



British Association for
Counselling & Psychotherapy

Adjustment Disorders
A summary of the evidence for psychological therapies

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Overview

Adjustment Disorder is a state of mixed of emotions such as depression and anxiety which occurs as a reaction to major life events or when having to face major life changes such as illness or relationship breakdown

(<http://www.rcpsych.ac.uk/expertadvice/moreinformation/definitions/diagnosesorconditions.aspx>). This bulletin focuses on the evidence that is available regarding psychological therapies and adjustment disorders.

The volume of evidence relating to psychological therapies for adjustment disorders is quite low and does not appear to be comprehensive across the condition or across therapies. This makes it difficult to draw conclusions about the evidence of its effectiveness.

There are four relevant systematic reviews which provide good quality evidence in relation to psychological therapies and adjustment disorders; one suggesting that short term psychodynamic therapy shows promise for adjustment disorders (Abbas et al, 2006) one suggesting that CBT does not significantly improve the time taken to return to work following an adjustment disorder (Arends et al, 2012) and two which suggest CBT is promising in helping to adjust to psychosocial issues following spinal cord injury (Drostyn et al, 2011; Mehta et al, 2011). A further review suggests that therapy is effective for complicated grief but not as a routine treatment for bereavement (Schut and Stroebe, 2005).

In relation to particular therapies, there are a number of small (pilot) trials which point to potential effectiveness of CBT for adjustment disorders in general and in relation to menopausal symptoms, stress related disorders and psoriasis. However all of these studies were relatively small and need to be repeated with larger sample sizes and with testing against different interventions before more accurate judgements regarding efficacy can be made. There are also a number of small trials in relation to psychodynamic therapy which suggest that it has potential effectiveness in treating adjustment disorder.

The largest number of studies was found in relation to the treatment of adjustment to long term medical conditions. In particular psychological therapies appear promising in relation to adjusting to breast cancer, traumatic brain injury and HIV. However in many cases the studies were small sample sizes and further research needs to be undertaken to provide additional evidence of effectiveness for psychological therapies in these areas and build up a larger body of evidence.

Other areas where studies were found were in adjusting to bereavement – where there is evidence of effectiveness for treating complicated grief and in returning to the workplace following an adjustment disorder where the evidence is not conclusive.

The evidence from studies included in this overview has been summarised in the form of evidence tables, which give a brief overview of each study (based on the abstracts), most of the evidence presented are small scale studies published since 2000. In summary the evidence suggests that

- Short term psychodynamic therapy shows promise in relation to adjustment disorders
- The evidence is promising in relation to CBT type interventions for adjusting to long term medical conditions (although there are some exceptions eg Alzheimers Disease)
- Psychological therapies appear to be effective for complicated grief
- There is a need for larger scale randomized controlled trials and systematic reviews of the evidence.

Reviews of psychological therapies

Systematic reviews of psychological therapies	Therapy	Overview	Findings/Conclusions
<p>Abbass, A. A., et al. (2006). "Short-term psychodynamic psychotherapies for common mental disorders." Cochrane Database Syst Rev(4): CD004687.</p>	<p>Short term psychodynamic (STPP)</p>	<p>This Cochrane review evaluated the efficacy of STPP relative to minimal treatment and non-treatment controls for adults with common mental disorders. All randomised controlled trials (RCT) of adults with common mental disorders, in which a brief psychodynamic therapy lasting less than 40 hours in total, and provided in individual format, were included.</p>	<p>23 studies of 1431 randomised patients with common mental disorders were included. These studies evaluated STPP for general, somatic, anxiety, and depressive symptom reduction, as well as social adjustment. Outcomes for most categories of disorder suggested significantly greater improvement in the treatment versus the control groups, which were generally maintained in medium and long term follow-up. However, only a small number of studies contributed data for each category of disorder, there was significant heterogeneity between studies, and results were not always maintained in sensitivity analyses.</p> <p>STPP shows promise, with modest to moderate, often sustained gains for a variety of patients. However, given the limited data and heterogeneity between studies, these findings should be interpreted with caution. Furthermore, variability in treatment delivery and treatment quality may limit the reliability of estimates of effect for STPP. Larger studies of higher quality and with specific diagnoses are warranted.</p>
<p>Arends, I., et al. (2012). "Interventions to facilitate return to work in adults with adjustment disorders." Cochrane Database Syst Rev 12: CD006389.</p>	<p>Pharmacological interventions, psychological interventions (such as cognitive behavioural therapy (CBT) and problem solving therapy), relaxation techniques, exercise</p>	<p>Cochrane review to assess the effects of interventions facilitating return to work (RTW) for workers with acute or chronic adjustment disorders.</p>	<p>We included nine studies reporting on 10 psychological interventions and one combined intervention. The studies included 1546 participants. No RCTs were found of pharmacological interventions, exercise programmes or employee assistance programmes. We assessed seven studies as having low risk of bias and the studies that were pooled together were comparable. For those who received no treatment, compared with CBT, the assumed time to partial and full RTW was 88 and 252 days respectively. Based on two studies with a total of 159 participants, moderate-quality evidence showed that CBT had similar results for time</p>

