

The Efficiency of Cognitive-Behavioral Therapy in the Treatment of Depression

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Abstract

Purpose: This study aims to investigate the efficacy of cognitive-behavioral therapy in the treatment of depression.

Materials and methods: We utilized a sample of 63 patients, aged 21 to 60, former compulsive gamblers, who sought psychological intervention for symptoms of depression. They were evaluated using the Beck Depression Inventory and diagnosed with various levels of depression.

Results: Pre-treatment, the mean depression score was $mg1 = 15.36$. After the initial evaluation, the subjects pursued a 14-session cognitive-behavioral therapy plan, after which we reevaluated their depression score. Post-treatment, the sample obtained a mean depression score of $mg2 = 10.71$, which is approximately 30% lower than the pre-intervention score.

Conclusion: The results show that the cognitive-behavioral therapy led to a reduction of depressive symptoms among all group members, regardless of their pre-intervention score.

Keywords: depression, cognitive-behavioral therapy, treatment

INTRODUCTION

Depressive disorders are a type of mental disorders whose central feature consists of feelings of sadness and emptiness, with somatic manifestations that negatively impact the individual's well-being (DSM-5, 2013). Depression includes symptoms like: feelings of helplessness and hopelessness, loss of interest in daily activity, loss of energy, sleep changes, anger or irritability, weight changes, concentration problems.

Depressive disorders include disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder, premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder (DSM-5, 2013)

In a study conducted on a sample of 18 980 subjects from Europe, Ohayon and Schatzberg (2003) concluded that people with depression were found to be five times more likely to suffer from sleep-disordered breathing.

Albert Ellis pointed out that, in order to change their negative emotions, people have the power to choose and the ability to identify, dispute and change fundamental irrational beliefs such as: absolutist beliefs regarding oneself, the people around us and the entire world (Dryden, DiGiuseppe & Neenan, 2010). The therapeutic approach which is at the core of this study is based on rational-emotive and behavioural therapy, put forth by

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Albert Ellis around the middle of the 20th century, focusing on irrational and rational cognitions that generate pathology and suffering. According to the ABCDE cognitive model, the occurrence of an undesirable event in a person's life (A) activates the person's irrational beliefs about the event (B), leading to a number of negative emotional and behavioural consequences (C), which the person will have to dispute (D) in order to assimilate new rational, efficient beliefs (E) (David, Szentagotai, 2006). In order to attain behavioral change, a cognitive restructuring is necessary, requiring the replacement of the old system of irrational beliefs with a more rational and adaptive system.

OBJECTIVE AND HYPOTHESES

The research objective is to demonstrate the efficacy of a 14 individual sessions of cognitive-behavioural therapy in reducing depressive symptoms.

The working hypothesis is that our model of cognitive-behavioural therapy based on cognitive restructuring will prove effective in the treatment of depression, regardless of its severity.

METHOD

Participants

The present study involved a sample of 63 subjects, former compulsive gamblers, aged 21 to 60, with an average of 35.16 years old, 5.09% women and 94.91% men, who requested therapy for the treatment of depressive symptoms, from 1 October 2015 to 30 December 2016.

Instruments, Procedure

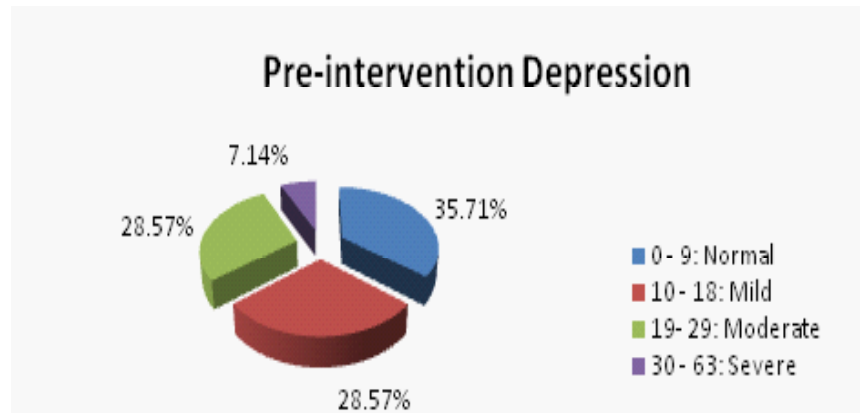
We used the Beck Depression Inventory to evaluate the subjects both before and after the use of the CBT treatment plan. The Beck Depression Inventory (BDI) is one of the most frequently utilized instruments in the diagnostic of depression; it includes 21 items, rated according to the presence and severity of the symptoms, therefore reflecting four intensity levels - 0, 1, 2, 3 - zero being the absence of depressive symptoms (Beck, Ward & Mendelson, 1961). The 21 categories focus on the most relevant aspects of depression: sadness, pessimism, the feeling of failure, dissatisfaction, guilt, the feeling of being punished, of being displeased with oneself, self-accusation, self-aggression, crying, irritability, social withdrawal, indecisiveness, changes in self-image, difficulties at work, sleep disorders, fatigability, anorexia, weight loss, preoccupation with one's physical appearance, the absence of libido (Rizeanu, 2014).

