



“COGNITIVE BEHAVIOUR THERAPY FOR PATIENTS WITH DEPRESSION”

*Asha Chacko, M.Sc.(N), ** Blessy Antony M.Sc.(N), *** Mr. M.K. Acharya Clinical Psychologist

Abstract

Depression occurs in persons of all genders, ages, and backgrounds. Age is a crucial factor, and higher rates of depression in females are detected at mid puberty through adult life as opposed to male preponderance in early adolescence. Therefore, an experimental study was conducted to assess the effectiveness of cognitive behaviour therapy on change in the levels of depression among patients suffering from depression in selected hospital of Indore. A pre test- posttest control group design was used in the study. A sample of 12 clients was selected using non-probability purposive sampling technique. Assessment was done prior to, post and at one month follow up session of completion of therapy using Beck's Depression Inventory. Statistical analysis revealed that there was no association between level of depression and selected demographic variables. The Mann Whitney 'U' value between post assessment scores of experimental and control group was significant i.e. 'U' is 0 at the level of $p \leq 0.05$ ($U_{crit} = 2$) which revealed the effectiveness of cognitive behavioral therapy. Friedman test for “analysis of variance” of pre, post and one month follow up BDI Scores of experimental group also revealed that CBT was effective in reducing the level of depression.

Key words: Depression, CBT (cognitive behaviour therapy), BDI (Beck's Depression Inventory)

Background

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. World Bank Report publication on the global burden of disease demonstrated that, depression accounted for 10% of all DALY's (disability adjusted life year). Furthermore, this figure is projected to rise to 15% by the year 2020, making depression second only to ischemic heart disease in terms of worldwide disease burden. **(Dickey et al, 2003)**⁴. Cognitive therapy for depression has its roots in the cognitive theory of depression. It is an active, structured, problem-focused, and time-limited approach to treatment which is based on the premise that depression is maintained by negatively biased information processing and dysfunctional beliefs. Most salient feature of cognitive therapy is to make patients aware of their distorted and negative views and emotional

consequences of such irrational beliefs. A recent larger study of chronically depressed individuals treated with either drugs or cognitive behaviour therapy showed that a combination of the two was significantly more effective than either alone **(Keller. et.al, 1992)**.⁷

Need Of The Study

Depression is one of the most prevalent psychiatric disorders. According to the World Health Organization (WHO), major depressive disorder has been identified as the fourth leading cause of worldwide disease in 1990, causing more disability than either ischemic heart disease or cerebral vascular disease **(Murray & Lopez, 1996)**.¹¹

Lifetime risk for major depression is 5-12% for men & 10-25% for women. **(Jiloha et al, 2010)**⁶. In the National Health Services the cost of treating depression exceeds the cost of treating both hypertension and diabetes **(Department of Health, 1996)**³. Cognitive behaviour therapy is based on the personal cognitive appraisal by an individual of an event and the behaviour that results from the appraisal and aim at modifying the distorted thinking. **Peden et al** conducted a randomized controlled

*Asha Chacko, Lecturer, MASS College of Nursing, Udaipur
email: ashaashly2007@rediffmail.com

** Blessy Antony, Associate Professor, Choithram College of Nursing, Indore

*** M. K. Acharya, Clinical psychologist, Choithram Hospital & Research Centre, Indore