

Research Article

Journal of Educational and Psychological Research

Mapping Rehabilitative Modalities in Major Depressive Disorder: A Cross-Sectional Bibliometric and Clinical Trial Analysis

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Submitted: 2026, Jul 02 Accepted: 2026, Aug 10; Published: 2026, Aug 24

Citation: Tharp, G. K. (2026). Mapping Rehabilitative Modalities in Major Depressive Disorder: A Cross-Sectional Bibliometric and Clinical Trial Analysis. *J Edu Psyc Res*, 8(2), 01-07.

Abstract

Background: The global burden of Major Depressive Disorder (MDD) has surged substantially, necessitating modalities that transcend traditional mono-therapies to incorporate comprehensive rehabilitation framework models.

Objective: To cross-sectionally map and evaluate the scope of neurorehabilitative and adjunctive therapeutic strategies for MDD documented within global doctoral dissertations and active clinical trial registries from 1950 to 2026.

Methods: A cross-sectional bibliometric analysis was conducted using the WorldCat database (N=3,914 initial records screened) and ClinicalTrials.gov. Search queries targeted dissertations and clinical protocols intersecting "Major Depressive Disorder" and "Rehabilitation." Identified interventions were categorized across mechanistic and clinical domains.

Results: The synthesized literature reveals five key rehabilitative domains:

1. Digital therapeutics and telerehabilitation;
2. Multidisciplinary manual and somatic therapies (e.g., Integrated Manual Therapy, Tuina);
3. Patient-driven self-care and botanical interventions;
4. Advanced neuromodulation and neurosteroid pharmacotherapies; and
5. Community-integrated psychoeducation and self-management models.

Conclusion: Managing MDD requires an integrated mind-body rehabilitation model addressing autonomic, cognitive, and psychosocial dimensions. Future research must evaluate protocol adherence, intervention efficacy, and drug-herbal interactions across diverse demographic cohorts.

1. Introduction and Study Rationale

1.1. Background

Major Depressive Disorder (MDD) represents a leading cause of global disability. Recent epidemiological analyses by Zhang et al. indicate a 56.36% surge in MDD prevalence among adolescents and young adults worldwide [1]. Classic diagnostic features outlined by Bains and Abdijadid—including persistent depressed mood, profound fatigue, and pervasive feelings of worthlessness—are increasingly complicated by late-life risk factors such as frailty and deteriorating health-related quality of life [2-4]. Furthermore, contemporary etiology highlights the impact of problematic social media consumption among adolescents and high rates of

comorbidity with neurodegenerative conditions such as stroke, Parkinson's disease, and traumatic brain injury [5-8].

Despite advancements in psychopharmacology and psychotherapy, patient outcomes frequently plateau. Freeman and colleagues demonstrated that patient outcome expectations significantly influence clinical trajectories, underscoring a critical mind-body connection that extends beyond single-modality physiological treatments [9]. Consequently, there is a growing imperative to identify adjunctive neurorehabilitative techniques capable of addressing the full spectrum of MDD manifestations.

1.2. Study Rationale

While peer-reviewed journal literature primarily captures established clinical trials and high-level reviews, doctoral dissertations offer an early-stage, comprehensive record of academic research, capturing novel methodologies, interdisciplinary models, and preliminary exploratory findings.

A cross-sectional bibliometric design leveraging global library holdings (WorldCat) and clinical registries (ClinicalTrials.gov) serves two vital functions:

