CHAPTER III

METHODOLOGY

3.1 STATEMENT OF THE PROBLEM

Impact of Cognitive Behavior Therapy on Anxiety, Depression and Coping Strategies in Adolescent students.

3.2 OBJECTIVES OF THE STUDY

The present study focuses on the following objectives.

3.2.1. To study the impact of Cognitive behavior therapy on level of anxiety and level of depression and coping strategies in adolescent students.

3.2.2. To help the adolescents to reduce their anxiety, depression and enhance their coping strategy.

3.2.3. To understand the relationship between anxiety, depression and coping strategies in adolescent students.

3.2.4. To find out whether demographic variables, such as gender and socio economic status contribute on anxiety, depression and coping strategies in adolescent students.

3.3HYPOTHESIS

Hypothesis 1. Cognitive Behavior Therapy will have a positive impact in reducing the level of anxiety in adolescent students.

Hypothesis 2. Cognitive Behavior Therapy will have a positive impact in reducing the level of depression in adolescent students.
Hypothesis 3. Cognitive Behavior Therapy will have a positive impact on enhancing coping strategies in adolescent students.

Hypothesis 4. Anxiety and Depression will have a significant relationship with Coping strategies.

Hypothesis 5. Gender will have a significant influence on anxiety, depression and coping strategies in adolescent students.

Hypothesis 6. Socio-economic status will have significant influence on anxiety, depression and coping strategies in adolescent students.

3.4. VARIABLES AND THEIR OPERATIONAL DEFINITIONS

The operational definitions of the independent and dependent variables are as follows:

3.4.1. Independent Variable and Their Operational Definitions:

Cognitive Behavioral Therapy (An Intervention Technique): Cognitive Behavioral Therapy (CBT) combines two very effective forms of psychotherapy - cognitive therapy and behavior therapy. Cognitive therapy teaches how certain thinking patterns are causing certain symptoms – by giving a distorted picture of what’s going on in one’s life. Behavior therapy helps to awaken the connections between troublesome situations and one’s habitual reactions to them. It also teaches how to calm the mind and body, so that one can feel better, think more clearly, and make better decisions. When combined into CBT, cognitive therapy and behavior therapy provide with very powerful materials for stopping one’s symptom and getting one’s life on a more satisfying way.
Pharmacotherapy for anxiety and depression has side effects and complications, such as potential for dependency and tolerance. The proponents of CBT for the treatment for anxiety and depression maintain by helping the patient to build a foundation that creates constructive ways of dealing with the feeling associated with illness, a sense of control over their condition, enhancing adaptive strategies, and decreases the rates of relapse (Elkin et al., 1989).

Studies on the impact of CBT on anxiety and depression have proved positive impact in reducing anxiety and depression. But they have failed to focus on the coping strategies they used during their period of problems and it has been proved that coping strategies have significant relationship with anxiety and depression. And most of the studies on CBT have not focused on multi-dimensional perspective. Hence, the present study is focusing on multi-dimensional perspective of adolescent issues such as maladaptive coping strategies used by adolescents with anxiety and depression, and also focusing on enhancing the adaptive coping strategies by using CBT techniques.

3.4.2 Dependent Variable

3.4.2.1 Anxiety: Anxiety disorders are characterized by excessive fear and subsequent avoidance, typically in response to a specified object or situation and in the absence of true danger.

3.4.2.2 Depression: Depression is a state and it has been characterized by severe feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life. It is a state of low mood and aversion to activity which affects the individual’s thoughts, behavior, feelings and sense of well-
being. Individuals with depression lose interest in activities once used to like and experience loss of appetite or over eating.

3.4.2.3 **Coping strategies:** The strategies or techniques used by adolescents when they face problematic or stressful situations in their lives. In which there are three types of coping strategies that people use in stressful situations. Such as problem focused coping, emotion focused coping and avoidant coping.

**3.4.3 Demographic Variables**

This is presented through the actual age/internal measures, gender (male/female) and socio-economic statuses.

The classification of adolescent students according to their demographic variables is presented below:
Table 3.1 shows the number of adolescent participants classified according to the age.

<table>
<thead>
<tr>
<th>Age</th>
<th>No. participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 yrs</td>
<td>82</td>
<td>21.57894737</td>
</tr>
<tr>
<td>15 yrs</td>
<td>149</td>
<td>39.21052632</td>
</tr>
<tr>
<td>16 yrs</td>
<td>58</td>
<td>15.26315789</td>
</tr>
<tr>
<td>17 yrs</td>
<td>91</td>
<td>23.94736842</td>
</tr>
</tbody>
</table>

Figure 3.1 Number of adolescent participants classified according to their age during pre-test.
Table 3.2. shows the number of adolescent participants classified according to the gender.

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>190</td>
<td>50</td>
</tr>
<tr>
<td>Females</td>
<td>190</td>
<td>50</td>
</tr>
</tbody>
</table>

Figure 3.2 Number of adolescent participants classified according to their gender during pre-test.
Table 3.3 shows the number of adolescent participants classified according to the SES.

<table>
<thead>
<tr>
<th>SES</th>
<th>No. participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>173</td>
<td>45.52631579</td>
</tr>
<tr>
<td>Middle</td>
<td>104</td>
<td>27.36842105</td>
</tr>
<tr>
<td>Low</td>
<td>103</td>
<td>27.10526316</td>
</tr>
</tbody>
</table>

Figure 3.3 Number of adolescent participants classified according to their SES during pre-test.
3.5. PARTICIPANTS:

In the present study Random sampling technique was taken. Approximately 380 adolescents age range between 13 and 18 years (Hurlock E. B, 1981) were drawn from Bangalore Rural, Tumkur districts, were randomly administered Beck Anxiety Inventory, Beck Depression Inventory and COPE inventory. Based on the norms given by the authors, participants who were having high level of depression, high level of anxiety, low scores on problem focused coping strategy and willing to participate in the therapeutic process were considered for the present study (Purposive sampling technique was adopted). The total participants (N=120) again divided in to two groups, such as control group (N=60, Males=30, Females=30) and experimental group (N=60, Males=30, Females=30).

Inclusion criteria

1. Participants between 14 and 17 years of age.

2. Participants who have no any physical illness.

Exclusion criteria

1. Participants who are below 14 and above 17 years age.

2. Participants with physical illness.

3. Participants who are exposed to similar intervention earlier
Table 3.4 Distribution of sample by Groups and Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Group</th>
<th>Exptl</th>
<th>Cntrl</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Males</td>
<td>% of the Group</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Females</td>
<td>Count</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>% of the Group</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>60</td>
<td>60</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>% of the Group</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
3.6. Schematic Representation of Research Design

For the present study a quasi experimental pre-test and post-test controlled design is adopted. This will be shown in the flow chart presented below.

PHASE - 1 Pre assessment/Screening
N = 380, Males = 190, Females = 190

Selection of the participants N = 120

Experimental Group N = 60
Males = 30, Females = 30

Control Group N = 60
Males = 30, Females = 30

PHASE - 2 CBT interventions was given

PHASE – 3 Administered the same questionnaires and Comparison of the scores between experimental and control groups to find out the impact of CBT

After the comparison, the adolescent students of control group will be given CBT intervention techniques to enhance their adaptive coping strategies and reduce the level of anxiety and depression
3.7. MEASURES

In the present study the following measure were used for gathering data from the participants.

Description of the scales

3.7.1. Personal Data Sheet (Developed by the Researcher):

A semi-structured questionnaire developed by the researcher was administered to the selected sample to collect the necessary information such as, the participant’s name, gender, age, class, religion, education level of both parents, socio-economic status of the family etc.

3.7.2. Socio-Economic Status Scale-Revised (Kuppuswamy, 2012).

All community based studies in the recent years concentrate on socio-economic stratification as this is the way to comprehension reasonableness of wellbeing administrations and fulfilling our essential needs. When it is taken as a summation of instruction, occupation and salary it mirrors the quality framework expected for that level of training and occupation. Income is constantly parallel to way of life. Financial Status (SES) is set up determinant of wellbeing. Kuppuswamy’s socio-economic status is a vital apparatus in hospital and community based examination in India which was initially proposed in 1976(1).

