



## A Review on the Effectiveness of Cognitive Behavioural Therapy and Motivational Interviewing in Treating Depression

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ARTICLE INFO	ABSTRACT
<p><b>Published Online:</b> 14 December 2024</p> <p><b>Corresponding Author:</b> Milinda Jayalath</p> <p><b>KEYWORDS:</b> depression, cognitive behavioural therapy, motivational interviewing</p>	<p>Present review article examined the effectiveness of Cognitive Behavioural Therapy and Motivational Interviewing in treating depression. The review was done by drawing assumptions and suggestions made by various studies and analyses conducted on individuals in different geographical locations. It was identified that there were instances that both methods were highly effective as well as not being able to produce expected results. It was also identified that combined intervention of both Cognitive Behavioural Therapy and Motivational Interviewing was undertaken as a solution in order to overcome certain issues which occur when only one method is used. However, it was also evident that there were contradicting findings on different studies. Therefore, it was suggested that apart from the therapeutic method used, other factors such as the individual's age, severity and living environment contributed towards the success of the therapeutic method.</p>

At present, psychotherapy has become a common mode used to treat a range of mental conditions. Numerous psychotherapy methods are used presently, and they effectively relieve symptoms as well as identify causes for such conditions (American Psychiatric Association, 2023). Cognitive Behavioural Therapy [CBT] and Motivational Interviewing [MI], are considered as two of the most effective therapeutic methods used presently to treat numerous mental disorders and conditions (Randall & McNeil, 2017).

Cognitive behavioural therapy is considered as one of the most effective methods in psychotherapy, especially used to treat anxiety and depression. According to certain scholars, CBT is regarded as the gold standard method (David et al., 2018). Further, CBT has been recognised as the method researched most. Cognitive behavioural therapy is also identified being highly systematic and being the most factually tested psychotherapy form in the field of mental health (David et al., 2018). Cognitive behavioural therapy is an integration of both learning and cognitive techniques. The method suggests that variables such as emotions, cognitions and behaviours are interrelated on a functional basis (American Psychological Association [A.P.A.], n.d.). The CBT's treatment is directed on identifying an individual's problematic behaviour and modifying them by the means of behavioural techniques and cognitive restructuring (APA, n.d.).

Motivational interviewing is a highly validated approach which is considered to be person centred (Luty & Iwanowicz, 2018). Uniqueness of MI could be mentioned as it creates a cognitive friction on undesired behaviours rather than directly challenging any ill behaviour. By means of making an individual understand his or her present situation, it increases awareness as to what he or she needs to change. This approach avoids any confrontation and assists the individual to find suitable solutions (Luty & Iwanowicz, 2018). Motivational interviewing is a client centred approach which is directed towards behaviour change by assisting individuals to seek inherent reasons and resolve uncertainties (A.P.A., n.d.). The method has recently been widely used in psychotherapy and counselling. It is noted that MI was initially designed to assist individuals with substance usage related disorders (Westra et al., 2011). It can be stated that MI is based on making an individual seek his or her own values and goals, thereby negotiating methods to achieve them. MI does not suggest methods for individuals to change. The MI's approach is based on OARS, which denotes, open ended questioning, making affirmations, using reflections and summarising (Hall et al., 2012).

When it comes to mental health and well-being, depression becomes one of the major matters of concern. Depression can be unarguably stated as one of the most life threatening mental disorders (World Health Organisation [W.H.O.], 2023). It was

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estimated that over 3.8% of the world population experience some form of depression and said to have a number of around 700000 individuals suicide annually (W.H.O., 2023). It was recorded that in 2012, depression caused 804000 individuals to commit suicide (Al Qahtani & Al Qahtani, 2017). Depression is defined as a negative state of mind causing extreme discomfort and unhappiness which creates pessimistic ideas and loss of interest in daily activities. Depression results in poor concentration and poor sleep patterns. Individuals with depression may tend to withdraw from society (A.P.A., 2023). Depression is also defined as a persistent sad feeling which also display reduced appetite and sleep disturbances which results in lack of concentration and tiredness (W.H.O., 2023). At present depression is treated using both CBT and MI interventions.

