

Review Study

Notes on the clinical treatment of cognitive-behavioral psychology: an analysis of depression

Notas sobre el tratamiento clínico de la psicología cognitivo-comportamental: un análisis de la depresión

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ABSTRACT | INTRODUCTION: The psychotherapeutic treatment from the perspective of Psychology through Cognitive-Behavioral Therapy (CBT) has in its clinical cradle a refined look at the phenomena of cognition. **OBJECTIVE:** This research analyzed the clinical perspective of cognitive-behavioral therapy (CBT) discussed in the published scientific literature on the treatment of depression. **METHOD:** Through a bibliographic review on the Google Scholar Platform and the Scientific Electronic Library (SciELO) in the years 2010-2020. **RESULTS AND DISCUSSIONS:** The literature shows that resolving deadlocks more assertively, cognitive restructuring, and the focused psychotherapeutic process are understood as contributing to the effectiveness of treatment. It was noted that among the existing techniques in CBT, some are more effective, namely: cognitive conceptualization, recording of dysfunctional thoughts, psychoeducation, cognitive restructuring, socratic questioning, social skills training, and homework. **FINAL CONSIDERATIONS:** This study has addressed the prevalence of depressive disorders, their developmental prospects, signs, and symptoms, as well as the management of treatment, and it can be inferred that CBT and the technical tools used by it corroborate the progress of psychotherapy and cognitive restructuring of depressive individuals, attenuating the symptoms, in partnership with the use of psychotropic drugs.

KEYWORDS: Cognitive-Behavioral Psychology. Depression. Clinical treatment.

RESUMEN | INTRODUCCIÓN: El tratamiento psicoterapéutico desde la perspectiva de la Psicología a través de la Terapia Cognitivo-Conductual (TCC) tiene en su cuna clínica una mirada refinada sobre los fenómenos de la cognición. **OBJETIVO:** Esta investigación analizó la perspectiva clínica de la terapia cognitivo-conductual (TCC) que aparece en la literatura científica publicada sobre el tratamiento de la depresión. **MÉTODO:** A través de una revisión bibliográfica sobre el tema en la Plataforma Académica de Google y la Biblioteca Electrónica Científica (SciELO) en los años 2010-2020. **RESULTADOS Y DISCUSIONES:** La literatura muestra que la resolución de los atolladeros de una manera más asertiva, la reestructuración cognitiva y la directiva y el proceso psicoterapéutico enfocado se entienden como una contribución a la eficacia del tratamiento. Se observó que, entre las técnicas existentes en la TCC, algunas son más eficaces, a saber: conceptualización cognitiva, registro de pensamientos disfuncionales, psicoeducación, reestructuración cognitiva, cuestionamiento socrático, capacitación en aptitudes sociales y deberes. **CONSIDERACIONES FINALES:** En el presente estudio se abordó la prevalencia de los trastornos depresivos, sus perspectivas de desarrollo, signos y síntomas, así como la gestión del tratamiento, y puede inferirse que la TCC y los instrumentos técnicos que utiliza corroboran el progreso de la psicoterapia y la reestructuración cognitiva de los individuos depresivos, atenuando los síntomas, en asociación con el uso de drogas psicotrópicas.

PALABRAS CLAVE: Psicología cognitivo-comportamental. Depresión. Tratamiento clínico.

Introduction

In recent years, there has been a considerable increase in studies aimed at better understanding mental illnesses. That said, through research on psychological disorders as well as their symptoms, it has become possible to understand how they develop and, consequently, to improve treatment strategies (Camargo et al., 2014). However, this article aims to analyze the clinical perspective of cognitive behavioral therapy (CBT) in the published scientific literature on the treatment of depression.

According to Camargo et al. (2014), depression is considered one of the most prevalent disorders today, reaching, on average, between 15% and 20% of the world's population, which states that millions of people, at some point in their lives, have experienced or will experience some depressive episode. Moreover, according to the authors, depression is an illness that presents with progressive characteristics, i.e., it has caused, is causing, and will cause further damage to the health of those affected by it.

