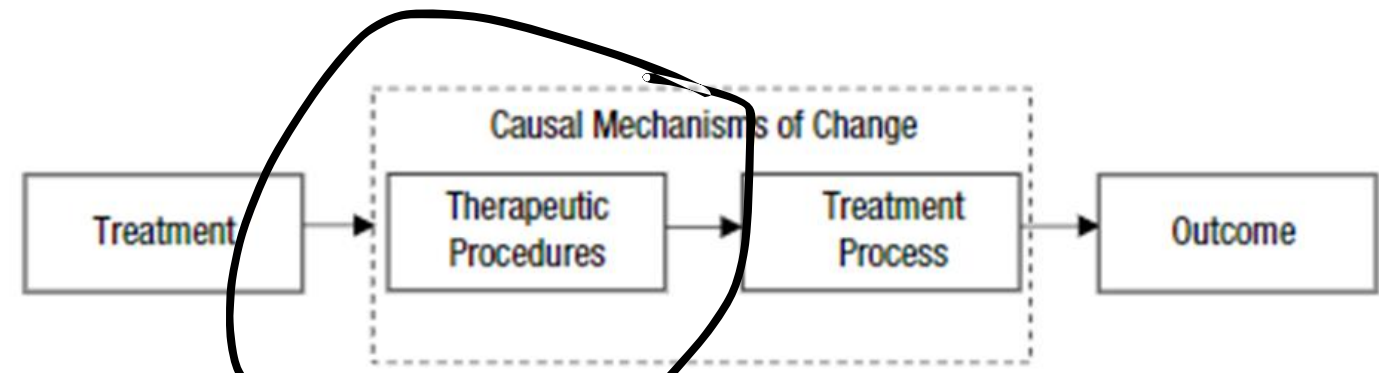


Fig. 1. Causal pathway hypothesis: the relation between treatment, therapeutic procedures, treatment processes, and outcome.

Skill Improvement Through Learning in Therapy (SKILT): A Study Protocol for a Randomized Trial Testing the Direct Effects of Cognitive Behavioral Therapy Skill Acquisition and Role of Learning Capacity in Depression

Sanne J. E. Bruijniks^{1,2}, Ulrike Frank¹, Brunna Tuschen-Caffier¹, Jessica Werthmann¹,
Fritz Renner¹