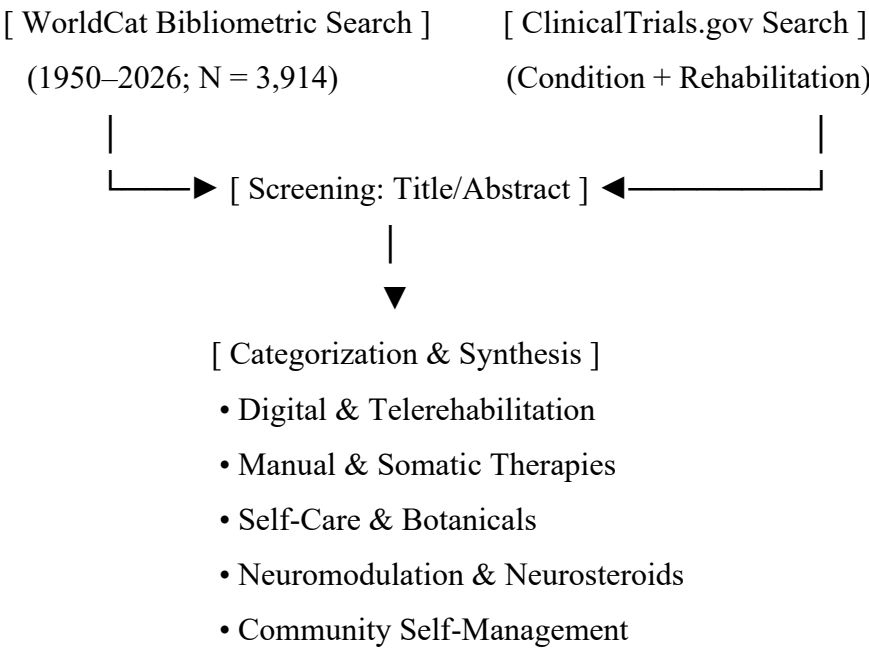
- **Comprehensive Landscape Mapping:** It mitigates institutional and disciplinary selection biases by capturing unpublished or specialized dissertation research across psychiatry, occupational therapy, physical therapy, and public health [10].

- **Translational Gap Identification:** Cross-referencing academic dissertations (1950–2026) with active clinical trials allows researchers to identify emerging rehabilitation strategies (e.g., manual touch therapies, digital therapeutics, neuromodulation, community library self-management protocols) and track their progress toward mainstream clinical implementation.

2. Materials and Methods

2.1. Study Design

This study utilized a cross-sectional bibliometric mapping methodology to systematically identify, categorize, and synthesize dissertation research and registered clinical trials evaluating rehabilitation modalities for MDD.



2.2. Search Strategy & Evaluative Criteria

Source 1: WorldCat Database

The WorldCat catalog was searched for international dissertation literature spanning 1950 to 2026 [11-19].

- **Keywords:** "Major Depressive Disorder"
- **Format Filters:** Thesis / Dissertation
- **Date Range Filter:** 1950–2026
- **Initial Yield:** 3,914 dissertation records.
- **Screening & Selection:** Titles and abstracts were screened to isolate dissertations specifically examining rehabilitative, somatic, digital, or adjunctive therapeutic interventions for MDD. Dissertations focusing strictly on standard pharmacotherapy or non-rehabilitative diagnostic tools were excluded.

Source 2: ClinicalTrials.gov

To evaluate active translational pipelines, ClinicalTrials.gov was queried using the following criteria [20,21]:

- **Condition / Disease:** "Major Depressive Disorder"
- **Other Terms:** "Rehabilitation"
- **Study Status:** All Studies (Completed, Active, and Recruiting)

Data from both sources were extracted and categorized into structured domains reflecting physical, cognitive, digital, and psychosocial rehabilitation paradigms.

3. Results

The cross-sectional synthesis yields a multidimensional taxonomy of MDD rehabilitation modalities developed over the target period (1950–2026).

Domain	Key Mechanisms / Interventions	Representative Citations
Digital & Telerehabilitation	CBT-based telerehabilitation platforms; prescription digital therapeutics (e.g., CT-152); wearable passive monitoring algorithms	Rosen, Cochran et al., Rothman et al., Walschots et al. [22-25]
Manual & Somatic Therapies	Integrated Manual Therapy (IMT), Reflection Therapy, Traditional Chinese Manual Therapy (Tuina), Acupuncture	Draper-Rodi et al., Weiselfish-Giammatteo & Giammatteo, Chen et al., Zhan et al., Chan et al., Zhang et al., Zichao et al. [26-34]
Self-Care & Traditional Medicine	Acupressure; Traditional Chinese Medicine (TCM) herbal decoctions (Chai Hu Shu Gan San, Xingnao Jieyu)	Lin et al., Li et al., Yang et al., Dang et al. [35-38]
Neuromodulation & Neurosteroids	Magnetic Seizure Therapy (MST), Accelerated Transcranial Magnetic Stimulation (aTMS), Allopregnanolone/Pregnanolone neurosteroids	Wang et al., Luehr et al., Gunay & Pinna [39-42]
Community & Self-Management	Chronic brain injury self-management translation; public library/archive health literacy partnerships; NAMI stigma-reduction protocols	Corrigan et al., Fritz et al. [43,44]

