

Results of a coping-oriented marital therapy in the treatment of depression

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Abstract: Despite considerable successes of the most effective psychotherapies for unipolar depression, Cognitive behavioural therapy (CBT) and Interpersonal psychotherapy (IPT), in fact only 36–55% respond to the treatment also with these most effective therapies, and the relapse rate with 30–50% lies very high. Newest hypotheses concerning risk, performance and relapse risk factors concern the high meaning of interpersonal and family factors for the onset and relapses of unipolar depression. Coping-oriented marital therapy focuses on the improvement of couple related competences (communication, dyadic coping, problem solving), that are highly predictive for the quality of a close relationship and the psychological well-being on a long-term basis for both partners.

The goal of the longitudinal study was to evaluate a new, coping-oriented marital therapy in the treatment of unipolar depression over a period of 1,5 years. In a three-group-design 20 patients and their partners per group were randomized to either Cognitive behavioural therapy (CBT), Interpersonal psychotherapy (IPT) or the Coping-oriented Marital therapy. The therapies in the three conditions last 20 sessions over a period of maximum 10 to 12 weeks. All three therapies were conducted with standardized manuals. To evaluate the effects of each approach over a period of 1,5 years, 5 measure points were fixed. Besides questionnaires also data of interviews (EE-Interview, half-standardized phonecall-interviews) and observational data of the patient and the partner have been assessed.

The results of the selfreport-data (which are completely available of 5 measure time points of 57 couples) show after 1,5 years, that the Coping-oriented marital therapy reaches comparable reductions of depressed symptoms to both well evaluated therapies, Cognitive Behavioural therapy (CBT) and Interpersonal psychotherapy (IPT). In all three approaches BDI-Scores decreased significantly over 1.5 years which proves a comparable effectiveness of the three approaches. Differential effects (i.e. for clinical cut-off-values, relapse rates, etc.) are presented and discussed with regard to clinical implications.