



Shorter communication

Therapist use of Socratic questioning predicts session-to-session symptom change in cognitive therapy for depression



Justin D. Braun, Daniel R. Strunk*, Katherine E. Sasso, Andrew A. Cooper

Department of Psychology, The Ohio State University, 1835 Neil Avenue, Columbus, OH 43210, USA

ARTICLE INFO

Article history:

Received 5 August 2014

Received in revised form

4 May 2015

Accepted 4 May 2015

Available online 5 May 2015

Keywords:

Socratic questioning

Therapeutic alliance

Cognitive therapy

Depression

ABSTRACT

Socratic questioning is a key therapeutic strategy in cognitive therapy (CT) for depression. However, little is known regarding its relation to outcome. In this study, we examine therapist use of Socratic questioning as a predictor of session-to-session symptom change. Participants were 55 depressed adults who participated in a 16-week course of CT (see Adler, Strunk, & Fazio, 2015). Socratic questioning was assessed through observer ratings of the first three sessions. Socratic ratings were disaggregated into scores reflecting within-patient and between-patient variability to facilitate an examination of the relation of within-patient Socratic questioning and session-to-session symptom change. Because we examined *within-patient* variability in Socratic questioning, the identification of such a relation cannot be attributed to any stable patient characteristics that might otherwise introduce a spurious relation. Within-patient Socratic questioning significantly predicted session-to-session symptom change across the early sessions, with a one standard deviation increase in Socratic-Within predicting a 1.51-point decrease in BDI-II scores in the following session. Within-patient Socratic questioning continued to predict symptom change after controlling for within-patient ratings of the therapeutic alliance (i.e., Relationship and Agreement), suggesting that the relation of Socratic questioning and symptom change was not only independent of stable characteristics, but also within-patient variation in the alliance. Our results provide the first empirical support for a relation of therapist use of Socratic questioning and symptom change in CT for depression.

© 2015 Elsevier Ltd. All rights reserved.

In the treatment of depression, cognitive therapy (CT) has considerable evidence for its efficacy (Strunk & DeRubeis, 2001). Compared to antidepressant medication, CT yields comparable response rates following acute treatment and a lower risk of relapse after discontinuation of both treatments (Hollon et al., 2005). Also, there is promising evidence for the effectiveness of CT in routine clinical settings (Gibbons et al., 2010). Nonetheless, the mechanisms of symptom change in CT remain unclear (Garratt, Ingram, Rand, & Sawalani, 2007). In this paper, we evaluate one set of therapist behaviors widely thought to be critical to the successful delivery of CT: Socratic questioning. Utilizing a sample of patients treated by therapists recently trained in CT, we examine the relation between therapist use of Socratic questioning and session-to-session symptom change.

Although experts widely regard Socratic questioning as a key

element of CT (Beck, 1995; Beck, Rush, Shaw, & Emery, 1979; Roth & Pilling, 2007), the role of Socratic questioning has received little empirical attention. To date, we know of only one published study that aimed to examine therapist use of Socratic questioning empirically (Calero-Elvira, Froján-Parga, Ruiz-Sancho, & Alpañés-Freitag, 2013). In a sample of seven patients that received treatment from a single cognitive behavioral therapist, verbal statements of reinforcement or punishment were associated with respective increases or decreases in treatment-specified patient verbal behavior during Socratic dialogue. Although these findings highlight the potential therapeutic value of therapists' interaction style, this study did not assess therapist use of questioning during such Socratic dialogues, nor did it assess the relation of these therapist behaviors with symptom change.

Socratic questioning involves therapists asking a series of graded questions to guide patient behavior and thought processes toward therapeutic goals. Therapists guide patients in an effort to help them develop and implement the skills emphasized in treatment (e.g., developing alternative responses to negative automatic

* Corresponding author.

E-mail addresses: braun.204@osu.edu (J.D. Braun), strunk.20@osu.edu (D.R. Strunk), sasso.9@osu.edu (K.E. Sasso), cooper.1803@osu.edu (A.A. Cooper).

thoughts; Beck, 1995; Beck et al., 1979; Calero-Elvira et al., 2013; Overholser, 1993). In using Socratic questioning, therapists avoid a didactic style and instead use questions to help patients develop new perspectives (Overholser, 2011; Padesky, 1993). Socratic questioning is intended to foster active engagement and critical thinking, thereby aiding in the learning process (Neenan, 2009). While evidence for the facilitation of learning is limited in the context of psychotherapy, others have suggested that styles of interaction involving a reliance on questioning and seeking input may have advantages in the context of persuasion and negotiation (Grant, 2013).

In using Socratic questioning, experts typically emphasize the use of open-ended questions aimed at helping patients to consider new sources of information or to adopt broader perspectives (Overholser, 2010; Padesky, 1993). The importance of using a Socratic approach has been emphasized, with experts suggesting that the use of this approach helps patients to take new perspectives, use cognitive therapy skills, and experience improvements in depressive symptoms (Neenan, 2009; Overholser, 2011; Padesky, 1993). Even outside of CT, Socratic questioning is a key strategy in several psychotherapies, perhaps most notably Motivational Interviewing (Miller & Rollnick, 2012). However, not all psychotherapy developers have shared the same view on Socratic questioning. For example, relative to cognitive therapy, Rational Emotive Behavior Therapy is characterized by a particular emphasis on the utility of a didactic approach (Beck et al., 1979; Ellis & Dryden, 1997; Ellis & Grieger, 1977). Although the value of using a Socratic or didactic approach has been discussed in the literature since the development of cognitive behavioral therapies (Beck et al., 1979; Ellis & Grieger, 1977), there is little empirical evidence regarding the issue.

