ORIGINAL RESEARCH PAPER
Volume - 11 | Issue - 12 | December - 2022 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

COGNITIVE BEHAVIOR THERAPY FOR DEPRESSION IN ADOLESCENT: A SINGLE CASE STUDY

Clinical Psychology

Vasudha Pruthi Clinical Psychologist, (Individual Practitioner)

Dr. Mehfooz Ahmad* Assistant Professor, Amity Institute of Clinical Psychology, Amity University, Haryana *Corresponding Author

Dr. Vinay Saini Psychiatrist, Civil Hospital, Gurugram

ABSTRACT

Depression has been characterized by low mood, lower activity levels, and loss of pleasure along with multiple physical complaints such as headache, tightness in chest or stiffness in body. The symptoms of depression are commonly found among adolescents. The present case study was an attempt to provide therapeutic intervention to a 17 year old male who was diagnosed with moderate depression. Beck's Depression Inventory, Rosenberg self esteem scale and Liebowitz social anxiety scale were administered on the client. Multiple psychotherapies have been found effective in treatment of depression. Studies have shown that cognitive behavior therapy is effective for youth with depression. The client received intervention based on cognitive behavioral therapy. Techniques such as identification of cognitive distortions, cognitive restructuring, and thought challenging were used. Post assessment was conducted after 12th sessions and improvement was recorded.

KEYWORDS

Adolescent, depression, cognitive behavior therapy, somatic complaints

INTRODUCTION

Depression has been characterized by low mood, lower activity levels, and loss of pleasure along with multiple physical complaints such as headache, tightness in chest or stiffness in body. The clinical presentation of depression often varies. Thus, severity of symptoms is often used as criteria to classify depression. According to World Health Organization prevalence rate of depression and anxiety have increase by 25%, globally. Around the world, one in seven adolescent experiences a mental disorder out of which depression, anxiety and behavioral disorders are among the leading causes of illness and disability among adolescents (World Health Organization, 2022). The symptoms of depression are commonly found among adolescents. Sagar et al (2021) found that 14.19% of the adolescents in India had depression. Shewtha el al (2018) conducted a literature review and found that about 28 percent of youth, belonging to lower and middle income classes, in India exhibit symptoms of anxiety and depression. Multiple factors could contribute to the development of depression in an individual, such as – genetic factors, personality characteristics, parental deprivation, relationship with parents.

Cognitive behavioral therapy is a present oriented psychotherapy, which is short term and focuses on dysfunctional thinking patterns and behavior. It aims to help people learn to evaluate their thinking more realistically and thus improve their emotional state and corresponding behavior (Dobson, 2010). According to cognitive behavioral therapist person with depression holds negative view about the self, the world and the future also known as the cognitive triad. This cognitive triad is further maintained through cognitive distortions such as maximization, minimization and mental filtering (Barlow, 2008). By observing the cognitive events of an individual we could understand the underlying schemas which reflect their past learning and knowledge about oneself and those around them and impact the way they organize and make sense of the current events. In depression, schemas are negatively toned and often reflect loss.

For adolescents components of cognitive-behavioral therapy are often enactive and performance-based procedures that allow to bring changes in thoughts, feelings, and behaviors of an individual. According to Cognitive behavioral model, interpersonal conflict may trigger symptoms of depression in adolescent who is already predisposed to the condition. In such situation cognitive errors may occur. For treatment of depression, focus is much laid on how information is been processed by them.

Cognitive distortions are identified and attempts are made to change them through seeking evidence. Several studies have found CBT to be efficacious in treatment of depression among adolescents. Matthijs et al (2019) found that efficacy of cognitive behavioral therapy among youth and reported that treatment outcomes might be enhanced if components of behavioral activation and thought challenging are also incorporated into the therapy. Robert (2021) conducted a literature review and found *Cognitive behavior therapy to be effective among multiple disorders for youth.*

Rationale

Research has found Cognitive behavioral therapy to be effective for the treatment of Depression. In the particular case negative views were found about the self, the world and the future. Patient also lacked motivation to do activities that he enjoyed before such as walking. Since model of cognitive behavior therapy targets negative cognitions and focuses on how feelings, thoughts and behaviors are interlinked, this model of treatment was selected to design the intervention program for the patient.

Method

This case study uses single subject design which compares pre and post intervention baseline data. Patient was suggested for psychotherapy by the psychiatrist. The attempt has been to reduce the symptoms of depression in the patient and reduce negative view about the self, the world and the future. Assessments were conducted before initiating the therapy and post 11th session.