	programmes, employee assistance programmes or combinations of these interventions.		(measured in days) until partial RTW compared to no treatment at one-year follow-up (mean difference (MD) -8.78, 95% confidence interval (CI) -23.26 to 5.71). We found low-quality evidence of similar results for CBT and no treatment on the reduction of days until full RTW at one-year follow-up (MD -35.73, 95% CI -113.15 to 41.69) (one study with 105 participants included in the analysis). Based on moderate-quality evidence, problem solving therapy (PST) significantly reduced time until partial RTW at one-year follow-up compared to non-guideline based care (MD -17.00, 95% CI -26.48 to -7.52) (one study with 192 participants clustered among 33 treatment providers included in the analysis), but we found moderate-quality evidence of no significant effect on reducing days until full RTW at one-year follow-up (MD -17.73, 95% CI -37.35 to 1.90) (two studies with 342 participants included in the analysis). In conclusion, we found moderate-quality evidence that CBT did not significantly reduce time until partial RTW and low-quality evidence that it did not significantly reduce time to full RTW compared with no treatment. Moderate-quality evidence showed that PST significantly enhanced partial RTW at one-year follow-up compared to non-guideline based care but did not significantly enhance time to full RTW at one-year follow-up. An important limitation was the small number of studies included in the meta-analyses and the small number of participants, which lowered the power of the analyses.
Dorstyn, D., et al. (2011). "Efficacy of cognitive behavior therapy for the management of psychological outcomes following spinal cord injury a meta-analysis." <u>Journal of Health Psychology</u> 16 (2): 374-391.	CBT/spinal cord injury	Meta-analysis of the impact of CBT on spinal cord injury	Large and significant group differences were noted for measures of assertiveness, coping, self-efficacy, depression and quality of life suggesting that CBT has a significant positive impact on short-term psychological outcomes following SCI.
Schut, H. and M. S. Stroebe (2005). "Interventions to enhance adaptation to bereavement." <u>J Palliat Med</u> 8 Suppl 1 : S140-147.	Bereavement	Narrative review of quantitative evaluations of the efficacy of intervention	Conclude that routine intervention for bereavement has not received support from quantitative evaluations of its effectiveness and is therefore not empirically based. Outreach

		programs designed to reduce the pain and suffering associated with bereavement.	strategies are not advised, and even provision of intervention for those who believe that they need it and who request it should be carefully evaluated. Intervention soon after bereavement may interfere with "natural" grieving processes. Intervention is more effective for those with more complicated forms of grief.
Mehta, S., et al. (2011). An evidence-based review of the effectiveness of cognitive behavioral therapy for psychosocial issues post-spinal cord injury. <u>Rehabil Psychol</u> . United States, 2011 APA, all rights reserved. 56 : 15-25.	CBT	Systematic review to examine the evidence supporting the effectiveness of cognitive behavioral therapy (CBT) for improving psychosocial outcomes in individuals with spinal cord injury (SCI).	Nine studies met the inclusion criteria. The studies reviewed included two RCTs, six prospective controlled trials (PCTs) and one cohort study. All studies examined at least two groups. There is Level 1 and Level 2 evidence supporting the use of specialized CBT protocols in persons with SCI for improving outcomes related to depression, anxiety, adjustment, and coping. CONCLUSIONS: CBT holds promise as an effective approach for persons with SCI experiencing depression, anxiety, adjustment, and coping problems. As CBT may involve many different components, it is important in the future to determine which of these elements alone or in combination is most effective in treating the emotional consequences of SCI.

