

COGNITIVE BEHAVIOURAL THERAPY and DEPRESSION

Introduction

A number of psychological approaches to the treatment of depression have now been demonstrated to be effective across numerous outcome studies. These treatments are Cognitive Behaviour Therapy and Interpersonal Psychotherapy. Of these, Cognitive Behaviour Therapy (CBT) has been found to be effective on its own for patients experiencing mild to moderate depressive symptoms and a useful adjunct to medication for more severe episodes. In particular, CBT has been shown to be useful in preventing relapse once medication is reduced or ceased. Further CBT based strategies have been successfully used in the form of Self-Help manuals.

What is CBT?

Cognitive Behaviour Therapy is based on the theory that how a person thinks about a situation and what they do, has a significant influence on how they feel.

In the case of depression, numerous studies have identified critical, negative and unhelpful thoughts in individuals presenting with depression. To a large extent these thoughts are probably best seen as a symptom of depression, although in some cases this type of thinking pattern may often be an underlying vulnerability which predisposes an individual to developing depressive episodes. By examining and evaluating the way an individual thinks and changing what they do, CBT has been found to be effective in changing how the individual feels.

CBT is a relatively short term, problem focused and evidence based approach to psychological problems. As such, some of its strategies lend themselves to be used both in a self-help context and in a context where limited time is available for therapy (such as in a typical GP practice). Further, although there are different levels of CBT practice, many of the fundamental strategies can be learned without the need for previous skills and knowledge in the area.

Key CBT Strategies

1. Controlled Breathing

Anxiety is a common symptom of depression. An increased rate of breathing is a common symptom of anxiety and can in itself lead to hyperventilation and its associated symptoms (light-headedness, dizziness, pins and needles). Learning to control breathing rate is a common and effective strategy in the treatment of anxiety symptoms associated with depression.

Monitoring Breathing Rate:

At rest the average person needs only 10-12 breaths per minute. If the breathing rate is greater than 10-12 breaths per minute, the individual could be encouraged to reduce his or her rate of breathing.

- *Ask the individual to count how many breaths he or she takes in one minute.*
- *Breathing in and then out is counted as one breath.*

It will also be useful for the individual to monitor his or her breathing rate at other times, particularly during times of stress or anxiety. Ask the individual to keep a record of his or her breathing rate at various times and the activities engaged in at those times.

In the Controlled Breathing exercise and handout the patient is given instructions on how to control their breathing rate.

2. Relaxation

Stress is another common symptom of depression. A useful form of relaxation to assist with physical tension is the progressive muscle relaxation technique. This technique involves:

- *Tensing the muscles so as to recognise the feeling of tension*
- *Relaxing the muscles so as to feel tension flowing out of the body*

The steps involved in the exercise are outlined in the handout provided. Additionally, many music stores sell audio tapes that lead the listener through similar exercises while listening to soothing music.

For maximum benefit, the patient is instructed to be an active participant, committed to **daily practice for two months or longer**

In addition to regular relaxation sessions, a simplified version of the exercise can be used throughout the day *in any situation* whenever the individual notices

tension in any particular muscle group (e.g., the abdomen or the shoulders). Targeted muscle relaxation can help maintain lower tension levels throughout the day.

Other forms of relaxation may also be helpful and include meditation, hypnosis, yoga, or tai chi. Some people also find aerobic exercise (e.g., swimming or jogging) of great benefit. Patients are encouraged to find a form of relaxation that **works for them** and use that routine **regularly**.

3. Developing Helpful Sleep Habits

Sleep problems are common in depression and poor sleep habits can trigger relapse. Monitoring sleep, identifying poor sleep patterns and assisting patients to rectify these can help in the resolution of a depressive episode and prevent relapse.

4. Keeping Active

When a person becomes depressed they often stop doing things. This may include not keeping in touch with friends, taking time off work or avoiding activities which were once pleasant (sports, hobbies). They stop doing these things usually because they don't enjoy them and because they find it hard to get the energy to do them. Sometimes, even if they try and keep up with their usual activities, they find they can't concentrate and make mistakes. Eventually they may just give up.

Often, when the person with depression stops doing things, they begin to feel guilty and see themselves as useless and a burden on their family and friends. The pleasure from life and the sense of achievement that they get from completing things quickly starts to disappear. They may also begin to lose touch with friends and a sense of isolation may set in. This is a vicious circle - the more depressed they feel, the less they do and the less they do, the more depressed they become.

Increasing an individual's activity in a stepwise manner has been demonstrated to have a beneficial impact on an individual's depressive symptoms. Increasing an individual's level of physical activity can also have beneficial results.

5. Problem Solving

Depression can be the result of life problems. One of the reasons why a depressed person finds solving problems difficult is that depression interferes with their ability to think clearly and with their motivation. The depressed person has a tendency to focus on the negative aspect of things. Sometimes where there is grey they see only black, so problems can become exaggerated. Depression also interferes with the person's energy levels. As a result, it is hard

for them to concentrate or remember; their thinking may be vague and slow. Depression makes them think that, whatever solution they try, it won't work out.

Because depression also takes away some of their motivation, they may not feel like trying to solve the problem or they find the problem so big they don't know where to start. So they feel like they have hit a brick wall.

Under these circumstances it is not hard to see why the person may begin to feel trapped and inadequate. They may also often feel guilty because they feel a burden to their family and friends. Life, to the depressed person, often seems out of control. Worry often sets in, and the person soon finds they can't sleep, eat or enjoy themselves because they are constantly thinking about their problem. Their family and friends will try and help by telling them not to worry, but what can the person do instead?

Problem solving is a constructive alternative to worry.

