

## The relationship between Cognitive Behavior Therapy (CBT) and Depression treatment outcomes: A review of literature

Prof. (Dr) Sandeep Kumar

Professor of Chemistry and, by courtesy of Psychology, School of Applied and Behavioral Sciences, NIILM University Kaithal Haryana India

<https://orcid.org/0009-0009-0775-698X>

### Abstract

Depression or depressive disorder is the common mental disorder. It affects the day-to-day life of the person and impact the outcomes at the workplace. As per WHO data, 3.8% of the world population experience depression. Suicidal attempts are also very high among depressed people. Around 75% of depression suffering population don't receive any treatment. Due to social stigma, lack of mental health professionals and economical barriers only a few portions of the population receive psychotherapies. The current study reviews the literature related to cognitive behavior therapy outcomes analysis. No direct data collection methods are used in the study, it only reviews the literature to analyze the outcomes of CBT in depression treatment. The qualitative analysis methods were used to compare the data and draw the conclusions. It concludes that CBT is efficacious in the acute treatment of depressive disorder.

*Keywords:* depression, CBT, treatment, health, suicide

### Introduction

Depression being the most common mental disorder involves depressed mood, loss of interest, loss of pleasure, and feeling low energy for a longer period of time. Although almost all people fee regular mood swings but depression is different from such frequent mood changes. It affects everyday life of the person including relationships with family, friends and community, that ultimately lead problems at the workplace and home. People with major depressive disorder might develop negative thinking which is mental toxin. Depression can attack on anyone however people who have been in adverse conditions including severe losses, abuse, stressful event, are more susceptible to depression attacks, it is more common among females than males. Among the 3.8% population of the world which experience depression, 5% is the adult

population and 5.7% older than 60 age experience depression. Among the above 5%, it 4% among males and 6% among females. As per WHO data, more than 70000 people die due to suicide in depression. In adults age ranging from 15 to 29, suicide is the fourth most leading cause of death. Out of the total depression population, the majority, around 75% never receive any treatment. There are various barriers associated with treatment that includes social stigma, lack of trained mental health professionals, lack of awareness for consultation and high cost associated with treatment. Based on the symptoms there are different patterns of the depression and based on the symptoms there are psychological treatments and medications. Sometimes psychological treatments are combined with medications, where severe depression needs immediate attention. Psychological treatments like cognitive behavior therapy train the individuals new ways of thinking, coping or relating with others.

### **Literature Review**

Mental Health Action Plan 2013-2030, of WHO highlights the appropriate interventions for people with mental disorders including depression. [1] Depressive disorder is the most common mental disorder happens with majority of the population. Beside psychological treatments and medications, self-care also play an important role in managing symptoms and promoting overall well-being. Adolescent, early adult and female is the most age of depression onset. Depressive disorders occur as heterogenous conditions from minor symptoms to major symptoms. It causes cognitive, physiological, emotional, behavioral, social and occupational symptoms. Depression is highly comorbid with several other psychological or medical illness. As per one of the study, out of the global population lived with disability, 8.2% is accounted with major depressive disorder, and also have several other comorbid illness or disorders.[3] CBT not only train the individual but also empower the individuals as goal directed form of therapy.[2] CBT is used for the treatment of various psychological disorders including depression and it is the most evidence based intervention. There are numerous researches on the efficacy of CBT in depressive disorder. A meta-analysis of some studies shows that CBT is the most effective intervention for the depression in combined with medications.[4] Evidences from some studies shows that relapse rate of clients treated with CBT is lower than treated with medication.[5] CBT is goal directed that modify the thinking process and develops positive self talks that helps in mental detox.[6] Rewiring the cognitive processes enhance the patience level.[7] CBT enhances the cognitive competencies which support in problem solving and decision making in adversities.[8] CBT is highly beneficial for the treatment of mood disorders and even in severe conditions with

medication.[9] CBT has a medium effect size ( $d = .67$ ) relative to other control conditions ranging from the absence of treatment to non-specific controls.[10]