The success CBT has achieved in psychotherapy at present is clear, as numerous studies have provided evidence supporting its effectiveness. A study carried out in 2016 noted that one of the significant advantage of CBT is the long term effectiveness (Wiles, 2016). A total of 469 participants between the age of 18 to 75 years, who were undergoing depression treatment were engaged in the study. A number of 324 individuals were assigned to undergo CBT and the remaining individuals continued usual treatment. A number of 12 to 18 CBT sessions were conducted on the experimental group. At the 46 months' follow-up, the group treated with CBT had 149 and the group received usual treatment had 126 individuals remaining. The study's findings proposed that the effectiveness of CBT could last for nearly 6 years. Further, the findings proposed that compared to pharmacotherapy, CBT is much cost effective (Wiles, 2016).

Another highlighted advantage of CBT usage in treating depression, is the variation of delivery modes it possesses (Cuijpers et al., 2019). A meta analysis which was done using 155 studies, where a total of 15191 participants were engaged, indicated not only the advantage CBT has with its different modes, but also the effectiveness compared to other methods. Cognitive behavioural therapy used in group mode had an effectiveness of 90.5%, followed by individual CBT and CBT administered by telephone which had an effectiveness of 77.6% and 75.8% respectively. In addition, it was notable that group CBT was more effective than individual CBT in treating depression (Cuijpers et al., 2019).

A study examining the effectiveness of CBT which was carried out in England in 2002, revealed that CBT is highly effective in treating depression (Embling, 2002). The sample for the study was abstracted from individuals who were diagnosed and under going treatment for unipolar depression. Out of the 38, 19 were assigned to undergo CBT while the other 19 were on the control group. The group receiving CBT underwent 12 sessions where each session being from 60 to 90 minutes. Findings indicated improvements in not only lowering depression, but also reducing negative emotions. Further, it

was noticed that an individuals' expression of sad emotions were transformed into expression of anger. The study argued that anger expression could be a preceding factor prior to recovery. Another interesting finding of the study was that sociotropic individuals tend to have comparatively less effectiveness from CBT, unlike those individuals with more autonomy. The Study suggested the reason could be that, sociotropic individuals possess attitudes such as the need to please others, maintaining peace and the fear of being rejected, which thereby delayed certain behaviour changes (Embling, 2002).

Another advantage of CBT could be noted as, it was found to be much tolerant and practical when applying on individuals with intellectual disabilities (Unwin et al., 2015). A meta analysis carried out using 11 studies with a number of 265 participants found that CBT is capable of reducing depression symptoms of individuals with intellectual disabilities. It was reported that gradual improvements were evident when follow up checks were undertaken after the 3<sup>rd</sup> month onwards. However, it was suggested that CBT was effective with those individuals having mild depression and not severe depression, as the analysis did not find any participation of individuals with severe depression. Further, it was found that individuals who received group CBT, developed relationships with other members where they were able to share personal experiences as well as support anger management (Unwin et al., 2015).

Noting on certain limitations of CBT, a Swedish study revealed the high cost and the long time consumption as the two main limitations of CBT (Urech et al., 2019). As a solution to overcome the mentioned disadvantages of CBT, the study proposed blended CBT. The study focussed on 15 individuals having depression, between the ages of 20 to 67. Out of the 15 participants, 9 participants underwent blended CBT. Further, the study noted that by integrating internet based CBT, the individuals had the opportunity to get themselves monitored regularly as well as have continuous availability and easy access to therapy (Urech et al., 2019). However, it could be argued that CBT which is physically undertaken is more effective, especially if the individual had undertaken or intend self harm.

A study undertaken on depression and anxiety treatment using CBT, argued that CBT takes the form of disorder specific which makes the treatment time-consuming (Clark, 2009). Also, noting on the efficiency, transdiagnostic CBT is suggested to be more efficient. However, it is suggested that for treating certain disorders such as PTSD and OCD, transdiagnostic CBT might not be very suitable (Clark, 2009). A review done in 2010 suggested that transference and counter-transference may affect the effectiveness of CBT's treatment process (Prasko et al., 2010). It was noted that, unlike psychodynamic therapy, CBT does not pay attention to transference as a major factor. It is stated that the client's perceptions, such as seeing the therapist as a relative due to

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some behaviour or appearance of the therapist, may influence the progress of treatment. Similarly, counter transference may create certain distortions such as overgeneralising or may generate schemas such as approval seeking or abandonment (Prasko et al., 2010). However, it could be suggested that transference and counter-transference could be helpful to understand the individual better.