In this perspective, Férida (2014) highlights the predominance of psychiatric studies over the years on the ills caused to those suffering from depressive disorder and recognizing it as an epidemic today. Furthermore, the World Health Organisation (World Health Organisation, 2012) considers depression to be one of the most prevalent illnesses affecting the world's population, causing psychological and social problems. Therefore, it is assumed that by 2030 depression will be at the forefront of psychopathologies, becoming the main cause of suffering in people, thus characterizing a public health problem.

In due course, the American Psychiatric Association (APA, 2013) classifies depression as a disorder of altered mental mood, which brings as its most common symptoms the feeling of emptiness and sadness associated with irritation and dysfunctional thoughts of disability, so that health and quality of life are compromised. Furthermore, it is a condition that is compromised in the individual's social sphere,

causing difficulties in interpersonal relationships and causing distortions in the individual's worldview (Beck et al., 1997).

Based on the assumption that psychopathologies originate in how the individual perceives the events that happen to him/her, Aaron Beck developed the psychological approach of Cognitive Behavioural Therapy (CBT). The author initially formulated it by focusing on depressive patients, considering that depression is characterized, in his logic, as a negative view of oneself, the world, and the future (Beck et al., 1997).

CBT is an approach considered directive, focused, and structured, based on the triad of cognition, or thought, emotion, and behavior. Thus, these elements influence each other, in which cognition is seen as an essential and driving factor. In this way, dysfunctional thoughts cause changes in feelings and actions that interfere with the individual's psychic functioning. Therefore, this perspective emphasizes replacing these distorted thoughts with more adaptive and reality-consistent ones that provide functional strategies and positively influence all spheres of the subject's life, as will be addressed in the course of this article (Beck, 2013).

Given the above, the present study aims to evaluate, through a theoretical review, how cognitive-behavioral therapy has been effective in reducing symptomatic manifestations of depression. Thus, the interest in the topic arose from the researcher's desire to improve his understanding of the depressive disorder, taking into account his theoretical experiences gained during his specialization in cognitive behavioral therapy. Therefore, when considering the consequences derived from this psychological phenomenon and the complexity of its symptoms, the following questions arose: What are the common causes and symptoms of depression? What are the main forms of treatment? What is the support provided by cognitive behavioral therapy? How effective has CBT been in the treatment of depression?

Meanwhile, the research is understood as relevant to the academic and social context, seeking to contribute to the construction of new theoretical supports, expanding knowledge about depression and its treatment strategies, given the alarming number of individuals affected by this psychopathology in our global situation. Also, through this work, we intend to bring researchers, psychologists, psychologists, and civil society closer to the subject matter. Thus, this study presents two blocks of discussion, first a conceptual exploration of the history of the psychopathology of depression, and then a bibliographic review in the Google Scholar and Scientific Electronic Library (SciELO) platforms, relevant to the topic, in the minimum period from 2010 to 2020, in order to map the scenario of the analytical discussion of depression from the perspective of cognitive-behavioral therapy.

Depression: understanding the disorder through its history

In the modern era, psychiatry understands depressive disorder as a psychological disorder, which causes emotional and affective problems and maladjustments in social relationships and the environment. Likewise, it considers the biochemical malfunctioning of the brain as one of the triggers of this disorder of the mind (Solomon, 2002). Soares et al. (2014) point out that depression is a disorder of prolonged mood imbalance, the main cause of which is a shortage of the neurotransmitters serotonin, noradrenaline, and dopamine.

It is necessary to examine the clinical symptomatology of the disorder to understand depression. Depending on the symptoms of depression, they include human frailty, sluggish and unmotivated activities, reduced energy or disposition, disinterest, and difficult concentration, loss of the ability to plan, dysfunction in thinking concerning negative reality and outside of it, and vulnerability in life (Silva, 2015). From this angle, Biazus and Ramires (2012) highlight, in addition to the long-term demotivating factor that causes the subjects, characteristics such as low mood, irritability with a tendency to explode with anger, and frequent psychosocial problems.

Still on the symptoms manifested, we have the constant thoughts of worthlessness and guilt, low self-esteem, lack of interest in psychomotor activities, including fatigue problems, insomnia, death wish, low concentration, constant and persistent depressed mood lasting at least two weeks, as factors for clinical depression (American Psychological Association, 2013). Thus, depression is characterized as a disorder that causes psychological, physiological, and social suffering, thus generating various losses in the lives of the affected subjects.