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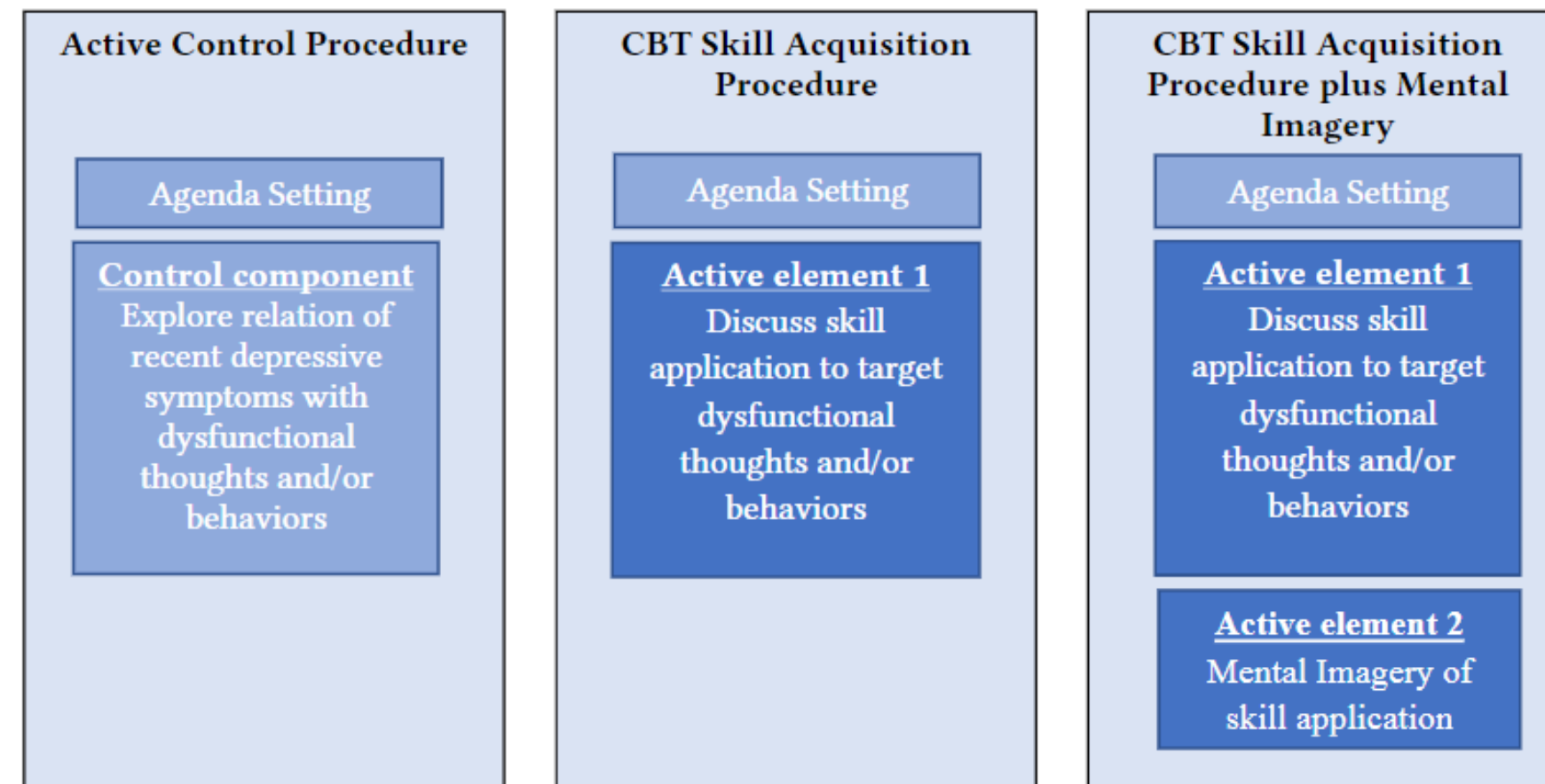


Studie doel 1: Vergelijking van drie actieve procedures:

- a. Exploreren gedachten, gevoel, gedrag
- b. CBT skill acquisitie
- c. CBT skill acquisitie met mental imagery

Figure 3

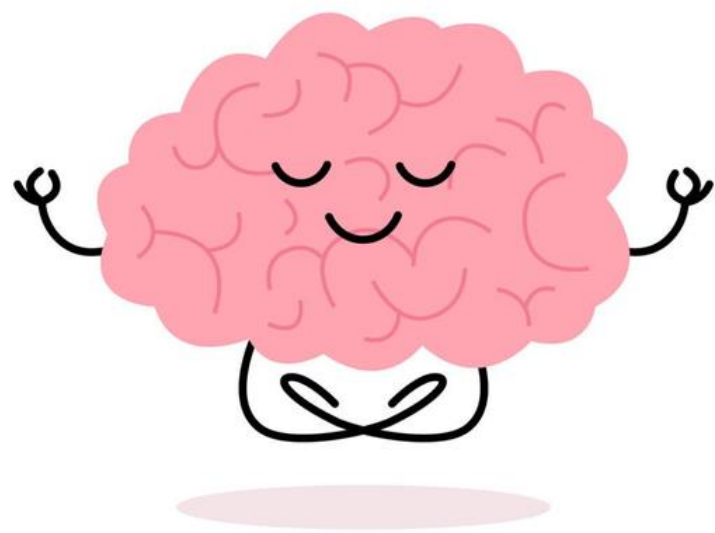
Therapeutic Elements per Procedure



Note. Detailed information on the session content can be found in data supplement 1 and 2.

Waarom mental imagery?

