

## Cognitive Behavioral Therapy For Depression and Anxiety Disorders

### Review 16

Stewart, R. E., & Chambless, D. L. (2009). Cognitive-behavioral therapy for adult anxiety disorders in clinical practice: A meta-analysis of effectiveness studies. *Journal of Consulting and Clinical Psychology, 77*(4), 595–606. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19634954>.

<b>Objectives</b>	Assess whether cognitive behavioral therapy (CBT) for anxiety disorders is effective for adults in conditions that approximate actual clinical practice.
<b>Studies Included</b>	Fifty-six U.S. and international studies from 1992 to 2009
<b>Participants in the Studies</b>	Adults diagnosed with a DSM-IV anxiety disorder
<b>Settings</b>	Some of the reported settings were community mental health centers, outpatient mental health clinics, general hospitals, private practices, prisons, and school systems.
<b>Outcomes</b>	Anxiety and depression symptoms
<b>Limitations of the Studies</b>	There was variability in the overall quality of studies and quality of measures; some studies had a lack of measures on clinical or applied significance of the effects of CBT (e.g., reliable change statistics, quality of life, disability); some studies used pretest-posttest comparisons instead of a control group, so findings must be interpreted with caution as there may be alternative explanations for patients' improvement (e.g., external events, the passage of time, regression to the mean, effects of the assessment itself); only four studies included intent-to-treat analysis; some studies did not include demographic information, so generalizability may not be possible.

### Results

CBT for adult anxiety disorders was found to be very effective in study conditions that were reflective of “real-world” aspects of clinical practice (i.e., “clinically representative”). Specifically, patients treated with CBT in clinically representative studies evidenced a 78 percent improvement rate in depression and anxiety symptoms, as compared to a 22 percent improvement rate in patients in control groups. Exploratory analyses of predictor variables indicated the effectiveness of CBT increased when medication was allowed as part of treatment, and when patients were not randomized to treatment condition. In contrast, the effectiveness of CBT treatment significantly decreased when there was no training for therapists, when therapists were not asked to follow a manual, and when there was little to no monitoring of treatment fidelity.