

Cognitive Behavioral Therapy for Major Depressive Disorder

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Q. What is cognitive behavioral therapy?

A. Cognitive behavioral therapy (CBT) is one of the best researched treatments in psychotherapy (Butler, Chapman, Forman, & Beck, 2006). It was developed in the 1970s by Aaron T. Beck and employs behavioral activation as well as relapse-preventing interventions, such as cognitive restructuring and belief change. It is commonly used to treat major depressive disorder (MDD) as a monotherapy or alongside antidepressant medication. The goal of treatment is helping patients identify and change negative patterns of thinking and behavior in order to address current problems and long held beliefs about themselves and the world (Center for Deployment Psychology, 2016). CBT therapists employ Socratic questioning to challenge faulty thinking. Therapists help patients identify problematic automatic thoughts, cognitive errors, and misattributions. A behavioral strategy generally employed includes increasing pleasant activities through behavioral activation. The treatment relies heavily on patients employing such strategies outside of therapy to increase learning and generalizability (Sudak, 2012).

Q. What is the theoretical model underlying CBT?

A. CBT is based on Beck's theory of depression which states that in a negative mood state information processing is highly biased and inaccurate. This faulty thinking results in selective attention to negative experiences. Faulty information processing leads to the negative thinking, withdrawal, and inactivity typical for depression. This further influences intrapersonal and interpersonal deterioration (Beck, 1967; Beck, 2008).

Q. Is CBT recommended as a front-line treatment for major depressive disorder in the Military Health System (MHS)?

A. Yes. The 2016 VA/DoD *Clinical Practice Guideline for the Management of Major Depressive Disorder* gives a “Strong For” strength of recommendation for evidence-based psychotherapy, including CBT, as first-line treatment for uncomplicated mild to moderate MDD, as well as a “Strong For” strength of recommendation for CBT for patients at high risk for relapse to reduce the risk of subsequent relapse/recurrence.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend CBT as a front-line treatment for MDD?

A. Yes. Other authoritative reviews have substantiated the use of CBT for MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: A 2015 comparative effectiveness review of second-generation antidepressants (SGAs) versus nonpharmacological treatment for depression found that CBT and SGAs were similarly effective in reducing symptoms in patients with mild to severe MDD (Gartlehner et al., 2015).
- Cochrane: A 2013 systematic review of behavioral therapies versus other psychological therapies for depression found a better treatment response to CBT than to behavioral therapies, though the quality of evidence was low (Shinohara et al., 2013).

Q. What conclusions can be drawn about the use of CBT as a treatment for MDD in the MHS?

A. The 2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder strongly recommends CBT for the treatment of MDD. It is unclear which front-line treatments for MDD, including psychotherapy and medications, are more effective for which patients, under which circumstances, and in which combinations. Clinicians should consider several factors when choosing a front-line treatment for their patient. Treatment decisions should take into account practical considerations such as availability and patient preference that might influence treatment engagement and retention.

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