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**Audio** featured in *AJP Audio*: a downloadable .mp3 file available at [ajp.psychiatryonline.com](http://ajp.psychiatryonline.com)

**CME** a course covering the content of this article is available online for paid subscribers to the AJP CME Course Program

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#### Cover

Several articles in this issue offer new insights into the use of psychotherapy in the treatment of depression. In a study of patients who began treatment with an antidepressant, Wisniewski et al. (p. 753) found that among participants whose depression did not remit with the initial treatment, those with more education or a family history of mood disorder were more likely to accept cognitive therapy as a second-step treatment. Thase et al. (p. 739), studying the same sample, report that cognitive therapy, with or without medication, was as effective as switching to or adding a new medication. Among patients hospitalized for severe depression, Schramm et al. (p. 768) found that adding psychotherapy to medication early in treatment increased the likelihood of both short-term and sustained response. Frank et al. (p. 761), studying women whose depression remitted with interpersonal psychotherapy (IPT) alone or with medication, found that IPT monotherapy was more likely to be effective as a maintenance treatment among those who achieved remission with IPT alone. Photo by David Buffington/Photodisc Green/Getty Images.