Specific Therapies

CBT	Therapy	Overview	Findings/Conclusions
Alder, J., et al. (2006). "Cognitive-Behavioural Group Intervention for Climacteric Syndrome." <u>Psychotherapy and Psychosomatics</u> 75 (5): 298-303.	CBT	A pilot trial of a cognitive-behavioural group intervention consisting of psychoeducation, group discussion and coping skills training for 30 women suffering from climacteric symptoms during the peri- and postmenopause.	Significant improvements were observed in anxiety, depression, partnership relations, overall score of sexuality, hot flashes and cardiac complaints from pre- to post-intervention. No changes were found for sexual satisfaction and stressfulness of menopausal symptoms. The study suggests possible effectiveness of cognitive-behavioural interventions for the treatment of climacteric syndrome but larger randomised interventions testing different treatments are needed.
Banos, R., et al. (2011). "A virtual reality system for the treatment of stress-related disorders: A preliminary analysis of efficacy compared to a standard cognitive behavioral program." <u>International Journal of Human-Computer Studies</u> 69 (9): 602-613.	Virtual reality, CBT	To present preliminary efficacy data in a controlled study of the use of a virtual reality (VR) system "EMMA's World" for treating stress-related disorders (Post-Traumatic Stress Disorder, or PTSD; Pathological Grief, or PG; and Adjustment Disorders, or AD	Thirty-nine participants diagnosed with PTSD (N=10), PG (N=16), and AD (N=13) were randomly assigned to a standard CBT intervention (N=20) or a CBT intervention driven by EMMA's World virtual reality system(N=19). Results suggest that CBT with the VR system was as effective as the standard CBT for the treatment of these disorders, and the statistically significant differences (depression, relaxation intensity and social area interference) were in favour of the VR system.
Fortune, D. G., et al. (2004). "Targeting cognitive-behaviour therapy to patients' implicit model of psoriasis: Results from a patient preference controlled trial." <u>British Journal of Clinical Psychology</u> 43 (1): 65-82.	CBT	To investigate the effects of a cognitive-behavioral psoriasis symptom management programme (PSMP) on patient-held perceptions about their condition and patients' use of self-reported coping strategies, and to examine the influence of alexithymia scores at induction on response to treatment with 40 patients.	At 6-month follow-up, patients who chose the PSMP showed significant reductions in illness identity, the strength of belief in severity of consequences of their illness, and their attributions for emotional causes of their psoriasis. Alexithymia had no effect on response to treatment. Regression analyses attributed the importance of both participation in the programme and demographic/clinical history variables to the change.
van der Heiden, C. and K. Melchior (2012). "Cognitive-behavioral therapy for adjustment disorder: A	CBT	Evaluation of a cognitive-behavioral treatment for adjustment disorders	This was a small study, of 10 patients (8 completers) which produced significant pre- to posttreatment decreases on the self-report symptom measure, with a large effect size, suggesting potential effectiveness with this

preliminary study." <u>the Behavior Therapist</u> 35 (3): 57-60.			small sample.
Psychodynamic			
Abbass, A. A., et al. (2006). "Short-term psychodynamic psychotherapies for common mental disorders." <u>Cochrane Database Syst Rev</u> (4): CD004687.	Short term psychodynamic (STPP)	This Cochrane review evaluated the efficacy of STPP relative to minimal treatment and non-treatment controls for adults with common mental disorders. All randomised controlled trials (RCT) of adults with common mental disorders, in which a brief psychodynamic therapy lasting less than 40 hours in total, and provided in individual format, were included.	23 studies of 1431 randomised patients with common mental disorders were included. These studies evaluated STPP for general, somatic, anxiety, and depressive symptom reduction, as well as social adjustment. Outcomes for most categories of disorder suggested significantly greater improvement in the treatment versus the control groups, which were generally maintained in medium and long term follow-up. However, only a small number of studies contributed data for each category of disorder, there was significant heterogeneity between studies, and results were not always maintained in sensitivity analyses. STPP shows promise, with modest to moderate, often sustained gains for a variety of patients. However, given the limited data and heterogeneity between studies, these findings should be interpreted with caution. Furthermore, variability in treatment delivery and treatment quality may limit the reliability of estimates of effect for STPP. Larger studies of higher quality and with specific diagnoses are warranted.
Ben-Itzhak, S., et al. (2012). "The effectiveness of brief versus intermediate duration psychodynamic psychotherapy in the treatment of adjustment disorder." <u>Journal of Contemporary Psychotherapy</u> 42 (4): 249-256.	Psychodynamic	This study examined whether a brief 12-session focused psychodynamic psychotherapy may be as efficient as a longer intermediate-term (1 year) psychodynamic psychotherapy in treating patients suffering from an adjustment disorder.	66 participants were randomly assigned to either brief or intermediate psychotherapy. There was good overall improvement in the whole group with brief psychotherapy found to be as good as intermediate psychotherapy both at the end of treatment and at follow-up.
Kramer, U., et al. (2010). "Change in defense mechanisms and coping over the course of short-term dynamic psychotherapy for adjustment disorder." <u>J Clin Psychol</u> 66 (12): 1232-1241.	Short-term dynamic psychotherapy	To explore the role of overall defensive functioning in 32 patients with adjustment disorder.	Results suggest that STDP has an effect on the target variable of overall defensive functioning, which was absent for overall coping functioning. Links with outcome confirm the importance of the effect.