Given the damage caused by the depressive disorder, it is also considered to be existential in nature. Negative beliefs are factors that potentiate depression, thus timely a vital and pathological crisis in individuals (Pacciolla, 2014). Corroborating with the authors mentioned above, Santos and Faro (2015) underline that the existential crisis corresponds to low self-esteem, one of the many indicators of the disorder. Therefore, the dysfunctions presented, being externalized through speech or even bodily expression, reflect inner emptiness.

Although studies point to biological, psychological, and social factors, it is not possible to determine precisely the main cause of depression. However, as Hamermesh & Soss (1974) points out, depression is not characterized as a primary symptom but rather as a secondary one, highlighting that traumatic causes related to emotional factors appear as triggers. For Sousa (2014), depression is presented as a comorbidity in anxiety disorders, i.e., first, the subject suffers some trauma to develop escape and avoidance behaviors and, finally, enters into a depressive state.

From a physiological point of view, it is necessary to understand the possible triggers of depression because, according to Chaki and Fukumoto (2015), depressive symptoms are directly influenced by monoamine transmitters such as serotonin, noradrenaline, and dopamine, which act on the neuroendocrine system, causing a clinical situation. Through the decrease of the neurotransmitters serotonin, noradrenaline, and dopamine, our physiological functional capacity goes into a chronic state, affecting mood and causing depressive symptoms (Rueda, 2014).

Cognitive-behavioral therapy in the treatment of depression

About the psychotherapeutic treatment of depression with an emphasis on Cognitive Behavioural Therapy, it is essential to have a consolidated therapeutic alliance that favors the bond between both -therapist and patient- to ensure the effectiveness of the process (Beck, 2013). From this perspective, the therapist will use specific resources and techniques for the follow-up, considering the cognitive conceptualization initially carried out, since only from this will the professional have knowledge and mastery of the demand presented by the patient (Cizil & Beluco, 2019).

However, taking into account the complexity of depressive disorders and the changes in psychic functions that derive from them, Dalgarrondo (2008) points out that the main functions that are affected refer to cognition, moods -for example, melancholy and sadness- and volitional activities. That said, cognitive-behavioral psychotherapy treatment will focus on cognition so that, consequently, the other functions produce significant clinical improvements, thus considering the triad recommended by the approach (Beck, 2013; Greenberger & Padesky, 2017).

Furthermore, behavioral activation is commonly used in patients with major depressive disorder, as, due to the cognitive distortions they present, their pragmatism will suffer damage, not only needing to restructure cognition. Thus, from the identification of dysfunctional Automatic Thinking (APT), the cognitive-behavioral psychotherapist will act by seeking to understand what activities the patient understands in the pleasant and unpleasant condition, what actions he/she used to do, and no longer strive to do, to the detriment of psychopathology. After that, activity planning will be initiated, practically and effectively, aiming at the process of behavioral activation, in which the patient will develop routine behaviors following the therapeutic orientation and agreement between the two (Beck, 2013).

For this purpose, therapeutic resources such as psychoeducation, homework, dysfunctional thought records (DPR), cognitive restructuring, Socratic

questioning, social skills training, among others, are commonly used. In addition, the association between psychotherapy and pharmacotherapy is evaluated to meet the demands presented and achieve the goals set to ensure substantial improvements in the patient's quality of life and psychological health (Beck, 2013).

Therefore, Beck and Dozois (2010) suggest that in cases of psychotic symptoms, CBT techniques in combination with pharmacotherapy effectively reduce depressive symptoms, anxiety, suicidal thoughts, negative automatic thoughts, among others, providing better functioning in the life of the subjects. Therefore, Kaplan and Sadock (2007), when considering the various types of depressive disorders, based on major depression, present among the most characteristic symptoms the appearance of hallucinations and delusions, so it is essential to have a combination of antidepressants and antipsychotic medication in specific cases. Thus, although CBT is an indicated approach for treating depression, it is necessary to combine it with psychoactive drugs.

Literature review methodology

The methodological path that guided this research was based on the narrative literature review. Therefore, this is a narrative review, the purpose of which is to seek a brief description of how Cognitive Behavioural Therapy applies its main techniques in the treatment of depression and thus reflect on its effectiveness. The selection and narration of the contents are configured as qualitative, broad, and with its variables (Marconi & Lakatos, 2017). Because of this, this methodological route allows us to discuss, dialogue with theoretical and contextual frameworks on specific issues to be described as an appropriate methodology.