Gelinkt aan het verbeteren van skill acquisitie: sport, chirurgie, gedragsactivatie, cognitief functioneren



Studie doel 2: Wat werkt voor wie? De rol van leercapaciteit

Theoretical/Methodological/Review Article

PSYCHOLOGICA

The Potential Role of Learning Capacity in Cognitive Behavior Therapy for Depression: A Systematic Review of the Evidence and Future Directions for Improving Therapeutic Learning

Sanne J. E. Bruijniks^{1,2}, Robert J. DeRubeis³, Steven D. Hollon⁴, and Marcus J. H. Huibers^{1,2,3}

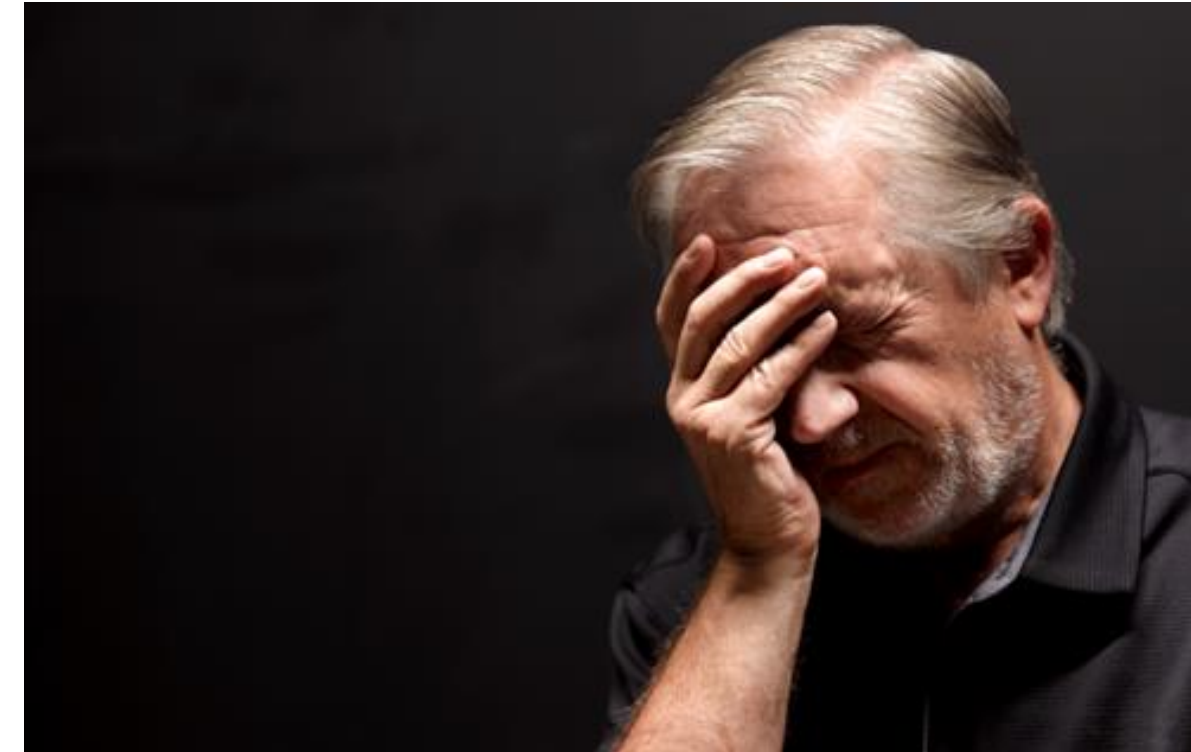
¹Department of Clinical Psychology, Vrije Universiteit Amsterdam; ²Amsterdam Public Health Research Institute, Vrije Universiteit Amsterdam; ³Department of Psychology, University of Pennsylvania; and ⁴Department of Psychology, Vanderbilt University

