Intervention Strategies For Depression

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Mental and Social Health | Occupational Therapy

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Intervention Strategies For Depression

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Pacific University

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Review date: 07 November 2012

CLINICAL SCENARIO:

“The pain is unrelenting, and what makes the condition (depression) intolerable is the foreknowledge that no remedy will come—not in a day, an hour, a month or a minute” (Styron, 1990, p. 62). Depression is elusive to words and descriptions. After reading a literary piece, accurately depicting the nature and experience of depression, further research explorations were incited. The evasiveness of depression makes it difficult to treat, prompting questions about effective interventions. This CAT attempts to understand quality of life for persons experiencing depression. Currently, the most common clinical practice for treatment of depression consists of pharmaceutical antidepressant medications and Cognitive Behavioral Therapy (CBT). The questions that emerged through research were: Even though these two interventions are common clinical practice are they effective? Are they the only effective interventions available for treating depression? The reality of depression is that it disrupts the daily life activities of those it affects. The research regarding diverse interventions for treating depression are limited. Occupational therapy, with its focus on daily life activities, seems a viable option for treatment. This CAT is a synthesis of a small portion of the research that is available regarding the diversity of interventions that treat depression.

FOCUSED CLINICAL QUESTION:
What interventions are most effective for treating a diagnosis of depression?

SUMMARY of Search, ‘Best’ Evidence appraised, and Key Findings:

- After searching three different databases 20 articles were found to pertain to the clinical question.
- 5 articles were chosen for review because they specifically addressed the clinical
• A double-blind placebo control trial by Lecrubier, Clerc, Didi, and Kieser (2002) was reviewed. Lecrubier et al. (2002) found Hypericum perforatum (St. John’s wort) extract to have valid antidepressant effects.

• Dobson et al. (2008) performed a randomized triple-blind placebo control trial that evaluated the effectiveness of behavioural activation (BA), cognitive therapy (CT), and antidepressant medication (ADM) in regard to relapse and recurrence of depression. Dobson et al. (2008) found that CT and ADM produce comparable outcomes, BA has enduring effects, and both psychotherapies (CT, BA) were effective at a lower cost than ADM.

• In 2007 Coelho and Ernst performed a systematic review of articles pertaining to massage therapy as an effective intervention for depression. Coelho and Ernst (2007) reviewed four articles with inconclusive findings in regard to the effectiveness of massage therapy for depression.

• Van, Schoevers, and Dekker (2008) did a qualitative systematic review on the sociodemographic factors and characteristics of major depression on the outcomes when using tricyclic antidepressants (TCAs), modern antidepressants (selective serotonin/norepinephrine reuptake inhibitors—SSRI), cognitive behavioral therapy (CBT), interpersonal psychotherapy (IPT), and short-term psychodynamic psychotherapy (SPSP). Van et al. (2008) found that the studies reviewed were too varied and any conclusions made are provisional, yet it appeared that some trends surfaced warranting further research regarding the clinical significance of how specific predictors respond differently to varied treatments.

• A phenomenological qualitative study by Sundsteigen, Eklund, and Dahlin-Ivanoff (2009) has been deemed the best evidence for this critically appraised topic.

• Sundsteigen et al. (2009) used focus groups in this qualitative study to gain a better understanding of mental health outpatient experiences with occupational therapy.

• Four focus groups lasting an hour and a half each were audio taped for documentation.

• Upon review of these audiotapes it was found that these four groups warranted enough information to establish two major themes: factors for positive change and change in daily occupation.

• A key factor noted in the study was how participants took an active role in therapy.

• Active engagement during group discussions of the two major themes provided
confidence and coping strategies.

- Actively engaging in therapy allowed clients to learn transferability—being able to transfer lessons from group into daily life occupations.