Requirement for revision: Realizing the estimation of this vital apparatus we have to keep this overhauled as the cost file is expanding (as this scale is customer cost file based). On the off chance that it is not overhauled it will lose its utility.
3.7.3. Beck’s Anxiety Inventory (BAI), by Aaron T Beck (1990):

This inventory was used to measure the variable anxiety in the present study. The Beck Anxiety Inventory (BAI), developed by Aaron T. Beck, and colleagues, it is a 21-item self-report scale that measures the seriousness of an anxiety in adolescents and adults. Every item of the scale has four alternative answer decisions: Not at All; Mildly (It didn't trouble me much); moderately (It was exceptionally unsavory, however I could stand it), and; Severely (I could scarcely stand it). Every answers being scored on a scale estimation of 0 to 3. An aggregate score of 0 - 7 is translated as a "Negligible" level of anxiety; 8 - 15 as "Mild"; 16 - 25 as "Moderate", and; 26 - 63 as "Serious" level of anxiety.

**Psychometric Properties**

**Reliability:** Internal consistency (Cronbach's alpha) ranges from .92 to .94 and test-retest (one week interim) reliability is .75.

**Validity:** Concurrent validity with the Hamilton Anxiety Rating Scale, Revised is .51; .58 for the State and .47 for the Trait subscales of the State-Trait Anxiety Inventory, Form Y, and; .54 for the mean 7 day anxiety rating of the Weekly Record of Anxiety and Depression. The BAI has additionally been appeared to have worthy reliability and joined and discriminant validity for both 14-18 year and inpatients and outpatients.
3.7.4. Beck’s Depression Inventory-II (BDI-II), by Aaron T Beck (1996):

This inventory was used to measure the variable depression in the present study. The BDI-II (1996) is an amendment of the BDI (1961), developed because of the production of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, which changed a large portion of the indicative criteria for Major Depressive Disorder. Things including changes in self-perception, neurosis, and trouble working were supplanted. Likewise, rest misfortune and voracity misfortune things were overhauled to survey both increments and reductions in rest and craving. BDI-II contains 21 items, every answer being scored on a scale estimation of 0 to 3. The shorts utilized vary from the first: 0–13: negligible depression; 14–19: mild depression; 20–28: moderate depression; and 29–63: severe level of depression.

**Psychometric Properties**

**Reliability:** BDI has Internal Consistency ranges from .73 to .92 with a mean of .86 (Beck, Steer and Garbin, 1988). Comparable reliabilities have likewise been found for the 13 thing short frame (Groth-Marnat, 1990). The BDI exhibits high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populaces individually (Beck et al., 1988). The BDI has a split-half reliability coefficient of .93. Alternate form Reliability of BDI Correlations between the 21 items and 13 items short structures have been ranged from .89 to .97.

**Validity**

**Criterion Validity:** The BDI has possessed the capacity to segregate the level of modification in seventh graders (Albert and Beck, 1975).

**Content Validity:** The substance of the BDI was acquired by accord from clinicians with respect to side effects of depressed patients (Beck et al., 1961). The changed
BDI things are reliable with six of the nine DSM-III classes for the determination of depression (Groth and Marnat, 1990).

**Concurrent Validity:** Correlations with clinician appraisals of depression utilizing the modified BDI range from .62 to .66 (Foa, Riggs, Dancu, and Rothbaum, 1993). Clinical appraisals for psychiatric patients are accounted for as high to direct extending from .55 to .96 with mean of .72 (Beck et al., 1988). Groth-Marnat (1990) reported moderate connections between the updated BDI and different scales measuring depression, for example, the Hamilton Psychiatric Rating Scale for Depression (.73) and the Zung Self Reported Depression Scale (.76) and the MMPI Depression Scale (.76).

**Construct validity:** Groth-Marnat (1990) reported that debate exists about whether the updated BDI is measuring state or characteristic variables. Moreover, it has been recommended that the BDI is not particular to depression.

3.7.5. The Coping Orientation of Problem Experience Inventory (The COPE; Carver et al., 1989): This inventory was used to measure the variable coping strategies in the present study. The COPE was developed to quantify individual styles of coping (Carver et al., 1989). It is a 60-items self-report survey with a four-point Likert scale (1 – I usually don’t do this, 2 – I usually do this a little bit, 3 – I usually do this a medium amount, 4 – I usually do this a lot). The COPE measures 15 individual coping subscales that can be gathered into three meta-techniques: problem focused coping, emotion focused coping and less helpful/avoidant coping. It teaches people to show what they ordinarily do and feel when they encounter distressing occasions.
Psychometric properties

**Reliability:** The COPE has a good reliability ($r = .45 - .60$) and test re-test scores ($r = .45 - .86$) over an eight week period in a college students (Carver et al., 1989). Connections between's inquiries were acceptable.

**Validity:** The COPE demonstrated good convergent validity with the Cope Strategy Indicator (CSI; Tobin, Holroyd, and Reynolds, 1984) and the Ways of Coping Revised (WOCR; Folkman and Lazarus, 1988) ($r = .55 - .89$) and a strong divergent validity.

### 3.8. PROCEDURE

The study was carried out in three phases:

1. Screening/Pre test
2. CBT intervention
3. Post assessment

#### 3.8.1 Phase-1: Pre Assessment:

The participants were initially administered personal data sheet, Beck Anxiety Inventory, Beck Depression Inventory and Coping strategies index before intervention program. Participants who were having high levels of anxiety, high levels of depression and low scores on problem focused coping strategy was considered for the study. They were divided in to two groups such as experimental (Received CBT intervention) and control group (Not received any intervention).
3.8.2 Phase-2: Cognitive Behaviour Therapy (CBT) intervention program.

The total of 60 adolescent students (experimental group) was selected for this phase of the study. They were divided into six groups (10 in each group, three groups consist male adolescent students and three groups consist female adolescent students). CBT group intervention program which included 12 sessions per group (each session approximately 60 to 90 minutes per week) was administered. There was no intervention given to the Control Group. All participants were given written and verbal explanations about the study and the opportunity to ask questions. Munoz et al., (2007) have developed cognitive behavioral treatment modules for the treatment of emotional disorders. These modules were adopted in the therapeutic process of the present study. Adolescents were given informed consent forms to complete. The details of each session are as follows-

**Brief Outline of Cognitive Behavior Therapeutic Sessions**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>No.of Sessions (12 sessions)</th>
<th>Group (no. of Participants)</th>
<th>Duration of the Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introductory</td>
<td>G-1 (10 Participants -Males)</td>
<td>40mins</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>G-2 (10 Participants -Males)</td>
<td>40mins</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>G-3 (10 Participants -Males)</td>
<td>40mins</td>
</tr>
<tr>
<td>4</td>
<td>Session</td>
<td>G-4 (10 Participants -Females)</td>
<td>40mins</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>G-5 (10 Participants -Females)</td>
<td>40mins</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>G-6 (10 Participants -Females)</td>
<td>40mins</td>
</tr>
</tbody>
</table>
To begin with, the researcher as therapist introduces himself to the adolescents and established a good rapport with them. The Researcher and the Adolescent students were introduced to each other. This was usually done by inviting each group member to introduce themselves and they were asked and encouraged to talk about themselves, their family, friends, hobbies, school, favourite sport, food, movie etc. They were also encouraged to identify their future goals and ambitions which they wish to achieve in their lives.

Later, the therapist asked each individual in the group about the worries, problems and tensions they have related to anxiety, depression and adapting maladaptive coping strategies. Once it was done, the therapist explained about introduction to CBT intervention, its uses, and how does it affect on anxiety, depression and maladaptive coping.

The therapist has explained to the adolescent how the therapist would be maintaining confidential the information discussed during sessions. After discussing it with the adolescent, therapist could share that information with the parents. In some critical conditions the therapist also should call the parents of adolescents to discuss the issues regarding the behavior of adolescents.

The therapist also explained the major purpose of each therapy sessions for each adolescent in the group, and that at the end of treatment, there will be a meeting with the parents to provide them with feedback on the adolescent’s participation in therapy and to offer recommendations if needed.

Then the therapist has to underline the importance of punctuality and consistent attendance for each session in the therapeutic process. And also informed them that sessions should only be cancelled in case of emergencies and if possible with 24
hours notice. Moreover, the therapist has provided the family with cell phone
numbers; so that, they can reach the therapist at any time the need.

The rules were explained to the participants such as arriving on time, attending the
entire session, turning off the cell phones, listening to others, treating the group
session as a private conversation and not repeating it anywhere, staying on the topic
(focus), completing the homework assignments, etc. In case, if they don’t find the
sessions interesting, they were given liberty to quit the session. Finally, they were
helped to set a ‘mutual contract’ for change.

