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Julia Wyszomirska[1], A-F, Ewa Martyniak[2], A-F, Karolina Krzywkowska[3], B, D,
Katarzyna Piekarska-Bugiel[3], B, E

COGNITIVE-BEHAVIORAL THERAPY FOR DEPRESSION WITH OLDER PATIENTS

Terapia poznawczo-behawioralna w **leczeniu depresji** u **osób starszych.**

[1] Zakład Psychologii, Katedra Nauk Społecznych i Humanistycznych, Śląski Uniwersytet Medyczny w Katowicach, Polska
[2] Klinika Rehabilitacji Psychiatrycznej/ Katedra Psychiatrii i Psychoterapii, Śląski Uniwersytet Medyczny w Katowicach, Polska
[3] Oddział Dzienny Rehabilitacji Psychiatrycznej, Górnośląskie Centrum Medyczne im. prof. Leszka Gieca Śląskiego Uniwersytetu Medycznego w Katowicach, Polska

A – Koncepcja i projekt badania, B – Gromadzenie i/lub zestawianie danych, C – Analiza i interpretacja danych, D – Napisanie artykułu, E – Krytyczne zrecenzowanie artykułu, F – Zatwierdzenie ostatecznej wersji artykułu

Julia Wyszomirska – ID 0000-0001-7887-4099
Ewa Martyniak – ID 0000-0001-7229-2776

Abstract (in Polish):
Objawy zaburzeń nastroju u osób starszych są często ignorowane przez najbliższe otoczenie, ale długotrwały i częsty kontakt z pacjentami umożliwia personelowi pielęgniarskiemu nawiązanie relacji, która pozwala do-

wiedzieć się więcej o samopoczuciu pacjenta i sytuacji życiowej. Uważna obserwacja pacjenta i znajomość opcji leczenia pomagają nie tylko postawić dokładną diagnozę, ale także zaproponować odpowiednie formy terapii. Depresja nie jest naturalnym elementem procesu starzenia się, ale poważnym problemem zdrowotnym dla osób w wieku geriatrycznym, przynoszącym cierpienie zarówno pacjentom, jak i ich bliskim. Potwierdzono empirycznie, że wieloczynnikowe źródła depresji wśród osób starszych wymagają działań terapeutycznych, zarówno na poziomie biologicznym, jak i psychospołecznym. W artykule postanowiliśmy przedstawić przegląd badań nad skutecznością terapii poznawczo-behawioralnej w leczeniu depresji u osób starszych. Założono, że nie wszystkie pielęgniarki i lekarze lub inni specjaliści ochrony zdrowia znają podstawy terapii poznawczo-behawioralnej. Jednak mogą potencjalnie nauczyć się wdrożyć pewną część jej procedur, a także motywować pacjentów do jej podjęcia, ponieważ jest ona możliwą i realistyczną szansą na zmianę sposobu funkcjonowania osób starszych pomimo zaburzeń somatycznych lub deficytów poznawczych.

Abstract (in English):
Symptoms of mood disorders are often ignored by the immediate surroundings. Long-term and frequent contact with the older patient enables nursing staff to establish a relationship that allows them to learn more about the patient's well-being and life situation. Careful observation of the patient and knowledge of treatment options will not only help in making an accurate diagnosis but also in proposing appropriate forms of therapy. Depression is not a natural element of the ageing process, but a significant health problem for people at geriatric age, thus bringing suffering to both the patients and their relatives. It is empirically confirmed that the multi-factor origins of depression among the elderly require therapeutic actions, both on the biological and psycho-social level. In the paper we decided to present an overview of the research on the effectiveness of the cognitive-behavioural therapy in treatment of depression among older people. It has been assumed that not all nurses and doctors or other healthcare professionals know the basics of the cognitive – behavioural therapy. However they can potentially learn to implement a certain part of its procedures, as well as motivate patients to undertake it, because it is possible and realistic to change the way of functioning of the older adults despite of somatic disorders or cognitive deficits.

