

# PSYCHOPATHOLOGY: DEPRESSION

## Outline and evaluate the cognitive approach to treating depression

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The cognitive approach to treating depression focuses on the irrational and faulty thought patterns that individuals hold in their mind and prevent them from thinking positively. Cognitive Behaviour Therapy (CBT) is one such treatment involving both cognitive and behavioural elements. The cognitive element of CBT aims to identify irrational and negative thoughts, which lead to depression. In CBT the aim is to replace these negative thoughts with more positive ones. The behavioural element of CBT encourages patients to test their beliefs through behavioural experiments and homework. There are various components to CBT including; initial assessment, goal setting, identifying negative and irrational thoughts and challenging these in the session as well in homework tasks. All CBT starts with an initial assessment, in which the patient and therapist identify the patient's problems. Much like the part A in **Ellis'** ABC model, they try to find the underlying cause or trigger for the feelings. This may not be possible at the start and could take time to discover. The patient and therapist then agree on a set of goals, and plan of action to achieve these goals. There are two different strands of CBT based on **Beck's** theory and **Ellis'** ABC model. Using **Beck's** approach the therapist will help the patient to identify negative thoughts in relation to themselves, their world and their future. In **Ellis'** approach the therapist will dispute the patient's irrational beliefs, to replace their irrational beliefs with effective beliefs and attitudes. **Ellis** added the D and E to his ABC model; D for dispute and E for effect. Following a session of CBT, the therapist may set their patient homework to practise techniques outside the therapy room.

Evidence documenting the success of CBT is noted by **March et al (2007)** who examined 327 adolescents with a diagnosis of depression and looked at the effectiveness of CBT, antidepressants and a combination of CBT plus antidepressants. They found that CBT was as effective as antidepressants, in treating depression, and after 36 weeks, 81% of the antidepressant group and 81% of the CBT group had significantly improved, demonstrating the effectiveness of CBT in treating depression. Another interesting finding from **March et al (2007)** was that 86% of the CBT plus antidepressant group had significantly improved, suggesting that a combination of both treatments may be more effective.

One issue with CBT is that it requires motivation, which patients with depression may lack. Patients with severe depression may not engage with CBT or even attend the sessions. Alternate treatments, for example antidepressants, do not require the same level of motivation and maybe more effective. In addition, CBT has been criticised for its overemphasis on the role of cognitions and how it ignores other factors or circumstances that might contribute to a person's depression. There are some studies which suggest CBT is not as effective as first thought. **Ali et al (2017)** assessed depression in 439 patients for a 12-month period following a course of CBT. They found that 42% of patients relapsed into depression within six months after a course of CBT. They suggested that CBT may need to be repeated periodically for long-term success. Moreover, **Yrondi et al (2015)** found that depressed people rated CBT as their least preferred method of psychological therapy.

Despite this CBT is proven to be a successful treatment for patients with depression, even if it is used alongside drug therapy.