**MODULE-1: HOW THOUGHTS AFFECT MOOD**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>No.of Sessions (12 sessions)</th>
<th>Group</th>
<th>Duration of the Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>G-1 (10 Participants -Males)</td>
<td>60-90mins</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>G-2 (10 Participants -Males)</td>
<td>60-90mins</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>G-3 (10 Participants -Males)</td>
<td>60-90mins</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>G-4 (10 Participants -Females)</td>
<td>60-90mins</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>G-5 (10 Participants -Females)</td>
<td>60-90mins</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>G-6 (10 Participants -Females)</td>
<td>60-90mins</td>
<td></td>
</tr>
</tbody>
</table>
SESSION-1: HOW THOUGHTS AFFECT ADOLESCENTS MOOD

Introduction

The researcher (Therapist) had introduced about himself by sharing relevant personal information. In case, the adolescent doesn’t respond therapist can share information similar to information you want the adolescent to share by modeling. The adolescents were asked about their main problems (for example, therapist asked about worries or difficulties that each adolescent has related to anxiety, depression and maladaptive coping strategies). Therapist also asked: “What would you like to change or improve about your life?”

Then, the therapist has presented the purpose of today’s session.

Today’s session has several goals, such as; each adolescent has to get to know each other better, discuss the rules for the sessions which have been set for sessions in the therapeutic process, they were encouraged to learn what depression is, what anxiety is, and what maladaptive coping is. And also they were encouraged to learn how their thoughts affect the way they feel in their lives.

The purpose of this session was to introduce an each adolescent in the group to the therapy in which they were going to participate.

The kind of skills the therapist provided were called "COGNITIVE-BEHAVIORAL THERAPY"

- "Cognitive” refers to our thoughts- Basically in individuals with anxiety, depression and maladaptive coping, their cognitive abilities like attention, memory, problem solving skills, decision making skills, reasoning skills etc.,
are distorted. The therapist has to make the necessary changes in the cognitive processes of an individual through applying cognitive therapeutic techniques to eliminate the cognitive distortions.

- "Behavioral" refers to our actions- Adolescents, who are having anxiety, depression and maladaptive coping, their behavioral components also disturbed. By making use of behavioral techniques we can reduce the undesirable behaviours which are associated with anxiety, depression and maladaptive coping.

By identifying thoughts and actions that affect adolescents’ feelings, we can learn to gain more control over them and improve their mood (feel better).

The intervention program for anxiety, depression and maladaptive coping consists of 12 therapeutic sessions. In each session, the therapist has focused on what was going on in adolescent’s life at that time. The therapy was mainly focused on how to control anxiety and depression; and enhancing adaptive coping strategies in practical ways that can be used now and in the future.

The twelve sessions were divided into three modules or parts:

- How thoughts affect mood (4 sessions)
- How actions affect mood (4 sessions)
- How relationships affect mood (4 sessions)
Introduced the Concept of How Thought process Affect our Mood (HOW WE FEEL):

Adolescents who were having certain types of thoughts which came to their mind during facing certain type of situations could make them feel more or less depressed, anxious and motivate them to use adaptive or maladaptive coping strategies. By “thoughts” we could mean that “things that we tell ourselves while confronting situations.” The therapist has made adolescents to understand the following:

- Thoughts can have an effect on your body
- Thoughts can have an effect on your actions (what you do)
- Thoughts can have an effect on your mood (how you feel)

Explain the objectives of the present study:

The therapist has explained the purpose of this therapy was to treat anxiety and depression by teaching your different ways to better control how you feel and enhancing adaptive coping strategies to deal with the situations which were problematic in nature. There were five goals we wanted to work towards:

1. To lessen or eliminate feelings of depression and anxiety.
2. To shorten the time you feel depressed or becoming anxious.
3. To learn ways to prevent or avoid getting depressed and becoming an anxious again.
4. To learn new ways to apply different types of coping strategies more effectively to deal with the situations which are problematic for adolescents in nature.
5. To feel more in control of your life.
At the end of the session participants were given daily mood scale to assess their level of mood at the end of each day and that will be discussed in the next session.

**SESSION-2**

The therapist has started the session with a brief semi structured interview of the subject exploring few of the issues/concerns indicated in the questionnaires that were answered by them earlier. The subjects were asked to explain their problems and what they thought were causing them by giving examples from their recent life situations along with the physical, psychological and behavioural reactions they were having.

The therapist has also reviewed or summarized briefly the following concepts discussed in Session 1 and also encouraged the students to participate in the review process what has been discussed in the previous session, such as-

- Anxiety, Depression and Coping strategies
- Cognitive Behavioral therapy
- Mood Thermometer: How did you feel completing it each day? Any surprises?

The therapist had reinforced the adolescents about the important of completing the Mood Thermometer as a way to see how mood fluctuates in each day.

After having discussion about the previous session the therapist had started with the following concepts.
What is thought process?

The therapist asked this open question to facilitate a discussion about thoughts. Include the definition presented below:

Thoughts are ideas (phrases or sentences) that we tell ourselves. We are constantly talking to ourselves internally, but often we’re not always aware of it. It is helpful to think about thoughts as “objects” (ideas) that have a real effect on our bodies and minds.

Thoughts affect your mood (how you feel):

The therapist explained that different types of thoughts produce different effects on adolescents’ mood. Some thoughts increase symptoms of depression, anxiety and avoidant behavior, while others help you feel better and effective coping with the situation.

In the next stage, the therapist started interaction with subjects about how they experience depression, anxiety and avoidant behavior.

The therapist asked this open question promoting a brainstorm on the typical thoughts adolescents with depression, anxiety and avoidant behavior might have. Some of the thoughts generated during this brainstorm. The therapist also explained that adolescents with depression, anxiety and avoidant behaviour tend to have different types of negative thoughts (inflexible, judgmental, destructive and unnecessary). You can use the contrast between the different types of thoughts.
The therapist has given examples of following:

Person with depression or anxiety most of the times thinks negatively. He might think in this way:

Thoughts are all thoughts that make you feel bad, anxious and increase avoidant behavior for example: “I am always going to feel depressed or anxious” or “I am useless” or “I am tensed” or “I can’t do”

Person without depression and anxiety might always think positively. He/she might think positively in this way always:

Thoughts make you feel better always, for example: “I can do things to feel better.” “I am getting better each day.”

Here the therapist has given example to differentiate between inflexible thinking that depressed and anxious people think, and flexible thinking that normal people think.

Inflexible thoughts are thoughts that are rigid, thoughts that don’t change at any time. For example, a depressed adolescent might think: “I’m the only one they ask to do things at our house.” “I can’t do anything in right way.”

A flexible thought that could help avoid depressed feelings could be: “My parents almost always ask me to do things, but sometimes they ask my sister.” “There are lots of times when I do things right”.

The following example has been given by the therapist to make understand adolescent students in differentiating between judgmental and flexible thoughts that we usually think in our daily lives.

Judgmental thoughts which we think negative about ourselves. For example, a depressed adolescent might think: “I’m ugly” or “I’m a loser” or “I am helpless”.

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A flexible thought could be: “I might not be the most attractive person in the World, but I’m not the ugliest.” “I have qualities that make me a nice person” or “I can't please everybody” or “I can do the best”.

The following example tried to differentiate between destructive and constructive thoughts that we people think.

Destructive thoughts are going to harm us at every moment in our lives. For example, “I am worthless.” “Nothing I do comes out right.” or “I’ve made so many mistakes there’s no way to solve my problems”.

Constructive thoughts always help to feel better all the time in our lives. For example, “I can learn to control my life so I can do what I really want.”

And finally the therapist has given the following example to find out the difference between unnecessary and necessary thoughts.

Unnecessary thoughts don’t change anything and they make us feel bad all the time. For example, “A hurricane is going to hit us” or “something bad is going to happen to my parents” or “they’re not going to give me permission to go”.

Necessary thoughts remind you of the things that you have to do, such as: “I have to do my homework to improve my grades” or “Mom asked me to do the dishes before going to the party.”

**Therapist also explained how do people who aren’t depressed think?**

Therapist illustrated the differences between thoughts that depressed adolescents have versus thoughts that adolescents who weren’t depressed have.