Keywords (in Polish):
depresja, osoby starsze, terapia poznawczo-behawioralna.

Keywords (in English):
depressive disorders, cognitive-behavioral therapy, older adults.

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Short title
Terapia poznawczo-behawioralna w depresji u osób starszych.

Corresponding author
Julia Wyszomirska
email: jwyszomirska@sum.edu.pl

Authors (short)
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Introduction

Depression is not a natural element of the ageing process, but a significant health problem for people at geriatric age, thus bringing suffering to both the patients and their relatives. Depressive symptoms can significantly degrade the patient's quality of life and negatively affect cooperation with medical staff. As a consequence, you can expect to reduce the medication adherence and effectiveness of treatment for chronic diseases. Mental health studies have revealed that the point prevalence of depression in older adults of the world varies between 10% and 20%, and is depending on cultural context [Barua et al, 2011]. Also our clinical experience shows that in older adults, depression is a relatively frequent diagnosis and pharmacotherapy is most often offered treatment to patients rather than other types of therapy including cognitive-behavioural therapy (CBT). Perhaps this is due to the medical staff succumbing to stereotypes regarding the poor possibilities of modifying the way of thinking, interpretation of events by elder people. Another reason may be related to faint real possibilities of referring patients to appropriate psychotherapy dedicated to this group of patients in the conditions of Polish healthcare.

The purpose of the paper was on one hand to present the assumptions of this treatment method, and on the other to provide a summary of conclusions on the current state of research regarding the effectiveness and the scope of CBT in geriatric-age depression. We also decided to present certain specifics of prospective CBT research, the possibilities or limitations of its use among geriatric depression patients and against concurrent symptoms/problems. In order to relate to these assumptions, as well as in order to make the text clear and understandable, the first part explains the general assumptions of CBT and its specific elements, typical for treatment of depression. Next, we present the flow and results of selected studies that show the multitude of possibilities of implementing CBT in treatment of depression among the elderly and discuss the results of meta-analyses of the effectiveness of the therapy considering their methodologies.

CBT basic assumptions

Psychotherapy is recommended as an alternative or additional treatment of depressive disorders among the elderly, where it is particularly effective if its form is adjusted to the physical, cognitive and social resources of the patients [Eschweiler, 2017; Wuthrich et al., 2016]. CBT is one of the most effective and well-studied therapeutic methods that is Evidence Based Medicine (EBM). CBT should be a short treatment, focused on a goal, which is usually formulated as limiting the intensity of symptoms, maintaining recovery and preventing relapses. Improvement in general functioning in many aspects of life can be achieved by more flexible thinking aimed at more rationality and functionality, as well as obtaining new adaptive behaviours. CBT is a structured form of psychotherapy, which is conducted according to a specific pattern adjusted for the particular problem, based on engagement and active cooperation between the therapist and the patient [Popiel and Pragłowska, 2008].

CBT was established in the 1960's by Aaron Beck, an American psychiatrist. Its main assumption is the understanding of the co-dependence of thoughts, emotions and human behaviour, which influence each other thus generating individual patterns of behaviour. The foundation of the cognitive-behavioural theory is an assumption, that a change in mindset can achieve a change in mood and behaviour. The analysis of automatic thoughts (the thoughts that are not dependent upon our will, activated immediately with no control) can lead to transitional beliefs (general rules directing our lives, "if... then...") and deeper key beliefs (cognitive patterns) about ourselves, the world and other people [Beck, 1976].

Albert Ellis [1999] formulated the ABC model – a pattern to understand the patient's problem, which pattern consider every event. The model comprises of 3 elements: A – activating event, B – belief, C – the

consequences, including emotions, physical symptoms and behaviour. Figure 1 presents the dependence pattern between the elements.