Case Summary

Patient is a 17 year old male, currently in 12th standard. He belongs from middle socio-economic background and resides in Gurugram, India. Patient reported chief complaints of low mood, anhedonia, low motivation and inability to walk since past 5 months. Informant reported low psychomotor activity, low mood and low motivation in the patient. The onset of the symptoms was insidious, course has been continuous and progress has been static. Informant reported that patient's mother was diagnosed with Bipolar disorder (predisposing factors). No precipitating factors were reported by the patient. Academic stress and inability to learn new concepts was found to be perpetuating factors of the patient's symptoms. Negative history suggestive of no substance use, psychosis, high energy , No Past medical history was reported by the patient.

During the session it was observed that patient was well groomed and dressed according to his age. His speech was non – spontaneous. He responded slowly to the questions asked. His speech was coherence and goal directed. Patient's pitch, tone and volume were normal and easily understood. Patient's mood and affect were dysphoric. He readily responded to the questions asked. He did not seem confused and his attention was aroused and sustained throughout the interview.

Patient reported low mood, decreased activity, reduced capacity for enjoyment and ideas of guilt for not performing as per his parent's expectations. Since patient met criteria for moderate depressive episode, diagnosis of F32.1Moderate Depression was given.

Procedure

The pre and post assessment was conducted by

1. *Beck's depression inventory II* – The scale has been developed by beck, Steer and Brown (1996).
2. *Liebowitz Social anxiety scale* - The Liebowitz Social Anxiety Scale (LSAS) was developed in 1987 by Michael Liebowitz.
3. *Rosenberg Self esteem scale* - It is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self.

Goals of therapy –

The goals for the therapy were to reduce the symptoms of depression experienced by the patient, identify and work on core beliefs of the patient and enhance his self esteem.

Therapeutic Program –

The therapeutic program consisted of 12 sessions including 2 assessments. The sessions were conducted individually for the duration of 1 hour through online mode. Assessments were conducted pre and post intervention program.

The specific components of the program included -

- Psycho-education -
- Activity scheduling -
- Recognizing automatic negative thoughts –
- Verbal challenging -
- Self soothing activities
- Distraction

Analysis – Analysis was carried out by comparing the pre and post results of the assessment conducted to assess the effectiveness of the intervention program.

RESULTS

Table 1

Scale	Pre Intervention	Post intervention
Beck's Depression Inventory II	26 (Moderate depression)	18 (Mild depression)
Liebowitz Social anxiety scale	77 (marked social anxiety)	83 (marked social anxiety)
Rosenberg self esteem scale.	11(low self esteem)	15 (low self esteem)

Pre and post intervention scores of the patient on Beck's Depression Inventory II, Liebowitz Social anxiety scale and Rosenberg self esteem scale.

Table 1 shows Pre and post intervention scores of the patient. A 13% reduction was observed in symptoms of depression of the patient. While 4 % increase was observed in the symptoms of social anxiety by the patient, patient's self esteem increased by 14% post intervention.

DISCUSSION

The aim of the research was to assess the effectiveness of the cognitive behavioral intervention program on an adolescent patient with moderate depression. Intervention program was given to a 17 year old male who is currently in 12th standard. The therapeutic program consisted of 12 sessions including 2 assessments. The sessions were conducted individually for the duration of 1 hour through online mode.

On BDI II, patient obtained score of 26 before intervention and score of 18 post intervention indicating a reduction in symptoms of depression in the patient. It was observed that patient was now able to identify his automatic negative thoughts and challenge them using evidence seeking and subsequently generate an alternate way of thinking. Increase of 3 scores was seen on Liebowitz Social anxiety scale. Obtained results could be indicated to the environmental factors such as re-opening of schools. Since patient had started going to school again he reported restlessness and sweating in multiple situations. Lastly, increased score was obtained in Rosenberg self esteem scale (pre intervention = 11, post intervention =15). A shift in patient's attitude about himself and his ability to perform in exams and to walk was observed.

Thus overall improvement was observed in self esteem and severity of the depressive symptoms of the patient. Post intervention patient was able to identify his automatic negative thoughts and challenge them through the technique of evidence seeking. Increase in his ability to walk by himself was also reported using distraction technique. Similar results were reported by Matthijs et al (2019) who found that efficacy of CBT among youth and reported that treatment outcomes might be enhanced if components of behavioral activation and thought challenging are also incorporated into the therapy. Robert (2021) conducted a literature review and found *Cognitive behavior therapy to be effective among multiple disorders for youth.*

Few limitations were faced while implementing the therapeutic intervention. Since intervention was implemented through online mode, network errors were often faced during the sessions. It led to breaks during the session and reduced its effectiveness. Secondly, through online mode it was difficult to establish rapport with the patient. Patient was often distracted during the session due to environmental factors.

CONCLUSION

Thus, it can be concluded that the depression has been highly prevalent among adolescents and this number has increased further post COVID – 19. Present research has shown Cognitive behavioral therapy to be effective in treatment of depression along with pharmacotherapy. A significant reduction was observed in symptoms of depression and there was noticeable increase in self-esteem of the patient. Hence, the findings of present study would be helpful in planning the intervention for depression in adolescents.

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