

Case Study

Cognitive Behavioral Therapy for Depression in an Adult: A Clinical Case Study

Mr. Narsinh Chaudhary^{1*}

ABSTRACT

World Health Organization (WHO) reported, depression is the most common psychiatric disorder in the mental health field. Depression is various from habitual mood swings and short lived emotional responses to challenges in day to day life. Although strong evidence of supports that cognitive behavioral therapy for depression. The patient is a 22-year elderly a male which pre-treatment give a diagnosis of severe depressive symptoms without psychotic (based on case history + MSE + ICD-10 + BDI-II), low mood, frequently crying spell and suicidal ideation, highly dysfunctional attitudes and also decreased sleep and appetite. The CBT Treatment consisted of 12 standard individual therapy sessions. In this study used a case study method and also used the qualitative as well as quantitative data for the case is presented using self-report instruments or clinical case notes. Treatment effects such as his mood over the course of treatment was assessed using Beck Depression Inventory and after 6 months of follow up. Also enhancing his mood was accompanied by a reduction in dysfunctional beliefs and attitudes about self and relationship. Additionally, the patient was reported an improvement in his mood, Activity of Daily Living (ADL) functioning as well as socialization.

Keywords: *Depression, Cognitive Behaviour Therapy, Treatment Outcome, Case Report*

Depression is the most common psychiatric disorder in the mental health field. Its features of sad mood, lack of interest in pleasurable activities, loss of interest or pleasure, poor attention and concentration, helplessness or hopelessness and also biological functions are disturbed such as sleep or appetite. If not given appropriate treatment for depression so it can be lead to suicide.

In tenures of socio-demographic variables studies have expose that depression is more than in women, younger subjects, in subjects from poor economic environment and subjects with poor nutritional status. Similarly, depression is more common in poor social-class, and unemployed condition, low educative level, in subjects living in nuclear family or in those living individually. As is also seen that compared to patients with mild depression of patients with moderate and severe depression be likely to use avoidance as a coping strategies more commonly for the traumatic life events, recommend that it may be a

¹Clinical Psychologist (RCI), Department of Psychiatry, B.J. Medical College, Civil Hospital, Asarwa, Ahemedabad, Gujarat, India

*Corresponding Author

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unsettled way to cope with the situation, which is accountable for development of depression. In addition, the studies too reported that parental loss earlier than age of 18 years; parental disharmony and eldest birth order tend to be more common in subjects with depression.

According to Cuijpers and Gentile (2017), the outcome of psychological interventions for treatment of adult depression have been seen to be similar to those achieved with pharmacological intervention, and are perhaps stable. Additionally, Churchill et al., (2002) are reported in specific, cognitive-behavioural therapy (CBT) is a popular and successful psychological intervention for the treatment of depression. Beck (2005) and Mansell (2008) are suggestive of CBT is a 'family' of related therapies and intervention protocols differently incorporate range of module including psycho-education, homework, behavioural activation, and problem solving. These can be used alone or in various conjunctions.

METHODOLOGY

Case Example: Mr RS

Patient Identification Information:

The patient was a Mr. RS 22 year old, Hindu male, studied up to M.Sc., belonging to medium class socio-economic status, residing at urban Ahmadabad was came to the hospital by self, with chief complaints of low mood, frequently crying spell and suicidal ideation, highly dysfunctional attitudes and also decreased sleep and appetite since three months, worsen since 15days. Prior to the procedure informed consent was taken from client.

- **Diagnosis** based on case history + Mental Status Examination + International Classification of Diseases -10th Revision + Beck Depression Inventory -II
- **F32.2** Severe Depressive Episode without Psychotic Symptoms.

MANAGEMENT PLAN:

Reason for intervention: Patient is experiencing significant impairment in his personal, family, social and occupational functioning. The severity of symptoms over a variety of domains is affecting his physical health, social life, relationship with family members and his girlfriends and overall well-being. His condition can get worse in absence of immediate intervention.

Objectives of Therapy:

Short Term Goals:

- To provide support
- To psycho-educate the client
- Explain the CBT model according his problems
- To develop hope and motivation for therapy

Intermediate Goals:

- To improve daily routine activities
- To Improve mood
- To regularise sleep pattern and appetite
- Modifying dysfunctional beliefs
- To improve concentration

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Long Term Goals:

- Developing Problem solving skills
- Improve Coping styles
- Relapse prevention

Intervention Process;

Initial Sessions: First three sessions were spent on developing a working alliance. Client was given time and space to become comfortable in therapy. Major focus was on developing rapport with the client and giving him safe place. He was actively and empathetically listening to the therapist as therapist was providing comfort to ventilate his emotional turmoil. His feelings were validated by the therapist using verbal and non-verbal cues. Therapist had given *psycho-education* to client about the current depression, also explained *cognitive model* of depression in a simple language. He was also explained about leading factor of his problem. He was taught, how situational triggering events elicit negative automatic thoughts that stem from core believes. Initial sessions were spent on teaching, how to identify differences between events, thoughts and the emotions, so the client can understand the difference between fact and perception. After each session client's feedback was taken to elicit his level of understanding from the session: by asking patient to summarize session.

Intermediate (4 to 10 Sessions): Between these sessions, techniques were applied for reducing his current problem's intensity; improve coping style and problem solving skills.

Activity Scheduling: The client has not been able to follow daily routine, after the discussion with client on his daily routine, rescheduled chart was given. The client has reported, he was not able to follow daily routine at the satisfactory level, but after three weeks he was able to follow at his optimum level. *Sleep Hygiene* was introduced to improving his sleep pattern because he had excessive screen time, also sometime he used to abuse with nicotine and caffeine before going to bed. So sleep hygiene included.

Mindful Eating Meditation: As the client reported loss of appetite as symptoms of depression, Mindful eating was introduced to improve his taste sensation and visual perception towards food, and avoid distractions.

Guided Discovery: Guided discovery technique was used for identify and evaluate client's dysfunctional cognitive patterns. Here therapist asked some question related to his believes and client has developed awareness about his thoughts.

Cognitive Restructuring: Client's dysfunctional assumptions were elicited through guided discovery. The cognitive distortions of Overgeneralization, Personalisation, blame and All-or-Nothing Thinking were present. These distortions were identified by using the technique of downward arrow questioning. The client was made aware of these distortions and disputed using facts, information and behavior experiments, some of them conducted in the sessions.

Problem Solving Technique: Client had faulty pattern of dealing with problem, such as going towards substance, getting isolated or avoidance. Through the session client was able to explore various alternative problem solving skills. He has started developing realistic approach to deal with such situations.

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Termination (11 & 12 Sessions): In the end designed to prevent relapses, the insight of the nature of problem and healthy ways to deal with the problem was discussed with client so that in future he can utilise the CBT techniques.

OUTCOMES: After six months, client has reported that, his professional efficiency has improved and now his performance has reached to optimum level. His social life is also towards the improvement. Now he is more receptive towards getting help. He is able to communicate his emotions with family members and has become more responsible towards his duties.

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Conflict of Interest

The author(s) declared no conflict of interest.

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