Results of a study conducted in 2020 stated that CBT did not show a significant effectiveness in treating depression when applied on cancer patients who were suffering from depression (Serfaty et al., 2020). A sample of 230 was drawn out of 8712 cancer patients with depression and were divided into 2 groups where one group underwent CBT while the other group received general treatment. Each group had 115 individuals and the experimental group was provided with weekly CBT treatments for a period of 3 months. Apart from not gaining positive results on depression reduction, the study indicated that there was also a drop-out of participants as the study progressed (Serfaty et al., 2020).

Although, considered a new intervention, many studies testify the MI's success in treating many disorders including depression. A Canadian review in 2011 which examined MI intervention on mental health problems noted MI has the potential of being effective in treating depression, anxiety and eating disorders although it was a method developed mainly to treat substance abuse (Westra et al., 2011). As per the review, MI is mostly used as a supportive method which is combined with other interventions. However, it was revealed that MI was highly effective in treating depressed individuals with suicidal ideas. Further, it was revealed that MI's effectiveness is strong in reducing substance use as well as increasing the compliance towards medication (Westra et al., 2011).

Motivational interviewing has proved its treatment efficiency on individuals with depression who consume high levels of alcohol and cannabis (Satre et al., 2016). The mentioned findings came from an American study which was carried out on 307 individuals between 18 to 81 years of age, who were diagnosed with depression. The control group and the experimental group had 154 and 153 respectively. Follow up had been done at 3 months as 6 months, and it was found that the individuals of the experimental group had a significant depression reduction. Further, it was stated that a notable reduction in cannabis dependence and alcohol usage was evident among the individuals who received MI (Satre et al., 2016).

Application of MI on teenagers with depression had been found to produce effective results (Pooyan & Frouzande, 2016). According to a study conducted in Iran on 30 adolescent male participants with depression, between the age of 13 to 15, suggested MI intervention reduced depression symptoms significantly. The experimental group which had 15 participants received 8 sessions of MI which lasted 90 minutes

each. Follow up check also found that the level of anxiety and stress had a notable decrease (Pooyan & Frouzande, 2016). A case study conducted in 2004 on an individual having major depression noted that MI intervention was successful in treatment, where CBT was not being effective (Westra, 2004). It was noted that CBT was resulting less compliance and slow progress. Further, it was understood that there was a risk of the patient to drop-out from treatment. Therefore, MI was suggested to the mentioned individual where it was found developing compliance and engagement. After the said developments, the treatment was redirected to CBT (Westra, 2004).

Two more case studies highlighted the effectiveness of MI when it came to enhancing compliance of an individual. In the first case study, an individual who had been having depression for nearly 20 Years was initially treated with CBT where it was noted that compliance was limited due to ambivalence. It was found that MI intervention was able to reduce the individual's ambivalence and, thereby increase compliance (Westra, 2004). In the second case study, a young woman who had major depression and severe social anxiety was found not showing improvements with CBT intervention. It was stated that her low level of interpersonal relationships and lower level of education were contributing factors to depression and social anxiety. After a 10 session CBT treatment, a reduction in anxiety was noticeable, but not depression. MI intervention was used as a secondary option and was successful in reducing ambivalence, enabling CBT to continue depression treatment (Westra, 2004).

Although many studies support the idea of MI being effective in treating depression, there are certain studies that oppose the idea (Rebora et al., 2021). An Italian study carried out on examining the MI's effectiveness on depression, anxiety and quality of life, found that there was no significant changes or improvements in depression and anxiety. The sample consisted a number of 510 individuals, out of which 155 patients received MI. Remaining 355 were assigned into 2 groups which included both care givers and patients. Out of the 2 groups 1 group with 177 caregivers and patients received MI and the other group was used as a control group. After a 12 month intervention the only positive finding which was revealed is that MI intervention significantly improved quality of life specified to disease (Rebora et al., 2021).

Further, MI's effectiveness was found not significant in reducing depressive symptoms of individuals with type 2 diabetes (Berhe et al., 2020). The above finding was a result of a meta analysis carried out assessing 8 studies. According to the analysis, only 4 studies indicated a reduction of depression symptoms of the participants. However, it was noted that MI intervention influenced reduction of the glycosylated hemoglobin level by means of managing diabetes (Berhe et al., 2020). A notable limitation of MI is stated to be, its inability to use in certain major mental disorders, as MI is still

undergoing research in its preliminary stages. It is also noted that many MI related studies are found to be having certain methodological issues and limitations (Westra et al., 2011).

