



4-19-2016

Cognitive Behavioral Therapy for Treatment of Mild Depression

Justus Ongaga

[How does access to this work benefit you? Let us know!](#)

Follow this and additional works at: <https://commons.und.edu/nurs-capstones>



Part of the [Nursing Commons](#)

Recommended Citation

Ongaga, Justus, "Cognitive Behavioral Therapy for Treatment of Mild Depression" (2016). *Nursing Capstones*. 18.

<https://commons.und.edu/nurs-capstones/18>

This Independent Study is brought to you for free and open access by the Department of Nursing at UND Scholarly Commons. It has been accepted for inclusion in Nursing Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact und.common@library.und.edu.

Case Report: Cognitive Behavioral Therapy

The use of cognitive behavioral therapy for treatment of depression

Justus Ongaga

University of North Dakota

PERMISSION

Title: Cognitive behavioral therapy for treatment of mild depression

Department: Nursing

Degree: Master of Science

In presenting this independent study in partial fulfillment of the requirement for a graduate degree from the University of North Dakota, I agree that the College of Nursing of this University shall make it freely available for inspection. I further agree that permission for the extensive copying or electronic access for scholarly purposes may be granted by the professor who supervised my independent study work or, in her absence, by the chairperson of the department or the dean of Graduate School. It is understood that any copying or publication or other use of this independent study or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be made of any material in my independent study.

Signature: Justus Ongaga S-AGNP

Date: 4/7/2016

Abstract

The prevalence of depression is increasing in this country. This may be attributed to the forever increasing socioeconomic difficulties related to lack of jobs, rise in living expenses, and better technology. Treatment for depression can be achieved in different ways depending on the stage of depression. Cognitive behavioral therapy (CBT) is one of the treatment options available to patients. It may be well received by patients because it is easily available at low cost. CBT can be used in conjunction with medication or alone for the treatment of mild depression with good results. “CBT for depression is one of the best research treatments in all medicine” (Sudak, 2012). It further outlines that CBT for depression employs highly potent strategies of behavioral activation and relapse-preventing interventions of believe change and cognitive restructuring, and it’s also more durable than medication for depression treatment. For this case, the young adult patient presents with early presentation of mild depression for over a couple of months. He is an otherwise healthy 25-year-old with no significant medical history, only taking two supplements, he is treatment naive, and has a good support system at home and in the community. Patient has elected to try CBT for treatment as opposed to pharmacotherapy. The literature review will explore the outcomes of CBT use alone and in addition to pharmacotherapy for treatment of depression.

Background

The case study in this report involves a twenty five year old male who presented to the clinic with fatigue for over two months that has gotten worse the last week. The patient is very cooperative with the visit and the exam. He is worried and eager to get the problem solved so he can get back to feeling like himself again. He keeps up with his annual physical exam, he denies any medical history but reports that he had been to the clinic twice in the last month and he was told that his blood pressure was elevated. He has been attempting to exercise and eat healthy but that has been a challenge due to him feeling fatigued and less motivated. The case will show a discussion with the patient, and an assessment and plan for his final diagnosis.

The literature review portion of the report will discuss the use of cognitive behavioral therapy for the treatment of depression. The advantages of CBT, availability, accessibility, and affordability of CBT which will make this treatment method a good choice for this patient.

Case Report

Chief Complaint: Fatigue for a couple of months – worse over the last week.

History of Present Illness: Mr. J. is a pleasant 25-year-old Caucasian male who presents to the clinic for evaluation of fatigue that has lasted for a couple months and he feels like the fatigue has been worse over the last week. Today he reports fatigue, loss of interest in doing things, poor eating habits (eating more fast food), denies nausea and vomit, fever, chills, diarrhea, depression, anxiety, recent trauma, or bleeding. He is alert and oriented to self, place, situation, and time with good speech. The history was collected from the patient who is a reliable historian.

Past Medical History:

Constipation

Surgical History:

None

Family/social/personal History:

Family history of heart disease and hypertension (Father), mother and other siblings are healthy and all are living. He works as a mechanic at automobile shop, he reports to drink 1-2 bears a week, he is a nonsmoker, and does not use illicit drugs.

Allergies:

NKA

Current Medications:

Multivitamin po daily

Metamucil po daily

Health Maintenance:

Patient is up to date on all immunizations.