## Methods & Findings

Most of the studies that involve literature review are aimed to find out the per perspective and understanding of the subjects including clients and therapists, in case of clinical studies. Literature provides a profound understanding about the subjects and their perception for the treatment. For this study, qualitative research methodology is used where tools like interviews, observations, meetings and literature analysis is extracted from the various literature available in psychological and psychiatric researches. Analysis of literature means conducting the research on written materials that includes not only information about the subjects to be studied but also the strategies adopted by the researchers in finding the solutions for better outcomes. Previous researches, literature and their outcomes provided the base of the study and hence it is used a tool in this qualitative research. It is used as tool because direct observation and interview was not possible for some subjects, hence it was necessary to enhance the validity of the study. It is not used here as sole methods but with other methods. To enhance the validity, the literatures having an accepted validity related to the subject is examined and appropriateness of the examined literatures is confirmed by an expert opinion. So, the samples for the study are the literature on cognitive behaviour therapy and depression. Table 1, below is the collection of situations that are preferred by most of the clients and therapists/ psychiatrists as indications for the CBT.

**Table 1: Situations for the preferred use of CBT as first psychological intervention**

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1. Preference of treatment by the clients'
  2. Special situations like females in fertile stage, medical comorbidities, adolescents, etc.
  3. High cost or inability to tolerate medications
  4. Interpersonal difficulties or psychosocial factors.
  5. Availability and accessibility of trained mental health professionals.
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Setting and choice of the treatment depends on the severity and clients' preference. As per literature the literature data, some therapists use it in hospital settings where severity is very

high and hospitalization is must require, whereas some therapist adopt it with simple OPD having a session of 45 minute to 60 minutes maximum, a few literature studies found with adoption of CBT at client’s home settings with a session of 60 minutes to 90 minutes. Table 2, shows the advantages of CBT as reported from the literature

**Table 2: Advantages of CBT in depressive disorder**

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1. It rewire the cognitive structure and modify the thinking, belief and schemas
2. Beneficial in various psychosocial problems like workplace stress, relationship breakups, marital discord etc.
3. Reduces the recurrence chances
4. Reduce the dependency on medications
5. Highly impactful in reducing the symptoms of depression as independent treatment or in combination with medication

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Before introducing the CBT, a detailed diagnosis is must require to find the premorbid or comorbid conditions, severity and suicidal ideation. In case of severe conditions, a combined therapy is used beside monotherapy, however number of sessions depends on the client’s responsiveness. Table 3 shows the use of CBT as per severity, data collected from the literature reviews.

**Table 3: Severity of Depression and Use of CBT**

Severity of Depression	1st Preferred Treatment	Adjunctive	No. of Sessions
Mild	CBT or medication	CBT or medication	8-12
Moderate	CBT or medication	CBT or medication	8-16
Severe	Medication	or/and	16 or more
	Somatic treatment	CBT	16 or more and booster
Chronic and recurrent depression	CBT or medication	CBT or medication	sessions

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Cognitive model of depression conceptualizes that people are not influenced by the events of life, rather the view they take of the events, it’s more on how they take it. There is individual

difference in the maladaptive thinking and negative appraisal of life events that lead to dysfunctional cognitive reactions. Cognitive dysfunction is responsible for the affective and behavioural domains.

**Table 4: Overview of CBT for Depressive Disorder**

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1. Therapists and Clients consensus on definition of problem
  2. Goal Setting
  3. Explaining the area model of CBT to the client
  4. Understanding and improving awareness on the cognitive activity and behaviour
  5. Modification of thoughts and behaviour
  6. Application and consolidation of new skills and strategies in therapy sessions and homework sessions to generalize it across situations
  7. Relapse prevention
  8. End of therapy
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CBT restructure the thought process. Negative thoughts arises automatically that trigger and enhance depression. CBT is helpful to identify unhealthy automatic thoughts associated with symptoms of depression and rewire the neural network.