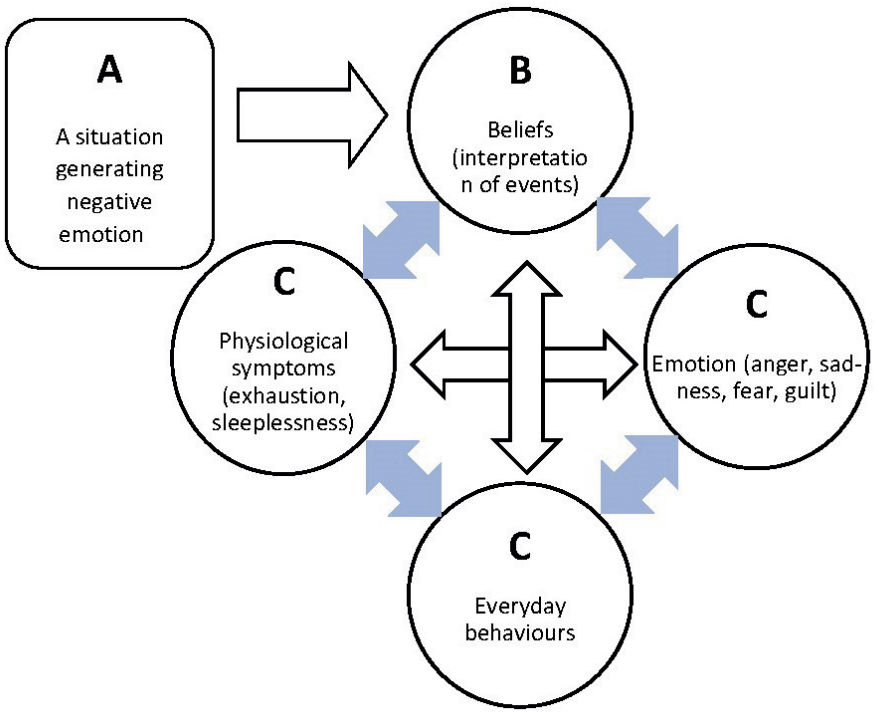

Figure 1. Conceptualisation of the cognitive-behavioural therapy based on Gallagher-Thompson, Cassidy-Eagle, Bodin Dunn 2017; Ellis, 1999. A - **Situation, B - Beliefs, C - Consequences**

The cognitive theory of depression is based on defining the negative beliefs and cognitive distortions about oneself, experiences and the future. The therapist and the patient attempt to find the relation between the patient's mindset and their negative emotions (sadness, fear, sense of worthlessness) and the behaviours that consolidate them, such as avoidance and isolation. The aim of the therapy is cognitive reformulation, that is transformation of automatic negative thoughts, based on everyday events and experiences, into more realistic and functional ones [Beck, 2012]. Table 1 presents the pattern of finding the rational and probable explanations to situations that activate negative emotions. An attempt to implement flexible thinking is aimed at reducing fear and the accompanying physiological symptoms.

Table 1. Example of searching for realistic solutions.

Time	Event	Thoughts	Feelings	Rational explanation
18.00	Son does not pick up the phone	He must have had an accident	Fear	1. A meeting at work takes longer than expected 2. He did not hear the telephone 3. He is driving and cannot pick up

CBT highlights the relation between depression and the deficit of good behaviours or skills which would allow for enjoying the positive events or the difficulties in coping with negative events. It focuses on mutual correlation between the mindset, mood and activities by allowing the patient to improve social skills and start managing difficult situations through identification and change of beliefs. Other forms of effec-

tive CBT help include behavioural activation, which, apart from working with beliefs, helps in putting changes into practice through effective activity planning [Popiel and Pragłowska, 2008].