According to Minayo (2013), qualitative research considers the investigation into the experiences and experiences of the subjects, considering language influenced by culture as fundamental structures. The subjects' life history, relationships, beliefs, meanings, assigned values, desires, and actions place qualitative research at the level of people's reality.

Bearing in mind that CBT interventions in clinical care are based on tools that aim to improve psychological functioning and, consequently, the individual's quality of life, we seek to shed light on some research on the depressive disorder and CBT's vision. As mentioned above, as an objective, the centrality of this study is to thematize through the scientific literature this scenario of interlocutions between CBT and depression. Thus, in addition to the use of classical literature, this review was conducted by searching for articles in electronic journals such as Google Scholar and the Scientific Electronic Library (SciELO), relevant to the topic, in the minimum period from 2010 to 2020.

As this was not a systematic literature review, the choice of databases was justified by the free access to studies with journals indexed in these portals and the national coverage with hubs of publications from various areas of knowledge and is the most important research databases in Latin America. The choice of the time frame was based on the intention to produce narrative bibliographic research of the last ten years counted from the date of writing this study. The descriptors used for the search were "cognitive-behavioral therapy" AND "depression." The collection of studies published in the databases was done by non-probabilistic random sampling, i.e., selected based on the linkage to the topic, and ceased based on the saturation criterion within the time cut-off and under correspondences of the guiding objective of this study.

The inclusion criteria were articles published in the last ten years, considering the current year, in Portuguese and foreign languages, covering the theme studied. Thus, for the exclusion criteria, we have articles that were not within the pre-established time of publication, incomplete publications or not available for public access, studies that were not focused on the clinical use of CBT, and finally, also, those that did not contemplate the objective of this study. Part of the selection of the studies and the retrieval of the databases was the participation of 4 authors of this study, whose experience with the topic and method is in undergraduate and postgraduate

training in psychology and publication in the methods of narrative and systematic literature review. In the following section, we discuss the synthesis of the studies retrieved in our literature searches.

Results and discussions

Cognitive-behavioral therapy has been formulated to address distorted cognition, i.e., thoughts and beliefs detached from reality. Moreover, it should be noted that its precursor, Aaron Beck, proposed it aiming, at first, at the treatment of depressive patients, realizing the need to create a short and direct way to manage that disorder (Cizil & Beluco, 2019). In general, CBT is an approach that comes with a range of psychotherapeutic techniques that aim to manage various psychological disorders. Concerning depression, Cuijpers (2016) points out that such psychotherapeutic tools emerge in the first line as a clinical treatment, i.e., high efficacy.

This psychotherapeutic approach has been gradually introduced into clinical practice. Its management emphasizes the search for evidence against cognition and the correlation between cognition, emotions, and behaviors to help subjects reduce psychic suffering. Therefore, it aims to identify the most common thoughts and their possible distortions and help modify them (Wright et al., 2008; Cizil & Beluco, 2019).

The World Health Organization (World Health Organization, 2012) highlights that an estimated 350 million people worldwide will be affected by depression, with a lifetime symptomatic range of 3-17%. During this period, standardized thoughts and behaviors are common in those affected by the disorder. Thus, a distorted perception of oneself, of others, and the world is notorious, in which the subject commonly uses statements such as: "I don't know how to do anything," "nobody likes me," "I'm boring," "things will never get better for me," "I'm not an interesting person," among others. Thus, cognitive errors are elements that are all too present in depressive people (Carneiro & Dobson, 2017).

In short, cognitive distortions are present in the cognition of subjects affected by depression. According to Carneiro and Dobson (2017), these distortions stem from the core and underlying beliefs shaped from childhood and extend throughout life. In his studies on depression, Beck (2013) highlighted the need for the therapist to take a closer look at some cognitive errors, among them the so-called arbitrary inference, which cooperates to determine something that exists without evidence. In addition, Supergeneralisation is a distortion that favors the subject's generalization to a negative view of the events they experience, while in personalization, the individual views themselves as a negative person due to the automatic thoughts that repeatedly pass through their cognition (Beck, 2013).

