Cognitive Behaviour Therapy in Depression

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Depression put a high impact on the life of its carrier patients and their families also suffer like a passive patient type. Psychopathology of depression significantly affects their social and occupational lives as well as causing other functional impairments (Murray, 1996). Almost everyone feel sad some time but this does not mean that they are diagnosed as depressed. Crying spells are not only criteria to recognise clinically significant depression. There are specific guide lines prepared by professional to determine the individual as depressed. To be diagnosed as depressed a young person needs to have experienced symptoms clustered around three factors namely reporting low mood, tiredness, and continuous lack of interest or enjoyment in things. The core symptoms of depression as defined by ICD-10 are depressed or irritable mood and decreased interest or pleasure. These symptoms must be experienced consistently for a minimum period of two weeks and interfere with normal functioning. Temporal relationship is needed before finalizing the preliminary diagnosis (Bockting, 2005). Additional symptoms of depression are as follows: lack of initiation, fatigue or loss of energy; low confidence or self esteem; unreasonable self blame and self criticism or excessive guilt; decreased concentration or ability to think; indecisiveness or vacillation; psychomotor agitation or retardation (subjective or objectively). Mild depression may have 4 of the additional symptoms, moderate depression by 5 or 6 additional symptoms and severe depression by 7 or more additional symptoms (NICE, 2006).

Conceptualization of Depression in Cognitive Behaviour Therapy

CBT for depression was first developed by A. T. Beck in the 1960s and it has since been expanded and studied extensively (8). Beck's cognitive model postulated that people's interpretations of negative life events work significantly in the development of depression. According to him depressed individuals hold negative beliefs or schemas and take all his decisions of life on the basis of negative schemas which finally exaggerate his sadness. These schemas are not the result of recent transactions with the world but thought to develop in early childhood and to involve themes of loss, mistrust, inferiority, hopelessness (prolonged),

inadequacy, interpersonal rejection and worthlessness. In Beck's model, these beliefs constitute a cognitive vulnerability (dia-thesis) to depression. The beliefs are activated by adverse life events (stress) to produce event-specific negative (automatic) thoughts about the self, the world and the future (Beck's cognitive triad), which in turn lead to negative mood. Following this model, cognitive therapy aims to change clients' thought patterns in order to facilitate mood change and improved coping with stress.

Nature of Cognitive Behaviour Therapy

Cognitive Behaviour Therapy (CBT) is an approach of highly specialized psychological treatment that seriously addresses the disturbed interactions between how we think, feel and behave. It is usually time-limited (approximately 10-20 sessions), focuses on current problems and follows a structured style of intervention. CBT for depression applies techniques based on a variety of different theoretical models of depression. It also uses behavioural theories related to depression with the cognitive model of depression which was developed by Aaron Beck (Beck, 1967, 1978). Gradually starting from early emphasis to comprehend minute aspect of depression along with understanding and treatment of depression, CBT dynamically has travelled to treat a wide range of disorders including anxiety and personality disorder. The development and administration of CBT have been closely guided by research. Scientifically promoted evidence now supports the effectiveness of CBT for many common mental disorders including depression. For some disorders, carefully designed research has led international expert consensus panels to identify CBT as the current "treatment of choice". CBT is less like a single intervention and more like a family of treatments and practices. Practitioners of CBT may emphasize different aspects of treatment (cognitive, emotional, or behavioural) based on the training of the practitioner. Nevertheless, the identified techniques of CBT prove their family resemblance in a number of ways. All techniques and approaches to CBT are practically applied in a structured way. Important her is to observe from up gradation and practice point of view is that what gets used (that is, which technique for which problem) is what has been proven effective and the techniques themselves derive from science. It was observed that the 'behavioural experiments' used to help people overcome feared objects or situations. CBT has been studied and effectively implemented with persons who have multiple and complex inappropriate needs, and who may be receiving additional forms of treatment, or have had no success with other kinds of treatment.

Role of Thinking and Depression

Different people can think differently about the same event negatively or positively primarily. The way in which, we think about an event influences how we feel and how we act because of engagement of our emotion which are essential for adjustment. A classic example is that when looking at a glass of water filled halfway, one person will see it half empty and feel discouraged and the other sees it half full and feels optimistic. People often fail to realize that they do not have to continue to think about their experiences in the same way for their entire lives. This becomes more important if this thinking is not being utilized for personal growth. By identifying dysfunctional thoughts and by learning to think differently about their experiences, people can feel differently about these experiences, and in turn, behave differently. Most of the time people believe things about themselves and the people around them because they have good evidence for their beliefs and these beliefs may not always healthy for individuals. It seems instinctual from people's side that they are often very selective in the evidence that they focus on (or what they believe to be "fact"). A depressed individual may remember particularly the person who knowingly or unintentionally ignored him/her in a conversation but not remember the person who found her interesting. This mistakenly learned pattern to evaluate the meaning of communication leads to them towards feeling sad and initiate the depressive features. On the basis of his or her uniquely developed and adopted way to extract the meaning individual start guessing that, "I am a boring and not attractive person". Cognitive-behavioural practitioner's help people understand/learn how, by selecting particular evidence to focus on, they have ended up with creating false beliefs that are 'cognitive distortions'.