The Beck's structural cognitive model of depression became the foundation, on which the modern behavioural therapy of depressive disorders is based. The model assumes the existence of a cognitive triad: negative views about oneself, negative views about the world and negative views about the future. What is also key for this model are the notions of key beliefs about oneself, the other people and the world, which beliefs are formulated in different periods of life and largely influenced by parents and other significant people. If a person experiences difficult situations at young age, e,g. negligence, violence or loss of a close person (as a result of divorce or death), it can generate disadaptative cognitive patterns (e.g. "I am just a burden for everyone", "the world is not a safe place", "I will never succeed"). When the patient experiences a negative event, the disadaptative beliefs are activated. It results in emergence of automatic negative thoughts, most often related to low self-esteem, helplessness, fear of the world and the future, often characterised with a sense of resignation. The emergence of automatic negative thoughts stimulates the vicious circle of this disorder it generates negative emotions and the accompanying physiological symptoms, which in turn affects the performance in everyday activities and lowers activity. This reassures the negative view of the world and the future [Moorey and Lavender 2018].

There are many psychological factors which play an additional role in activating or shaping the depressive thought patterns among the elderly people. A negative view on life, difficulties in accepting the changing physical condition (chronic somatic illnesses causing suffering and pain), psychical (cognitive limitations) and social condition (death of relatives, family misunderstandings) are a significant part of mood disorders. Financial limitations may cause social problems and make the patients dependent on other relatives, thus limiting the possibility of autonomous decision-making. A hopeless future may result in helplessness and resignation. Identification and modification of the desadaptive thought patterns, focusing on the present and stressing the behavioural activation, particularly in the social realm, result in the cognitive-behavioural therapy becoming an effective treatment method.

An existential issue is an element which can be incorporated into the therapy process. Focusing on a positive aspect of past life will build up a sense of one's own effectiveness. A look back will help in finding a meaning of events, which would rather have been avoided. The research on integration of stressful events confirm the effectiveness of CBT procedures in regaining positive values and a goal in life after a stressful event [Holland et al., 2015].

Literature review

Examples of implementation of CBT

Below we are presenting examples of studies showing different forms of help with use of the cognitive-behavioural therapy and their effects.

Loneliness and social isolation are major issues among the elderly. The symptoms of depression, often accompanied by cognitive deficits and physical disability, may increase the mortality risk among elderly people. The study by Solomonov et al. [2019] was supposed to find if the behavioural activation related to the engagement in social and interpersonal activities reduces the depression symptoms among the people in geriatric age. 48 people diagnosed with depression with no cognitive disabilities took part in the study. Each of the subjects underwent 9 activation psychotherapy sessions. The effects of psychotherapeutic actions, observed as improved activity and mood, were assessed at the beginning, in the 6th and the 9th week of the study. The weekly behavioural activation plans resulted in distinguishing three groups: activities performed alone, meetings in groups (participation in a social gathering, e.g. a meeting at the senior's

club) and individual interpersonal relations (meeting with a friend or a member of family). The study has shown reduced intensity of depression and increased activity during the therapy. The linear regression models have shown that the most significant factor influencing the increased activity and alleviating the depression symptoms are the individual interpersonal relations. The analyses highlight the importance of engagement in social relations, which themselves are rewarding and are a motivating factor for further activities [Solomonov et al., 2019].

The positive effects last even after the psychotherapy is completed. A study by Xie et al. [2019] confirmed the importance of intervention aimed at behavioural activation in treatment of mild and moderate depression through reduction in intensity of the symptoms and reduced risk of a relapse. The study was supposed to assess the effectiveness of behavioural activation in reducing depressive symptoms. The research group consisted of 80 elderly people, who obtained between 11 and 25 points on the Geriatric Depression Scale (GDS). The subjects were randomly assigned to a group, which implemented methods of behavioural activation and pharmacological treatment (n=40) and a control group (n=40), where only pharmacological treatment was applied. Both groups were assessed with the GDS, Beck Anxiety Inventory (BAI) and the Oxford Happiness Questionnaire (OHQ) at the beginning of the study, at the end and three months afterwards. 73 participants completed the therapy. After 8 sessions the group that underwent the psychotherapeutic treatment showed lower GDS and BAI scores, while the OHQ scores were increased, which showed an improvement of the psychical condition. The improvement of mood was maintained, which was confirmed by the control study after 3-month observation.