Review of Systems:

Constitutional: Reports fatigue, denies fever, chills, nausea or vomit

Head & Neck: Denies neck stiffness, lump, mass, headaches, memory loss

Cardiovascular: Denies chest pain, tightness, palpitations, murmur

Respiratory: Denies shortness of breath, dyspnea, cough

Gastrointestinal: Denies constipation, abdominal pain, nausea

Musculoskeletal: Reports fatigue, denies use of assistive devices

Neuro: Alert and oriented, denies memory loss, weakness.

Physical Exam:

VS: Temp 98.3, RR 20, HR 68, BP 134/74

General appearance: 25-year-old Caucasian male, alert and oriented to place, time, situation, and self. **He is sitting upright in no acute distress, he is well dressed, and appears his age.**

HEENT: Head normocephalic, atraumatic. Pupils equal and reactive to light, hearing intact, nares patent

Cardiovascular: Regular rate and rhythm, normal S1 and S2, no murmurs, gallops or rubs. No edema to extremities.

Neck and Thyroid: No masses appreciated, supple, no JVD or lymphadenopathy.

Respiratory: Lungs clear to auscultation bilaterally, no shortness of breath, no rales, wheezing, normal chest rise and breathing non-labored

Neurologic: alert and oriented, appropriate speech, facial alignment intact.

Psychological: Appropriate mood and affect

Differential Diagnosis:

Iron deficiency anemia vs Hypertension vs Thyroid disorders vs Depression

Impression and Plan:

- 1. Mild depression:** Patient opts for treatment with cognitive behavioral therapy at this time as opposed to medication. Patient has a good support system including family and friends, also is willing to explore available community support systems including but not limited to support groups, and self-help programs/materials.
- 2. Follow up:** follow up in 2 weeks and if patient symptoms are not relieved or have gotten worse, then will attempt pharmacologic intervention. Patient can return to clinic sooner if symptoms persist or get worse
- 3.** Education material given including resources on the use of cognitive behavioral therapy.
- 4.** Plan was discussed with patient and he is agreeable with this plan.

Literature Review

An extensive search for current peer reviewed research studies was conducted using CINAHL, Medline, and PubMed search engines. The terms behavioral therapy, mild depression treatment, treatment of depression using cognitive behavioral therapy, evidence of treatment success with cognitive behavioral therapy, and treatments for mild depression. This search resulted over 200 articles. Some of the research articles were article linkers that were not available for review. Some of the articles were eliminated including those that were over five years old, those not written in English, and those that with cognitive behavioral therapy as a supplement to other treatments. Ten articles were selected that had more studies related to use of cognitive behavioral therapy as the initial or only treatment of depression, and evidence of successful use of cognitive behavioral therapy to treat depression. The final articles contain methods with supportive research for implementation of cognitive behavioral therapy by clinicians and even non clinicians.

With the amount of literature available for the research of CBT for treatment of depression, the readers have to find a system that will help them understand the literature and also measure the quality and validity of the research presented. For this review, the ABC scale favored by the American Academy of Family Physicians (AAFP) was used as it is easy to understand by any reader and its user friendly. The rating gives the highest grade to research that uses randomized controlled trials (Grade A) which entails most to all of the research articles used for this review (AAFP, 2013).

Depression and anxiety are the most common mental health disorders. It has been reported that one in six people will be diagnosed with having some depression or anxiety disorder at some point in their lives (Pittaway et al., 2009). Depression symptoms range from

mild to severe and they should have a different approach to treatment and management giving more attention to severity of presenting symptoms of the condition. The National Collaborating Center for Mental Health has recommended a stepped approach to the treatment and management of depression. The model recommended includes a five steps of progressively higher intensity of treatment marching the severity of the presenting symptoms which will include cognitive behavioral therapy, medication and the combination of both (Pittaway et al., 2009). The advantages and need for CBT use for the treatment of mild depression includes accessibility, promotion of adherence, and available evidence of effectiveness in depression treatment.

Cognitive Behavioral Therapy Methods.

There are several cognitive behavioral therapy methods that can be used to treat depression, they include but are not limited to self-help, and support groups. All these methods have been proven to be effective in the treatment of depression. They can be used alone for patients presenting with mild to moderate depression and in combination with medication for advanced forms of depression or if CBT alone is not effective for treatment.

