Efficacy evidence = meagre → psychodynamic processes difficult to objectify/study in controlled way

Social Skills Training

Because indivs with dep have deficits in social skills required for effective interactions...

**SOCIAL SKILLS TRAINING THERAPY** (Becker et al., 1987)

- Addressing inability to communicate/socialise properly – may alleviate dep symptoms
- Training assertion skills/conversational interaction skills etc.

Training programme → 1hr sessions/12wks
- Work on interactions between friends/family etc.
- Role play/feedback/modelling/positive reinforcement

[+] Showed improvements in social skills & decrease in dep symptoms → still apparent 6 months later

[+] As effective as other psychological therapies

**Behavioural Treatment**

**Behavioural Activation Therapy**

Behavioural theories – dep triggered by life event/maintained by reinforcement

BAT → attempt to inc clients' access to pleasant event & rewards // decrease their experience of aversive events & consequences
- Self monitoring of pleasant/unpleasant experiences/identify major life goals & those within (e.g. education) – can be targeted for development & reinforcement

[+] At least as effective as supportive psychotherapy
[+] Equally as effective as CBT in preventing relapse after 24 months

**Cognitive Treatment**

**Cognitive Therapy**

Based on belief that psych’al problems = products of faulty ways of thinking/Address dysfunctional cognitions (that maintain dep – Beck, 1967) that form a negative schema

1. Identify –ve beliefs/thoughts
2. Challenge these as irrational
3. Replace with more rational/adaptive beliefs

Clients asked to monitor these negative automatic thoughts & think through rational alternative