Similar results were obtained by retrospective analysis of studies of a 10-week psychotherapeutic meeting program for geriatric people over 3 years of its course. The GDS results from 225 people were compared, where the subjects took part in the activation program using the cognitive-behavioural strategies in group psychotherapy. The results confirmed the positive effect on the psychical well-being due to alleviated depression symptoms [Knight and Alarie 2017].

It has also been observed that short CBT interventions can bring positive results in heavy sleeping disorders accompanying other depression symptoms. CBT procedures include education in the scope of sleep hygiene, controlling the excess of stimuli, cognitive restructuring and relaxation, which proved to effectively alleviate the depression symptoms among the elderly patients [Tanaka et al., 2019].

Modern technology in CBT

For different reasons, the elderly people may have limited access to specialised healthcare. The barriers related to the somatic symptoms or fear of social stigma can be overcome through virtual psychotherapy. The technological development allowed for expanding the psychotherapeutic treatment by other forms of contacting people, for example through projects, within which the patients could use psychotherapeutic help via Internet communication [Shah et al., 2018]. The iCBT Managing Your Mood program was developed to improve the availability of non-pharmacological forms of treatment for the people suffering from depression. A study by Dear et al. [2013] confirmed the effectiveness of this form of psychotherapeutic procedures among people over 60 years of age. A group of 20 people who experienced a depression episode (results higher than 10 points in Patient Health Questionnaire – 9) was granted access to five educational lessons and homework assignments, a moderated discussion forum and a possibility of weekly calls and e-mail contact with a psychologist. Feedback was collected from 17 participants, who showed a significant improvement in PHQ – 9 and GSD scale. The program was very well-received and worked for patients, who accepted this form of contact and engaged in it. Hobbs et al. [2018] reached similar conclusions. The study included a sample of people over 65 years of age (n-69), which was compared to depression patients in other age groups. The total number of people who used iCBT included in the study was 1288, where

the following age groups were distinguished: 18-24 years (n =141); 25-34 years (n = 289); 35–44 years (n = 320); 45-54 years (n = 289); 55-64 years (n = 180). The analysis was supposed to study the influence of CBT on reduction of depressive symptoms throughout the patient's whole life. The results showed, that the depression patients from the older groups, just as other age groups, experienced a moderate or strong reduction of the depression symptoms. The remissions and return to previous functioning were comparable in all age groups, which contradicts the myth of little effectiveness of psychotherapeutic interactions in the geriatric group.

CBT implementation among patients suffering from cognitive deficits

The geriatric patients require a special psychotherapeutic approach, that should take into consideration both the somatic and cognitive limitations resulting from the patient's age, and that would set realistic goals. It is estimated that about 25% of people suffering from depression have concurrent cognitive deficits. In some cases, the symptoms of depression and cognitive disorders can be related to the same basic disorders (e.g. vascular dementia, hypothyroidism). The patients suffer from deteriorated episodic memory, visual-spatial processing, verbal fluency and psychomotorics due to their mood disorders [Morimoto and Aleksopoulos, 2013].

Because of attention deficits, slower thinking process and fatigability, the therapist should adjust the therapy pace and process to the patient's abilities. In order to increase the patient's engagement, the therapist should be more active and often give positive feedback. The effectiveness can be improved through persistent cooperation with the family, who can learn the effective ways of helping, which would be based on current knowledge on the mechanisms affecting the depression patients. The psychotherapy can pinpoint a problem, which is dominating among the symptoms. For example, lately it has been observed that CBT brings positive results in cases of strong sleep disorders accompanying other depression symptoms [Tanaka et al., 2019]. Moreover, a combination of cognitive trainings and CBT yields positive results in cognitive disorders cases [Ayers et al., 2014]. The identification of the patient's own advantages and realistic management of losses and weaknesses expands the resources, which may be helpful in all future life difficulties [Casey, 2017].

CBT implementation among patients suffering from somatic disorders.