Table 1: Primary Rehabilitation Domains Identified in Dissertations & Literature (1950–2026)

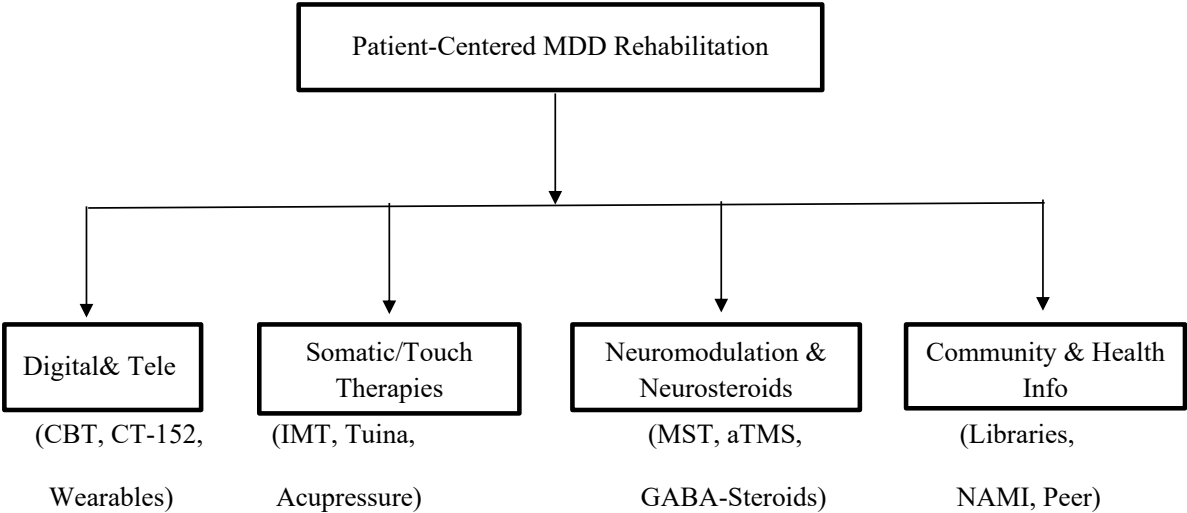
Trial Focus Area	Target Population / Subpopulation	Primary Modality Examined	Operational Objective
Telerehabilitation & CBT	Adults, Veterans, Remote Populations	Remote CBT & Lifestyle Modification	Improve community re-entry and social functioning
Somatic & Touch Interventions	Adults with Comorbid Chronic Pain / Cervicogenic Dysfunction	Integrated Manual Therapy & Tuina	Regulate autonomic nervous system (ANS) tone
Digital Therapeutics	Adolescent & Adult Outpatients	Prescription Digital Apps (e.g., CT-152) & Wearables	Adjunct to antidepressant medication adherence
Neuromodulation	Treatment-Resistant MDD, Geriatric MDD	MST & Accelerated TMS (aTMS)	Rapid symptom alleviation with minimal cognitive side effects
Community Self-Management	Caregivers, Patients across the Lifespan	Library-based health literacy & NAMI peer coaching	Information accessibility and stigma reduction

Table 2: Clinical Trial Pipeline Mapping for MDD Rehabilitation Strategies

4. Discussion

Analysis of the cross-sectional data demonstrates that MDD rehabilitation is shifting toward a patient-centered, interdisciplinary framework. Rather than viewing MDD solely through a

neurochemical lens, emerging interventions address systemic autonomic dysregulation, physical frailty, digital engagement, and community health literacy.



4.1. Digital Rehabilitation & Cognitive Behavioral Models

Rosen established foundational frameworks for telerehabilitation that have expanded to include remote Cognitive Behavioral Therapy (CBT) and targeted lifestyle interventions (e.g., managing substance use such as cannabis to restore cognitive functioning) [22]. Modern iterations include prescription digital therapeutics like **CT-152**, evaluated as adjunctive treatments to standard antidepressants in Phase 3 trials [23,24]. Additionally, algorithm-driven wearable technologies enable passive physiological monitoring, offering real-time feedback to guide personalized rehabilitation plans [25].