Adjustment Disorders and Medical Conditions

Medical Conditions	Therapy/Condition	Overview	Findings/Conclusions
Alder, J., et al. (2006). "Cognitive-Behavioural Group Intervention for Climacteric Syndrome." <u>Psychotherapy and Psychosomatics</u> 75 (5): 298-303.	CBT/menopause	A pilot trial of a cognitive-behavioural group intervention consisting of psychoeducation, group discussion and coping skills training for 30 women suffering from climacteric symptoms during the peri- and postmenopause.	Significant improvements were observed in anxiety, depression, partnership relations, overall score of sexuality, hot flashes and cardiac complaints from pre- to post-intervention. No changes were found for sexual satisfaction and stressfulness of menopausal symptoms. The study suggests possible effectiveness of cognitive-behavioural interventions for the treatment of climacteric syndrome but larger randomised interventions testing different treatments are needed.
Anson, K. and J. Ponsford (2006). Evaluation of a coping skills group following traumatic brain injury. <u>Brain Inj.</u> England. 20 : 167-178.	Group CBT/Brain Injury	To examine the impact of a cognitive behaviour therapy (CBT) based intervention programme, termed the Coping Skills Group (CSG), on coping strategy use and emotional adjustment in 31 participants with TBI using a pre-post test design	Following the CSG, the majority of participants subjectively reported that they had a better understanding of emotional issues and an improved ability to implement strategies to manage these issues. Adaptive coping, as measured on the Coping Scale for Adults, increased significantly immediately following intervention. However, no significant changes in anxiety, depression, self-esteem and psychosocial function were observed on the measures used.
Antoni, M. H., et al. (2009). "Cognitive behavioral stress management effects on psychosocial and physiological adaptation in women undergoing treatment for breast cancer." <u>Brain, Behavior, and Immunity</u> 23 (5): 580-591.	CBT/Breast cancer	To investigate psychosocial interventions (group-based cognitive behavioral stress management (CBSM) intervention or a 1-day psychoeducational control group) that promote psychosocial adaptation to breast cancer in 128 women 4-8 weeks post surgery.	The CBSM group evidenced better psychosocial adaptation (lower reported cancer-specific anxiety and interviewer-rated general anxiety symptoms) and physiological adaptation (lower cortisol, greater Th1 cytokine [interleukin-2 and interferon-] production and IL-2:IL-4 ratio) after their adjuvant treatment compared to those in the control group. Psychological changes and cortisol lasted for 12 months and Th1 cytokine regulation changes held only over the initial 6-month period.
Bova, C., et al. (2008). "Improving women's adjustment to HIV infection: Results of the Positive Life Skills workshop project."	Group sessions/HIV	To evaluate the Positive Life Skills (PLS) workshop of small-group cognitive based sessions where women explored the	Responses from 187 HIV-infected female workshop participants over a 6-year time frame suggested that the PLS workshop was effective at increasing antiretroviral adherence, improving mental well-being, and reducing stress.