A concurrence of depression and somatic disorders are frequently observed by the doctors in their practice. Chronic suffering related to limitations of physical symptoms, pain, and lack of perspectives for improvement, significantly affects the mood and the quality of life. Taking care of an ill family member can often be an exhausting task for the relatives, and the mood and behaviour of the patient can further worsen it – irritation, hopelessness and discontent are often perceived as lack of gratitude or malevolence, which stimulates the frustration of the carers. Psychoeducation of the family in the scope of depression and providing the patient with proper psychotherapeutic care helps in managing a chronic illness of a close person, which is obviously a difficult situation. Apart from providing the patient with proper medical care and pharmacological treatment of depression, the introduction of psychotherapeutic procedures could improve the quality of life both for the patients and the carers. The effectiveness of such interventions is confirmed by clinical studies. A study by Hummel et al. [2017] included 155 patients between 76 and 88 years of age, hospitalised at geriatric wards due to acute somatic disorder, that accompanied depression. The patients with dementia, confusional state or palliative stadium of a disease were excluded from the study. The first study was conducted at a hospital, whereas the final one was conducted at patients' homes. The Hospital Anxiety and Depression Scale (HADS) was used. After 15 weekly meetings a significant

improvement in cognitive, social and physical functioning was observed among people subject to psychotherapeutic treatment.

Meta-analyses results on CBT effect

Most of the conclusions from the research on CBT in mood disorders among the elderly suggest its effectiveness. The collective effect in comparison to the control group is from 0.7013 to 1.3414 in favour of CBT [Cuijpers, van Straten and Smit, 2006; Peng, Huang and Chen, 2009; Pinquart, Duberstein and Lyness, 2006; Pinquart, Duberstein and Lyness, 2009; Wilson, Mottram and Vassilas, 2008; Krishna, Jauhari and Lepping, 2011]. The meta-analyses show that the possibility of extrapolation of conclusions, strength of the effect, its period and scope largely depend not on the therapy parameters (techniques, forms, frequency, time of treatment), but on the methodology implemented in a given research, where the correct selection of the control group (waiting list controls versus active controls) and randomisation seem to be particularly significant. Generally speaking, the higher the quality of meta-analysis the smaller the strength of the observed effects. The significance of high-quality randomised control studies, reliable data collection and proper reporting of methodological information are strongly stressed in order to properly assess the quality of studies and avoid unfounded inflation of the effects [Gould, Coulson and Howard, 2012].

Controlled intervention studies

A meta-analysis of 57 controlled intervention studies on the effectiveness of different forms of psychotherapy in reduction of depression symptoms among the elderly patients suggests higher effectiveness of CBT and reminiscence (significant effects) in comparison to therapy methods such as psychodynamic therapy, physical exercise, psychoeducation or supporting interventions (moderate effects). Groups comprising solely of people with diagnosed severe depression scored lower. Moreover, cognitive and physical disorders were identified as result modifiers. They lowered the effectiveness of different psychotherapy methods. Here it is worth noting that the somatic disorders and cognitive difficulties among the elderly are much more frequent than among middle-aged and younger people. This is why the influence of these factors on the effectiveness of psychotherapeutic procedures should not only be interesting or worth noting, but should be considered as vital information for the clinicians. It should be implemented in practice through analysis of potential methods of treatment and through taking them into consideration during planning and adjusting the methods and content of psychotherapy according to patient's individual abilities. The greatest benefit accompanied by the smallest number of drop-out patients was observed at 7-12 sessions [Pinquart, Duberstein and Lyness, 2009].