Given these mitigating factors, the cognitive-behavioral therapist will use CBT techniques to conduct clinical management. For Beck et al. (1997), cognitive restructuring, psychoeducation, and social skills training should be the main techniques for working with depression. The cognitive restructuring allows for gradual work on the subjects' patterns of cognition, emotions, and behavior. Psychosocial education is designed to teach about the cognitive model, the disorder, and its symptoms, while social skills training will help the patient develop a functional behavioral repertoire to act and behave more assertively (Cizil & Beluco, 2019).

In this sense, among the techniques considered effective in the clinical management of depression is also cognitive conceptualization, a support tool for the therapist to guide them in the context of the patient and, in this way, to program their interventions with greater confidence. Therefore, conceptualization allows for a better diagnostic hypothesis by mapping the subject's life history (Cizil & Beluco, 2019).

When considering the life history of individuals for a better understanding of the disorder, it is necessary to pay attention to its multifaceted character. Therefore, a single form of treatment does not comprise the same efficacy with all individuals. Moreover, in several cases, a pharmacological combination specific to the demand of each subject is needed (Dobson, 2016).

Thus, CBT is perceived to be recognized as effective in psychotherapeutic practice in the treatment of depressive disorder. Furthermore, as Matos and Oliveira (2013) point out, this approach allows for more effective problem solving than other theoretical perspectives. However, even with proven efficacy, the approach alone does not guarantee a 'cure' or 100% effective treatment, and it is essential to understand that depressive disorder, in most cases, requires a combination of psychological monitoring associated with medication therapy (Matos & Oliveira, 2013).

Therefore, when thinking about treatments for depression that are dissociated, i.e., using only psychotherapy or only medication, there are variations in outcomes. For example, a study that recruited 166 patients, aged 19-74 years, diagnosed with major depressive disorder (MDD) showed that patients treated with CBT alone had greater positive outcomes than those who were followed with conventional drug use alone (Lopez & Basco, 2015).

A second study conducted by Lam et al. (2013) over 12 weeks with patients diagnosed with MDD, aged 19-65 years, aimed to compare the results obtained with a group of patients who received only pharmacological intervention with antidepressants and another group who received the same medication associated with CBT. The results showed greater efficacy in the second group. Thus, it is concluded that the practice of CBT with drug interventions is significantly competent in the remission of depressive symptoms (Lam et al., 2013).

Finally, considering that CBT seeks through the technique of cognitive conceptualization to understand how the subject functions in the world and what is the context of their life history, it is highlighted that through the technique of cognitive restructuring, psychoeducation, and other strategies from this theoretical perspective, support is offered that helps individuals to have a better understanding of the cognitive model and the problems they are experiencing. In this way, it is based on studies that demonstrate its effectiveness in the treatment of depression that the research contemplates its objectives against the results obtained, is indicated

for people affected by the depressive disorder in its most diverse symptoms since the cognitive-behavioral psychotherapist will serve as a support to the public in question.

Final considerations

The present study aimed to present, based on theoretical contributions, the efficacy of cognitive-behavioral therapy (CBT) in the clinical treatment of people affected by depression. Given that this approach is considered by many to be a mechanistic psychological practice, it was possible to conclude that CBT is effective in treating depressive disorders and in the remission of their symptoms. Literature review studies densify the reading on the scientific development of a given topic. This study observed that CBT had been positioned as an important strategy for coping with depression. However, it is necessary to extend the analysis in other databases and data inclusion. from the analysis of original studies.

Therefore, it can be said that CBT is a structured theoretical line that aims to make the client his or her own therapist. Thus, as pointed out in this paper, the techniques used help the therapist in conducting the psychotherapeutic process and, consequently, in the cognitive restructuring of patients, especially those affected by depression in its most varied mitigating factors and symptoms. In this sense, it is pertinent to point out its greater efficacy when associated with drug intervention in these cases.

Regarding the conduct of the research, it is pertinent to point out that the limitations of time and quantity of theoretical findings for the development of the literature review and the construction of a theoretical framework were present in its development, requiring a greater commitment from the researcher to achieve its objectives. Finally, the relevance of this study is shown both in the researcher's academic training and in the scientific and social sphere, with a view to results publication and, consequently, to the clarification to society about the effective treatments for the remission of suffering and damage caused by depression. However, the broad complexity of this disorder is recognized, and the development

of new studies providing a better understanding of depression and the use of cognitive-behavioral therapy in its treatment is suggested.