Adolescents who weren’t not depressed they could see the positive side of things always. This has been explained with the following example.
**Depressed**: “My family is a disaster.” “I’m stupid.”

**Flexible**: “My family has their problems, but they also have good things.” “If I can create good study habits I can improve my grades.”

Therapist also given another example, don’t define yourselves by your mistakes, you learn from them.

**Depressed**: “The coach pulled me out of the game, I’m useless” “I got an F, I am a loser.”

**Flexible**: “Today I had a bad day, I didn’t play too well. I’ll have to practice a bit more.” “Math isn’t my strongest subject, but I can work hard on extra credit assignments to improve my grade.”

You have hope for change:

**Depressed**: “Nothing has ever helped.” “Nothing will ever change.”

**Flexible**: “None of the things I have tried up to now have helped, but this is new and it could be a good time to start to feel better.” “I could start changing some things that are under my control.” “I’m going to keep trying until I find a solution.”

**Analysis of the problem with CBT model.**

After having made the subject understand the interrelationship between thought, emotion and behavior, the therapist described the various problems experienced by the subjects as learned, patterned response which involves physiological, behavioral, affective and cognitive components. Each subject in the group was made to understand that the physiological components include headaches, visceral disturbances, poor health etc; Behavioral components include inhibition and passivity, avoidance, pessimism etc. Affective components include feeling sad,
crying spells, embarrassment, loneliness, negative mood, low self esteem, low self acceptance etc. Cognitive components include negative thoughts about self, the situation, and others, fear of negative evaluation, worry and rumination, perfectionism, self blaming attributes etc.

The components of CBT intervention:

The components of the CBT intervention used include identification of automatic negative thoughts (NATs), classification of NATs using a typology of cognitive distortions adopted from Burns (1999), cognitive restructuring by disputing of NATs, assertive training, role playing, and homework.

At the end of the session the participants were given daily mood scale (to assess their mood at the end of each day), and Sheets with automatic positive and negative thoughts (to find what kind of thoughts which come to their mind everyday as a consequence of activity). Subjects were asked to analyze and write down the factors, which were causing the main problem. In addition, subjects were also asked to note down a few situations during the week which he or she found it to be difficult to handle.

SESSION-3

Reviewed homework on situations where the subject experienced some kind of difficulty or anxiety at work/studies/family and what factors according to the subject were causing the difficulty in his or her life. Therapist has summarized briefly the following concepts discussed in Session 2 (promoted each adolescent in the group for participation in this review). The therapist discussed about each participant’s level of mood in the beginning. Later, the therapist has talked about types of
thoughts adolescents may get when they are depressed or anxious. Therapist motivated each participant in the group to talk freely about what kind of thoughts they get all the time and categorized those thoughts into positive and negative thoughts. Later, the therapist has started the discussion about the role of positive and negative thoughts in getting depression or anxiety.

In the later stage of this session, the therapist had started with the following key aspects in increasing positive thoughts that improve their mood and decrease the negative thoughts that made them feel bad.

1. **INCREASING THOUGHTS THAT IMPROVE MOOD**

   a. **Stop everything adolescents were doing**

   When adolescents felt nervous they could take a break and mentally give themselves a time out. Led their mind relax and take a deep breath. Pay attention to their body’s natural ability to relax and feel at peace. Feeling at peace could give them energy. Therapist led the adolescent in a relaxation exercise after discussing this point. Picked up the exercise adolescents feel most comfortable leading. Adolescents could use sounds or music to help relaxation.

   b. **Increased the number of positive thoughts in adolescents’ mind**

   The therapist motivated the adolescents to make a list of good thoughts they have about themselves and about life in general. Provided the adolescent with a blank sheet of paper to do this exercise, and discussed it later.

   c. **Congratulate themselves mentally**

   Most of the times in our lives, other people do not notice most of the things adolescents do in their society. Therefore, it was important for adolescents to acknowledge themselves and give themselves credit for doing the work.
d. Projection into the future

The therapist instructed the adolescents to imagine themselves in the future, at a time when things will be better and asked the adolescent to imagine his/her future in 1, 5 and 10 years. Encouraged him/her to imagine it as detailed as possible (i.e., places, people, activities, etc.).

2. DECREASING THOUGHTS THAT MADE THEM FEEL BAD

a. Interrupt their thoughts

When a thought was ruining your mood, they could identify it and try to interrupt it. They were asked, first, identify the thought. Next, tell themselves: “This thought is ruining my mood, so I am going to change it or substitute it for a positive one, if it is negative and disturb their mood or make them feel anxious”

b. Time to worry

The therapist instructed the adolescents to set aside "time to worry" each day so that they could concentrate completely on necessary thoughts which would increase their mood in better way and reduce their anxiety level, depression level and leave the rest of the day free of worries. The "time to worry" can be 10 to 30 minutes each day.

c. Laugh at your problems by exaggerating them

The therapist has given following suggestions:

If you have a good sense of humor, try to laugh at your own worries whatever the worries are. If you feel you don’t have a good sense of humor, try to do it any way you can. Sometimes this could take away the pain of certain hardships. For example, therapist asked each adolescent what was the most embarrassing that has ever happened to him/her.
d. Worst that could happen

- Often some of the fears that we have about what could happen make us feel depressed or anxious and they paralyze us.

- To help adolescents to stop making negative predictions and prepare themselves for what could happen, it was useful to ask themselves – What could happen if ____? Or what would really be the worst thing that could happen if____?

- Remember that the worst thing that could happen was only one of many possibilities and just because it was the worst didn’t mean that was the most probable.

- It was good to ask themselves whether they were exaggerating what could happen. Maybe none of the things they fear will happen, but if they consider the different possibilities they would be better prepared.

An example, adolescents have records of unsuccessful scores/grades in previous classes. Their parents were pressuring them and they were afraid of flunking their grade. They could think – what is the worst that could happen if I fail? One possibility is that they would have to take tutoring or repeat a class during the summer and their parents will be upset. Adolescents would feel bad and possibly their parents would be upset for some time, but they could handle it, and resides, they could review the material they didn’t learn so well in order to get better grades next year.

3. TALKING BACK TO THEIR THOUGHTS: THE A-B-C-D METHOD

The therapist has given guidelines to practice A-B-C-D method of CBT model as following:
Whenever adolescents feel depressed or anxious, tell themselves that they were thinking. Then try to talk back to their thought that was hurting them.

A is the Activating event (what happened)

B is the Belief or thought that you are having (that is, what you tell yourself about what happened)

C is the Consequence (that is, feeling you have about what happened)

D is the way you Dispute or talk back to the thought.

4. BEING YOUR OWN TRAINER

Just as adolescents could help someone to do something difficult by coaching them or giving them instructions, they could also help themselves by coaching themselves. This was what we meant by learning to feel better.

Practice time: Now let us think of some examples of how to use these ideas. Think about how to use the examples with the thoughts adolescents have had this week. They could discuss what strategies, of the ones discussed in this session; he/she could use in particular situations. At the end of session participants were given daily mood scale, list of positive and negative thoughts, and worksheet for ABCD method as homework.

SESSION 4

The therapist started this session with reviewing the topics which had been discussed in the last session. Therapist also encouraged the participants to engage in the review process. Then, the therapist has started the discussion about daily mood scale, positive and negative thoughts, worksheet for ABCD method of each participant in
the group. Here the therapist has given more importance to practice more on The A-B-C-D method of CBT model. Therapist has asked each adolescent in the group to identify the reason to congratulate him/herself mentally.

1. **DEBATING/DISPUTING NEGATIVE THOUGHTS – THE A-B-C-D METHOD.**

Whenever adolescents feel depressed or anxious, ask themselves what they were thinking. Then try to talk back to the thought that was bothering or hurting them.

A is the Activating event; what happened

B is the Belief or the thought that you are having; that is, what you tell yourself about what is happening

C is the Consequence of your thought; that is, the feeling you have as a result of your thought

D is the way in which you Dispute or talk back to your thought (this means that you challenge negative thoughts and generate alternate positive thoughts)

2. **EXERCISES WITH THE ABCD METHOD**

When adolescents felt depressed or anxious, they were told to ask themselves what they were thinking. Then try to talk back to the thought that was bothering. Using the worksheet titled *Working with the ABCD Method*, asked the adolescent to use a situation that he/she has brought up in therapy to practice the ABCD method.