The problem-solving model is a common strategy in a CBT orientated approach. It is by no means unique to it, as this model is widely used across a range of areas. A number of studies have demonstrated that, using a Problem Solving approach, General Practitioners can make a significant impact on their patients' depressive symptoms.

6. Thought Monitoring and Helpful Thinking

One of the important effects depression has on a person is to change the way they think about things. The person with depression has a tendency to look at the negative side of things, to see all the things that have gone wrong in the past and the things that could go wrong in the future. Often the depressed person will think of themselves as guilty or useless and not worthwhile.

Assisting a patient to monitor and examine their thoughts for inconsistencies and lack of supportive evidence and where appropriate, evaluating these thoughts to arrive at a more realistic perspective has been demonstrated to be an important part of overcoming depression and preventing relapse.

This section is one where further training will make the technique significantly easier. It may be necessary to refer to a specialist trained in CBT.

How to help patients help themselves

The above strategies are skills the patient needs to learn. Knowledge of the skill is unlikely to be effective unless the patient *uses the skill in their everyday situations*. This means the patient needs to be an active participant in the treatment of his/her symptoms.

Passivity is not an uncommon feature of patients presenting with depression. Orientating the patient to Self-Help will be crucial. To do this one can emphasise

that the patient plays an important role in therapy and that the medication, in part, is designed to help the patient help themselves.

Giving the patient clear instructions on what you expect them to do with the CBT material will be important. When the patient next attends, asking the patient for CBT homework should be high on the agenda for that session. Discussing how they went with the homework and examining what problems arose in completing it, will continue to emphasise to the patient that self help is important and expected from their treating doctor. This should all be done in a supportive, understanding manner.

It will also be important that you become familiar with the patient material. It will be hard to convince the patient that these strategies are worthwhile if they gain the impression you have not spent the time to learn about them yourself.

Patient Material

Seven different CBT modules are available as handouts in this resource kit. You may choose to work through all of them or to select only some which seem most relevant. However, it should be stated that some techniques are easier for the patient to master than others. The level of difficulty of exercises included here is as follows, from easiest to hardest:

- Controlled Breathing
- Learning to relax
- Getting to Sleep
- Keeping Active
- Problem Solving
- Helpful Thinking

A separate handout on Preventing Relapse is also available.

Each CBT strategy is outlined and the patient is given clear information about the activity and how to learn and apply it.

Although some techniques are easier than others, each has its part to play in the management of depression. This is a cumulative exercise, so don't forget to encourage the patient to continue with the previous activity whilst learning the next.

Trouble Shooting the Strategies

The tables below are an attempt to identify some of the common pitfalls patients experience in trying to learn and apply these strategies, along with some suggested solutions.

TROUBLE SHOOTING PROBLEM SOLVING in DEPRESSION

<i>Problem</i>	<i>Possible causes</i>	<i>Suggested solutions</i>
Individual unable to generate possible solutions to selected problem	1. Chosen problem is vague and poorly defined	1. Return to problem definition and attempt to define problem in more specific manner.
	2. Chosen problem is too hard	2. Attempt easier problem or breakdown problem into smaller problems
	3. Individual may be analysing solutions with regards to their usefulness rather than concentrating on generating all possible solutions	3. Reinforce idea of generating all possible solutions without evaluating each at this stage. Encourage this by suggesting some of your own to add to list
Individual has negative “Yes but” approach to all possible solutions	1. Negative thinking style	1. Attempt Straight Thinking Module
	2. Negative expectations	2. Encourage a “Have a go and see” attitude
	3. Lack of motivation	3. Attempt Activity Scheduling Module
Individual unable to apply chosen solution	1. Solution beyond their capacity	1. Choose easier solution or easier problem
	2. Solution requires participation of others	2. Enlist help of others or choose alternative solution which requires less from others

TROUBLE SHOOTING KEEPING ACTIVE

<i>Problem</i>	<i>Possible causes</i>	<i>Suggested solutions</i>
Individual unable to generate any potential pleasant activities	1. Profound Depression	1. Wait until depression lifts or generate list of activities individual used to participate in
	2. Negative expectations	2. Encourage a “have a go and see” attitude
	3. Individual had few pleasant activities in life to begin with	3. Generate list of potential activities common to people. Use community resources (newspaper, handbooks) to generate ideas.
Individual claims does not feel like doing anything	1. Individual perceives motivation as necessary prior to attempt	1. Reinforce idea that motivation will be a by-product of doing. You do first and then you feel like doing it.

TROUBLE SHOOTING HELPFUL THINKING in DEPRESSION

<i>Problem</i>	<i>Possible causes</i>	<i>Suggested solutions</i>
Individual unable to identify thoughts	1. Unfamiliarity of task	1. Ask what was going through your head at the time?
Individual places feeling in thoughts column EG: I was upset	1. Unfamiliarity of task	1. Ask what was it about X that upset you?
Individual places thought in feeling column EG: I felt like a failure	1. Unfamiliarity of task	1. Ask how does it feel being a failure?
Individual generates positive thinking in place of realistic alternative thought	1. Individual confuses task. Perceives the need to generate positive thought rather than realistic thought	1. Reinforce positive thinking of little value. Rather need to generate alternative thought based on evidence which is at least to some degree believable to the individual
Individual unable to come up with evidence to support thought	1. Unfamiliarity with task	1. How would you prove this to someone else?
Individual insists there is only one way of perceiving situation in question	1. Rigid, Black and White thinking style	1. Ask how someone else might perceive it? Ask what benefits there may be from perceiving it differently?
Individual responds with "yes but" to suggestions made by clinician	1. Rigid, Black and white thinking 2. Individual feels threatened by suggestions	Spend more time exploring consequences of particular way of thinking. Take emphasis away from rational/irrational thought to practical/impractical thought

