

April 2023

## **Q: What is cognitive behavioral therapy?**

**A:** Cognitive behavioral therapy (CBT) was developed in the 1970s by Aaron T. Beck and is one of the most-researched treatments in psychotherapy (Butler, Chapman, Forman, & Beck, 2006). The relationship between the person's thoughts and how their perception of events influences their behavior is the foundation of cognitive behavioral therapy. CBT techniques involve identifying and restructuring automatic thoughts and core beliefs. CBT is a manualized, short-term, evidence-based treatment for 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, including long-held beliefs about themselves, the world, and the future leading to improved mood and more effective behavior (Beck, 2011). Therapists help patients identify automatic thoughts, cognitive errors, and misattributions and use Socratic questioning to challenge faulty thinking and learn how their thinking affects their emotions and behaviors. As patterns of thought begin to shift, their feelings begin to change and it becomes easier for patients to engage in healthier/more functional behaviors. The treatment relies heavily on patients practicing strategies as homework outside of therapy to increase learning and generalizability (Sudak, 2012).

## **Q: What is the treatment model underlying CBT for major depressive disorder (MDD)?**

**A:** CBT is based on Beck's theory of depression is based on the cognitive triad which states that a negative view of the self, the world, and the future contributes to depressed mood and that in a negative mood state, information processing can be biased and inaccurate. This faulty thinking results in selective attention to and perception of negative experiences. Faulty information processing exacerbates negative thinking, withdrawal, and inactivity, which are characteristic of depressed mood. This interaction between thoughts, feelings, and behaviors contributes to intrapersonal and interpersonal deterioration and problems in daily living (Beck, 1967; Beck, 2008).

## **Q: Is CBT recommended as a treatment for MDD in the Military Health System (MHS)?**

**A:** Yes. For patients with uncomplicated MDD, the 2022 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder gives a "weak for" strength of recommendation for CBT as a treatment for MDD.

*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 treatment for MDD?**

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

*Other recognized organizations publish CPGs or conduct systematic reviews and evidence syntheses on psychological health topics using grading systems similar to the VA/DoD CPGs. Notable among these is Cochrane, an international network that conducts high-quality reviews of healthcare interventions.*

- Cochrane: A 2018 review reported low-quality evidence that suggested CBT and usual care, compared to usual care alone, was associated with lower depression scores in the short-term (6 months), medium-term (12 months), and long-term (46 months; Ijaz et al., 2018).

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

**A:** The 2022 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder recommends offering CBT as one option among multiple evidence-based psychotherapies and pharmacotherapies. Selection of a treatment approach should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

**References**

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