

Effectiveness of behavioral activation therapy on depression and social self-efficacy of depressed woman in Yazd

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ABSTRACT

The goal of this research is study of action effectiveness of short time behavioral on decrease depression and increase social self -efficacy of depressed women that had been referred to one of the psychiatry clinic of Yazd. In this research used from pseudo-experimental from kind of pre-test and post-test with control group. These people selected availability and divided to two groups of 10 people of experiment and control. Both of group complete the Beck depression questionnaire and social self-efficacy (Smith and Betz,2000) before and after the treatment. Therapy sessions held during 8 sessions of 1.5 hours. The results of covariance analysis test showed that short time activation therapy intervention of behavioral had cause to decrease the depression in these women but not effective in social Self-efficacy. ($P < 0.05$).

Keywords: Depression, social self-efficacy, short-term behavioral activation, women.

Introduction

Feeling of sadness has been one of the natural experiences for human. Unpleasant events of life such as failure, divorce, and anything which is disturbing, annoying, and disappointing may temporarily provide different degrees of sadness and sorrow. Feeling of sadness is natural in such situations and it is considered an adaptive response in psychology. Feeling sadness is associated with fear, anxiety and concern in some cases. The states, such as depression, are natural and they generally occur when actual or potential danger threatens one person. Hence, these states are considered to be a defensive reaction. They prepare a person to cope with an unpleasant event. In a healthy person, both depression and fear and anxiety and concern, even at very low level, are part of the personality traits and they are not annoying always, but they are useful in some cases. Almost

all people feel mild depression at least once.

Criteria to diagnose the depression included having 5 or (more) of the following symptoms within 2 weeks and having at least one of the symptoms of depressed mood, lack of interest and pleasure in a continuous manner, weight loss and weight gain, oversleeping or insomnia, fatigue or lack of energy, feeling uselessness, feeling high sin, reducing ability of thinking or concentration, repetitive thoughts of death ^[1]. Depression not only makes the life unpleasant for the person, but also prevents the depressed person to perform his or her tasks and duties, leading to disruption in health and development of community and its adverse consequences. Depression has a direct effect on the self-efficacy of depressed people .According to Bandura's theory, as one's depression is higher, his or her self-efficacy would be lower, and vice versa. Bandura was a supporter of controlled laboratory research according to the exact empirical psychological methods. He examined the large groups of the subjects and compared their mean performance using statistical analysis. The research conducted in this regard examines the association of self-efficacy with the following cases: age and gender differences, the role of parents' self-efficiency, physical appearance, academic performance, job selection and job performance, physical health, mental health, coping with stress ^[2]. Nowadays, in addition to drug therapy, there are several psychotherapies to treat depression, which the effectiveness of

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some of them has been proven in clinical trials such as behavioral therapy, interpersonal psychotherapy, cognitive therapy and behavioral activation therapy [3]. Behavioral activation is a kind of behavioral therapy which has clinical effect and it is cost-effective due to the shorter period of treatment [4]. Behavioral activation helps depressed people re-engage in life-focused strategies.

These strategies are coping with a pattern of avoidance, withdrawal, and deactivation which exacerbate the depression by causing additional secondary problems. Behavioral activation has been designed to help people access positive living improvement resources, which have antidepressant function [5]. In Italy, in a study conducted on boys and girls whose mean age was 11.5 years, it was revealed that children who assessed themselves low in terms of social and educational performance were more depressed than those who had high self-efficacy. Feeling of low efficiency in a sample of adolescents in the United States showed significant relationship with depression. In a study conducted on Dutch teens, it was revealed that a low level of efficiency was associated with high levels of anxiety, neuroticism and depression symptoms. A similar relationship was also found in adults. It was revealed that a low level of efficiency affects depression, which is due to the lack of coping skills preventing the formation of a social support network (Hollahan and Hollahan, 1987, quoted by Schulz and Schulz, 2014 [2]). Many researchers have considered and studied the long-term effects of depression on self-efficiency, anxiety, stress and its treatment with behavioural activation. In addition, foreign researchers have conducted extensive studies in this regard [6-8]. In this research, research aims to examine these hypotheses. Short-term behavioural activation therapy is effective on depression and self-efficacy in depressed women. Short-term behavioural activation therapy reduces depression in depressed women, short-term behavioural activation increases self-efficacy in depressed women.

Methodology

The present study was quasi-experimental with pre-test and post-test design and control group and applied in terms of objective and field in terms of method. The statistical population, sample size, and sampling method: the statistical population of study included depressed women admitted to one of the psychiatric clinics and a specialist psychiatrist for diagnosis of depression. Due to problems in selecting the appropriate people for this research, convenient sampling was used in this study. Out of them, 20 were selected, which 10 of them were placed in the experimental group and 10 of them in the control group. The inclusion criteria of study included being female, all should obtain score higher than 10 in Beck Depression Inventory, lack of severe episodes of attack or recurrence of disease, absence of co-morbidity with other diseases, ability to communicate and cooperate, willingness to participate in research, obtaining a low score in the social self-efficacy questionnaire. Exclusion criteria included having severe

episodes of attack and recurrence of the disease, the occurrence of other chronic disorders, and lack of motivation and complete satisfaction with treatment, and absence for more than 3 sessions.