Author contributions

Teixeira, C. R. participated in the conception, design, search, and qualitative analysis of the research data, interpretation of the results, writing of the scientific paper. Alves, T. P. participated in the conception, design, interpretation of results, writing, and submission of the scientific paper. Teixeira, M. W. S., Lavor Filho, T. L., Silva, L. M., Gomes Filho, A. S. participated in the research data collection, data interpretation, writing of the scientific paper.

Competing interests

No financial, legal, or political conflicts involving third parties (government, private companies, and foundations, etc.) were declared for any aspect of the work submitted (including but not limited to grants and funding, participation in the advisory board, study design, manuscript preparation, statistical analysis, etc.).

References

- Abreu, N., & Oliveira, I. R. (2008). Terapia cognitiva no tratamento da depressão [Cognitive Therapy in the treatment of depression]. In A. V. Cordioli (Ed.), *Psicoterapias: abordagens atuais* (pp. 382-898). Artmed.
- American Psychiatric Association - APA. (2013). *DSM-5: manual diagnóstico e estatístico de transtornos mentais* (5ª. ed.) [Diagnostic and Statistical Manual of Mental Disorders]. Artmed.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1997). *Terapia cognitiva da depressão* [Cognitive therapy of depression]. Artmed.
- Beck, A. T., & Dozois, D. J. (2010). Cognitive therapy: current status and future directions. *Annual review of medicine*, 62, 397-409. <https://doi.org/10.1146/annurev-med-052209-100032>
- Beck, J. S., & Beck, A. T. (2011). *Cognitive therapy: Basics and beyond*. Guilford press.
- Beck, J. (2013). *Terapia Cognitivo-Comportamental: Teoria e Prática* [Cognitive-Behavioral Therapy: Theory and Practice] (2nd ed.). Artmed.