<p><u>JANAC: Journal of the Association of Nurses in AIDS Care</u> 19(1): 58-65.</p>		<p>power of art, science, and alternative therapies as venues for reframing the meaning of HIV in their lives</p>	
<p>Budin, W. C., et al. (2008). "Breast cancer: Education, counseling, and adjustment among patients and partners: A randomized clinical trial." <u>Nursing Research</u> 57(3): 199-213.</p>	<p>Psychoeducation/telephone counselling and breast cancer</p>	<p>To conduct a randomized controlled clinical trial of phase-specific evidence-based psychoeducation and TC interventions to enhance emotional, physical, and social adjustments in 249 patients with breast cancer and their partners.</p>	<p>Patient-partner dyads were assigned randomly to one of four groups: (a) control group receiving disease management (DM), (b) standardized psychoeducation (SE), (c) TC, or (d) standardized psychoeducation plus telephone counseling (SE + TC). Patients showed poorer adjustment over time in the DM group relative to those receiving interventions on selected measures of emotional adjustment. All patients showed improvement over time in overall health and adjustment in social and vocational environments. Partners in all groups exhibited improvement over time for measures of adjustment in the social environment but no changes in psychological well-being or overall health.</p>
<p>Burns, A., et al. (2005). "Brief psychotherapy in Alzheimer's disease: Randomised controlled trial." <u>The British Journal of Psychiatry</u> 187(2): 143-147.</p>	<p>IPT/Alzheimers</p>	<p>AN RCT to assess whether IPT could benefit cognitive function, affective symptoms and global well-being in alzheimers patients</p>	<p>Individuals were randomised to receive six sessions of psychodynamic interpersonal therapy or treatment as usual were assessed prior to and after the intervention. Despite acceptability to patients, no improvement was found on the majority of outcome measures; cognitive function, activities of daily living, a global measure of change, and carer stress and coping suggesting there is no evidence to support the widespread introduction of brief psychotherapeutic approaches for those with Alzheimer's disease.</p>
<p>Cameron, L. D., et al. (2007). "Changes in emotion regulation and psychological adjustment following use of a group psychosocial support program for women recently diagnosed with breast cancer." <u>Psycho-Oncology</u> 16(3): 171-180.</p>	<p>Group intervention/breast cancer</p>	<p>To assess the efficacy of a group intervention in altering emotion regulation processes and promoting adjustment in women with breast cancer. The intervention included training in relaxation, guided imagery, meditation, emotional expression, and exercises promoting control beliefs and benefit-finding.</p>	<p>At 4 months, intervention participants reported greater increases in use of relaxation-oriented techniques, perceived control, emotional well-being, and coping efficacy, and, greater decreases in perceived risk of recurrence, cancer worry, and anxiety. Intervention participants also reported relatively greater decreases in emotional suppression from baseline to 12 months, suggesting that the intervention had a delayed impact on these tendencies.</p>

<p>Chesney, M. A., et al. (2003). "Coping Effectiveness Training for Men Living With HIV: Results From a Randomized Clinical Trial Testing a Group-Based Intervention." <u>Psychosomatic Medicine</u> 65(6): 1038-1046.</p>	<p>Coping effectiveness training/HIV</p>	<p>RCT to compare the effects of a theory-based coping effectiveness training (CET) intervention with an active informational control (HIV-Info) condition and a waiting-list control (WLC) condition on psychological distress and positive mood in 149 HIV-seropositive gay men.</p>	<p>CET and HIV-Info participants attended 10 90-minute group sessions during the 3-month intervention phase and six maintenance sessions over the remainder of the year. CET participants showed significantly greater decreases in perceived stress and burnout, and regression analyses indicated that significant increases in coping self-efficacy mediated the improvements in perceived stress and burnout. Compared with WLC, CET participants also showed significantly greater decreases in anxiety</p>
<p>Dorstyn, D., et al. (2011). "Efficacy of cognitive behavior therapy for the management of psychological outcomes following spinal cord injury a meta-analysis." <u>Journal of Health Psychology</u> 16(2): 374-391.</p>	<p>CBT/spinal cord injury</p>	<p>Meta-analysis of the impact of CBT on spinal cord injury</p>	<p>Large and significant group differences were noted for measures of assertiveness, coping, self-efficacy, depression and quality of life suggesting that CBT has a significant positive impact on short-term psychological outcomes following SCI.</p>
<p>Forman, A. and N. Lincoln (2010). "Evaluation of an adjustment group for people with multiple sclerosis: A pilot randomized controlled trial." <u>Clinical Rehabilitation</u> 24(3): 211-221.</p>	<p>Adjustment Group/multiple sclerosis</p>	<p>RCT to evaluate a group treatment for people with multiple sclerosis and low mood</p>	<p>Forty participants were recruited, aged 25-68. Patients allocated to the group intervention reported fewer depressive symptoms than those in the control group but there were no significant differences in anxiety symptoms, self-efficacy or quality of life.</p>
<p>Goudsmit, E. M., et al. (2009). "Learning to cope with chronic illness. Efficacy of a multi-component treatment for people with chronic fatigue syndrome." <u>Patient Education and Counseling</u> 77(2): 231-236.</p>	<p>Multi-component programme/Chronic Fatigue Syndrome</p>	<p>Before and after study to determine the efficacy of an out-patient, multi-component programme developed for patients with chronic fatigue syndrome (CFS)</p>	<p>At six months, there were significant differences between intervention group and the waiting list for fatigue, self-efficacy and anxiety with 82% of the treated patients reported feeling better and 23% had improved to such a degree that they were discharged from the clinic. The gains were maintained at twelve months.</p>
<p>Griffiths, P. and S. Barker-Collo (2008). "Study of a group treatment program for postnatal</p>	<p>CBT/Post natal adjustment</p>	<p>To examine the impact of implementing a structured 8-session psycho-educational</p>	<p>Participant scores on measures of depression, anxiety, and attitudes to mothering improved significantly.</p>