**CLINICAL BOTTOM LINE:**

In addition to occupational therapy, there are other alternatives to pharmacological antidepressant treatment for depression, including herbal remedies (St. John’s wort) and psychotherapy (cognitive behavioral therapy, behavioral activation, and psychodynamic therapy). There is no single treatment for a diagnosis of depression. What is needed is a valid multidisciplinary assessment that can suggest which treatment or combination of treatments will be best practice for each individual with this diagnosis. It is important for occupational therapists to consider the treatments a client may be using and how that treatment affects functioning within all areas of occupation.

**Limitation of this CAT:**

This critically appraised paper is not a complete and exhaustive review that was individually prepared by one graduate student. This paper was a project in a master’s of occupational therapy program. It has been reviewed by a faculty member, but has not been externally peer-reviewed.

**SEARCH STRATEGY:**

**Terms used to guide Search Strategy:**

- **Patient/Client Group:** Diagnosis of depression
- **Intervention (or Assessment):** OT group therapy
- **Comparison:** CBT, pharmacotherapy, herbal remedies, massage therapy
- **Outcome(s):** Quality of life and ability to live with diagnosis

<table>
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<th>Limits used</th>
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Prepared by: Tyler Joy OTS (11 November 2010). Available at [http://commons.pacificu.edu/otcats/](http://commons.pacificu.edu/otcats/)
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**INCLUSION and EXCLUSION CRITERIA**

- **Inclusion:**
  - Studies researching any diagnosis of depression.
  - Studies including participants of any age.
  - Studies including participants of any gender.
  - Studies including participants of any socioeconomic background.
  - Studies published in the past 10 years.

- **Exclusion:**
  - Studies including psychotic disorder diagnoses among the participants.
  - Studies that focused solely on elderly populations.
  - Studies published prior to 2000.
RESULTS OF SEARCH

5 relevant studies were located and categorized as shown in Table 1 (based on Levels of Evidence, Centre for Evidence Based Medicine, 1998).

Table 1: Summary of Study Designs of Articles retrieved

<table>
<thead>
<tr>
<th>Study Design/Methodology of Articles Retrieved</th>
<th>Level</th>
<th>Number Located</th>
<th>Author (Year)</th>
</tr>
</thead>
</table>

BEST EVIDENCE

The following study/paper was identified as the ‘best’ evidence and selected for critical appraisal:

Sundstegien, B., Eklund, K., & Dahlin-Ivanoff, S. (2009). Patients’ experience of groups in
outpatient mental health services and its significance for daily occupations. 

Reasons for selecting this study were:

• This study was chosen because it directly addresses the focus question.
• This study fell within the parameters set by inclusion and exclusion.
• This study researched occupational therapy as a viable intervention for a diagnosis of depression.
• This qualitative study is a recent study, published in 2009.
• This study demonstrates the benefits of behaviors that encourage engagement in meaningful occupations.

SUMMARY OF BEST EVIDENCE


Aim/Objective of the Study/Systematic Review:
The aim of this study is to understand the significance of outpatient occupational therapy (OT) group treatments regarding the engagement of daily occupations for clients with mental health conditions.

Study Design:
The study design is not explicitly stated. The qualitative methods and aim of the study suggest that a phenomenological design was used. Through focus groups, the study explores the collective opinion(s) and experience(s) of outpatient mental health clients in occupational therapy groups and the implications these groups hold for the client’s daily occupations. In choosing to use focus groups one must consider the characteristics of the study population, the intention of the study itself, and construction and moderation of the groups themselves. For focus groups to succeed, a common theme or topic to discuss is imperative. On the other hand, diverse perspectives and differing opinions can develop from a heterogeneous topic. The purpose of a study determines the number of focus groups and number of participants needed.
In order to uncover sufficient patterns or tendencies within the discussion of the focus groups, groups need to be added until no further information can be generated. For this study in particular, focus groups were audio taped and there were no observation notes, interviews, or other methods for documenting. The sole understanding of the study relied heavily upon these audiotapes.

**Setting:**
The study took place in two outpatient mental health units. It is implied, not explicit, that these were outpatient facilities in Sweden.