- Biazus, C. B., & Ramires, V. R. R. (2012). Depression in adolescence: a problematic of bonds. *Psychology in Study*, 17(1), 83-91. <https://www.scielo.br/j/pe/a/R5kXKnYD4frXYKQrmzGdGMn/abstract/?lang=pt>
- Caballo, V. E. (2003). *Manual de avaliação e treinamento das habilidades sociais* [Social Skills Assessment and Training Manual]. Santos.
- Caballo, V. E. (2002). *Manual para o tratamento cognitivo comportamental: transtornos de ansiedade, sexuais, afetivos e psicóticos* [Manual for the cognitive-behavioral treatment of psychological disorders: anxiety, sexual, affective, and psychotic disorders]. Santos.
- Camargo, R. M., Sousa, C. O., & Oliveira, M. L. C. (2014). Prevalência de casos de depressão em acadêmicos de enfermagem em uma instituição de ensino de Brasília [Prevalence of cases of depression in nursing students in an institution of higher education in Brasília]. *Revista Mineira de Enfermagem*, 18(2), 392-403. <http://www.reme.org.br/artigo/detalhes/935>
- Carneiro, A. M., & Dobson, K. S. (2016). Tratamento cognitivo-comportamental para depressão maior: uma revisão narrativa [Cognitive-behavioral treatment for major depressive disorder: a narrative review]. *Revista Brasileira de Terapias Cognitivas*, 12(1), 42-49. <https://dx.doi.org/10.5935/1808-5687.20160007>
- Chaki, S., & Fukumoto, K. (2015). Potential of glutamate-based drug discovery for next generation antidepressants. *Pharmaceuticals*, 8(3), 590-606. <https://dx.doi.org/10.3390%2Fph8030590>
- Cizil, M. J., & Beluco, A. C. R. (2019). As contribuições da terapia cognitivo comportamental no tratamento da depressão [The contributions of cognitive behavioural therapy in the treatment of depression]. *Uningá Journal*, 56(S1), 33-42. <http://revista.uninga.br/index.php/uninga/article/view/88>
- Cuijpers, P. (2016). Are all psychotherapies equally effective in the treatment of adult depression? The lack of statistical power of comparative outcome studies. *Evidence-Based Mental Health*, 19(2), 39-42. <https://doi.org/10.1136/eb-2016-102341>
- Dalgalarrodo, P. (2018). *Psicopatologia e Semiologia dos Transtornos Mentais* [Psychopathology and semiology of mental disorders]. Artmed.
- Del Prette, Z. A., & Del Prette, A. (2017). *Competência social e habilidades sociais: Manual teórico-prático* [Social competence and social skills: a theoretical-practical manual]. Vozes.
- Dobson, K. S. (2016). New frontiers in cognitive-behavioral therapy for depression. *International Journal of Cognitive Therapy*, 9(2), 107-123. <https://psycnet.apa.org/doi/10.1521/ijct.2016.9.2.107>
- Berlinck, M. T., & Fédida, P. (2014). A clínica da depressão: questões atuais [The clinic of depression: current issues]. *Revista Latinoamericana de psicopatologia fundamental*, 3(2), 9-25. <https://doi.org/10.1590/1415-47142000002002>
- Fernandes, C. S., Falcone, E. M. O., & Sardinha, A. (2012). Deficiências em habilidades sociais na depressão: estudo comparativo [Deficits in social skills in depression: a comparative study]. *Revista Psicologia-Teoria e Prática*, 14(1), 183-183. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-36872012000100014
- Gottschalk, C. M. C. (2010). O papel do método no ensino: da maiêutica socrática à terapia wittgensteiniana [The role of method in teaching: from socratic maieutics to wittgensteinian therapy]. *ETD: Digital Thematic Education*, 12(1), 64-81. <https://dialnet.unirioja.es/descarga/articulo/4856510.pdf>
- Greenberger, D., & Padesky, C. A. (2017). *A mente vencendo o humor: mude como você se sente, mudando o que você pensa* [The mind overcoming mood: change how you feel by changing how you think]. Artmed.
- Hamermesh, D. S., & Soss, N. M. (1974). An economic theory of suicide. *Journal of Political Economy*, 82(1), 83-98. <https://www.journals.uchicago.edu/doi/abs/10.1086/260171>
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2007). *Compêndio de Psiquiatria: Ciência do Comportamento e Psiquiatria Clínica* [Compendium of Psychiatry: Behavioral Science and Clinical Psychiatry]. Artmed.
- Knapp, P. (2004). *Terapia Cognitivo Comportamental na Prática Psiquiátrica* [Cognitive-behavioral therapy in psychiatric practice]. Artmed.
- Knapp, P., & Beck, A. T. (2008). Fundamentos, modelos conceituais, aplicações e pesquisa da terapia cognitiva [Cognitive therapy: foundations, conceptual models, applications and research]. *Revista brasileira de psiquiatria*, 30 Suppl 2, s54-s64. <https://doi.org/10.1590/s1516-44462008000600002>