Procedure

In the present study, after coordination with the counselling center of Hoday-e Rahmat, one of the salons of the Yazd family counselling center was selected for this study and the samples of the "experimental group" visited it once a week. During these eight sessions, the goal of the sessions and the method of behavioural activation therapy were described first to them. Then, the researcher tried to return the activities which the depressed people have avoided and left them.

We tried to move rumination away from them train self-confidence and life expectancy and seeing the positive aspects of life for them, while control group did not receive any program for behavioural activation. After the end of the sessions, the Beck Depression Inventory and social self-efficacy questionnaire were provided for group and their scores were compared. Description of the sessions is presented in Table 1. The implementation of the therapeutic protocol included identifying the current problems of the clients, understanding how the clients' problems have been created and how they have remained, identifying the initial experiences that are relevant to the current problems of the clients, examining the mood of clients orally and in writing, training clients on the nature of depression, training behavioural activation therapy, training the planning activities and skills such as problem solving and identifying stressors involved in clients' problems.

Table 1: content of behavioural activation sessions

Session	Description
first	introducing, determining the project goals, explaining the procedure, performing depression tests social self-efficacy tests
second	Providing definitions of project variables, identifying the basic problems of individuals and their solution, providing homework
third	Reviewing the assignment, reviewing the definitions and logic of treatment, introducing different areas of life, talking about self-confidence and ways to get it, giving assignment
Fourth	Reviewing the assignment, talking about avoidance, causes of avoidance and the ways to prevent it, giving assignment
Fifth	Reviewing the assignment, talking about rumination, recognizing it and ways to cope with rumination, giving assignment
Sixth	Reviewing the assignment, talking about reopening the problem, using sensory perception to prevent rumination, giving assignment
Seventh	Reviewing the assignment, talking about the importance of preventing recurrence and its basic strategies, giving assignment
Eighth	reviewing assignment, a general reviewing of all the content presented in these sessions, the re-emphasis on avoidance, rumination and ways to cope with it, ways to cope with recurrence of the disease, performing the depression and social self-efficacy test

Research tools

Beck Depression Test: This test is one of the most commonly used depression tests, which consists of 21 questions. The score

obtained by an individual indicates its depression. In this questionnaire, people are divided into 6 groups. Score less than 4 indicates denial of depression and presentation of a good image of self, score 5 to 9 indicates lack of depression or the minimum level of depression, score 10 to 18 indicates mild to moderate depression, score 19 to 29 indicates moderate to severe depression, score 30 to 64 indicates severe depression, and score above 40 is probably exaggerated depression. The social self-efficacy scale of Smith and Betz (2000) consists of 25 items, which measure the individual's self-confidence in a variety of social situations in a 5-point scale. It should be noted that three items were excluded in this study due to cultural mismatch. The minimum score in this scale is 22 and the maximum score is 110 on this scale. Smith and Betz (2000) examined the reliability of the tool on 354 bachelor students (90 boys and 264 girls) using Cronbach's alpha (0.94), test retest method with interval of three weeks (0.82) (0.86 for boys and 0.80 for girls). The construct validity of this tool was reported desirable using convergent and divergent method through correlation with social trust and shyness scales.

Results

In analyzing data, descriptive statistics and inferential statistics (covariance analysis) were used. Data were analyzed using SPSS software. The mean and standard deviation of depression and social self-efficacy scores in the two experimental and control groups are presented in the table below. As it is seen, the mean scores of the experimental group in both variables decreased from pre-test to post-test, but this decrease was not observed in control group.

Table 2: The mean and standard deviation of depression and social self-efficacy scores

variable	Group	Statistical index	Pre-test	Post-test
Depression	experimental	mean	27.7	16.5
		SD	5.122	5.297
	control	mean	20.3	19.8
		SD	6.237	6.408
Social self-efficacy	experimental	mean	57.9	68.8
		SD	17.188	16.825
	control	mean	74.8	78.4
		SD	13.130	11.316

Investigating covariance test assumptions

As significance level of the Kolmogorov test is more than 0.05 in all variables, the distribution of scores in the variables is normal. Thus, the assumption of normal distribution of data is established. Given the significance level of the F test, which is more than the assumed error in the research (0.05), homogeneity of the variance of scores is confirmed. The next assumption examined in this study is homogeneity of regression slopes. Given the significance level of interaction between the group and different variables which is more than the assumed

error in the research, homogeneity of regression slope of scores is confirmed.

Investigating research hypotheses

Main research hypothesis: Short-term behavioural activation therapy is effective in depression and social self-efficacy of depressed women.