**Participants:**
Participants were clients who had participated in OT groups in outpatient mental health units. Initially, personal contact was made with the staff of the outpatient mental healthcare units where the study was conducted. The staff were informed about the study and asked to articulate any concerns for those in their care that were eligible for the study. There were no concerns made regarding the volunteering participants.

Participants had to have been on the unit for at least two months and be in a group in which all the members accepted taking part in the study. Male and female participants signed up at the beginning, however, only men showed up to the groups. 14 participants (all men) and 4 focus groups with 3-4 participants in each group were studied. All contributors to the study had attended the unit for 5-29 months (average 11) and were all diagnosed with depression and anxiety. All lived out in the community either alone or with family, and all were unemployed at the time of the study. The age range was 22-61 years with an average of 36. Some had experienced two or more occupational therapy groups. Group four was not a pre-existing group, however, all members agreed to the study and had previous group experience with each other.

**Intervention Investigated**
Focus groups met once. The first author of the study moderated two focus groups, while an experienced assistant on the unit moderated the other two. Both moderators created a relaxed, accepting atmosphere and reminded the participants they were the experts for the discussion. The discussion began with exploring the aim of the study and generated further questions and queries. Discussions lasted one and half-hours and were audio taped.
Outcome Measures:

Two themes surfaced from the occupational therapy focus groups: factors for positive change and change in daily occupation. Each theme was subdivided. Factors for positive change included timing, belonging, involvement, challenge, meaningful occupation, and a balance focus on disease. Change in daily occupation included to manage and to dare more.

Main Findings:

The results demonstrated the importance of a reflective process integrated with an occupation-based intervention in order for the participants to implement the teachings from treatment into their daily lives. This combination occurs during the transformational stage after the shock of the diagnosis has worn off and individuals have already experienced the need for changes in daily life routines and roles. Based upon the information retained from the focus groups each sub-theme was given a definition and an explanation, as follows:

Timing: A way to define successful treatment based upon when it is started and stopped. Participant willingness is required for appropriate start time and acceptance of change coupled with alteration of behavior is required for appropriate stop time.

Belonging: Spending time with others who share something in common. Focus groups provided a secure space where individual differences were accepted and valued, which helped break through the feelings of isolation. Members began to gain a sense of value by helping other members’ through their process. Stimulation of diverse perceptions of mental health occurred due to feelings of belonging.

Involvement: Taking an active role in treatment for oneself. Poor health and lack of energy can limit involvement. Each participant had to find their own way to their comfort level and contributions to involvement in their own treatment. Participants learned to find resources and use them and to trust their own judgments and experiences in order to attain new levels of health.

Challenge: Something that warrants the utilization of resources and making an effort; not an automatic response. Challenge is required in order for change to occur. Challenges must be individualized to the client (person), the situation (environment), and to the activity (occupation).

Meaningful occupation: Any occupation that creates a broader understanding, clarifies issues, initiates a solution, manifests relaxation, positivity, and expression while carving out new habits and roles for an individual, is considered meaningful. Therapy must bridge the gap between the purpose of the occupation and the intent of the individual to reach the meaningful
place. Engagement in meaningful activities promoted performance changes, self-efficacy, and well-being.

**A balance focus on disease:** The possibility of healthcare being able to focus on the healthy parts of the client. Being able to understand the symptomology of the diagnosis increases knowledge for figuring out coping strategies. Being able to break down during a group session and move through it with the support of the other group members and then have laughter about it also created a balanced focus on disease.

**The change in daily occupations:** Participants managed to dare to do more during the group, which they then transferred to outside of the group. This created increased competence for daily life. Finding ways to self-initiate solutions and being able to clearly see one’s actions, thoughts, and feelings within the context of a situation.

**To manage:** The energy and will power to perform. Managing requires possibility, hope, and faith in order to face the internal and external obstacles life has to offer. Well-being is connected to the ability to manage through balance of activity and rest structured by habits. This was facilitated by managing occupations during groups as a platform for determining how to manage occupations in daily life. Participants learned to see their capacity for accomplishment, to accept their personal needs, and were continually challenged by striving for balance. These lessons facilitated practice in time management, identifying and asking for help when needed, and setting personal limits in order to manage.