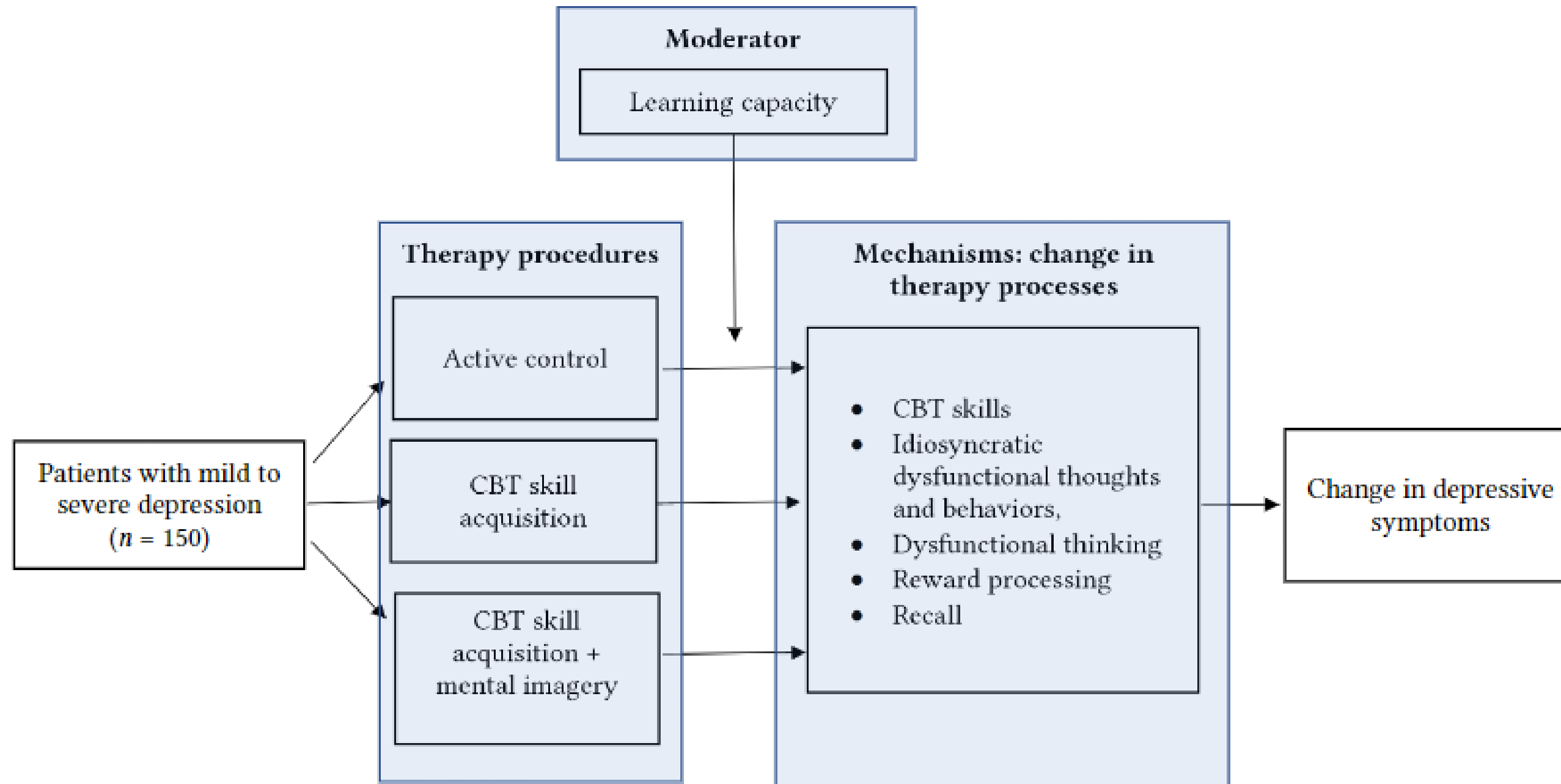
Clinical Psychology
2019, Vol. 7(4) 66
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Huidige n = 53

Dank voor uw aandacht!

Sanne Bruijniks
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