



“AN INTERVENTIONAL STUDY TO EVALUATE THE EFFECTIVENESS OF COGNITIVE THERAPY TO REDUCE DEPRESSION AMONG ALCOHOLIC DEPENDENT PATIENT ADMITTED IN SELECTED HOSPITAL JALNA, MAHARASHTRA STATE.”

Mrs. Priyanka Sonsale, M.Sc. Nursing

Ms. Dharti Maroti Nimkar, Basic B.Sc. Nursing, Student

Ms. Pratiksha Prakash Chavan, Basic B.Sc. Nursing, Student

Ms. Rupali Kaduba Kuhire, Basic B.Sc. Nursing, Student

Ms. Kranti Bapurao Kamble, Basic B.Sc. Nursing, Student

Ms. Utkarsha Suvarnakant Ohol, Basic B.Sc. Nursing, Student

ABSTRACT: This study was conducted to determine Effectiveness of cognitive Therapy to reduce depression among alcoholic dependent patient at Manas Hospital in Jalna, Maharashtra state. 30 patients were selected by using non-probability purposive sampling technique. The questionnaire was prepared to obtain the demographic profile, contributing as age, religion, marital status, level of education, occupation, no. of time/ day alcohol intake, history of alcohol dependence, habit of drinking alcohol, time the day in which they use to take alcohol every day, withdrawal symptoms of drinking. Data was collected with the help of demographic profile and was done in Manas Hospital at Jalna in Maharashtra state. Approach was made to the patient and was explained regarding the benefits of Cognitive Therapy. On 1st day, the intervention is given. For 7 consecutive days, visit was done to the samples and Cognitive Therapy is given. On 7th day of visit post-test was carried out by Beck Depression Scale. The result showed that there is correlation between post-test level of depression and cognitive therapy.

INTRODUCTION: Cognitive therapy is form of psychotherapy which was originally developed by Aaron Beck in 1960's to understand and treat depression. **Beck** proposed that “as human beings, we are constantly engaged in a process of filtering and interpreting information in order to make of sense of the world and our experiences”. While this is helpful because it makes the world more predictable, he argued that we all sometimes make errors, jump to conclusion or generally get thinks wrong. While it is human nature to make mistake, Beck proposed that some people develop systematic, unhelpful biases in the way they interpret

information, and pattern of negative or unhelpful thinking which help to explain their vulnerability to emotional problems.

NEED FOR STUDY: Alcohol use is an important public health problem, especially in developing countries that 20-40% of men between 15 and 60 Year of age consume alcohol regularly. 3 In 2012, worldwide 3.3 million people die every year due to harmful use of alcohol representing 5.9% of all death. Alcoholism is major public health problem in Maharashtra. Studies have found that counselling focusing on social skill, coping styles education about the addiction, interpersonal dynamics and the treatment of self-deficits is useful in achieving the retaining recovery from alcohol. Counselling allows to learn from the experiences of other with similar problem and also allow to better understand how people vary from one's view about the world and interact with others. In India (may 2014), WHO found that 32% of men and fewer than 11% of women over the age of 15 drink alcohol.

STATEMENT OF THE PROBLEM:

An interventional study to evaluate the effectiveness of cognitive therapy to reduce depression among alcoholic dependent patient admitted in selected hospital, Jalna.

OBJECTIVE:

- To assess the pre-test level of depression among the alcoholic dependent patient in the experimental group and in the control group.
- To assess the post-test level of depression among the alcoholic dependent patient in the experimental group and in the control group.
- To assess the effectiveness of cognitive therapy among the alcoholic dependent patient in the experimental group
- To evaluate the pre-test association between the demographical variable and level of depression.

HYPOTHESES:

H1- There is a significant difference in the level of depression among the alcohol dependent patient in the control group and in the experimental group.

H2- There is a statistically significant association between level of depression and demographic variable.

METHODOLOGY:

RESEARCH APPROACH: A quantitative approach was used for analyzing the effectiveness of cognitive therapy.

RESEARCH DESIGN: Quasi experimental design (pre- test post-test research design)

POPULATION:

Target population: The study population comprises of all alcoholic adults in selected psychiatric hospital

Accessible population: The alcoholic adults those who are admitted in selected psychiatric hospital, Jalna.

SAMPLING:

Sample: 30 adults admitted in selected psychiatric hospital, Jalna who are allotted in the control and in the experimental group.

Sampling technique and sample size: Non probability purposive sampling technique is used for both experimental and control group. The total number of samples is 30 out of 15 samples in the experimental group and 15 samples in the control group.

Criteria for sample selection: The sample selection is based on the following inclusion and exclusion criteria.

❖ **Inclusion criteria**

- Those persons who is diagnosed as alcohol dependence syndrome.
- Adult who were between 21-55 years of age.
- Adult those who could speak and understand Marathi, Hindi, English.
- Those who are willing to participate of the study.

❖ **Exclusion criteria**

- Those who are not available at the time of data collection
- Those who are not in the position to participated in the study

VARIABLES:

- **Dependent variable:** level of depression among alcoholic dependent patient
- **Independent variable:** cognitive therapy.

TECHNIQUES OF DATA COLLECTION:

Data collection is the process of gathering and measuring information on variables of interest in an established systematic fashion that enables one to answer stated research, test hypothesis, and evaluate outcome. The data collection method is structured interview and observation method using beck depression scale. Sampling technique used for data collection is non-probability purposive sampling method.

INTERVENTION:

Cognitive therapy is given 45 minutes per day for 7 consecutive days.

- Activity in each section in as follows:
 - 5 minutes established rapport with adult and adult motivated and adults to read the materials
 - 40 reading period.
 - 15 minutes discuss and got emotional experience after reading the materials.

