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Q: What is client-centered therapy?

A: Client-centered therapy (CCT), also known as person-centered therapy, often referred to as “supportive therapy,” is a non-directive approach underpinning most psychotherapy models originating in humanistic psychology developed by Carl Rogers. In this approach, the therapist provides the client with conditions conducive to therapeutic change, including “unconditional positive regard,” sincerity, genuineness, and empathy. The therapist actively listens to the client’s problems but abstains from giving advice or interpretations. This process allows the client to express their genuine feelings without fear of rejection which allows them to develop a healthier understanding of their own experiences and to discover more effective strategies to manage current problems (Goldman, Greenberg, & Angus, 2006).

Q: What is the treatment model underlying CCT for major depressive disorder (MDD)?

A: CCT is based on the premise that a human should not be reduced to a diagnosis or have their personhood otherwise diminished (Raskin, Rogers, & Witty, 2013). Rogers used the concept of the "actualizing tendency" to propose that persons are inherently motivated to realize their potential (Rogers, 1959). The role of the therapist is to foster an environment that facilitates personality change and development (Rogers, 1957). The client is an active participant in therapy, working with the provider to create the most productive environment for their unique self. The therapist trusts that the client has the capacity within themselves for growth and self-realization and strives to provide the conditions that will allow the client to achieve their goals (Raskin, Rogers, & Witty, 2013).

Q: Is CCT recommended as a treatment for MDD in the Military Health System (MHS)?

A: No. The 2022 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder does not include CCT as a treatment for MDD.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q: Do other authoritative reviews recommend CCT as a treatment for MDD?

A: No other authoritative reviews on the use of CCT for MDD have been identified.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using grading systems similar to the VA/DoD CPGs. Notable among these is Cochrane, an international network that conducts high-quality reviews of healthcare interventions.

Q: What conclusions can be drawn about the use of CCT as a treatment for MDD in the MHS?

A: Based on the current evidence base, CCT is not recommended as a treatment for MDD in the MHS. However, the 2022 VA/DoD CPG suggests considering non-directive supportive therapy for patients with mild to moderate MDD who decline pharmacotherapy and who decline or cannot access first-line evidence-based psychotherapies. Clinicians should consider several factors when choosing an evidence-based treatment for their patients. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

References

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