- Kuyken, W., Padesky, C. A., & Dudley, R. (2010). *Conceituação de casos colaborativa: O trabalho em equipe com pacientes em terapia cognitivo-comportamental* [Collaborative case conceptualization: Teamwork with patients in cognitive-behavioral therapy]. Artmed.
- Lam, R. W., Parikh, S. V., Ramasubbu, R., Michalak, E. E., Tam, E. M., Axler, A., Yatham, L. N., Kennedy, S. H., & Manjunath, C. V. (2012). Effects of combined pharmacotherapy and psychotherapy for improving work functioning in major depressive disorder. *The British Journal of Psychiatry*, 203(5), 358-365. <https://doi.org/10.1192/bjp.bp.112.125237>
- Lopez, M. A., & Basco, M. A. (2015). Effectiveness of cognitive behavioral therapy in public mental health: Comparison to treatment as usual for treatment-resistant depression. *Administration and policy in mental health and mental health services research*, 42(1), 87-98. <https://dx.doi.org/10.1007%2Fs10488-014-0546-4>
- Marback, R. F., & Pelisoli, C. (2014). Terapia cognitivo-comportamental no manejo da desesperança e pensamentos suicidas [Cognitive-behavioral therapy in the management of hopelessness and suicidal thoughts]. *Revista Brasileira de Terapias Cognitivas*, 10(2), 122-129. <http://dx.doi.org/10.5935/1808-5687.20140018>
- Marconi, M. D. A., & Lakatos, E. M. (2017). *Metodologia científica* [Scientific Methodology] (Vol. 4). Atlas.
- Marcus, M., Yasamy, M. T., Ommeren, M. V., & Chisholm, D. (2012). *Depression: A global public health concern*. WHO. https://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf
- Matos, A. C. S., & Oliveira, I. R. (2013). Terapia cognitivo-comportamental da depressão: relato de caso [Cognitive-behavioral therapy of depression: case report]. *Revista de Ciências Médicas e Biológicas*, 12(4), 512-519. <http://dx.doi.org/10.9771/cmbio.v12i4.9203>
- Mercês, E. L., Moura, L. F., & Oliveira, I. J. (2018). Terapia cognitivo-comportamental aplicada à depressão: uma breve revisão bibliográfica [Cognitive-Behavioral Therapy applied to depression: a brief literature review]. *Amazônia Science & Health Journal*, 6(1), 2-11. http://www.ojs.unirg.edu.br/index.php/2/article/view/1321/pdf_2
- Minayo, M. C. S. (2013). *O desafio do conhecimento - pesquisa qualitativa em saúde* [The challenge of knowledge: qualitative health research] (13th ed.). HUCITEC. <https://pesquisa.bvsalud.org/portal/resource/pt/crt-1255>
- Pacciolla, A. (2014). *DSM-5 e temi esistenziali* [DSM-5 and existential issues]. Laurus Robuffo.
- Rueda, F. J. M., Alves, S. M. M., & Baptista, M. N. (2014). Evidência de validade preliminar da escala de depressão (EDEP): um estudo com alunos de enfermagem [Preliminary validity evidence of the depression depression scale (EDEP): a study with nursing students]. *Psicologia Argumento*, 32(79). <https://periodicos.pucpr.br/index.php/psicologiaargumento/article/download/20435/19695>
- Santos, L. C. S., & Faro, A. (2015). Relações entre Autoestima e Sentido de vida: Estudo com amostragem domiciliar em Aracaju (SE) [Relations between self-esteem and meaning of life: a study with household sampling in Aracaju (SE)]. *Clínica & Cultura*, 4(2), 54-69. <https://ri.ufs.br/handle/riufs/1915?locale=en>
- Santos, C. E. M., & Medeiros, F. A. (2017). A relevância da técnica de questionamento socrático na prática Cognitivo-Comportamental [The relevance of the Socratic questioning technique in Cognitive-behavioral practice]. *Archives of health investigation*, 6(5), 204-208. <https://doi.org/10.21270/archi.v6i5.1940>
- Silva, D. S. D., Tavares, N. V. S., Alexandre, A. R. G., Freitas, D. A., Brêda, M. Z., Albuquerque, M. C. S., & Melo Neto, V. L. (2015). Depressão e risco de suicídio entre profissionais de Enfermagem: revisão integrativa [Depression and suicide risk among Nursing professionals: integrative review]. *Revista da Escola de Enfermagem da USP*, 49(6), 1023-1031. <https://doi.org/10.1590/S0080-623420150000600020>
- Soares, V. C., Nascimento, B. R., Viana, T. R., Lopes, N. P., & Franco, A. J. (2016). Análise da prescrição de paroxetina em uma drogaria do município de ponte nova, minas gerais [Analysis of the prescription of paroxetine in a drugstore in the municipality of Ponte Nova, Minas Gerais]. *ANAIS SIMPAC*, 6(1). <https://academico.univicsosa.com.br/revista/index.php/RevistaSimpac/article/view/473>
- Solomon, A. (2002). *O demônio do meio-dia: uma anatomia da depressão* [The midday demon: an anatomy of depression]. Objetiva.

- Sousa, M. C. C. (2014). *Comorbidade e relação temporal entre ansiedade e depressão em idosos institucionalizados* [Comorbidity and temporal relationship between anxiety and depression in institutionalized elderly] [Master's dissertation, Instituto superior Miguel Torga, Escola superior de altos estudos]. DSpace Repository. <http://repositorio.ismt.pt/xmlui/handle/123456789/451>
- Wright, J. H., Brown, G. K., Thase, M. E., & Basco, M. R. (2008). *Aprendendo a Terapia Cognitivo-Comportamental: Um Guia Ilustrado* [Learning Cognitive-Behavioral Therapy: An Illustrated Guide]. Artmed.