

The Most Popular Talk Therapy

Fast, inexpensive, and effective, cognitive-behavioral therapy can help break the pattern of negative thoughts that may lead to depression.

Over the past 20 years, cognitive-behavioral therapy (CBT) has become increasingly popular for the treatment of depression. Like standard cognitive therapy, CBT is based on the idea that mood problems stem from irrational thoughts and that identifying and changing these distorted thought patterns can improve emotional symptoms. In CBT, this theory is combined with the principles of behavioral therapy, which is aimed primarily at modifying specific problematic or unwanted behaviors.

Several factors have contributed to the growing use of CBT by today's mental health professionals. Because CBT is a short-term treatment—typically requiring 15 to 20 visits over the course of several months—it's favored in today's era of managed health care, which places a high value on its relative brevity and low cost. Moreover, CBT is one of the most heavily researched forms of psychotherapy; hundreds of studies over the past several decades have supported its safety and effectiveness for treating major depression, dysthymia, and anxiety disorders.

How It Works

Therapists who practice CBT employ

a variety of techniques, but they all have certain common goals. Unlike many other forms of psychotherapy, CBT focuses specifically on the patient's present problems rather than delving into the underlying causes for these problems (for example, childhood conflicts). For this reason, CBT often produces relatively quick and tangible results. The therapy involves simple, structured exercises to change distorted thoughts and inappropriate behaviors; it also includes "homework" assignments so that patients can practice and reinforce in their everyday lives what they have learned. For the treatment to be successful, patients must be motivated and willing to put in hard work, both during and outside of the regular therapy sessions.

People with depression tend to make a number of negative or pessimistic assumptions about themselves, the world, and their future. Over time, responses to these assumptions become automatic.

For example, depressed patients are often plagued by faulty thought patterns such as all-or-nothing thinking ("If I can't make dinner for my family, then I'm a bad person"), personalization (feeling irrational guilt for

external events: "It's my fault that my grandson's soccer team didn't win"), overestimating the negative ("I was five minutes late for my appointment, so the doctor isn't going to treat me anymore"), or discounting the positive ("The only reason my daughter visits me is because she feels she has to").

According to the principles of CBT, these errors in thinking lead to depressive feelings and self-defeating behaviors. By helping patients to identify and change faulty thoughts and behaviors, CBT helps to alleviate the depression. These changes can be seen as well as felt: A study published in the *Archives of General Psychiatry* in 2004 found that people who respond to CBT have changes in two areas of the brain that regulate emotions—increased activity in the limbic system and decreased activity in the cortex.

Therapy, Step By Step

The first step in CBT for depression is to help patients identify distortions in thinking. Patients are typically instructed to keep a written log of any negative thoughts or bouts of intense unhappiness as well as when and where they take place throughout the day. This written record is a valuable tool. It not only helps patients to

involve the patient's family can help to educate relatives about the disorder and how best to cope with it. However, patients in an acute manic state will likely be unable to attend or benefit from therapy. For those with bipolar disorder who do not respond to drug treatments or psychotherapy, electroconvulsive therapy may be needed.

Interpersonal therapy. Also known as crisis intervention, interpersonal therapy is most effective when depression is the result of a life event such as the death of a spouse. In this approach, the goal is to help the patient cope with the immediate problem. Depressive

understand how common their negative thoughts and behaviors are and what situations trigger them but also is useful for monitoring improvements in their occurrence.

Next, patients learn to replace irrational thoughts with reasonable ones. This does not mean they are taught to “always think happy thoughts;” instead, patients learn to ask themselves questions to test the validity of their thinking (for example, “Does my son visit me because he thinks he has to, or does he really care about me?”). Thus, patients learn to analyze their distorted thoughts objectively until they eventually gain control over them. Although this process is primarily an intellectual one at first, over the course of therapy, it gains emotional resonance.

In addition, CBT for depression usually begins with simple behavioral exercises, because it’s generally easier to change abnormal behaviors than to alter long-held thought patterns. Together, patient and therapist establish concrete goals and structure exercises to meet these goals. In one common behavioral technique, called “graded task assignment,” activities that overwhelm the patient are broken down into smaller, more manageable steps to be accomplished one at a time. Another common approach is

Testing the Validity of Your Thoughts

If you’re thinking...

Say to yourself...

My daughter hasn’t called, so she must not want to talk to me.

If she hasn’t called recently, she must be preoccupied with other things.

I’m an idiot because I forgot to mail this letter.

Everybody forgets things. I’ll clip it to the door so I won’t forget next time.

I’m not useful now that I’ve retired.

I worked hard my whole life and have earned some time to do what I want.

I won’t bother to go to the meeting; no one will notice whether I’m there or not.

It will be good to go to the meeting and see some other people.

I won’t play golf because I don’t have the energy to play well.

I will feel better if I get out and play, no matter what my score is.

positive reinforcement, in which patients reward themselves for making healthy changes. This method often helps to alter negative habits associated with depression, such as overeating, staying in bed, or becoming socially isolated. Some patients, particularly those with poor social skills, may benefit from role playing, which teaches them to be more assertive and to express their thoughts and emotions more easily.

In mild depression, CBT is often effective on its own. In moderate to severe depression, it should be combined with medication for more effective treatment. Severely depressed patients may be unable to do the work required for CBT; once they begin improving, however, CBT may be a useful adjunct therapy.

symptoms are assumed to stem from environmental stressors such as divorce, difficult transitions, or unfulfilling personal relationships. By focusing on the relationship between the patient and his or her current life situation, the therapist helps the patient resolve conflicts and restore balance in life through awareness and, possibly, behavior modification.

Psychodynamic therapy. This form of psychotherapy focuses on the patient’s previous experiences in an attempt to understand present-day conflicts or feelings about recent changes such as retirement or grief. This therapy attempts to treat the “whole