In order to address certain limitations of both CBT and MI, some studies suggest a collaboration of both interventions. Especially, when it comes to treating depression and anxiety, many past studies have indicated collaborative intervention of CBT and MI produced positive results. As an example, a study done on the effectiveness of CBT and MI combined treatment indicated that the outcomes were more positive than, when CBT and MI were used separately (Miri et al., 2021). The study consisted 90 individuals having depression and type 2 diabetes. The sample was divided into 2 groups of 45. One group received only CBT, whereas the other group received both CBT and MI. The study revealed effectiveness of CBT increased when MI was incorporated (Miri et al., 2021).

Conversely, a 2021 study undertaken in Sweden claimed that integrating MI with CBT did not support expected effectiveness results (Ghaderi et al., 2021). A total of 49 individuals having depression and anxiety took part in the study, where 21 underwent CBT and 28 underwent CBT combined with MI. A follow-up assessment had been carried out after 6 months and the researchers stated that they did not find any significant difference between the two methods (Ghaderi et al., 2021). However, the study stated that only 8 out of 21 and 16 out of 28 individuals who underwent CBT and MI and CBT combined, respectively attended the follow-up assessments. This can raise a question over the findings.

Another, research undertaken comparing the effectiveness of MI and CBT with matrix treatment stated that there was no notable difference between the two interventions (Kaviyani et al., 2021). A total of 45 participants were divided into 3 groups where, the MI group, CBT with matrix treatment group and the control group had 15 participants each. Both MI and CBT group received 10 sessions of treatment each. Findings of the study revealed that both interventions had similar effectiveness and were able to reduce depression (Kaviyani et al., 2021). Therefore, the effectiveness of combined usage of CBT and MI can be debatable..

Outlining on the effectiveness of CBT, as per the studies mentioned on the essay as well as numerous studies available, effectiveness of CBT on depression is strongly backed up. Further, CBT has proven That it can be used while an individual is treated with anti-depressive medicine (Vasile, 2020). CBT has proved its effectiveness on patients of all age groups (Fordham, 2018). An added advantage is that the skills acquired through CBT can be used in real life situations. Further, CBT's variation of delivery formats can be stated as an added advantage. As limitations, it was noted that CBT Maybe less effective on individuals with lower autonomy (Embling, 2002). Although studies have found CBT effective on treating depression of individuals with intellectual disabilities, studies also revealed that CBT cannot effectively

be applied on those individuals where their depression is severe (Unwin et al., 2015). It also implies that CBT will not be suitable for an individual with learning difficulties regardless it be depression or an other disorder. The effectiveness of CBT depends mainly on the individual's effort, regardless how skilled the therapist is.

Outlining on MI's effectiveness, MI had been found successful with young children (Pooyan & Frouzande, 2016). further, MI has been Backed up by many studies for its effectiveness in treating depression (Westra et al., 2011). However, MI related studies have indicated limitations such as lacking control groups, where the findings maybe questionable. The mentioned issue may even encourage therapists to use CBT as the main intervention (Westra et al., 2011). In addition to the above-mentioned limitations, effectiveness of MI depends on the client's understanding on the health problem which needs a solution. It is also noted that, learning as well as practicing MI has been identified difficult, as novel way of thinking and taking action is required. Further, assessing the quality of treatment depends a lot on the client's feedback (Soderlund, 2009).

In conclusion, by going through research conducted it was clear that majority of research supported and highlighted the effectiveness of CBT. Even though, there are studies supporting the effectiveness of MI, it was notable the amount was comparatively less. It can be a result, as most studies used MI as a secondary or an assisting method. This approach results limited time allocation for MI compared to the main intervention. Another, indicator of MI being less hailed compared to CBT could be due to its novelty in psychotherapy. Therefore, more usage of MI and more positive results, might narrow down the gap. It was also noticeable that, despite of certain studies suggesting positive outcomes of combined usage of CBT and MI (Berhe et al., 2020), certain studies opposed the idea (Kaviyani et al., 2021).

It is clear that both interventions have their strengths and limitations. Especially, certain studies stand as evidence where one intervention required the assistance of the other intervention in order to successfully treat individuals (Miri et al., 2021). It is highly debatable as contradicting findings were presented on the same intervention. As an example some studies indicate that CBT takes less time and is cost effective, whereas certain studies claim CBT is time consuming and costly (Urech et al., 2019). Also it was evident that, where one intervention was not effective, the other intervention was effective. Responding to different interventions may vary among individuals. Therefore, effectiveness also may depend on the individual involved, not merely the intervention.

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