

INFORMED CHOICES ABOUT

DEPRESSION

Counselling or therapy to treat depression

Key Points:

- Counselling (also called therapy or psychotherapy) has been used for years to treat depression and has been shown to be a safe and effective treatment.
- About 6 out of 10 people will feel much less depressed after eight to 20 sessions.
- What you learn in therapy will give you the skills and insight to help you overcome depression.
- **Confidentiality:** What you say to your therapist is kept between the two of you, and will not be shared with anyone else without your permission. Your therapist or counselor should explain confidentiality and its limits when you first meet.

Counselling or Therapy to Treat Depression

- Different professionals provide different forms of therapy, depending on their training and where they work.
- Therapists often use more than one form of therapy.
- Treatment may be offered one-to-one (you alone with a therapist), in a group, or in a couple or family.
- Research suggests that in most situations group treatment is as effective as one-to-one therapy.
- About 6 out of 10 people will feel much less depressed after eight to 20 sessions of therapy or counselling.



INFORMED CHOICES ABOUT

DEPRESSION

- If you do not feel better, talk to your therapist about making changes to the therapy approach. You may consider a different therapist or type of treatment (including medicine).
- Some therapies shown to be effective in treating depression are:
 - Cognitive behavior therapy (commonly referred to as CBT), which focuses on understanding how thoughts and actions affect emotions. The focus is on changing behaviour in ways that help with depression.
 - Emotion-focused therapy, which identifies a person's emotional and self-critical patterns linked to depression.
 - Interpersonal therapy, which deals with problems in relationships that may be related to the development of depression.
 - Problem-solving therapy, which develops helpful approaches to understand and manage life problems.
 - Short-term psychodynamic therapy, which focuses on troubling feelings that stem from unresolved painful events.
 - Couple or family therapy, if couple or family issues are a concern.

Combining Counselling/Therapy with medication to Treat Depression

- Many people do well with either counselling or medication treatment.
- Combined medication and therapy may be more effective than either treatment alone in some situations.
- It is not known whether combined treatment is more effective in the long term if the medicine is stopped.
- Discuss the advantages and disadvantages of the treatment options, including combined treatment, with your health care provider to decide what approach is right for you.

For more fact sheets and information about depression and its treatment please visit: <http://depression.informedchoices.ca>

Disclaimer: Information in this pamphlet is provided for educational purposes only. Always consult a qualified health care professional for your specific care.



INFORMED CHOICES ABOUT

DEPRESSION

You are free to copy and distribute this material in its entirety as long as: 1) this material is not used in any way that suggests we endorse you or your use of the material, 2) this material is not used for commercial purposes (non-commercial), 3) this material is not altered in any way (no derivative works). View full license at <http://creativecommons.org/licenses/by-nc-nd/2.5/ca/>.

Source: This summary provides scientifically accurate information. It was prepared in a research review by researchers and young adults with the Mobilizing Minds Research Group. The researchers are based at six universities: Manitoba, York, McMaster, Brock, Brandon, and Université Laval. Our core community partner is mindyourmind.ca located in London, Ontario. Our young adult team members are located all across the country. Last revised: 12 March 2013.

Acknowledgement: Preparation of this material was supported by funding from the Canadian Institutes of Health Research and the Mental Health Commission of Canada. The views expressed here do not necessarily represent the views of these organizations.

References:

Bockting, C. L. H., Spinhoven, P., Wouters, L. F., Koeter, M. W. J., & Schene, A. H. (2009). Long-term effects of preventive cognitive therapy in recurrent depression: A 5.5-year follow-up study. *Journal of Clinical Psychiatry, 70*(12), 1621-1628.

Cuijpers, P., van Straten, A., Hollon, S.D., & Andersson, G. (2010). The contribution of active medication to combined treatments of psychotherapy and pharmacotherapy for adult depression: A meta-analysis. *Acta Psychiatrica Scandinavica, 121*, 415-423.

Dobson, K. S., Hollon, S. D., Dimidjian, S., Schmalting, K. B., Kohlenberg, R. J., Gallop, R. J., . . . Jacobson, N. S. (2008). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the prevention of relapse and recurrence in major depression. *Journal of Consulting and Clinical Psychology, 76*(3), 468-477.

Hollon, S. D., & Ponniah, K. (2010). A review of empirically supported psychological therapies for mood disorders in adults. *Depression and Anxiety, 27*(10), 891-932.

National Institute for Health and Clinical Excellence (NICE). (2009). *Depression: The treatment and management of depression in adults – National clinical practice guideline*. London: Author.



INFORMED CHOICES ABOUT

DEPRESSION

Otto, M. W., Smits, J. A. J., & Reese, H. E. (2005). Combined psychotherapy and pharmacotherapy for mood and anxiety disorders in adults: Review and analysis. *Clinical Psychology: Science and Practice*, 12(1), 72-86.

Pampallona, S., Bollini, P., Tibaldi, G., Kupelnick, B., & Munizza, C. (2004). Combined pharmacotherapy and psychological treatment for depression: a systematic review. *Archives of General Psychiatry*, 61(7), 714-9.

Parikh, S.V., Segal, Z.V., Grigoriadis, S., Ravindran, A.V., Kennedy, S.H., Lam, R.W., & Patten, S.B. (2009). Canadian Network for Mood and Anxiety Treatments (CANMAT) clinical guidelines for the management of major depressive disorder in adults. II. Psychotherapy alone or in combination with antidepressant medication. *Journal of Affective Disorders*, 117 (Suppl 1), :S15-S25. doi: 10.1016/j.jad.2009.06.042.