3. **Some thoughts that could contribute to feeling depressed or anxious**

The following thoughts are thoughts that adolescents with depression or anxiety commonly have and could make them feel worse with increasing avoidance
behavior more. The therapist helped adolescents to generate a discussion in which therapist and the adolescent change or modify the following thoughts to more positive and flexible ones. Following each negative thought are examples of alternate thoughts. The therapist has given instructions to everyone reading each one out loud and modeling for the adolescent how to change it to a more positive, flexible one. Afterwards therapist asked the adolescent to do the same with the next thought on the list.

Example:

“Everyone should love/like me.”

“Not everyone has to like me.” “I have people who love me very much.”

“I should do everything right all of the time”

“I want to do things the best way possible. “I’m going to do the best I can.” “I do lots of things right.”

MODULE-2: HOW ACTIVITIES AFFECT MOOD

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<th>Group (no. of Persons)</th>
<th>Duration of the Session</th>
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<td>4</td>
<td>How your activities affect your mood</td>
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<td>60-90mins</td>
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<td></td>
<td>G-6 (10 Participants -Females)</td>
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SESSION 5

This session started with reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant’s daily mood scale, list of positive and negative thoughts, and disputing negative thoughts by using A-B-C-D method of CBT model.

In this session we worked with thoughts, activities and relationships to improve our mood or how we feel. In the module we had started with working with activities and how they affect on how we feel.

1. The activities that we do in our everyday life affect our mood: through our activities we can tell how we feel.

The therapist had explained the importance of pleasant activities that we do in our daily routine on our mood. The fewer pleasant activities that we do, the more depressed or anxious we feel. We often stop doing things when we feel depressed or we feel depressed because we stop doing things. The most probable answer is BOTH: The fewer things we do, the more depressed we feel. The more depressed we feel, the fewer things we do or lose interest in continuing doing thing. This is called a "VICIOUS CYCLE."

To break this vicious cycle we can increase those activities that make us feel better.

These activities can be called "pleasant", "encouraging", "inspiring", etc. We call them "pleasant."
2. **Pleasant activities do not have to be special activities (although they can be).**

Pleasant activities can be seen as we are referring mostly to everyday activities (i.e. listen to music, watch TV, read a book, talk on the phone, surf the Internet).

3. Sometimes it was hard to think about what we consider pleasant, especially if we haven't done it in a long time. When we were depressed, it was even harder to remember pleasant things. To help adolescents to decrease their symptoms of anxiety and depression they could use a List of Pleasant Activities. What activities do they enjoy? When they feel depressed or anxious, were there things you stop doing?

4. At the end of the session the therapist has given list of pleasant activities that adolescents usually do every day. In addition to this daily mood scale also given to them to record their mood fluctuations at the end of the each day. The following instructions given by the therapist to the adolescents.

   In the list of pleasant activities, there were activities that could be easily done by adolescents every day. At the end of the each day shown the activities that they did by putting a mark next to each pleasant activity. They could personalize their list of activities. If any of the activities did not apply to them, leave it blank or put a line through it. They probably have never done this before in their lives. Lots of people find this exercise interesting and useful. During this session they didn’t have to do anything other than what they usually did. Just identify the pleasant activities that they did each day of that week. By doing this every day, they would learn something about how their daily activities affect how you feel.
5. Sometimes obstacles get in the way of doing certain pleasant activities. In certain times mention what kinds of obstacles disturbed adolescents activities and what did they do to remove obstacles. Sometimes their thoughts prevent them from doing pleasant activities, at that time what strategy did they use to remove those thoughts which prevent, and sometimes other people prevent them from doing pleasant activities. Then what strategy did they use to eliminate such obstacles.

SESSION 6

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant's daily mood scale, list of pleasant activities that each adolescent has done on each day, and strategies they have used to eliminate the obstacles which might prevent the adolescent s from enjoying pleasant activities. In the present session the therapist has started work with following things.

The therapist has given more information on pleasant activities:

1. **How could pleasant activities help adolescents feel better all the time?**

Adolescents could make reference to the diagram which was shown in the beginning of the session that represents the interaction between their thoughts, actions and feelings. Sometimes whatever they did to feel better all the time, it was not enough to say to themselves, “Feel better!” The easiest way was most often easier to change the things they do. If we change the things they do, they could also change the way they feel.

2. **Remember that**: Basically, pleasant activities do not necessarily have to be special activities, although they could be special. Pleasant activities are often
ordinary activities that we enjoy in everyday. Some examples were watching the sun set, reading a book, talking to a friend, play sports, going to a park, smelling a flower, drawing or painting, listening to music etc.

Pleasant activities could be different for different people. For example, some people find reading a book while alone is a very pleasant activity. Other people can find being in a noisy and crowded shopping center fun.

3. **It was important to have an adequate number of pleasant activities in order to adolescents feel good.**

When adolescents’ activities were well-balanced between things they “have to do” and things they “want to do” then they feel their best. Since they have more control over the things they want to do, it was important to keep these activities in mind and do them. The therapist has asked adolescents to list some of the things that you have to do, things do you enjoy and mention how do balance between things.

4. **The problem with things that put demands on adolescents’ time and the need for doing pleasant activities.**

Most of the time it was hard to create a balance between things we have to do and things they want to do. One solution to deal with this problem was planning their time.

The therapist has introduced the concept of Weekly Activity Schedule. Discussed the advantages of using a **Weekly Activities Schedule**. The adolescent s were told to practice using the worksheet titled **Weekly Activities Schedule** by asking him/her to write down the activities he/she does on a daily basis and the time he/she does them. Encouraged each adolescent in the group to use it during the week.
“Planning and programming adolescents’ activities was a way to gain more control over their life.”

5. **Doing pleasant activities without spending a lot of money.**

**Exercise:** Make a list of pleasant activities that the adolescent could do that don’t cost a lot.

6. **Anticipating problems.**

**Exercise:** From the List of Pleasant Activities choose one that adolescents would like to do. Let’s think of things that might prevent them from doing that activity so that they could prepare for possible problems and plan for solutions so that they don’t interfere with their activity. Do this exercise and they should consider the following questions:

- How could they organize and plan their time?
- How could they use their thoughts to help their plan and enjoy this activity?
- What could be a potential obstacle to doing this activity?
- How could they manage this/these obstacle(s)?

**SESSION 7**

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant’s daily mood scale, list of pleasant activities that each adolescent has done on each day, personal contract and prediction of pleasant activities and strategies they have used to eliminate the obstacles which might prevent the adolescents’ from enjoying pleasant activities.
What we hope adolescents would learn from this experiment was:

They didn't need to wait until they “feel like doing something” to do it. They could choose to do something and really do it.

They could also enjoy certain activities even if they thought they wouldn't be fun.

They could influence their mood with their activities. The more they practice doing this, the more control they would have over their mood.

Creating their own plan for overcoming anxiety and depression - One way was by establishing goals.

1. **What are goals?**

The therapist has explained the concept of goals the things which could be completed within the time given. How could reaching goals help us feel better? There were three different types of goals based on time given them to achieve.

2. **There are three types of goals:**

   **SHORT TERM GOALS**
   
   Things they would like to do soon (in the next 6 months)

   **LONG TERM GOALS**
   
   Things they would like to do at some point in their lives

   **LIFETIME GOALS**
   
   Philosophy of their life. What do they care most about in their lives?

3. **Identifying goals – what were your goals?**

   Therapist had asked each adolescent in the group to write down his/her short term, long term and lifetime goals on the worksheet titled “**Personal Goals**”. 

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4. Setting clear, concrete goals:

Each adolescent in the group has been asked to set clear, concrete goals so that they could be sure of when they have reached them.

Discussed which one of each participant’s goals can be clearer and more concrete?

5. Break down adolescents’ big goals into smaller parts

Make sure that each part could be achieved without too much effort. If their goal was to be a good football/hockey player, then they could start by finding out the nearest football playground/hockey stadium was and what times they could practice.

Which one of adolescents’ goals could they divide into smaller parts?

6. Setting realistic goals:

It was often difficult to determine beforehand what was realistic and what was not. What was not realistic today could be realistic in the future. However, if they find they couldn’t meet most of their goals now, then they were probably not realistic for them at this time.

Do they think their goals are realistic? The therapist had a discussion with each adolescent whether he/she could reach his/her goal taking into consideration his/her: abilities, resources, motivation, etc.