Table 3: Covariance analysis of examining the effect of short-term behavioural activation therapy on depression and social self-efficacy of depressed women

test	value	statistic F	Hypothesis degree of freedom	Error degree of freedom	p-value	Effect level	Power test
Pylaei effect	.355	4.119a	2.000	15.000	.038	.355	.636
Lambda Wilkes	.645	4.119a	2.000	15.000	.038	.645	.636
Hotelling effect	.549	4.119a	2.000	15.000	.038	.549	.636
Largest root	.549	4.119a	2.000	15.000	.038	.549	.636

Given the significant level of multivariate covariance test that is less than the assumed error in the research ($0.038 < 0.05$), the effect of short-term behavioral activation therapy on depression and social self-efficacy of depressed women is confirmed. Based on Eta squared value (0.549), a strong correlation is shown. It means that 54.9% of depression and social self-efficacy scores of depressed women are explained by short-term behavioral activation therapy. The test power is also 0.636, so the main research hypothesis is confirmed.

Table 4: Covariance analysis of examining the effect of short-term behavioral activation therapy on reducing depression and increasing self-efficacy of depressed women

		Sum of squares	df	Mean squares	statistic F	p-value	Eta squared (the effect of Eta)	Test power
Depression	Pre-test	245.167	1	245.167	11.057	.004	.394	.879
	group error	222.816	1	222.816	10.049	.006	.372	.848
		376.933	17	22.173				
Social self-efficacy	Pre-test	1526.961	1	1526.961	11.946	.003	.413	.902
	group error	1.244	1	1.244	.010	.923	.001	.051
		2173.039	17	127.826				

Given the significant level of covariance test that is less than the assumed error in the research ($0.006 < 0.05$), the effect of short-term behavioral activation therapy on reducing the depression of depressed women is confirmed. Based on Eta squared value (0.372), a strong correlation is shown. It means that 37.2% of depression scores are explained by short-term behavioral activation therapy. The test power is also 0.848, so the first research hypothesis is confirmed. Given the significance level of covariance test that is more than the assumed error in the research ($0.923 > 0.05$), the effect of short-term behavioral activation therapy on increasing the self-efficacy of depressed women is confirmed. Thus, the second hypothesis of research is rejected.

Discussion and Conclusion

The current research was conducted to examine the effectiveness of behavioral activation therapy on reducing depression and increasing social self-efficacy. The results showed that the experimental group in comparison with the control group showed a significant change in the Beck Depression Inventory after treatment. Thus, it can be concluded that behavioral activation therapy is effective in reducing the symptoms of depression in these women. This result was in line with the results of the research conducted by Fotohi (2014), Pazyar (2014), Dehghan (2014), Nadaf (2010), Jakupcak, Wagner, Paulson, Varra & Macfall (2010), Jakupcak *et al.* (2006), Mulic & Naugle (2004). In explaining this result, we can refer to the effect of group therapy and its role in therapeutic outcomes. Given the effects of behavioral activation therapy on depressed subjects in this study, it can be concluded that these people require attention, affection, and companionship. These people are usually tired and try to be isolated from community and other people, so they would lack some skills. They do not have any motivation to go out of the home, exercise, purchase, learn new job and profession and see the relatives. It gradually leads to one of the main characteristics of depression, called as "avoidance". By staying at home and social isolation, they will be affected by negative rumination. Without being blamed or criticized, many of the people could not do all activation assignments well, but their presence beside the friends and the expressing the problems improved their psychological and mental state. Behavioral activation behavior therapy is a simple method that this simplicity is very useful for depressed people.

Another part of the results of this study showed that short-term behavioral activation method did not increase the social self-efficacy of depressed women. This result is also in contrast to that of previous studies. Social self-efficacy, that is people judgment about their abilities, their beliefs about their abilities, affects their perseverance and effort. In a study conducted on depressed women, it was concluded that behavioral activation methods under certain conditions can affect the social self-efficacy (age, gender, education, family status, economic position). Perhaps many of these depressed people wanted a change in their life and increase their self-confidence, the necessary conditions were not provided for them. Some of them were unable to perform some works due to the age of over 50 years, or they did not have the ability to change. Others were unable to complete the behavioral activation therapy due to their economic conditions or rigidity of their spouses or parents. Most of the individuals lost their self-confidence and could no longer do anything due to the mentioned restrictions. The effectiveness of short-term behavioral activation therapy on depression and social self-efficacy shows that this therapy by modifying behavior and learning skills in depressed people has been able to reduce depression. Thus, behavioral activation therapy can affect other disorders such as anxiety, obsession, post-traumatic stress and it can be implemented on war

survivors and veterans. It is recommended that this therapy to be combined with other methods, such as CBT / ACT to have high effectiveness. As many factors such as age, education, history of disease, economic and social conditions and family conditions in this research have not been controlled, it is recommended that the relationship between behavioral activation therapy and depression and social self-efficacy of depressed women given the mentioned factors to be examined. Some limitations of the study was providing the considered population for study, lack of cooperation of some subjects, restrictions of attending in the sessions in one particular place, difficulty in coordinating the members due to their special conditions.

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