adjustment difficulties." <u>Archives of Women's Mental Health</u> 11 (1): 33-41.		and cognitive behavioural therapy skills group for postnatal adjustment.	
Heckman, T. G., et al. (2011). "A randomized clinical trial of a coping improvement group intervention for HIV-infected older adults." <u>Journal of Behavioral Medicine</u> 34 (2): 102-111.	Coping group/individual therapy/HIV	To determine whether a 12-session coping improvement group intervention (n = 104) reduced depressive symptoms in HIV-infected older adults compared to an interpersonal support group intervention (n = 105) and an individual therapy upon request (ITUR) control condition (n = 86)	Mixed models analyses of repeated measures found that both coping improvement and interpersonal support group intervention participants reported fewer depressive symptoms than ITUR controls at post-intervention, 4-month follow-up, and 8-month follow-up. The effect sizes of the differences between the two active interventions and the control group were greater when outcome analyses were limited to those participants with mild, moderate, or severe depressive symptoms.
Heutink, M., et al. (2012). "The CONECISI trial: Results of a randomized controlled trial of a multidisciplinary cognitive behavioral program for coping with chronic neuropathic pain after spinal cord injury." <u>Pain</u> 153 (1): 120-128.	CBT/Spinal Cord Injury	To evaluate a multidisciplinary cognitive behavioral treatment program for persons with chronic neuropathic pain after SCI.	The analyses showed significant changes over time on both primary and 2 out of 4 secondary outcomes suggesting that a multidisciplinary cognitive behavioral program might have beneficial effects on people with chronic neuropathic SCI pain.
Heydebrand, G., et al. (2005). "The efficacy of a structured group therapy intervention in improving communication and coping skills for adult cochlear implant recipients." <u>International Journal of Audiology</u> 44 (5): 272-280.	Group therapy/cochlear implants	Evaluation of a structured group therapy intervention for adult cochlear implant (CI) recipients designed to improve overall communication and coping skills	Participants demonstrated significant improvements on measures of assertiveness, emotional well-being, and coping behaviors at 3 months post-intervention that persisted at a 12-month follow-up.
Karlsen, B., et al. (2004). "Effects of a group-based counselling programme on diabetes-related stress, coping, psychological well-	Group counselling (cognitive based)/diabetes	Experimental design to determine whether participation in a group-based counselling programme would	At 6-month follow-up, results indicate that the group-based counselling programme tested in the present study has the potential to reduce diabetes-related stress and self-blame as well as to improve coping and glycaemic control in adults with diabetes.