Upon the initial evaluation, the subjects' mean depression score was $m_{g1} = 15.36$. In this group, the scores ranged from a minimum score of 6 (normal condition) to a maximum score of 30 (severe depression), 9 being the most frequent score (the mode).

The distribution of scores is the following: 35.71% of the subjects show a normal, non-depressive condition; 28.57% of the subjects show a mild form of depression; 28.57% of the subjects show a moderate form of depression, while 7.14% of the subjects show a severe form of depression.

After evaluating, the subjects attended 14 individual sessions of cognitive-behavioural therapy, based on cognitive-restructuring techniques, with the focus on changing of thinking patterns, in order to overcome obstacles to participating in enjoyable activities. At the end of these sessions, we could see an improvement of cognitive symptoms of depression, an increase of self esteem and an improvement in the perception of support from others, in general.

Graph1. Pre-intervention distribution of scores

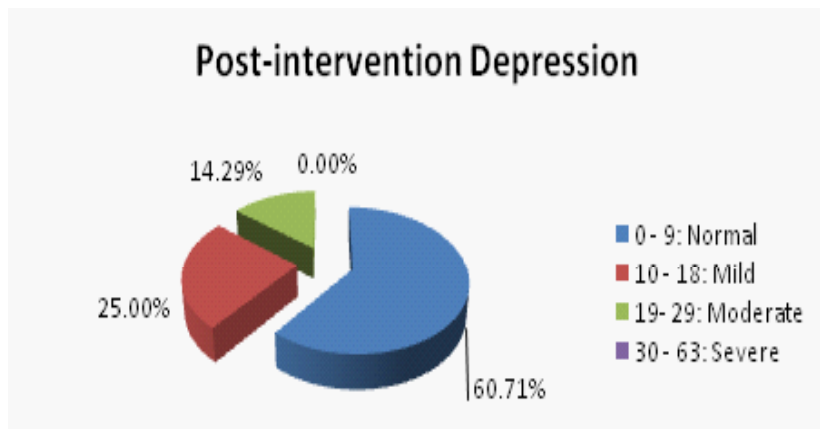


RESULTS

After the intervention, the subjects attained a mean depression score of $m_{g2} = 10.71$, which is approximately 30% lower than the mean score registered prior to the intervention. Post-intervention, the scores ranged from 4 points for the normal condition, and 21 points for moderate depression, none of the subjects' scores being in the severe condition.

The post-intervention distribution of scores is as follows: 60.71% of the subjects are in the normal, non-depressive range; 25% of the subjects have mild depression; 14.29% of the subjects show moderate depression.

Graph2. Post-intervention distribution of scores



DISCUSSION

The study of depression represents a constant preoccupation among mental health professionals. Depression is an illness linked with many conditions and stages of life, all with similar symptoms, but with different causes and treatment choices. It can start at any age and the risk of suicide in people with depression is significant. There are some main factors that make people vulnerable to depression: stressful events, physical illness, social isolation or a family history of depression.

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This paper revealed that cognitive-behavioral therapy was effective in the treatment of depression, as the mean depression score decreased from 15.36 to 10.71 in our cohort of 63 compulsive gamblers.

Depression is a medical condition affecting the way mood is controlled by the brain; it affects the way a person thinks, feels and acts. Gentili, Panicucci and Guazzelli (2005) estimates that “by the year 2020 depression will be the second cause of morbidity, following the ischemic heart disease”. Cognitive-behavioral therapy has developed over the past five decades, starting with Beck's studies of depressive clients, leading to the elaboration of a cognitive model of depression that focuses on the patients' negative thoughts and cognitive distortions (Rizeanu, 2013). The key idea of CBT is that conscious and unconscious cognitions generate affective-emotional, cognitive and behavioral responses that can be changed by changing the cognitions underlying them (David, 2006; Rizeanu, 2012).

The cognitive-behavioral therapy model based on cognitive restructuring techniques has led to significant gains in the reduction of depressive symptoms among the subjects who were included in this research group.

Leahy (2003) argued that the following three stages in the CBT approach to depression are necessary: identifying and replacing automatic negative thoughts, clarifying the person's patterns of interaction with others and generating those behavioral changes that will lead to the person's improved functionality.

CONCLUSIONS

This research paper describes the cognitive modifications and symptoms decrease due to cognitive-behavioral therapy. Depression manifestations include “apathy, lack of interest, emphasized sadness, lack of capacity of emotional reasoning, along with insomnia, decreased appetite, decreased self-esteem and libido, fluctuations of weight, all being correlated with a series of somatic symptoms” (Crăciun, 2016).

Cognitive – behavioral therapy is one of the most effective and scientifically-validated approaches to the treatment of depression (Powell, Abreu, Oliveira & Sudak, 2008; Rizeanu, 2014).

The most effective treatment for patients with mild or moderate depression is cognitive-behavioral therapy, while patients with severe major depression should combine psychotherapy with pharmacological treatment (Marian, Filimon, 2010; Rupke, Blecke, Renfrow, 2006).

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