

Cognitive Behavioural Therapy (CBT)

Course Manual

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Module 11: CBT for depressive disorders

Objectives

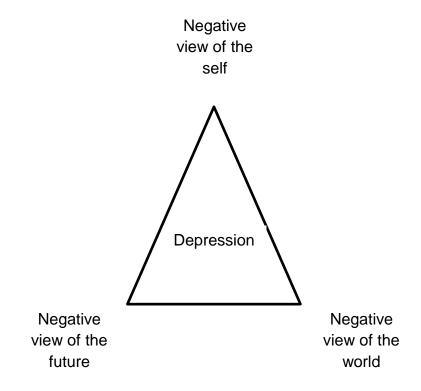
The objective of this module is to examine the application of CBT theory and practice for depression, key theory to be explored will include Beck's Cognitive Triad and the cognitive model of depression. Following this, the efficacy of CBT as a treatment for depressive disorders will be examined with reference to empirical evidence.

Structure of CBT for depression

Beck's Cognitive Triad

Referring back to the cognitive triad (Beck et al., 1979) discussed in Module 2, the interaction between beliefs about the self, the world and the future are key to the structure of a person's thinking, e.g. a client with depression may have a cognitive triad structured as follows:

Cognitive Triad of Depression



The cognitive model of depression

An elongated version of the cognitive model of depression (Blackburn, James and Flitcroft, 2006) shown in Figure has been presented by Tarrier (2006) which

illustrated the complex interactions between an individual's core beliefs and schemas, as discussed in Module 3. The manner in which these interact within the broader context of incidents of critical importance to the individual can be examined in terms of triggers which enable the commencement of cognitive processes such as automatic thoughts, leading to behaviours which are indicative of depressive disorders (Dobson, 2012).

Cognitive Model of Depression

Early experiences; predisposing factors forming psychological vulnerabilities Basic beliefs/core schemas Assumptions, rules of behaviour, behavioural Can be latent strategies Negative automatic thoughts relating to the self, world and future Critical incident/trigger Depressive symptoms

Behavioural, affective, physiological, negative thinking, motivational