Self-help

This is defined in Songprakun and Mccain (2012) as one way of helping people with depression. The treatment can be used by individuals without having to receive therapy from a healthcare worker. This method uses written material and multimedia programs to encourage people to make positive life changes, resulting in improved self-management. The use of books for self-help works just as if therapy is received from a therapist. The book has psychotherapeutic approach that provides information and outlines strategies that participants

can use to generate insight, stimulate awareness of negative emotions and cognitions, provide solutions to problems and encourage the participants to practice these strategies in their everyday life (Songprakun & McCain, 2012). The self-help strategies are easily available and acceptable to everyone, easily applied, inexpensive, and may avert the development of many clinical cases of depression (Griffiths & Jorm, 2005).

Computerized cognitive behavioral therapy (cCBT) is another form of self-help that utilizes multimedia to help participants make positive changes leading to better management of depression. A qualitative research study was done in the UK using three online cCBT programs designed to treat mild-to-moderate depression, with the conclusion that as much as cCBT can be helpful, it may contain limitations as there are issues with all patients obtaining computer programs needed for the therapy (Barazzone, Cavanagh & Richards, 2012). The self-help method will be appropriate for the patient in this case report as he is age appropriate, literate, and has access to all the tools that are needed for the self-help method.

Support groups

This can offer people different forms of help from different vie points. The viewpoints may be from people with similar problems, people who are doing research on the problem and are offering recommendations, invited guest speakers that may include psychologist, mental health nurse, and social workers. All the viewpoints can help with learning how to manage depression and where to find resources if needed. Some other support groups may focus on emotional support, coping mechanisms, and shared experiences (Mayoclinic.com). Regardless of format of the support group, people will find problems similar to theirs and ways in which to treat and manage them. Benefits from participating in support groups may include:

- Feeling less lonely, isolated or judged
- Gaining a sense of empowerment and control
- Improving your coping skills and sense of judgment
- Talking honestly and openly about your feelings
- Reducing distress, depression, anxiety or fatigue
- Developing a clearer understanding of what to expect with your situation
- Getting practical advice or information about treatment options
- Comparing notes about resources, such as doctors and alternative options (Mayo clinic.com)

Theoretical Basis Supporting CBT for Depression

The cognitive-biological-social model explains the use of CBT for treatment of depression also how CBT works to treat depression. The model states that a large number of influences including-biological, genetic, temperamental, social, and developmental-can interact in the brain and influence information processing. Thus, biological predisposition, learned behavioral patterns, and interpersonal and social stressors are all potential contributory and maintenance factors to depressive illness (Sudak, 2012). This theory further explains how stress interacts with depressive diathesis leading to negative thinking, withdrawal, and inactivity typical of depression. CBT interventions target depression with cognitive restructuring and behavioral experiments. Patients learn particular ways to evaluate themselves, others, and their experiences that may perpetuate problems by influencing information processing and retrieval (Sudak, 2012). The USPSTF recommendations states that effective treatment of depression in adults generally includes antidepressants or specific psychotherapy approaches (CBT or brief psychosocial counseling), alone or in combination. Given the potential harms to the fetus and

newborn child from certain pharmacologic agents, clinicians are encouraged to consider CBT or other evidence-based counseling interventions when managing depression in pregnant or breastfeeding women (USPSTF, 2016). The learning theory significantly influences the structure of treatment. Patients are taught the tools of treatment with rationale: that they will continue to use these tools in the future as these strategies will prevent relapse (Sudak, 2012).

The National Institute of Mental Health (NIH) describes CBT as a blend of two therapies: cognitive therapy (CT) and behavioral therapy. NIH further explains that CT was developed in the 1960s by psychotherapist Aaron Beck, MD. It focuses on a person's thoughts and beliefs, and how they influence the person's mood and actions, and aims to change a person's thinking to be more adaptive and healthy. Behavioral therapy focuses on a person's actions and aims to change behavior patterns (NIH.org). For the use of CBT as treatment for depression, the NIH points out that "many studies have shown that CBT is a particularly effective treatment for depression, especially minor or moderate depression. Some people with depression may be successfully treated with CBT only. Others may need both CBT and medication. CBT helps people with depression restructure negative thought patterns. Doing so helps people interpret their environment and interactions with others in a positive and realistic way. It also may help a person recognize things that may be contributing to the depression and help him or her change behaviors that may be making the depression worse" (NIH.org).