Individual may not even be aware that they have formed these beliefs because their cognitive faculties which they use to evaluate describe, and select opinions for them have become marginalized. Their applied strategies, and judgemental abilities are creating negative images in their mind and such cognitive distortions are problematic, not only because they can be inaccurate, but also because they contribute (more than necessary) to debilitating negative emotions or avoidance of troubling situations. They are not able to find that their debilitating negative image about themselves is creating faulty beliefs, less value in their self. But this is not the end rather this where CBT get started and they can be given the massage that people can learn to recognize their automatic thoughts, monitor and scrutinize these thoughts, and pay attention to evidence that supports alternative beliefs (for example, "Some people find me pleasant and interesting to talk to").

Thoughts about oneself

Individual might think that the fact there his friends have stopped talking and emailing him means that they don't like him anymore. This make him thinks that "he is foolish" and that he does not have any genuine friend circle. This kind of negative thinking makes him more lonely and isolated and he becomes very sad. Moreover he is not able to see that he can ever go back to school, if he does not have any friend. As a consequence his belief which may be correct or incorrect has the ability to influence his mood, feeling and behavior. Being a depressed person the individual is not able to do good amount of physical activity. Individual spends good amount of time only to think. As a result, lack of physical activity gives individual more time to think negatively. This turns into long period of remaining alone and he starts criticizing himself. He analyses himself and his actions and believe that he is no more a good person because other people have passed him nasty statements. These kinds of thoughts are often referred as rumination, which is a key feature of depression.

Thoughts about world & future

Individual also remembers a lot of bad experiences that has happened to him in past days. Not only this, individual also think about one's own future and is not able to see any way of getting back ever. Individuals keep thinking about future that he would not be able to manage his failures anymore. He believes that failing in those areas will cause him great trouble in future. Individual also believe that since "he is not able to manage his current challenges, he would also not be able to face his future challenges successfully. He starts predicting his future in which the worst happens and his negative expectation about the future is one more reason for him to feel sad and depressed. Thoughts about the world in depression in which clients also believe that he had had bad time at everywhere including his workplace, family member, close friends and thinks that he will met with same behaviour wherever he goes (Barbe, 2004). He is also worried about his new social situations and thinks that he will be again proved a failure. Such individuals has a problem in stopping his negative thought in terms of his future expectations and he is compelled to think that world is really a bad place

Understanding depression in Behavioural theories

Behavioural theories are based on the idea that individual's behaviours are influenced and shaped by our environment and that we learn through the consequences of our behaviours. Some time learning can result in maladaptive way without being noticed by the person. Personal biases, societal pressure and cultural understanding might facilitate such type of

faulty learning. The core idea is that rewards and punishments influence our behaviour. We are more likely to do things that are rewarded as rewards are pleasant in nature. As already discussed individual learns some faulty behaviour which are reinforced by the individual and promoted by the environment. This is known as 'positive reinforcement' and a 'positive reinforcer' is any event which increases or strengthens the behaviour which precedes it. Typically, normal people engage in a range of activities, some of their own choosing (e.g. hobbies) and some which are not discretionary (e.g. their employment) and these will include a range of positive reinforcers. Some reinforcers are very tangible and objectively futile but may have subjective values and they include things like money, tokens of some kind. Some reinforcers are less tangible such as appreciation, performing some action (e.g. playing a sport), social sharing, having a close relationship, achieving a goal or reaching a target.

During depressed condition their levels of activity and engagement are usually much slow. This reduced activity level brings them a significant reduction in pleasurable and rewarding behaviours. This reduction in positive reinforcement leads to further depressed mood, poor energy and enthusiasm. In this phase individual is likely to continue withdrawal, and thus maintains the reduced level of positive reinforcement (Hollon, 2005) . This cycle of withdrawal, reduced reinforcement, low mood, and further withdrawal contributes to the feeling of being stuck in depression. Altogether these symptoms leads to feelings of helplessness and this again discourage them to change their mood and behaviours. With the help of behavioural model, apathy, lack of motivation, helplessness and social avoidance can be explained.