7. What were some of the obstacles that prevent them from achieving their goals?

After discussing the exercise, the therapist had asked each adolescent in the group to identify possible obstacles that might be preventing from achieving his/her goals.
8. **To make changes in their lives, sometimes they need to make changes in their goals:**

Things that were realistic might become unrealistic.

For example: An adolescent plays football well and he/she would like to play in a major league. He/she hurts her knee badly during a game, and he/she can’t keep playing that sport. However, maybe he/she can become a football coach or assistant coach.

Things that were unrealistic might become realistic.

For example: An adolescent wanted to be able to drive his mother’s car. His mother told him that he still wasn’t old enough to do so. He felt like he would never get to drive, he saw it as so far away. Finally he turned 16 and his mom let him drive under her supervision. The therapist asked the adolescent to come up with another example. If a change occurs in your life that requires a change in goals, then maybe you’ll have to:

- Enjoy activities in new ways
- Develop new interests, abilities and activities.

9. **To help adolescents to overcome anxiety and depression:**

The most important things to be done by adolescents to overcome anxiety and depression are:

- Establish realistic goals.
- Recognize the positive things they do to reach them.
- Congratulate and reward themselves mentally and in real life.
At the end the session, adolescents were given daily mood scale for assessing their mood every day, list of pleasant activities they usually do every day and they were asked to write down the short term, long term and life time goals to be achieved.

SESSION 8

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant’s daily mood scale, list of pleasant activities that each adolescent has done on each day, and strategies they have used to eliminate the obstacles which might prevent the adolescent s from enjoying pleasant activities and list of goals they have to be achieved.

ANXIETY, DEPRESSION AND THE HEALTHY MANAGEMENT OF REALITY

To overcome anxiety and depression the adolescents have to maintain a healthy management of reality. In make adolescent to understand the concept the following exercise has been done.

The adolescents were presented with several pictures and asked them what he/she sees in each picture. These pictures were interpreted in different ways by each participant – all of them correct. Later the therapist and all participants promoted a discussion about the pictures and how different perceptions had of each one. The purpose was to illustrate the difference between the objective and the subjective world, and how our perceptions about the same thing or event could be different from that of other people.
The therapist has given an outline about the following concepts.

1. We live in two worlds:

   1. The objective world (the world outside, everything outside of us)
      
      For example, the places, people and events around us that we can’t change
      (where we live, the school we go to, who are parents are).
   
   2. The subjective (internal) world (our internal world, what’s inside our
      minds) for example, our thoughts, beliefs, wishes, feelings and dreams
      (how we perceive what we do and what happens to us).

2. These two worlds are our reality. The key to feeling emotionally healthy is:

The therapist has taught adolescents regarding management of reality. Basically we
are lining in two existing worlds such as objective world and subjective world. To
live happily we need to manage between these two existing worlds.

The objective world, generally speaking, we can’t change, but we can learn ways to
manage it in a way that it doesn’t’ affect how we feel so much.

For example, you can’t change the fact that your parents are getting a divorce, but
you can change the way you react to it. You can isolate yourself, be mad at them, or
think it’s your fault. You can also find a friend to talk to, think that your parents are
adults and they must know why they made that decision, and try to do pleasant
activities that can help make you feel better. You can see the possible positive side
to this, which could be that they are happier and there is more peace at home.

On the other hand, we can have more control over our subjective world. When
people are anxious or depressed, the often perceive their subjective world as the only
reality.
For example, remember when we talked about thinking errors. If you don’t change your negative thoughts, you might think they are the only reality and that will continue to make you feel depressed.

3. No one completely controls these two worlds. However, adolescents could learn to have more control over their subjective world and identify ways to manage the objective world.

When adolescents were depressed and become anxious they feel that have no control, that there was nothing they could do to feel better. However, things could always change and improve.

4. There were ways to feel adolescents have more control and feel less depressed and anxious.

ALTERNATIVES

Sometimes adolescents find themselves in situations in which it was hard to make decisions because they didn’t see alternatives or they only see one. It could also happen that they feel they don’t have any alternatives when things don’t happen the way they want them to. On these occasions it helped to consider all the alternatives and not to focus on that fact that they don’t have what they really wanted.

The more alternatives they have, the more freedom they would have.

Have they ever found themselves in situations such as these?

If the adolescent doesn’t provide an example, the therapist could present him/her with one of the following situations, asking them to provide alternatives to them:
THINKING THAT THE WORLD IS MADE UP OF CHUNKS OF TIME

It’s common, when adolescents feel depressed or anxious, for them to think they were always going to feel that way. They could also think that their depression or anxiety wouldn’t go away unless something in the objective world changes. If they see the world as little chunks of time that they decide what to do with, they could feel more in control and take action to overcome their depression and anxiety.

Be careful of telling themselves:

“I can’t enjoy life until ______________.”

For example, if adolescents tell themselves:

“I can’t enjoy life until my depression/anxiety goes away”, consider thinking – “I can feel better every day if I do the things I have been learning.”

"I won’t be happy until I have a boyfriend/girlfriend” – consider thinking – “I can enjoy spending time with my friends and meeting new people.”

Have they ever had these kinds of thoughts? “I can’t enjoy life until ______________.” What can you do to change that type of thought to one such as:

“To enjoy my life I am going to _________________.

5. Making adolescents’ two worlds healthier.

Some the factors from objective world or outside world would influence on adolescents’ anxiety or depression. They could find out the things from outside world influence on their thoughts, actions and feelings. Moreover, thay have to learn
to manage the outside world that would not affect more on their thoughts or feelings in a better way.

What can you do about them now?

Therapist has asked adolescents to mention two alternatives (concrete actions) that you have to manage the outside world.

Therapist has asked adolescents about how you use your time to reach those alternatives.

Making adolescents’ inside or internal world healthier.

Some the factors from subjective world or internal world would also influence on their anxiety or depression. they could find out the things from internal world influence on their thoughts, actions and feelings. Moreover, here also, they have to learn to manage the internal world that would not affect more on their thoughts, actions and feelings in a better way.

The therapist asked each adolescent whether there are still negative thoughts that he/she has often, and work with these thoughts in alternatives and time.

The therapist had asked adolescents to mention two alternatives that they have to manage the internal world. Then, again the adolescents were asked to telling about the time they spend on thinking about the change the past or anticipating future they want to.

6. Review of the activities module: What did they learn?

At the end of the session, the therapist had talked about more on pleasant activities and the way adolescents manage their internal and outside worlds could help in
making their time more satisfactory. When their time becomes more satisfactory, their life would also and they would feel better. Integrate pleasant activities into their life plan. If pleasant activities help them overcome their anxiety and depression, they could also help them feel healthier emotionally. In addition, they were also given daily mood scale to assess their fluctuations in their affect in each day. In addition they were also given weekly activity schedule. In which they need to enter the activity whatever they do hour by hour.

“The better you feel, the more you can help yourself and others.”

**MODULE-3: HOW RELATIONSHIPS AFFECT MOOD**

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SESSION 9

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant’s daily mood scale, list of pleasant activities that each adolescent has done on each day, and strategies they have used to eliminate the obstacles which might prevent the adolescent s from enjoying pleasant activities. In addition to this the therapist had also discussed weekly activity schedule of the participants of the group. The therapist has reviewed how we understand anxiety and depression according to CBT. In this intervention, we have already worked with thoughts and activities in the last eight sessions. Now we can work on the relationship (family, friends, others) to improve your mood.

1. Let’s work with how your contact with other people affects your mood.

Severe anxiety and depression is associated with:

Most of the times having less contact with others

Feeling nervous when interacting with others

Most of the times feeling uncomfortable, shy or mad at others

Being less assertive (not saying what you like/dislike or not knowing how to express your feelings and preferences).

Being more prone to feeling rejected, ignored, or criticized

2. Does anxiety/depression cause adolescents to be less sociable? Or does being less sociable make adolescents to get anxiety/depressed?

The answer was probably that anxiety/depression and lack of contact with other people influence one another.
For example, a change of school can mean leaving a lot of friends behind. This can make you feel sad, nervous. If when you feel sad or nervous you don’t make an effort at making new friends, your depression can become depression and your nervousness can become anxiety. Feeling depressed or anxiety may make you feel less sociable, which will make you even more depressed/anxious because you’re spending a lot of time sad and lonely.

3. The importance of social support

The therapist has explained the importance of social support. The support they receive from being in contact with other people was important for their health. The contacts they have with their family and friends create a kind of protective social network or “social support network”.