4.2. Somatic and Manual Interventions

While traditional psychotherapy relies on verbal communication, manual touch therapies engage central and autonomic pathways directly:

- **Integrated Manual Therapy (IMT) & Reflection Therapy:** Draper-Rodi et al. and Weiselfish-Giammatteo & Giammatteo highlight hands-on manual techniques that impact cognitive and somatic processing [26,27]. Because MDD profoundly disrupts autonomic nervous system (ANS) tone—including cardiac autonomic regulation—manual therapies targeting ANS structures offer an alternative physiological entry point for symptom alleviation [45,46].
- **Traditional Chinese Manual Therapy (Tuina) & Acupuncture:** Tuina and cervical spine manipulation have shown efficacy in mitigating secondary physical complaints (e.g., cervicogenic dizziness) that aggravate depressive episodes [28-30,47]. Supported by systematic reviews from Chen et al., Zhang et al., and Zichao et al., somatic touch modalities demonstrate robust safety and efficacy profiles as non-pharmacological adjuncts [28,33,34].

4.3. Self-Care, Acupressure, and Botanical Medicine

Self-directed modalities empower patients to manage symptoms independently:

- **Acupressure:** Meta-analyses by Lin et al., and Li et al., confirm that acupressure is a safe, non-invasive self-care technique that significantly reduces depressive symptom severity [35,36].
- **Herbal Decoctions:** Formulations such as *Chai Hu Shu Gan San* and *Xingnao Jieyu Decoction* exhibit clear antidepressant properties in clinical trials [37,38]. However, further research is required to evaluate potential cytochrome P450 interactions when co-administered with Western psychotropic medications.

4.4. Neuromodulation and Novel Neurosteroids

For severe or treatment-resistant MDD, non-invasive somatic rehabilitation is supplemented by advanced interventions:

- **Accelerated TMS (aTMS) & Magnetic Seizure Therapy (MST):** Protocols investigated by Luehr et al. and Wang et al. demonstrate rapid clinical stabilization with improved cognitive safety profiles compared to traditional electroconvulsive therapy [39,40,42].
- **GABAergic Neurosteroids:** Rapid-acting neurosteroids (e.g., allopregnanolone and pregnanolone derivatives) target

novel neurochemical pathways, providing alternative options for non-responders to monoaminergic drugs [41].

4.5. Community-Integrated Self-Management & Information Literacy

Adapting chronic brain injury care models to MDD emphasizes self-management, peer support, and accessible information networks [43]:

- **Public Library and Archive Integration:** Public libraries and archival repositories serve as accessible centers for mental health literacy. Utilizing structured communication tools (adapted from trauma ICU decision models), libraries can partner with organizations such as the National Alliance on Mental Illness (NAMI) to provide site-based coaching, peer education, and stigma-free access to health resources [44].
- **Performance Assessment:** Dual-perspective evaluations—assessing outcomes from both patient experience and institutional access metrics—ensure community interventions remain responsive and non-stigmatizing.

5. Limitations

- i. **Database Restriction:** Primary dissertation sourcing was limited to WorldCat; while extensive, complementary archival databases (e.g., ProQuest Dissertations & Theses Global, CINAHL) could yield additional specialized records.
- ii. **Heterogeneity of Interventions:** Included studies range from manual therapies to digital applications, limiting direct meta-analytic comparisons of effect sizes across modalities.
- iii. **Translational Time Lag:** Interventions identified in academic dissertations require formal clinical trial validation before broad integration into psychiatric clinical practice guidelines.

