# The Clinical Effectiveness of Cognitive Therapy for Depression in an Outpatient Clinic

## Implications

These results suggest that, in general, the effectiveness of cognitive therapy for depression when administered under routine clinical conditions can be comparable to that found in RCTs. Results of the comparison of outcomes between the CCT and the DeRubeis et al. (2005) RCT suggest that for participants with low levels of symptoms at the start of treatment, CT in routine care may produce similar or better outcomes than CT as delivered in an RCT. However, for participants with moderate to severe symptoms, outcomes may be better when treatment is delivered within an RCT than when delivered in this outpatient setting. This suggests that clinicians treating participants with moderate to severe symptoms may benefit from making modifications to treatment in order to attain outcomes similar to those evidenced in RCTs. It is possible that gains could be incurred for the more severe participants by structuring treatments to more closely resemble those in RCTs. For instance, increased consultation and supervision, as well as periodic assessments of adherence to therapeutic modality may yield important benefits. Participants, in particular those with high levels of symptom severity, may also evidence enhanced outcomes when given more frequent sessions at the start of treatment. Future research, employing strategies that maximize clinical representativeness, should continue to focus on the impact of these factors on treatment outcomes.