**To dare:** Exposing oneself to unease and challenging situations like trying something new or doing something familiar in a different way without regard for the consequences. Self-knowledge and an acceptance of the current condition created a security that allowed the participants to open up to dare. In doing so there was a decrease in the perception of environmental threats and personal inadequacies. A shift in perceptions created a lens of more outer acceptance, an ability to handle difficult situations because they were seen as challenges and less frightening than previously perceived.

**Original Authors’ Conclusions:**

This study implies that traditional occupational therapy group methods provide adequate services for those with a diagnosis of depression that are seeking help in mental healthcare outpatient settings. Occupational therapists need to ensure support of the mental health individual stepping out of the treatment setting and stepping into daily life occupations. The study also noted that clients with depression and anxiety were able to take an active role in the process of group therapy. This active role was displayed by their ability to transfer their
experiences to daily life from the therapy session. It is important for occupational therapists to create an environment that fosters this transferability. The active role of the clients also allowed for them to not focus directly on the disease, which meant they could focus on other aspects of their person. Clients learned to see their problems in a different light.

For occupational therapists working with depressed clients it is important to realize that motivations and expectations change throughout therapy based upon the education of services given. The client’s desire to begin treatment is integral to the success of the treatment. The more the client understands the intricacies of the purpose of the therapy the more willing they are to engage themselves in it.

Further research is needed to determine when occupational therapy is most effective in regard to certain outcomes. Further research is also needed to demonstrate the importance of the timing of treatment (start/stop) and the best follow-up treatments.

Validity:
The authors did not identify using peer review, triangulation, member checking, or external audits in regard to data collection and methodologies used in this study. Focus groups were audio taped. There were no observation notes, interviews, or other methods for documenting. The sole understanding of the study relied heavily upon these audiotapes. The two moderators noted immediate impressions after listening to the recordings. The tapes were then transcribed verbatim. The first and third authors used Krueger’s method of analysis of focus groups to analyze the data. First, they listened to the tapes several times. Then they read the transcripts for analysis. From this, relevant sections pertinent to the study were identified. Within the meaningful material themes were created. The synthesis, abstraction, and conceptualization of the raw data into themes produced descriptive statements. The authors chose quotations to illustrate the themes.

Interpretation of Results:
All participants of this study were willing to take an active role in their own therapy and were ready to find ways to make changes in their life. According to the authors, this element of “timing”, considered a factor of positive change, is an integral part of the treatment process for depression. Addressing other factors for positive change and change in daily occupations through an interactive process creates an empowered state for the client, which builds self confidence and establishes the ability to transfer learned coping skills into everyday experiences. It is the role of the occupational therapist to coach the client through this
interactive process to enhance treatment sessions and improve client success of engaging in occupations in any environment or context.

Critical Appraisal:
There are many limitations to this study, which present several questions. What accounts for the small sample size? How valid are the results based upon a small sample size of a few focus groups that were pre-existing groups that only met once? How was the data biased by the fact that the groups were pre-existing groups? How reliable and or valid are the results with such a small sample size? What kind of a bias was presented from the fact that one of the authors worked at one of the outpatient units? How biased are the results since there were no trustworthiness techniques used to review the study before it was published? How important is the variable of clients being willing to take an active role in their own therapy for this population? Is that variable a key factor in allowing occupational therapy to work?

As limited as this study was it raises some compelling arguments in favor of occupational therapy services for individuals experiencing depression. The results of this study are in line with occupational therapy theories like Occupational Adaptation and the Model of Human Occupation. The reflective process on active engagement in client-centered, meaningful occupations at the just right level of challenge is an important factor of treatment. This study fosters interest in further explorations that might look at using a larger sample size to generate more data to substantiate the claim that occupational therapy group based interventions benefit individuals experiencing depression.

