

The Efficacy of Cognitive Behavior Therapy on Depression

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Abstract- The study examined the efficacy of cognitive behavior therapy (CBT) for the treatment of +1 girl students suffering from mild depression without psychotic features. The sample (N=14) of mildly depressed +1 girl students was arrived at using RBDI. The treatment group and waiting list control group had a sample size of 7 each. The cognitive behavior therapy was given for the treatment group three months which helped the participants to recover from the mild symptoms of depression. A post test employing RBDI revealed that there is significant positive change in the treated group with CBT.

I. INTRODUCTION

The term depression is applied to a range of emotional states, both normal and psychopathological. As a normal mood, depression is almost universal in human experience; for example, not to grieve after the loss of a loved one is somehow “less than human”. Depressive mood, however, is not exclusively human; equivalent reactions occur in most mammals, especially primates. As a symptom, depression occurs as a component of reaction to stress and in patients with medical and psychiatric conditions.

“Depression” is a clinical term used by psychiatrists to describe a long period when a person feels very sad to the point of feeling worthless, hopeless and helpless- a mental disorder indeed.

Adolescence is a time of emotional turmoil, gloomy introspection, great drama and heightened sensitivity. It is a time of rebellion and behavioral experimentation. The challenge is to identify depressive symptomatology in adolescence which may be imposed on the backdrop of a more transient, but expected developmental storm.

Also, depression is a difficult diagnosis to make among teen – agers because the symptoms – irritability, low self-esteem and performance – “get confused with the angst of being a teenager”.

Recent studies have shown that greater than 20% of adolescents in the general population have emotional problems and one – third of adolescents attending psychiatric clinics suffer from depression (Maurice Blackman, 1994 cited in Murphy et al., 1994). Comparable statistics for Indian adolescents are absent.

Cognitive behavioral therapy is the most used treatment for depression. It is a well established promising and effective treatment procedure for depression (Hollon et.al, 1993); and 75% of participants show significant improvement with the

application of cognitive behavior therapy (Chambhess & Gillis, 1993).

Cognitive – behavioral therapy (CBT) is an action – oriented form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and “negative” emotions is behavior that is counterproductive or interferes with everyday living. The treatment focuses on changing individual’s thoughts (cognitive patterns) in order to change his or her behavior and emotional state.

Essentially the goals of CBT in depressed clients include:

1. Identifying and correcting inaccurate thoughts associated with depressed feelings of clients;
2. Helping clients to engage in more enjoyable activities to promote feelings of well - being; and
3. Encouraging clients to use rational thinking to solve problem rather than unhealthy thought processes.

Hence an attempt has been made here to identify the depressed among the adolescent students who may be suffering from varying levels of unipolar depression without psychotic features as also apply the cognitive behavior therapy to them in order to know its efficacy as a treatment process for adolescent depression.

Objective of the study:

The objective of the study was to apply the cognitive behavior therapy for unipolar depression among +1 female school students suffering from mild depression without psychotic features.

Hypothesis:

Cognitive behavior therapy will be efficacious in reducing unipolar depression among higher secondary school girl students.

Method

Design:

The present study is a pretest-posttest experimental and waiting list control group design.

Sample:

The samples comprised of 14 mildly depressed higher secondary school girl students. From among these 14 students, half of them were randomly assigned to each of the experimental treatment group and ‘waiting list control group’.

Tool Used:

Identification of the sample as mildly unipolar depression was done with the use of a clinical instrument. Revised Beck's Depression Inventory (RBDI: Beck, 1973). It was further employed to assess the depression level of the sample after the CBT intervention.

CBT Procedure:

The cognitive behavior therapy (CBT) procedures were used as a group work. The therapy was implemented in 60 minutes session. A total of 16 sessions were conducted. The content of the CBT procedures used in the present context is outlined below session wise.

Session 1 & 2:

Firstly, a warm, empathetic and genuine therapeutic relationship was established by the practitioner with the participants to reinforce learning.

In Sessions 3 and 4:

The Jacobson Muscular Relaxation training (JPMR: Jacobson, 1938) was administered to the experimental group till the 16th session.