### **Discussion & Conclusion**

Adolescents and early adult population are the most prone to depression attack. Without any age specific, depression can attack on any one in any age, however severity chances are less in middle adulthood age. Based on the severity of the depressive disorder, situations and considering other psychosocial factors, mental health professionals adopt the psychological interventions like CBT or CBT with medications. For mild to moderate depressive episodes, CBT is the most effective intervention, however for the severe cases, medications with cognitive behaviour therapy are found the effective interventions as per the literature data analysis.

There is no contradiction that CBT is most widely used for the treatment of depressive disorder and has a signification impact on the mental health of the client. However, in case of comorbidity like some personality disorder, antisocial personality disorders, special training sessions by expert is required, here only CBT can't manage the symptoms. In such cases, medication is stared first and CBT is introduced as per the severity conditions.

## References

1. *Depressive disorder*. (2023, August 28). <https://www.who.int>. Retrieved March 30, 2024, from [https://www.who.int/news-room/fact-sheets/detail/depression/?gad\\_source=1&gclid=Cj0KCQjwkd00BhDxARIsANkNcreKY8qVqkccq eMYX8jFPMUdgpXvCaQS8Xu9uopssXhZAJa3NZI\\_X44oaAID7EALw\\_wcB](https://www.who.int/news-room/fact-sheets/detail/depression/?gad_source=1&gclid=Cj0KCQjwkd00BhDxARIsANkNcreKY8qVqkccq eMYX8jFPMUdgpXvCaQS8Xu9uopssXhZAJa3NZI_X44oaAID7EALw_wcB)
2. Gautam, M., Tripathi, A., Deshmukh, D., & Gaur, M. (2019). Cognitive Behavioral Therapy for Depression. *Indian Journal of Psychiatry*, 62(Suppl 2), S223. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_772\\_19](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_772_19)
3. Beck J, Hindman R. Cognitive therapy. In: Sadock B, Sadock V, Ruiz P, editors. *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. New Delhi: Wolter Kluwer India Pvt Ltd; 2017. pp. 2760–74.
4. Fennell M. Cognitive behaviour therapy for depressive disorders. In: Gelder M, Andreasen N, Lopez-Ibor J, Geddes J, editors. *New Oxford Textbook of Psychiatry*. New York: Oxford University Press; 2012. pp. 1304–12.
5. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder. *American Psychiatric Association*. 2010. Available from: <http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1667485>.
6. Kumar, S. (2024). Mental Detox: positive self talks. *Eduphoria*, 02(01), 05–07. <https://doi.org/10.59231/eduphoria/230405>
7. Kumar, S. (2024). Patience Catalyst for Personal Transformation. *Eduphoria*, 02(02), 77–80. <https://doi.org/10.59231/eduphoria/230408>
8. Kumar S. (2021). Psychosocial impact of Covid-19 Pandemic on school educators' mental health and role of cognitive competence in coping with such adversities. *International Journal of Biological Innovations*. 3(2):323-330. <https://doi.org/10.46505/IJBI.2021.3212>
9. Driessen E, Hollon SD. Cognitive behavioral therapy for mood disorders: efficacy, moderators and mediators. *Psychiatr Clin North Am*. 2010 Sep;33(3):537-55. doi: 10.1016/j.psc.2010.04.005. PMID: 20599132; PMCID: PMC2933381.
10. Cuijpers P, van Straten A, Driessen E, et al. Depression and dysthymic disorders. In: Hersen M, Sturmey P, editors. *Handbook of evidence-based practice in clinical psychology. Vol II. Adult disorders*. Wiley, USA: (in press)

## About Author



Dr Sandeep Kumar

Professor of Chemistry and, by courtesy, of Psychology, School of Applied and Behavioural Sciences, NIILM University Kaithal India

Dr Sandeep Kumar have more than one decade experience in teaching, research, curriculum development, counselling and leadership. His areas of interest are chemical education, research, behavioural science, teacher education and practices. As resource person, he has conducted more than 225 training programs for the school and higher education teachers. He has been awarded with numerous prestigious National and International Awards. He has participated and presented research articles in more than 200 National and International conferences. He has been invited as keynote speaker, guest of honour, conference chair, and resources person in various National and International Conferences. He is associated with various National and International Organizations.