Although research on Socratic questioning has been limited, a number of studies have examined the role of other, conceptually related, therapist behaviors in a successful course of CT for depression. One closely related variable is therapist adherence to the CT manual. A recent meta-analysis suggested that adherence was not related to outcome, but that estimates of this relation exhibited considerable heterogeneity (Webb, DeRubeis, & Barber, & 2010). Key methodological differences may help to explain this variability. However, only a handful of studies have used the most informative methods (Pfeifer & Strunk, in press). In addition, this meta-analysis collapsed across all therapist behaviors that reflect adherence. Existing CT adherence measures do not include more than a single item assessing the use of Socratic questioning, and that item is summed with other adherence items. Thus, despite a number of studies examining adherence in CT, very little is known about Socratic questioning specifically.

In this study, we examine the relation of therapist use of Socratic questioning and session-to-session symptom change in CT for depression. As we detail under “Analytic Approach” in the Methods section, we use a session-to-session strategy (Strunk, Brotman, & DeRubeis, 2010; Strunk, Cooper, Ryan, DeRubeis, & Hollon, 2012), in which we examine Socratic questioning as a predictor of depressive symptoms at the next session while controlling for depressive symptoms at the current session (i.e., a regressed symptom change approach). This approach is well suited to capture the relatively immediate (i.e., between session) effects of process variables identified in other studies of CT (Tang & DeRubeis, 1999). We focused on early sessions for two reasons. First, the rate of symptom change appears to be greatest early in treatment (Kelly, Roberts, & Ciesla, 2005; Tang & DeRubeis, 1999). Second, we suspect the causal impact of Socratic questioning would be greatest early in treatment, when establishing patient engagement may be particularly critical. Following suggestions for analyzing panel data from Curran and Bauer (2011), we disaggregated the raw Socratic

process scores into scores reflecting within-patient and between-patient variability (described more fully in the “Analytic Approach” section), allowing us to effectively control for all *stable* between-patient differences by focusing on the potential relation of within-patient Socratic questioning and session-to-session symptom change.

1. Method

1.1. Participants

Participants were 67 depressed outpatients who participated in a 16-week course of CT as part of a separate study (see Adler, Strunk, & Fazio, 2015). As our analyses require at least 3 observations (i.e., 3 sessions) per patient for each predictor variable and outcome data through session 4 (described in the Analytic Approach section), some patients were necessarily excluded. One patient discontinued treatment prior to the first session. In addition, 11 patients began treatment, but dropped out prior to session 3. Thus, the final sample size was reduced to 55 patients. These 55 patients were largely Caucasian (89%); with 9% being African American and 2% Asian; 53% were women. Ages ranged from 18 to 69 years ($M = 37.1$, $SD = 13.9$).

In light of the data requirements of our analytic strategy, 12 patients had inadequate data for our primary analyses. To examine potential differences between the patients who had vs. the patients who did not have adequate data for being included in our analyses, we tested for differences across these groups on intake depressive symptoms and three process variables assessed at session 1 (where the number of dropouts was the lowest). On the basis of the Beck Depression Inventory-II scores, included and excluded patients did not differ in depressive symptoms at intake ($p = .24$). Across two facets of the therapeutic alliance and therapist use of Socratic questioning assessed at session 1, included and excluded patients did not differ (all $ps > .18$).

Inclusion criteria were: (a) diagnosis of major depressive disorder (MDD), according to DSM-IV criteria (APA, 1994); (b) 18 years or older; and (c) able and willing to give informed consent. Exclusion criteria were: (a) history of bipolar affective disorder or psychosis; (b) current Axis I disorder other than MDD if it constituted the predominant aspect of the clinical presentation and if it required treatment other than that being offered; (c) subnormal intellectual potential (IQ below 80; assessed only when clinically indicated); (d) evidence of any medical disorder or condition that could cause depression; (e) clear indication of secondary gain (e.g., court ordered treatment or compensation issues); and (f) current suicide risk sufficient to preclude treatment on an outpatient basis. All patients on medication (33%) agreed to maintain a stable dose over the course of treatment.

1.2. Measures

1.2.1. Diagnostic

The Structured Clinical Interview for the DSM-IV Axis I disorders (SCID-I; First, Spitzer, Gibbon, & Williams, 2002) was used to assess Major Depressive Disorder (MDD). The reliability for a diagnosis of current MDD, based on double-ratings for 12 cases, was excellent ($kappa = 1.00$; see Adler et al., 2015).

1.2.2. Depressive symptoms

To assess depressive symptom severity, we used the 21-item self-report Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996), at the intake evaluation and at the beginning of each therapy session. The BDI-II is a commonly used measure to

Download English Version:

<https://daneshyari.com/en/article/7262364>

Download Persian Version:

<https://daneshyari.com/article/7262364>

[Daneshyari.com](https://daneshyari.com)