In Session 5 & 6:

The home assignment technique was used. Participants were encouraged for doing home assignment - to keep a daily record of activities on an hourly basis and to make an assessment of their sense of mastery and pleasure activities. "Mastery" refers to a sense that something has been achieved, even if the activity itself was not pleasurable. Eg. cleaning a cupboard, writing a letter or paying a bill.

'Pleasure' means feeling of happiness, fun, joy, etc., Then with the continuation of the above the particular told participants to choose some activities as targets as graded tasks; they are nothing but choosing targets which is difficult for them to do & split that into components and subcomponents as also tasks which can be graded as easy to perform or difficult to perform.

In the Next Session:

When the mastery and pleasure ratings and graded task assignment ratings began to improve the participants, they were given home assignment to keep a daily record of automatic thoughts. Automatic thoughts are thoughts that automatically come to mind when a particular situation occurs. Cognitive behavioral therapy seeks to challenge these automatic thoughts. So whenever the participants felt depressed they had to record

the objective situation, the thought they had and feeling they led to.

In the 8th and 9th session:

The participants were asked to write down the alternatives to irrational ways of perceiving the situation. It was done to help the participants realize that they had been locked into one way of seeing the situation and that there were other rational ways.

In Sessions 10 & 11:

The participants were motivated by giving lecture on assertive training with example. It was found useful by all the participants who could not express anger or irritation or difficult to say no, who are overly polite and allows others to take advantage of them, to express affection and other positive responses, who felt they did not have the right to express their thought, beliefs, and feelings as also expressed social phobias.

In Session 12 to 16:

Participants were encouraged to improve the frequency and quality of social interactions by a 'role play' and by 'telling stories' to them. By teaching role play to the participants, they were encouraged to improve the frequency, quality and intensity of social interactions. The practitioner played the roles of teacher and parents before the students and how they can show socially desirable behaviors towards them.

All in all, cognitive behavior therapy procedures of treatment continued for 16 sessions for three months: 8 sessions for 1st month and 4 sessions in the 2nd month and 4 sessions in the last month respectively. Each session lasted for at least an hour. At the termination of the therapy, the participants were reassessed using the RBDI.

The participants were requested to keep doing these enjoyable activities as also indulge in social interactions for another six months.

Statistical Analysis:

Mean, standard deviations, t-test for correlated and independent sample were the statistical techniques used by the practitioner to test the hypothesis of this investigation.

II. RESULTS AND DISCUSSION

Table 1: Showing the level of Pretest depression score and posttest depression score in mildly depressed experimental group among Higher Secondary School girl students.

Group	N	\bar{X}	σ	't' value	Level of Significance
Pretest depression score in mild level experimental group	7	13.85	0.83	6.86	5%
Posttest depression score in mild level experimental group	7	8.28	1.93		

The results summarized in Table 1 show that the obtained 't' value is significantly different i.e., posttest depression score is significantly different and very less compared to pretest depression score among the mildly depressed girl students because of the administration of cognitive behavior therapy by the practitioners could have led to the lowering of depression in

the experimental group to them. This supports the hypothesis of the present study. The outcome of this study is supported by **Haby et al (2006)** and **Asarnow et al (2005)** which indicate that cognitive behavior therapy is an effective treatment for childhood and adolescent depressive disorder.

Table 2: Showing the level of Posttest depression score of mildly depressed experimental group versus mildly depressed waiting list control group among Higher Secondary School girl students.

Group	N	\bar{X}	σ	't' value	Level of Significance
Posttest depression score in mildly depressed experimental group	7	8.28	1.91	6.90	5%
Posttest depression score in mildly depressed waiting list control group	7	13.85	0.83		

The results summarized in Table 2 show that the obtained 't' value is significant i.e., posttest depression score in mildly depressed experimental group is significantly different from posttest depression score in mildly depressed waiting list control group supporting the hypothesis of the study. It is due to the cognitive behavior therapy given to the mildly depressed experimental group but not to the waiting list control group that reduced the depression level among the mildly depressed experimental group. Thus from this it can be concluded that there is efficacy of cognitive behavior therapy among mildly depressed Higher Secondary School girl students. This finding supports Weersing et. al., (2006) and Dubey and Madhurima Pradhan (2004) observation that cognitive behavior therapy was effective for overcoming adolescent depression.

III. CONCLUSION

The present study concludes that cognitive behavior therapy is efficacious in significantly reducing depression among higher secondary school girl students.

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