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Cognitive behaviour therapy for moderate depression: A case report

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Abstract
The outcome of Cognitive Behavior Therapy (CBT) in respect to management of depression has been encouraging as revealed by various researchers. The present study attempts to highlight the role of CBT in the management of a 35 years old, male, owner of a travelling agency with depressive symptoms. He was treated with CBT approach. A single case design with pre-and post-therapy assessment was used. Hamilton Rating Scale for Depression (HAM-D) was used to assess the existence and severity of symptoms of depression. Significant improvement occurred after 10 sessions of cognitive behavioral interventions. Patient was found functioning normally after 6 months of follow-up. The findings of present study indicated the effectiveness of cognitive behavior therapy in treatment of depression.

Keywords: depression, cognitive restructuring, activity scheduling, challenging automatic thoughts

Introduction
Today's lifestyle is highly competitive where people live with complexity of relationship degrading morality and tough competition for survival. In the midst of such scenario being depressed may be considered as normal. Technologically we are advanced but morality, friendliness, concern for the fellowmen is out of our dictionary. So, in the journey of life sometimes or other man is depressed. But we do not lose our hope. Mental health professionals try to extend their helping hands to give some magic remedy by cognitively developing the mindset through finding a way to live meaningful and successful life.
Symptoms of depressive episode include depressed mood to a degree that is definitely abnormal for the individual, present for most of the day and almost every day, largely uninfluenced by circumstances, and sustained for at least 2 weeks, loss of interest in pleasurable activities, decreased energy or increased fatiguability, loss of confidence, excessive and inappropriate guilt, recurrent thought of suicide or any suicidal behaviour, complaints or evidence of concentrate, change in psychomotor activity, sleep disturbance, change in appetite with corresponding weight change [4, 5]. Beck's cognitive theory of depression Features underlying dysfunctional beliefs shows that depression was instituted by one's view of oneself, instead of one having a negative view of oneself due to depression [1]. This has large social implications of how we as a group perceive each other and relate our dissatisfactions with one another. Beck's Negative Cognitive Triad explains that negative thoughts are about the self, the world, and the future. A key part of his Cognitive Theory of Depression Features Cognitive Biases and Distortions shows not only that the subject will feel negative underlying beliefs, but also that these beliefs fall into a certain field which separates them from other disorders such as panic and anxiety disorders. Beck's Cognitive Model of Depression shows how early experiences can lead to the formation of dysfunctional beliefs, which in turn lead to negative self-views, which in turn lead to depression [1]. Considering this approach, cognitive behavioural intervention has done to see its efficacy in the treatment of a patient suffering from depression.

Materials and Methods: Case Summary
A 35 years old, married, male, studied up to Graduation, Hindu, Odia speaking, from a middle socio-economic rural background of Cuttack, Odisha consulted the therapist with his brother (reliable informant) having chief complaints of feeling weak, low mood, loss of interest in activities from last 4-month, decreased appetite, decreased sleep, irritability, decreased interest in social interaction. From childhood he was living in a controlling environment and family member always highlighted the reason to success and stressed for academic brilliance.

Assessment
From clinical interview it was found that he had conflict with his wife regarding financial issues as he lost 4 lakh Rupees in business. Due to irregularly taking food he felt weakness. He started to 'feel low' throughout the day and didn't involve in occupational activities. Initially he had difficulty in onset of sleep, later he could not sleep for 3 hours even. He lost interest in watching TV, gossiping with friend. He then preferred to take food in his own room and didn't attend any kind of social gathering. Hence family member consulted therapist to get psychotherapy.
On Hamilton Rating Scale for Depression (HAM-D) moderate level of depression was found [3]. Main features present in the patient were sad mood, pessimism, sense of failure, lack of satisfaction, self-punitive, irritability, social withdrawal, sleep disturbances, loss of appetite and loss of libido. These symptoms were affecting his daily life.
Based on pre-therapy assessment, the short-term goals of the intervention were developing a good therapeutic alliance,

bringing symptomatic management, increasing activity level, clarifying relationship between belief, affect and behavior, breaking the chain of automatic thought, modifying cognitive distortions, helping to develop alternative assumption, reducing hopelessness, worthlessness, sad mood and irritability, increasing confidence, concentration and coping ability. Long term goals of the intervention were evaluating core beliefs regular follow-up and relapse prevention.

Management

A single case design with pre-and-post therapy assessment was used. The intervention programme consisted of the following components: (1) Psychoeducation, (2) Behavior Analysis, (3) Activity scheduling, (4) Socialization throughout therapy –decrease helplessness, (5) Socratic questioning to find out automatic thought, intermediate belief and core belief, (6) Cognitive continuum and using other as reference point to modify beliefs, (7) Pie technique, (8) Homework, (9) Behavioural experiment to test belief [6].

The therapy was administered in 15 sessions of one hour duration over 4 weeks with proving rational of each technique to patient. Initially patient was educated about nature of illness, course, causal factors and treatment available for the illness. He was explained about the medical model and side effects related to medication. He was told even that most of peoples have depressive thoughts, but important thing is what meaning or appraisals they attribute to it. He was told that having mental illness does not mean that it will remain lifelong as part of his personality. He was informed that it results when individual is not able to cope effectively with stressful situations as a result certain changes in behaviour, emotion and personality occur, which is temporary in nature. Once the coping developed, he came to see that his emotions and behaviors come under normal range. Patient was explained about the predisposing factor, precipitating factors and maintaining factors that caused the problem. This was done to convey to the patient about the therapist conceptualization of his problem. It facilitated cooperation of the patient in treatment process. The problem areas identified increased patient's understanding and awareness of his problem. He became able to understand his treatment in better way.

Socialization throughout therapy had done by attributing the positive changes to the patient's own efforts. It decreased the perceived helplessness as well as increased belief in the idea that there are discernible reasons for upswings and downturns in mood.

In the next session, the activity schedule was prepared discussing with the patient after finishing the behaviour analysis. By this therapist made initial analysis of problem behaviour, clarification of problem situation, motivational, developmental analysis, analysis of self-control and relevant social relationship and socio-cultural and physical environment.

Homework was given to do in between session. Among them rating the dysfunctional thought, thinking about what will happen if I do the present work, doing specific activity while sad, motivating himself to check perceived helplessness and decrease it by remembering the example of fire and bed that was given by therapist. He was also motivated to make photo frame and coping card including list of success in life to increase positive belief.

In later session, Socratic question was used to find out automatic thought, intermediate belief and core belief. Automatic thoughts were evaluated for maintaining Dysfunctional Thought Record. Cognitive continuum and other were used as reference point to modify beliefs and thought i.e., All-or-Nothing thinking (I am a failure). Behavioural experiment was also done to test belief.

Results and Discussion

After providing intervention significant changes in the patient's behavior, belief and thought process was noticed. On Hamilton Rating Scale for Depression (HAM-D) score 4 suggested the patient was normal. Cognitive therapy is based on the cognitive model, which hypothesizes that people's emotions and behaviors are influenced by their perception of events. It is not a situation in and of itself that determines what people feel but rather the way in which they construe a situation [1, 2,]. In the index case also, it has occurred. The findings of this study highlight the role of CBT in the management of depression. Behavioral techniques were effective in normalizing the day-to-day activities. Cognitive techniques helped in knowing the automatic thoughts, intermediate belief and core belief and modified the negative thoughts into alternative positive thoughts.

Conclusions

To conclude, the present study highlights the efficacy of CBT in patient with depression. But as it is a single case study with a short-term follow-up, there is need to carry out research on large sample with control group. So, a long-term follow-up is needed to evaluate the efficacy of the CBT.

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