Randomised controlled studies

The first meta-analysis of randomised studies only confirms the results of the previous studies, which included different, also non-randomised studies. It included 25 studies, 17 of which compared the effects of psychological intervention to the control condition: usually waiting list, placebo. The authors admit that the inclusion of studies of significantly varying quality was a disadvantage. The results show a large or moderate influence on the reduction of depression symptoms among people over 50 years of age (standard average effect d=0.72) and are comparable to the effectiveness of pharmacotherapy. In order to assess the differences in effectiveness of different types of psychotherapy 12 studies were included, but no differences between CBT and other types of psychotherapy were noticed [Cuijpers, van Straten and Smit, 2006]. It is also worth noting that Cuijpers et al. [2009] conducted another meta-analysis including 18 randomised studies, but this time its goal was to compare therapeutic psychological interventions (934 people) with combined treatment based on concurrent psycho – and pharmacotherapy (904 people). When speaking

about the relatively short period after completing the treatment, the combination treatment proved to be more effective than psychotherapy alone, but the difference of d=0.35 does not show clearly whether is it significant from the clinical point of view. Moreover, it was lower when CBT was compared to combination treatment and was not significant in long-term assessment (after 3, 6 or 12 months). It was more significant among certain groups, including among the elderly, which could suggest that this patient group should be the first, for whom the combination therapy should be considered instead of CBT alone. We would like to point out that this meta-analysis included adults of different ages, but its results are considered significant in reference to the elderly people.

The meta-analysis and meta-regression of the random effects, Gould et al. [2012] include studies conducted on hospitalised and ambulatory treatment patients, diagnosed with acute or mild depression, dysthymia or depression symptoms. A proof-based symptoms intensiveness measurement was performed on all patients. From 485 identified studies, 23 met the inclusion criteria. CBT proved to be more effective than the so-called treatment as usual (TAU) or waiting for therapy in alleviation of depression symptoms. The subjects undergoing CBT had a greater chance to complete the therapy with a major improvement in comparison to people undergoing TAU or waiting for psychotherapy. However, CBT was not significantly better than other active controls. Such result pattern resulted for 6 subsequent months, while after this period the collective favorability of CBT effects ceased to be significant. Meta-analyses performed by Krishna et al. [2015, 2013] suggest similar results. Both meta-analyses suggest that group CBT is effective in alleviating the depressions symptoms in comparison to waiting for therapy. An alleviation of symptoms is noted immediately after the treatment, but its lasting effect (distant effect) has not been confirmed or the studies cannot be included in the meta-analysis due to too great methodological diversity. Moreover, the introduction of active control interventions, including another psychotherapy method, reduces the differences in statistic relevance of CBT effectiveness assessment in comparison to control groups, all the way to non-relevant [Krishna et al., 2015; Samad, Brealey and Gilbody, 2011]. Obviously, we can still consider the effectiveness of CBT, but its significant advantages over other therapies were dismissed. It is worth noting that the results of an analysis of the criteria-meeting studies among patients over 50 years of age diagnosed with subclinical depression who participated in group therapies, confirmed the effectiveness of CBT in comparison to people on the waiting lists, but did not suggest that it has a clear advantage in comparison to CBT over the Internet [Krishna et al., 2013].

Conclusions

Depressive disorders of the elderly are still a serious clinical and scientific challenge. Apart from suffering by the patients, they affect the carers and negatively influence the patients' somatic condition, hence the family and the doctors must pay special attention to the patients' mood disorders. Regardless of whether CBT is to be the only treatment or in combination with pharmacotherapy, while planning a therapy it is crucial to identify the cognitive functioning and the somatic condition of a patient in order to implement correct forms of therapeutic procedures. Improving the general health conditions with non-pharmacological means will allow for reducing the number of medicaments and the risk of potential interactions between them. Numerous studies indicate that the characteristic depressive way of thinking in older adults can be effectively modified with the help of appropriate CBT techniques. Changing the way of thinking towards a more adaptive, healthy way of thinking and as a consequence, help to improve emotional, interpersonal and social functioning. Research results also indicate general possibilities of changing the interpretation of events, thinking about yourself, other people and the world in older people. They may not be as large as younger people, but they are preserved. That`s why working with beliefs can

change desadaptive thought patterns or make them more flexible, which would build-up potential that could greatly help in managing difficulties in the future. It is worth emphasizing that training in developing competences of selected skills in understanding patient problems and the use of adequate CBT initiation is available not only for psychologists, but also for nurses or representatives of other healthcare professionals.

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