The system or "social support network" refers to people who are close to us and with whom they share important information or important moments of their life. These people can be family, friends, neighbours, classmates and acquaintances. In general, the stronger the social support we receive, the more they were able to confront difficult situations. Social support also was needed for solving issues they were facing in their life.

4. What was their social support network like?

The therapist asked adolescents to write down their friends’ names and asked them to tell more about how often do you see them?, What do you do when you meet them? Who do you trust?

**Exercise:** Recreate their social support network using the diagram on the My Social Support Network worksheet. The adolescent was asked to write his/her name in the
centre of the circle and in each shape write the name of someone in their network. In discussing this exercise, evaluated the quality and quantity of his/her network and whether it should be expanded or strengthened.

5. Two important principles to keep in mind in the future.

If their social support network was too small, they were asked to make it larger. Their network was too small if there was no one they trust to talk about their personal matters, if they have no one to go to if they need help, or if they have no friends or acquaintances to do things with.

If their network was adequate and a good size, appreciate it and they were told to keep it stronger. In other words, don't let disagreements cause separations between adolescents and the people in their network. Frequent communication helps maintain friendships.

The four sessions of this module would focus on how to enhance and maintain adolescents’ social support network.

6. Keeping adolescents social support network healthy

How can we maintain a healthy social support network? The therapist asked this open question to adolescents to promote a discussion. Some examples could be: spending time with people, showing people how they feel about them, being assertive, helping their friends and family, working with negative thoughts that could be harmful to relationships. Contact with others was very important; it can be by phone or in person (talk, listen, go out, do activities together) would strengthen their social relationship.
Some thoughts could block strengthening their social relationship. For example:

“The haven’t called me; it looks like they don’t care about me.”

“I am not going to be the one to make the first move.”

“They don’t like me.”

“No one in my family understands me.”

“My mom never listens.”

“I can never forgive him/her.”

If these kinds of thoughts came to their mind they were told to eliminate or remove from their mind. Hence, they could make even more strengthening their relationship.

7. Meeting people

The therapist started asking the following open questions, promoting a discussion in the group.

How do you make friends?

What have your friends done to get closer to you?

What does a friendly or sociable person do?

The easiest and better way to meet other people was by doing an activity they like in the company of others.

When they enjoy something, it was more likely that they would be in a good mood and that way it would be easier to be sociable and friendly in the group. Even if adolescents don’t find anyone in particular that they want to get to know better, they would be doing something they enjoy and they wouldn’t feel it was a waste of their time.
Since the main focus would be on the activity and not on meeting other people, it was more likely that they would feel less pressure than they would feel if the only purpose was meeting new people. If there were people you want to get to know better, it’s more probable that they would have things in common with them.

**Exercise:** The adolescents were asked to write down how and where could they meet people? Promote a discussion or list places and ways they could meet new people and make friends.

**8. How to establish and maintain healthy relationships: being assertive.**

There were three ways we could act and communicate with others: What was the difference between being passive, assertive and aggressive? Being passive means not expressing our feelings to others because we think we would be annoyed, feel bad or because they are superior to us. We might feel we have to “swallow” our feelings or we would be rejected. Being aggressive means treating others with hostility, anger and being insensitive to other people’s needs and feelings because we feel ours are more important.

Being assertive means we are being able to say positive and negative things without feeling bad and without hurting others’ feelings. We don’t always have to say what we think, but it’s important to feel that we have that option. We can say things in a nice way that could help to resolve situations and maintain the relationship healthy.

At the end of this session the adolescents were given daily mood scale and weekly activity schedule for work personal project for one week. In addition to this, they were also given Social support network sheet and asked to write how they maintain and strengthen it.
SESSION-10

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant’s daily mood scale, weekly activities that each adolescent has done on each day of the last week. In addition to this the therapist had also discussed Social network sheet and what are the strategies they have used to maintain or strengthen it.

1. **When trying to learn how to feel better, there were three areas adolescents should focus on:**

In this session Therapist has explored how adolescents’ thoughts, actions and feelings influence their relationships and how their relationships affect these three areas. Before talking about how these three areas were affected by their relationships, it was important to evaluate first how they were when they were alone.

2. **Being alone.** The therapist has asked adolescents when they were alone, what were their ____________like?

   Thoughts
   
   Actions or behavior
   
   Feelings

3. **Being with others:** Adolescents were asked to explain the thoughts, actions and feelings when they were with others.
Adolescents’ thoughts

What thoughts did they have when they were with other people?

Thoughts that prevent them from making friends. They were asked for examples.

Some examples: “Will they like me? I don’t like him/her, What if they reject or ignore me? I don’t know what to say.”

Thoughts that helped them feel comfortable with other people. They were asked for examples.

Later, the therapist has explained that one way to feel better was to shift the focus of attention from them to the other person and think about how he/she feels. Think about how they feel when they were going to meet new people. Other people probably feel the same way.

Some examples: “I’ve never talked to him/her so I don’t know what he/she is like. I’ve got nothing to lose by trying. Maybe he/she will enjoy talking to me.”

Meeting Participants’ Expectations

What could they expect from other people?

What could others expect from adolescents?

The therapist explained that this concept using parent-child relationship and/or friendships and they were also asked to share experiences that would help in the discussion.

If adolescents’ expectations were too high, they would be disappointed and might be they would become frustrated. If they expectations were too low, they wouldn’t
expect anything from the relationship and they might lose the chance to develop good relationships. Also, if they expect little from people, they were not giving them the chance to show you what they could really offer.

*Their actions/behavior*

The therapist asked each adolescent in the group how do they approach others?

What impression do they think they give off to others?

The therapist has presented the following information and discussed by relating to the adolescent’s experience.

Adolescents’ face: Did they smile often? Did they make eye contact?

Adolescents’ body: Did they look tired or worn out?

Adolescents’ appearance: Was it appropriate for the time and place?

Adolescents’ speech: Was it too slow or too soft to hear them? Did they speak with anger or irritation? Did they raise their voice?

Adolescents’ conversation: Did they show interest in what other people say, or did they ignore or criticize them?

Adolescents’ attitude: Did they complain a lot? Were they in a bad mood? Did they offend others with their attitude?

*Their feelings*

The adolescents were asked to tell more about how do their feelings affect their relationships?
Later, the therapist has explained that different emotions could influence the way adolescents relate to others. There were times when they experience negative emotions (i.e. fear, anger, depression) that have nothing to do with the person they were relating to. However, they led these feelings affect the relationship. This was way it was important to be able to identify and manage their feelings in a healthy way.

Again the adolescents were asked to tell more about what feelings did they have when they were with others?

Identifying their feelings when they were with other people could help them to evaluate the quality of their relationship.

For this, it was important to:

- Recognize how they feel and why you they were feeling that way
- Communicate in an assertive or appropriate way what they feel

The difference between being passive, assertive or aggressive:

Assertiveness is being able to share positive and negative feelings clearly and comfortably (even if they think the other person wouldn’t like what they were saying). Changing their point of view could help them to be more assertive instead of being passive. For example, if they frequently think, “They don't want to make anyone feel bad,” try to think, “Saying what they think could help them communicate better and resolve the situation. At least they could let people know what they think.”
4. Review

The therapist explained the purpose of examining their thoughts, actions and feelings was that they could identify how these three areas were influencing their relationship with others, and consider what they need to improve to have healthier relationships with others.

Adolescents could change their mood if they work on improving their relationships. What areas do they think they can improve?

At the end of the session the adolescents were given daily mood scale for assessing the fluctuations in their mood every day.

SESSION-11

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant's daily mood scale.

In this session the therapist has started the work by doing the following things.

1. The therapist examined the adolescent’s thoughts, feelings and actions in relation to a person with whom he/she has identified interpersonal difficulties. Explored a problematic situation that happened recently with that person. Used this relationship as material to work with this session’s material.

2. When they were with __________________________

   What did they think?
   How did they act?
   How did they feel?
3. Adolescents were encouraged to be assertive and practicing in their mind

**Exercise:** Each adolescent was asked to think about a situation with a person with whom he/she has difficulty in being assertive. Provide the following instructions:

- Image the situation as if it were a photograph.
- Imagine the action beginning as if it were a movie.
- Imagine telling that person something in an assertive way.
- Imagine the response they get from that person.