being and metabolic control in adults with type 1 or type 2 diabetes." <u>Patient Education and Counseling</u> 53 (3): 299-308.		result in reduced diabetes-related stress, improved coping and psychological well-being as well as achieving glycaemic control	
Lundqvist, A., et al. (2010). "Improved self-awareness and coping strategies for patients with acquired brain injury-A group therapy programme." <u>Brain Injury</u> 24 (6): 823-832.	Group therapy/TBI	To evaluate the effects of a group therapy programme for anticipatory self-awareness and coping strategies in 21 patients with TBI	The individuals increased their self-awareness and strategy behaviour significantly. Participating in the group therapy programme had had an effect on their life and work situation and on their self-confidence.
Manne, S. L., et al. (2007). "Coping and communication-enhancing intervention versus supportive counseling for women diagnosed with gynecological cancers." <u>Journal of Consulting and Clinical Psychology</u> 75 (4): 615-628.	Coping intervention/supportive counselling/cancer	To compare 2 psychological interventions, a coping and communication-enhancing intervention (CCI) and supportive counseling (SC), in reducing depressive symptoms and cancer-specific distress of 353 women diagnosed with gynecological cancer.	Participants assigned to CCI and SC reported lower depressive symptoms than participants assigned to usual care at the 6- and 9-month follow-ups. Women with greater than average increases in physician-rated physical symptoms and/or women who were more expressive of positive emotions benefited more from SC than women with lower than average increases in symptom scores and/or women who were less expressive of positive emotions suggesting that both interventions may be effective in treating depressive symptoms among patients with gynecological cancer.
Paez, M. B., et al. (2007). "Psychological treatment to cope with breast cancer. A comparative study between strategies of acceptance and cognitive control." <u>Psicooncologia</u> 4 (1): 75-95.	ACT therapy/breast cancer	To compare the impact of acceptance-based and cognitive-control-based strategies to obtain a better understanding of the elements that account for the changes observed with the respective psychological strategies with 12 women	Six women received an ACT-based protocol which addressed acceptance strategies and six women received a Cognitive-based protocol which addressed cognitive-control strategies. Each treatment consisted of 8 sessions, 3 individual sessions and 5 group sessions; 3 women integrated each treatment group. Results showed a higher impact of the ACT-based intervention over a 12 months follow-up.
Tarakeshwar, N., et al. (2005). "Development and implementation of a spiritual coping group intervention for adults living with HIV/AIDS: A pilot	Spirituality oriented group intervention/HIV	To describe a spirituality-oriented, group pilot intervention for HIV-positive adults, and examine its impact on a small sample in the US	The 8-session intervention, based on the cognitive theory of stress and coping and the framework of spiritual coping, addressed stressors unique to HIV disease. Results demonstrated that participants reported higher self-rated religiosity, more use of positive spiritual coping, lower use of negative spiritual coping, and lower depression.

study." <u>Mental Health, Religion & Culture</u> 8 (3): 179-190.			
Vos, P. J., et al. (2004). "Psychosocial Intervention for Women with Primary, Non-Metastatic Breast Cancer: A Comparison between Participants and Non-Participants." <u>Psychotherapy and Psychosomatics</u> 73 (5): 276-285.	Group psychotherapy/social support/breast cancer	To examine the effects of two 12-week psychosocial intervention programs for 69 women with a primary, non-metastatic breast cancer diagnosis in comparison to women who were on a waiting list for these interventions for 3 months.	Women who participated in the group intervention programs did not differ from women in the control group regarding psychosocial adjustment at the end of the study. Women who participated in the social support groups reported to receive more social support from others not very close to them. They also used more palliative coping than women from the psychotherapy group suggesting that these short term intervention was not particularly beneficial.
Vos, P. J., et al. (2006). "Effects of delayed psychosocial interventions versus early psychosocial interventions for women with early stage breast cancer." <u>Patient Education and Counseling</u> 60 (2): 212-219.		To research the effect of time of enrolment in a psychosocial group intervention on psychosocial adjustment on women with breast cancer	Women who started with their intervention early were less distressed at 6 months follow-up than women who began the intervention later. Medical and demographic variables were predictive for some psychosocial adjustment indicators, but were not associated with time of enrolment. Regardless of time of enrolment, women improved in distress, body image and recreational activities, but showed a decrease in social interaction. This suggests that in practice women diagnosed with primary breast cancer should be able to start with psychological counselling soon after being diagnosed, to prevent them from becoming distressed over the long term.
Vos, P. J., et al. (2007). "Effectiveness of group psychotherapy compared to social support groups in patients with primary, non-metastatic breast cancer." <u>Journal of Psychosocial Oncology</u> 25 (4): 37-60.	experiential-existential group psychotherapy/ a social support group/breast cancer	To compare the effectiveness of experiential-existential group psychotherapy with a social support group for women with a primary breast cancer on psychosocial adjustment	Results at follow-up were mixed: Positive changes were reported for Body Image and Recreation, regardless of type of intervention. Other psychosocial adjustment indicators did not change suggesting that well-adjusted women diagnosed with breast cancer do not specifically benefit from these types of interventions.
Vriezengkolk, J. E., et al. (2012). "Behavior change, acceptance, and coping flexibility in highly	CBT/rheumatic diseases	To describe the development and feasibility of the integration of a cognitive-	The CBT component seeks to decrease psychological distress and improve activities and participation across multiple life domains by accomplishing behavior change, acceptance, and coping flexibility. Motivational