What Predicts a Better Response to CBT for Depression?

Studies have shown that there are several factors that predict what kinds of people will benefit from CBT. Most of these factors are associated with less severe illness. For example, individuals with less severe illness, shorter length of illness, later age of illness onset, and fewer previous episodes of illness tend to respond well to CBT (Barbe, 2002). Married people have been shown generally to do better than unmarried people. It has been noted that children respond better to CBT for depression than adolescents. There are now indications that people with longstanding interpersonal and personality problems benefit to the same extent as those without associated problems unlike past. It seems that people with long interpersonal and personality problems, in addition to their depression, may not be symptom-free at the end of a fixed number of CBT sessions because they had more symptoms initially.

Importance of good alliance for better outcome

As CBT has expanded and developed structurally there has been great emphasis to the development of new theories of mental health problems. Expansion of CBT has also influenced new therapeutic techniques and the continual improvement of treatment outcome for patients. However, behind the theories and techniques which are applied to treat the depression, the core of CBT is the healthy non threatening relationship between the therapist and their client and in CBT this relationship has a very particular flavour which assures the further therapeutic growth. As it is so central to the practise of CBT, this section begins with an overview of the 'collaborative relationship' and the practise of 'collaborative empiricism' in CBT. These 'collaborative relationship' have important implications for the way in which the therapist behaves/acts the style of therapeutic application and the way in which therapy proceeds. It is evident that healthy collaboration to move progressively is most required. As is the case with other psychological treatments, a good alliance between the practitioner and the person seeking treatment makes for a better outcome. It is possible; however, that rapid response to therapy contributes to a better alliance rather than the other way around. In addition, a good alliance seems to be working because of good rapport by therapist to his clients (Kuyken, 2004). It is important here to note how well a person gets along with others in general and it is believed that people who have better interpersonal relationships do better in therapy. Managing traumatic, painful feelings or addressing suicide ideation can make it difficult to work for symptoms relief, or immediately benefit from CBT. However, it has been shown that approaching these feelings in a collaborative and exploratory way is linked to a better outcome of CBT.

Overview of the treatment for depression

Treatment of depression incorporates 3 phases. Usually the treatment of depression consist 10 to 20 sessions and treatment starts with very important part of therapy as psycho-education, where nature of depression and its maintaining factors including thought patterns and behavioural tendencies are discussed. Therapist should try to work to form a therapeutic alliance with their clients so that they are encouraged to act as an active partners in therapeutic process with the help of therapist and clients both attempts collaboratively to set goal for therapy and their agreement is important for setting up the agenda.

Once therapy has been started, therapist can give homework assignment that assist clients in implementing techniques which has been taught to him by the therapist in therapeutic sessions (Corey, 2001). This homework assignment is very important because patient can practice at home important cognitive and behavioral techniques discussed in therapeutic

session in a typical phase of treatment. First phase of treatment is devoted on symptom relief and then in the same phase, therapists also try to encourage patients to manage their daily activity so that patient can resume and promote his functioning. The middle phase of treatment starts with therapist's attempts to address cognitive changes for better improvement. In this face client is given an opportunity to learn to explore, identify and recognize automatic thoughts, he is also encourage to evaluate them critically. He is facilitated to explore more appropriate cognitive strategies which can be implemented when needed. The very first phase of intervention emphasizes on symptom management. Objective of this phase is to prepare client to execute their daily activity and to strengthen, resume daily functioning. The middle phase addresses cognitive changes which are worked with the help of patient. Clients learn to identify different automatic thoughts. They learn to critically evaluate their own thought and evaluate other more appropriate mode of thinking. In the final phase which discuss the sustenance and maintenance of therapeutic benefit. This phase is important in order to prevent relapse. Clients are encouraged to check and challenge existing negative schemas and thinking. In order to do this, they are engaged in specific behavioral experiments which test the veracity of the schemas as well as their effective addictiveness.

Conclusion

Standard CBT focuses on the link between one's perspective on a situation, the emotions engendered and the resulting behaviours. Patient views of reality, their self-concept, their world view and their view of the future may be systematically distorted. Therapy aims to help patients modify maladaptive patterns of thought or behaviour through work during the sessions and at home in agreed-upon assignments. Contemporary authors have borrowed from the literature on developmental cognitive behavioiural therapy. New developments in the existing psychotherapies are welcomed and expected, as expanding on the standard methods of CBT, appear to increase treatment efficacy, particularly when combined with an antidepressant, and to help prevent recurrence or relapse in chronic depression. This holds promise for much-needed improved therapy outcomes.

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