6. Conclusion

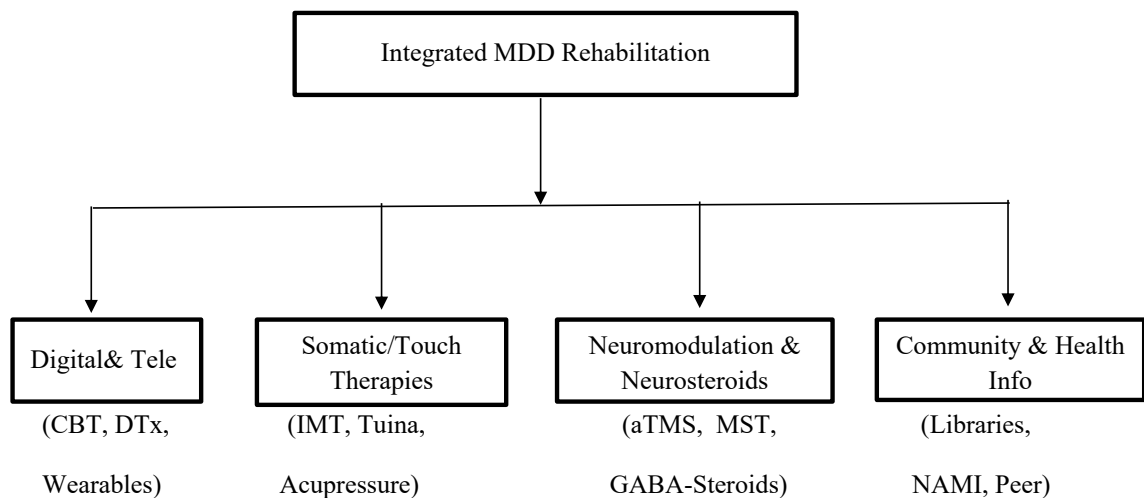
Cross-sectional analysis of doctoral dissertations and clinical registries reveals that MDD management is moving beyond traditional pharmacological monotherapy toward a multidisciplinary mind-body rehabilitation model. Incorporating telerehabilitation, somatic manual therapies, digital therapeutics, advanced neuromodulation, and community-based health literacy strategies provides a well-rounded toolkit for long-term recovery. Future research should prioritize rigorous clinical trials to validate intervention adherence, establish drug-botanical safety parameters, and optimize personalized rehabilitation pathways across diverse patient demographics [48-50].

6.1. Building Stigma-Free Psychoeducational Ecosystems

Rehabilitation models adapted from chronic brain injury care emphasize **self-management and accessible information**. Public, school, and university libraries are natural centers for non-stigmatizing support.

- **Library Partnerships:** Partner with academic or local library staff to curate evidence-based mental health resources, reading lists, and self-help tools.
- **Community Advocacy:** Coordinate with advocacy groups like the National Alliance on Mental Illness (NAMI) to host

peer-led workshops, mental health first-aid trainings, and panel discussions on campus.



6.2. Interdisciplinary Implementation Matrix

The following framework maps how clinical psychologists and

educational staff can collaborate across rehabilitative domains:

Rehabilitative Domain	Clinical Psychologist Role	Educator / School Staff Role	Combined Outcome Target
Digital & Telerehabilitation	Prescribe and review DTx apps; integrate wearable data into CBT sessions.	Educate on healthy screen use; support telehealth accommodations on campus.	Continuous skill reinforcement and proactive relapse prevention.
Somatic & Bodywork Adjuncts	Screen for ANS dysregulation; refer out for physical/manual therapy.	Provide ergonomic learning spaces; encourage physical activity and movement breaks.	Reduction of physical depressive symptoms and physiological tension.
Self-Care & Botanicals	Psychoeducate on self-care (e.g., acupressure); evaluate potential herbal-drug interactions with prescribers.	Support self-regulation spaces on campus; normalize stress-management practices.	Patient empowerment and enhanced day-to-day self-efficacy.
Psychoeducation & Community	Lead structured group therapy; provide clinical guidance for peer-led programs.	Host NAMI events; integrate mental health literacy into school libraries and curricula.	Stigma reduction and increased early help-seeking behavior.

6.3. Practical Checklist for Practice & Schools

For Psychologists

- **Audit Assessment Tools:** Include somatic, autonomic, and digital-use questions during initial intakes.
- **Establish a Referral Network:** Connect with physical therapists, acupuncturists, and interventional psychiatrists.
- **Explore Prescription Digital Tools:** Research validated, FDA-cleared digital therapeutics for MDD to supplement therapy.

For Educators & Counselors

- **Audit Campus Resources:** Work with library personnel to verify that depression and wellness resources are accessible and up-to-date.
- **Implement Peer Workshops:** Partner with organizations like NAMI to deliver peer-to-peer mental health psychoeducation.

- **Establish Clear Referral Protocols:** Ensure staff know how and when to connect struggling students with both school-based and external rehabilitative care.

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