<p>distressed patients with rheumatic diseases: Feasibility of a cognitive-behavioral therapy in multimodal rehabilitation." <u>Patient Education and Counseling</u> 87(2): 171-177.</p>		<p>behavioral therapy (CBT) within a multimodal rehabilitation program for highly distressed patients with rheumatic diseases.</p>	<p>interviewing was applied to endorse patients' own reasons to change. Forty percent (35/87) of the eligible patients were admitted to the program. Attendance rate (>95%) was high. Patient satisfaction ranged from 6.8 to 8.0 (10-point scale). This suggests that the programme was feasible and acceptable to patients.</p>
<p>Wade, S. L., et al. (2006). An online family intervention to reduce parental distress following pediatric brain injury. <u>J Consult Clin Psychol</u>. United States, 2006 APA, all rights reserved. 74: 445-454.</p>	<p>Online counselling/TBI</p>	<p>To examine whether an online problem-solving intervention could improve parental adjustment following pediatric traumatic brain injury (TBI).</p>	<p>The online family problem solving therapy (FPS) group reported significantly less global distress, depressive symptoms, and anxiety at follow-up than did the Internet Resources Control group suggesting that an online, skill-building approach can be effective in facilitating parental adaptation after TBI.</p>

Bereavement

	Therapy	Overview	Findings/Conclusions
<p>Germain, A., et al. (2006). "Treating complicated grief: effects on sleep quality." <u>Behav Sleep Med</u> 4(3): 152-163.</p>	<p>CBT/IPT</p>	<p>RCT on 95 participants to determine whether complicated grief treatments improve sleep quality.</p>	<p>Poor sleep quality persisted despite clinically significant improvements in CG severity posttreatment. Given that sleep disturbance is a risk factor for poor health outcomes, adjunctive sleep interventions may be necessary to enhance CGT outcomes.</p>
<p>Shear, K., et al. (2005) Treatment of complicated grief: a randomized controlled trial. <u>JAMA : the journal of the American Medical Association</u> 293, 2601-2608 DOI: 10.1001/jama.293.21.2601</p>	<p>IPT/Complicated grief treatment</p>	<p>RCT on 83 participants to compare the efficacy of a complicated grief treatment, with a standard psychotherapy (interpersonal psychotherapy).</p>	<p>Both treatments produced improvement in complicated grief symptoms but the response rate was greater and time to response was faster for complicated grief treatment (51%) than for interpersonal psychotherapy (28%).</p>

Workplace

	Therapy	Overview	Findings/Conclusions
Arends, I., et al. (2012). "Interventions to facilitate return to work in adults with adjustment disorders." <u>Cochrane Database Syst Rev</u> 12 : CD006389.	Pharmacological interventions, psychological interventions (such as cognitive behavioural therapy (CBT) and problem solving therapy), relaxation techniques, exercise programmes, employee assistance programmes or combinations of these interventions.	To assess the effects of interventions facilitating return to work (RTW) for workers with acute or chronic adjustment disorders.	We included nine studies reporting on 10 psychological interventions and one combined intervention. The studies included 1546 participants. In conclusion, we found moderate-quality evidence that CBT did not significantly reduce time until partial RTW and low-quality evidence that it did not significantly reduce time to full RTW compared with no treatment. Moderate-quality evidence showed that PST significantly enhanced partial RTW at one-year follow-up compared to non-guideline based care but did not significantly enhance time to full RTW at one-year follow-up. An important limitation was the small number of studies included in the meta-analyses and the small number of participants, which lowered the power of the analyses.
van der Klink, J. J., et al. (2003). "Reducing long term sickness absence by an activating intervention in adjustment disorders: a cluster randomised controlled design." <u>Occup Environ Med</u> 60 (6): 429-437.	Activating intervention	RCT to compare an innovative activating intervention with "care as usual" (control group) for the guidance of employees on sickness leave because of an adjustment disorder.	At 3 months, significantly more patients in the intervention group had returned to work compared with the control group. At 12 months all patients had returned to work, but sickness leave was shorter in the intervention group than in the control group. The recurrence rate was lower in the intervention group. There were no differences between the two study groups with regard to the decrease of symptoms.

Notes

This bulletin is based on searches of PubMed, Psychinfo and the Cochrane Library from 2000 onwards. Searches were conducted in February 2013. Items have been selectively included according to a hierarchy of evidence. The overview has been written using the abstracts of the articles which have been rephrased and summarised and no attempt has been made to critically appraise the full text.

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