

Q. What is client-centered therapy?

A. Client-centered therapy (CCT), also known as person-centered therapy or supportive therapy, is a non-directive therapy with origins in the humanistic psychology of 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 clients’ problems, but abstains from giving advice or interpretations. This process allows the client to express their genuine feelings without fear of rejection, develop a healthier understanding of their own experiences, and 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). During therapy, the client is an active participant working with the therapist to create the most productive environment for his or her 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. **Yes.** The 2016 VA/DoD *Clinical Practice Guideline for the Management of Major Depressive Disorder* recommends 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, with a “Weak For” strength of recommendation.

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 have not substantiated the use of CCT for MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: A comparative effectiveness review of nonpharmacological versus pharmacological (second-generation antidepressants) treatments for adults with MDD did not identify any eligible studies comparing second-generation antidepressants to humanistic therapies (Gartlehner et al., 2015).
- Cochrane: No systematic reviews of CCT as a treatment for MDD were identified.

Q. Is there any recent research on CCT as a treatment for MDD?

A. A search conducted in November 2020 did not identify any randomized controlled trials (RCTs) of client-centered therapy or other non-directive supportive therapies for MDD in adults that were published after the literature search was conducted for the *2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder*. However, many RCTs use client-centered therapy or other non-directive supportive therapies as a control condition, to help separate the active components of treatments such as cognitive-behavioral therapy and problem-solving therapy from non-specific therapist-patient relationship variables. A review of control conditions in RCTs for other psychotherapies is beyond the scope of this evidence brief.

A meta-analysis of the long-term efficacy of acute-phase psychotherapy for depression, though not specifically looking at client-centered therapy and limited to acute-phase psychotherapy, did report that non-directive supportive therapy did not result in significant long-term differences compared to control conditions on depression outcome variables (Karyotaki et al., 2016).

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

A. Based on the current evidence base, CCT is not recommended as a first-line treatment for MDD in the MHS. However, the 2016 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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