This exercise was a useful way to rehearse being assertive before actually putting it into practice.

4. Communication skills. Adolescents were encouraged to apply the following communication skills.

**Active listening**

When they were talking to someone, listen to what they were saying instead of thinking about what they were going to say back or respond. If they were thinking about what they were going to answer, they might miss part of what the person was telling them. People often argue about what somebody said without knowing if that was what the person really wanted to say or express.

To improve adolescents’ active listening and communication skills:

Repeat what the other person said in their own words so they could be sure they understood him/her correctly. For example, “I understand that you’re saying__________.”
Asked the person directly what he/she meant to say. For example, what did they mean by __________?

When adolescents become mad with someone, instead of attacking them, it was more effective to say what they think and/or feel in relation to what they were doing, or their actions.

Instead of saying – “You (are/always/never)…” It’s better to say – “I feel _______/I think______.” When we attack people they generally become defensive and weren’t going to listen to what they really want to tell them.

Examples of verbalizations where you attack the other person: “You’re unfair.” “You never do what I want.”

**Alternatives:** “When you scold me before listening to what I have to say, I feel frustrated.” “When you say no, I feel like you don’t care about me and don’t want me to have any fun.” “I feel that you’re not listening.”

**Exercise:**

Step 1: State the fact or event and what bothered you about it.

Step 2: State how you feel.

Step 3: Say what you think. “When you ________ I feel ______ because it makes me (yell at me) (anxious) think__________________.” (You don’t want to see me)

Find the right moment to talk. The best times weren’t when the person was doing something, or there wasn’t enough time to talk or if you were in the middle of an argument.
Considered their non-verbal language (gestures, facial expressions, posture, etc.)

Non-verbal language was 80% of communication. Considered the tone of their voice.

5. They could decide to change

**Before** being with other people

**Think differently:** To change their feelings towards others, they could decide beforehand the kind of thoughts they want to have when they were with them.

**Act differently:** If they want to change their behavior when they were with others, decide beforehand how they would like to act when they were around them.

**After** being with other people

Learn from their experiences: think about the feelings they had while they were with them. How did they feel when they left? They could define what made they feel good or bad?

At the end of the session the adolescents were given daily mood scale for assessing their level of mood in each day and they were also asked to practice being assertive. They were told to pick up the situation in which they want to be an assertive.

**SESSION 12**

This session started with the reviewing previous session activities and summarized. Also the therapist encouraged each participant in the group to involve in the session activities. The therapist had discussed each participant’s daily mood scale and situation in which they want to be an assertive.
Up until now, adolescents have learned to think, act, and feel healthier. Sometimes in their lives, things could happen that overwhelm them. Sometimes anxiety and depression start at these times. If they used the adaptive coping strategies they have learned here, it was less likely that they become anxious or depressed again or that they remain anxious or depressed for a long time.

Then, the therapist has started gathering information regarding the relationship the adolescents have with others.

1. Contact with others was important for adolescents’ mood because they could__________:

   Share pleasant experiences with them

   Help them to reach their goals

   Provide them with company and a sense of security

   Provide them with valuable information about themselves, their strengths and areas to improve.

2. It was healthy to maintain relationships with others. However, relationships need constant attention. Nothing that is alive is static, it’s always changing. When relationships don’t work out, it doesn’t necessarily mean that something is wrong with you or with the other person. It was helpful to consider the following questions:

   Did they both want the same thing from the relationship?

   Did they have similar interests?

   Were they capable of telling each other what they think and feel freely?
Did they have to make big changes or could they be themselves in the relationship?

Was this relationship good for them? And for the other person?

Was this relationship abusive?

Adolescents always have the option to end a relationship that was not good for them.

3. Relationships could help improve their life. What kind of friends could help them feel good? Improve their life?

Social environment could help adolescents to be a better person. In this way, the therapist encouraged each adolescent in the group like “you are a valuable person. You have good qualities and strengths. People could help you feel like a good person, as valuable and with good self-esteem. Pick environments where you can meet people that can help, not harm you. You can also be a good influence on other people.”

4. Closure

When the therapist had finished the material for Session 12, discussed with the adolescents the following points:

1) Tell him/her that they have finished with CBT intervention modules.

2) The therapist had a brief discussion about how he/she felt with the information given during the sessions.

3) The therapist evaluated how the adolescent felt in terms of his/her anxiety and depression.
4) Explained that during the last session therapist was talking about how therapist had observed him/her in therapy and how he/she felt during the process.

5) Also explained that during the final session therapist has given recommendations about strategies to prevent relapses and to continue improving his/her mood.

CLOSING SESSION

PARENTS AND ADOLESCENTS

In this feedback and closing session, therapist met with the adolescent first and discussed the following points with him/her.

1. Therapist has offered the adolescent information about his/her participation and progress throughout therapy.

2. Therapist asked him/her for feedback about his/her experience in therapy. Adolescents were also asked about what the adolescent liked most and least, what helped the most, etc.

3. The therapist has given more information to make a plan to manage possible relapses and discussed strategies which they would like to use to prevent them.

4. Offered recommendations in terms of referral to other types of therapy or services if they needed.

5. Offered an explanation about the meeting with his/her parents. Say the following:

“As you know, your parents have a right to know how you have done in therapy so I am going to have a meeting with them. You can be present if you want. I am going
to tell them about the main areas we have worked on in therapy and about your progress. I am going to tell them you’ve improved in ________________; that you learned strategies such as ___________. If necessary, I will tell them there are still the following areas to work on ____ and that I have the following recommendations ________________.

6. The therapist had established an agenda with the adolescent for the meeting with the parents in which therapist had discussed the following:
   a. The specific information the therapist shared with the parents and the purpose of the meeting.
   b. Therapist maintained confidentiality the things the adolescent has told in therapeutic process. The therapist told the adolescent that “I am not going to tell specific details about what were said in therapy – I am going to talk in general.”
   c. Asked the adolescent if there was anything he/she doesn’t want the therapist to discuss with his/her parents.

Next was the meeting with the parents
   1. The parents were asked how they observed their adolescents during and now at the end of therapy.
   2. They were offered general information about what was worked on during sessions:

They were explained that CBT was consisted of 3 modules that worked on thoughts, activities and relationships to improve mood and enhancing adaptive strategies.

The parents were offered general information on the adolescent’s progress and participation in the therapy.
For example, if he/she participated actively, if he/she used the strategies taught, etc.

Recognize and reinforce the parents’ efforts and commitment in getting help for their adolescents.

3. The parents offered post-treatment recommendations.

The therapist has given appropriate referrals (if needed).

They were offered general recommendations on:

How to help and support the adolescent in continuing to get better

Possible signs of relapse and steps to follow, if they suspect the adolescent is relapsing.

3.8.3. Phase-3: Post Assessment: After intervention program administered on experimental group, the participants of both experimental and control groups were administered Beck Anxiety Inventory, Beck Depression Inventory and COPE inventory.

Scoring was done according to scoring key and also measured the level of depression, anxiety and coping strategy of both experimental and control group based on the norms developed by the authors.

3.9 Ethical issues:

1. Free and informed written consent was taken from the participants in the study.

   The intervention was not imposed on the group.

2. Confidentiality was well maintained within the group.

3. Inclusion and exclusion were not based on sex, religion, education, socioeconomic status and the allocation was randomized.
4. Participants were treated fairly, both in relation to one another and in relation to similarly placed non-participants.

5. The information collected or determined in this study was used in such a way that it didn’t make any disadvantages to the participants.

6. Respect for autonomy was given and the participants had the right to leave the program at any point of time.

3.10. Statistical Analysis:

The obtained data were scrutinized, scored according to the scoring keys respectively and subjected to the following statistical treatments.

- The data collected have been analyzed using descriptive statistics such as Total, mean, and Standard Deviation.
- Independent t tests were used to examine the significance of the difference between the two groups (Control Vs Experimental) in anxiety, depression and coping strategies.
- Effectiveness of CBT on Anxiety, Depression and Coping strategies was examined by applying Repeated Measures ANOVA of General Linear Model.
- The correlation between Coping Strategies, Anxiety and Depression was found out by using Pearson’s Product Moment Correlation.
- One Way ANOVA was used to find out the significant differences between different Socio-economic statuses in anxiety, depression and coping strategies in adolescent students.
- Independent t test was used to find out gender differences in anxiety, depression and coping strategies in adolescent students.