

The Impact of Family-Based Cognitive-Behavioral Model on Depression in Adolescents

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Abstract: *This study aimed to investigate the impact of family-based cognitive-behavioral model on depression in adolescents. This was experimental (pretest-posttest and control group) study. The sample included 26 adolescents with depression. The research tool included interview for diagnosing depression disorder and Children's Depression Scale. The experimental group received family-based cognitive-behavioral treatment for eight sessions. The results showed that family-based cognitive-behavioral treatment significantly decreased the depression scores of experimental group at post-test and control stage.*

Keywords: *family-based cognitive-behavioral model, depression, adolescent.*

1. INTRODUCTION

Today, the adolescents experience unprecedented levels of depression. The prevalence of depression among 15 to 18 years old teenagers is estimated to be approximately 14% (Nolen-Hoeksema et al., 2008; Abela et al., 2008). The early depression is a chronic disorder that 84 percent of people experience (NalenHakesma et al., 2008). The exact level of adolescent depression prevalence is not clear in Iran. However, various studies have estimated it to be between 10 to 30 percent. Today, cognitive-behavioral treatment on children and adolescents has lead to good results (Stein, 2008). The cognitive-behavioral treatment is a treatment approach. It is based on this assumption that a psychological disorder is created or maintained by bad thought patterns and lack of coping strategies. In this type of treatment, the patients are helped to identify their distorted thinking patterns and dysfunctional behaviors (Dubson&Dubson, 2009). The parents' education and cooperation is one of the components that can be added to treatment (Weisz et al., 2006). In family-based treatment, the parents' education and cooperation is emphasized. In this method, the parents are educated and participate in treatment simultaneously with treatment of their children in group (Stein, 2008). The Stark et al. (2006) confirmed the effectiveness of cognitive-behavioral treatment on depressed female teenagers. Also, the results showed that parents' participation in treatment process impacted positively on treatment outcomes. In family based research, Gillham et al (2006) found that the students whose parents were involved in treatment showed reduced symptoms of depression and anxiety compared with control group and treatment without parents' involvement. Asarnow and colleagues (2002) showed that compared with the control group that did not receive any intervention, the children who were treated with cognitive-behavioral treatment along with family education showed reduced symptoms of depression. The researchers suggest that the intervention of family education is appropriate and acceptable. According to above, this study aims to evaluate the impact of family-based cognitive-behavioral model on depression in adolescents.

2. METHODOLOGY

This was experimental (pretest-posttest and control group) study. The population consisted of all first high school male students in Tehran who obtained 22 or higher score in Children's Depression Scale. Using multi-stage cluster sampling method, four schools were selected from male students' schools.

Then, the Children's Depression Inventory was distributed among students in all grades. The research tool included interview for diagnosing depression disorder and Kovacs and Beck's Children's Depression Scale (1977). This scale is used to measure depression in 7-17 years old children and adolescents and includes 27 questions.

3. FINDINGS

The Table 1 shows the mean and standard deviation of depression scores in three tests for each of the groups.

Table1. Mean and standard deviation of depression scores in three tests for each of the groups

Stage	Group	Mean	Standard deviation
Pre-test	Experimental	26/44	3/50
	Control	25/58	3/34
Post-test	Experimental	13/22	4/32
	Control	26/42	3/12
Follow-up	Experimental	12/11	3/37
	Control	26/25	2/90

The analysis of covariance was used to evaluate the impact of family-based treatment on depression of subjects in post-test.

Table2. Results of covariance analysis to compare mean scores of depression post-test

Sources of variation	Sum of squares	Degree of freedom	Mean of squares	F	Sig. level
Pre-test	91/43	1	91/43	9/97	0/005
Group	955/58	1	955/58	104/22	0/0001
Error	165/04	18	9/17		
Total	10204	21			

According to Table 2, the impact of pre-test on post-test scores is significant [P <0.01, F (1, 18) =9.97]. Also, the impact of group on post-test scores is significant [P < 0.001, F (1, 18) = 104.22].

Table3. Covariance analysis results in comparing mean scores of depression in different groups at follow-up stage

Sources of variation	Sum of squares	Degree of freedom	Mean of squares	F	Sig. level
Pre-test	51/58	1	51/58	7/06	0/01
Group	1071	1	1071	146/54	0/001
Error	131/55	18	7/30		
Total	9772	21			

According to Table 3, the impact of pre-test on post-test scores is significant [P <0.01, F (1, 18) =7.06]. Also, the impact of group on post-test scores is significant [P < 0.001, F (1, 18) = 146.54].

4. DISCUSSION AND CONCLUSION

The results showed that family-based cognitive-behavioral treatment reduced the symptoms of depression in adolescents. The findings are consistent with the findings of Levinson et al (1990), Clarke et al (1999), Shochet (2001), Esarnu et al (2002), Stein (2008), Gilham and colleagues (2006), and Stark (2006 & 2007). In the family-based cognitive - behavioral treatment, the parents' involvement is very important factor for improvement. However, parents participate in training sessions, apply points effectively in their children, and provide a source of support for their children is always available for them. In fact, the treatment groups face with this attitude that parents are aware of their problem and understand them better; therefore, the conflicts within the family will be reduced. The depression of adolescent appears in the context of family. It is associated with stressful life experiences and damaged relationships. They may lead to the development of depressive symptoms. The identification of relationship between depressive symptoms and family variables has many potential therapeutic applications. Therefore, the researchers considered parental involvement in treatment (Hamen et al., 1999; Stark et al., 1996). The understanding of depressive symptoms and providing the best and most effective intervention requires a thorough understanding of the home climate and the relationship between symptoms and the context in which it occurs. The parents may provide valuable information about the progress of treatment.

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