Summary/Conclusion:
A key element for treating depression is the client’s willingness to participate in the intervention(s). Once the client is on board and ready to deal with their depression, treatment can then be effective. The major strength of this study demonstrates how occupational therapy services that utilize interactive interventions, like group therapy, can help individuals whom are ready to deal with their depression re-engage in their daily life activities. The results of this study depict the important elements of group therapy. Occupational therapy groups are designed to encourage clients during their process and to introduce them to new ways of thinking, acting, responding, and behaving. OT group activities present clients with ideas like meaningful occupations, how to deal with real life challenges, and how to dare to manage disease in everyday life. The interactive process consists of monitoring cognitive and emotional responses, identifying self with the disease and apart from the disease, learning what
occupations inspire participation in life, and finding coping strategies that will enable engagement even when the body and mind are not in unison or desiring to participate. What the study fails to do is support these understandings with significantly valid results. This study is a great place to begin investigating the true value of occupational therapy services for individuals experiencing depression in outpatient mental health settings. More research is required to corroborate the findings that outpatient occupational therapy group based interventions significantly impact engagement of daily life occupations for individuals experiencing depression.

The following table, Table 3, provides a comparative summary of the other four articles that were reviewed.

Table 3: Characteristics of included studies

<table>
<thead>
<tr>
<th>Study (APA format)</th>
<th>Summary (aim, intervention, outcome, findings)</th>
</tr>
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<tr>
<td>Van, H. L., Schoevers, R. A., &amp; Dekker, J. (2008). Predicting the outcome of antidepressants and psychotherapy for depression: A qualitative, systematic review. Harvard Review of Psychiatry, 16, 225-234. Doi: 10.1080/10673220802277938.</td>
<td><strong>Aim:</strong> This qualitative systematic review explores the influence of sociodemographic factors and major depression characteristics on outcomes of common treatments for depression. <strong>Intervention(s):</strong> Tricyclic antidepressants (TCAs), modern antidepressants (selective serotonin/norepinephrine reuptake inhibitors—SSRI), cognitive behavioral therapy (CBT), interpersonal psychotherapy (IPT), and short-term psychodynamic psychotherapy (SPSP) <strong>Outcome:</strong> Identifying factors and characteristics that correlate with certain outcomes <strong>Findings:</strong> Great variations between studies made it difficult to separate out the effects of the treatment from the naturalistic course of depression. The study did find that predicting factors are not equal across treatments, which might have clinical implications. This calls forth the need for further research regarding how a treatment works and comparisons between treatment efficacies among certain groups of people.</td>
</tr>
<tr>
<td>Coelho, H. F., &amp; Ernst B. E. (2007). Massage therapy for the treatment of depression: A systematic review. International Journal of Clinical Practice 62, 325-333. Doi: 10.1111/j.1742-1241.2007.01553.x</td>
<td><strong>Aim:</strong> This systematic review of RCTs presents evidence regarding whether massage therapy (MT) is effective for treating depression disorder (DD) or subsyndromal depressive symptoms (SSD). <strong>Intervention(s):</strong> Comparing Swedish massage to relaxation therapy and acupuncture <strong>Outcome:</strong> Any indication that massage has alleviated a depressive episode or symptoms. <strong>Findings:</strong> The review concluded that there is insufficient data to validate massage therapy for</td>
</tr>
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</table>
| Aim: This study looked at enduring preventative effects of prior exposure to certain treatments relative to relapse (return of treated depressed episode) and recurrence (onset of new depressed episode) for folks diagnosed with depression. This study also compared the treatment costs for psychotherapy and antidepressant medication.  
Intervention(s): Behavioral activation (BA), cognitive therapy (CT), and continued treatment with antidepressant medication (ADM)  
Outcome: Depression severity, relapse of an episode, recurrence of new episode  
Findings: This study showed enduring effects of psychotherapy (CT and BA) that were as efficacious as continuing patients on medications for the treatment and prevention of relapse and possible recurrence of depression. This enduring effect of psychotherapy may prove to be more cost effective versus long-term antidepressant medications. There was no evidence of sustained benefit for ADM. In fact, there is concern regarding how quickly recurrence occurred when medication was withdrawn. The authors believe that the results of this study indicate that behavioral interventions for depression merit further contemplation.  