Some of the advantages of cognitive behavioral therapy as outlined by the National Association of Cognitive-Behavioral Therapists (2010) include instructive: when the patients are able to understand how to counsel themselves rationally, they have more confidence that they will continue to do well. This is due to patients learning self-counseling skills from providers, short term: Most people need an average of sixteen sessions of CBT so resolve their problems.

Few patients may need more sessions, the therapy emphasizes getting better, rather than feeling better: it creates long-term results as patients correct the underlying problems. Also CBT is cross-cultural: treatment is based on the universal laws of behavior, focusing on the patient's goals rather than the provider's goals making it acceptable by patients, researchable: the clearly defined goals and clearly defined techniques, CBT can be examined with scientific research. It is adaptive: the fundamental of CBT is thoughts cause our feelings and behaviors, and finally it is structured: the structured nature of sessions very much reduces the possibility that sessions will become "chart sessions" in which not much is accomplished therapeutically (National association of CBT, 2010).

Summary

With more available evidence to support the use of cognitive behavioral therapy for the treatment of depression, more and more patients and providers are moving towards the direction of CBT as the first choice of treatment for new and mild symptoms of depression. The literature review discussed ways to utilize CBT for treatment of depression, and we the rationale for using CBT as opposed to medications. We have also seen how patients can utilize CBT independently without healthcare providers, which can be a good motivator for those patients who may look at depression as a condition that is attached to negative life perception and may otherwise not likely seek treatment. There are also many advantages pointed out in relation to the use of support group as a form of CBT. Finally the support and evidence based practice use of CBT for treatment is explored with the addition of recommendations from the USPSTF for depression treatment especially for expecting mothers. The literature review also supports rationale for the patient in the case report opting for treatment of his mild depression with CBT first rather than initiating medication regiment.

Learning points

- ❖ Depression and anxiety are common mental health disorders. It has been reported that one in six people will be diagnosed with having depression at some point in their lives (Pittaway, Cupitt & Palmer et al, 2009).
- ❖ Cognitive behavioral therapy treatment for depression is the best researched treatment for depression. It employs the highly potent strategies of behavioral activation and relapse-preventing interventions of belief and change and cognitive restructuring (Sudak, 2012).
- ❖ Cognitive behavioral therapy can be used alone in the treatment of mild-moderate depression. CBT can also be used in combination with medications to treat all forms of depression.
- ❖ CBT is easily available, cheaper, and can be done independently without the involvement of a healthcare worker. This makes it the best option for underprivileged patients.
- ❖ CBT is evidence based treatment that is readily available to patients and educating patients on the treatment method will help in adherence of treatment and better outcomes.

References

Using support groups for cognitive behavioral therapy. Retrieved 4/7/16 from Mayo clinic web site : <http://www.mayoclinic.com>

Barazzone, N., Cavanagh, K., & Richards, D. (2012). Computerized cognitive behavioral therapy and the therapeutic alliance: A Qualitative enquiry. *British journal of clinical psychology*, 396-417.

Griffiths, k., & Jorm, A. (2005). population promotion of informal self-help strategies for early intervention against depression and anxiety. *Psychological medicine* , 3-6.

Pittaway, S., Cupitt, C., Palmer, D., Arowobusoye, N., Milne, R., Holtun, S., . . . Patrick, H. (2009). Comparative, clinical feasibility study of three tools foe delivery of cognitive behavioral therapy for mild to moderate depression and anxiety provided on a self-help basis. *Mental health in family medicine*, 145-154.

Songprakun, W., & Mccann, T. (2012). Evaluation of a cognitive behavioral self-help manual for reducing depression: a randomized controlled trial. *psychiatric and mental health nursing* , 647-653.

Sudak, D. (2012). Cognitive behavioral therapy for depression. *Pschiatric clinics of north America*, 99-110.

National Institute of Mental Health. Transforming the understanding and treatment of mental illnesses. Retrieved 4/7/16 from www.nimh.nih.gov

United States Preventative Services Task Force. (2014). Screening depression in adults. Clinical considerations. Retrieved from: <http://www.uspreventiveservicestaskforce.org>

American Academy of Family Physicians. (2013). Levels of evidence in AAFP. Retrieved from <http://www.aafp.org/online/en/home/publications/journals>

Cognitive behavioral therapy for Depression. (2013) Retrieved from www.healthline.com

National Association of Cognitive-Behavioral therapy. (2010). Why Cognitive-Behavioral Therapy? Retrieved from www.nacbt.org/whycbt.htm