| Aim: This study proposes to compare the efficacy of Hypericum perforatum (St. John’s wort) extract WS 5570 with a placebo for patients with a DSM-IV diagnosis of mild to moderate major depressive episode. The study also looked at the response of the intervention on core symptoms of depression using the Bech melancholia scale and the relationship between severities of depression with the response to the treatment.  
Intervention(s): Hypericum perforatum (St. John’s wort) extract WS 5570 and a placebo  
Outcome: Mean changes in depression severity  
Findings: This study demonstrated the existence of an antidepressant effect of H. perforatum (St. John’s wort) in patients with mild and moderate depression.  

### IMPLICATIONS FOR PRACTICE:

Occupational therapy focuses on roles, routines, behaviors, and adaptive skills through occupation-based activities, which are necessary for treating depression (Devereaux & Carlson, 1992). Occupational therapists use interventions like purposeful/preparatory engagement, education, and/or advocacy to prevent relapse or recurrence of depressive episodes. These preventative practices enlighten clients about their activity patterns, identifying triggers, and
the importance of establishing strategies for coping (Larson, 1990). It is through the use of occupation-based activities and social participation that occupational therapy assists clients in reclaiming their self-identity and brings a sense of meaning and purpose into their lives. Engaging depressed individuals in meaningful occupations can generate new adaptive behaviors and/or reset previous adaptive behaviors. Adaptation is the response to changes in one’s life, how an individual chooses to adapt affects their health (Larson, 1990). Regardless of other therapies an individual may be subscribing to in order to treat their depression, Sundsteigen et al. (2009) demonstrated how essential the concept of transferability is for rehabilitation of this population. OT practice must call for client-centered therapy that incorporates collaboration with the client to create meaningful goals that meet the needs and expectations of the client, which facilitates satisfying and successful engagement in meaningful occupations (Ay-Woan, Sarah, LyInn, Tsyr-Jang, & Ping-Chuan, 2006).

**IMPLICATIONS FOR EDUCATION:**
Occupational therapists educate their clients about a multitude of aspects like environmental contexts and/or specific modifications to activities that may help clarify or simplify engagement in daily life occupations. To work with people experiencing depression occupational therapists must educate clients to be aware of the contextual triggers, to learn coping strategies once triggered, and to learn ways to manage medications, alternative therapies, and/or multiple therapies. In addition, occupational therapy educational programs need to add to their curriculum a focus that incorporates an understanding of the demographics and sensitivities of this population and the importance of properly educating these clients.

**IMPLICATIONS FOR FUTURE RESEARCH:**
Finding the best intervention(s) for each client with depression is very important. The downside is that it is extremely time consuming to search for the right treatment. With a disorder like depression, that amount of time may be the difference between life and death. The current regimented medical treatments (antidepressants and CBT) are not producing the most effective outcomes for the greatest number of people suffering with this diagnosis. The indication of this is that research needs to hone in on identifying correlations between demographic factors, disease characteristics, and positive outcomes with specific treatments. With enough evidence, a multidisciplinary assessment can be created that will evaluate demographic factors and disease characteristics in order to prescribe the correct treatment or cocktail treatment that will serve each individual fully and completely. Be it herbal remedies,
massage therapy, acupuncture, antidepressants, psychotherapy, or any Eastern medicines, the inclusion of occupational therapy is paramount. Further research needs to be multidisciplinary by including various occupational therapy, psychotherapy, and pharmacotherapy protocols for subjects with varying degrees of depression in order to determine the greatest outcomes for the greatest number of people (Devereaux & Carlson, 1992).

REFERENCES