METHOD OF DATA ANALYSIS:

Paired t-test was use to examine the pre-test and post-test level of depression among alcoholism by using Beck Depression inventory in Manas Hospital and Detoxification Centre in Jalna.

Chi-square analysis was use to find out the association between level of depression among alcoholism with selected demographic variables in the control and the experimental group.

RELIABILITY: The tool was a standardized one which underwent test retest for reliability.

PILOT STUDY: “A pilot study as an experimental exploratory test preliminary trial on tryout investigation”.

(Oxford thesaurus)

The ethical clearance is obtained for data from the Vasantnaik Nursing College of ethical committee. After getting content validity from Nursing and Medical expert, the pilot study was conducted at Manas Hospital in Jalna.

METHOD OF DATA COLLECTION

Data Collection Procedure: Formal permission was obtained from the professor and Head of Department, Department of psychiatry, Vasantnaik College of Nursing, Jalna. principal and Head of the Department in college of nursing chief medical officer and Head counselor, to conduct the study in Manas Hospital and Detoxification Centre in Jalna. Before conducting the study, a brief self-introduction and explanation regarding the nature and purpose of the intervention was given to the patients. Oral consent was obtained

from the patient family members of all the subject. Session was selected per day. Pre-test was conducted by using Beck Depression scale to assess the level of depression among alcoholics on day 1.

➤ Activity in each section in as follows:

- 5 minutes established rapport with adult and adult motivated and adults to read the materials
- 40 reading period.
- 15 minutes discuss and got emotional experience after reading the materials

The same activities given to group on the alternative days for the period of one weeks, at the end of the cognitive therapy was given to the experimental group. The post-test level of depression was assessed on 7th day by using same scale

Plan For Data Analysis: The data analysis involved the translation of information collected during the course of research project into an interpretable and managerial form. It involved the use of statistical procedures to give an organization and meaning to the data. To compute the data, a master sheet was prepared by the investigator. Descriptive and inferential statistic use for data analysis.

RESULT:

- Most of the sample in experimental group 6(40%) are between the age group of 31-40 years and in control group 5(33.33%) of people aged between 41-50 years of age.
- Most of the people in experimental group 11(73.33%) were Hindu and in control group 8 (53.33%) of people were Hindu.
- Most of the 11(73.33%) people in experimental group and 14 (93.33%) people in control group are married.
- Most of the 7(46.66%) people in experimental group and 5(33.33%) people in control group are high school education.
- The majority of 7(46.66%) people in experimental group and 8(53.33%) in control group are business.
- Most of the 8(53.33%) people in experimental group and 10 (66.66%) in control group are 5 times/day.
- The majority of sample 7(46.66%) 6-10 years in experimental group and 6(40%) 11-16 years in control group are history of alcohol dependence.
- The majority of sample 11 (73.33%) were every day in experimental group and 13 (86.66%) every day in control group are habit of drinking alcohol.
- Most of the people 6(40%) early morning in experimental group and 11(73.33%) early morning in control group are take alcohol every day.
- Most of the people, 7(46.66%) were angry in experimental group and 7(46.66%) angry in control group are withdrawal symptoms of drinking.

REFERENCES

1. <http://medlind.nic.injak>.
2. <http://www.researchgate.net/publications>.
3. <http://www.jofamericanscience.org>.
4. <http://redfame.com>
5. <http://rguhs.ac.in>
6. te Brinke LW, Schuiringa HD, Menting ATA, Deković M, Westera JJ, de Castro BO. Treatment approach and sequence effects in cognitive behavioral therapy targeting emotion regulation among adolescents with externalizing problems and intellectual disabilities. Cognit Ther Res [Internet]. 2022;46(2):302–18. Available from: <http://dx.doi.org/10.1007/s10608-021-10261-1>
7. Egbe CI, Ugwuanyi LT, Ede MO, Agbigwe IB, Onuorah AR, Okon OE, et al. Cognitive behavioural play therapy for social anxiety disorders (SADs) in children with speech impairments. J Ration Emot Cogn Behav Ther [Internet]. 2022; Available from: <http://dx.doi.org/10.1007/s10942-022-00442-6>
8. Ryum T, Svartberg M, Stiles TC. Homework assignments, agenda setting and the therapeutic alliance in cognitive therapy with cluster C personality disorders: Synergetic or antagonistic

ingredients? Cognit Ther Res [Internet]. 2022;46(2):448–55. Available from: <http://dx.doi.org/10.1007/s10608-021-10268-8>

9. Ahuja Niraj. A short text book of psychiatry, 1st ed. New Delhi: Jaypee Publishers, 2002.
10. Basavanthappa, B.T. Nursing Research. 2nd ed. Bangalore.: Jaypee Publishers 2000.

TOOL:

Section A: Beck Depression Scale.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things can not improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failure.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of time.
6.
 - 0 I don't feel I being punished
 - 1 I feel I may be punished
 - 2 I expect to be punished.
 - 4 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.

- 8.
- 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
- 9.
- 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
- 10.
- 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
- 11.
- 0 I am no more irritated by things than I ever was.
 - 1 I am slightly more irritated now than usual.
 - 2 I am quite annoyed or irritated a good deal of the time.
 - 3 I feel irritated all the time.
- 12.
- 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all my interest in other people.
- 13.
- 0 I make decision about as well as I ever could
 - 1 I put off making decision more than I used to
 - 2 I have greater difficulty in making decision more than I used to.
 - 3 I can't make decision at all anymore
- 14.
- 0 I don't feel that I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive
 - 2 I feel there are permanent changes in my appearance that make me look unattractive
 - 3 I believe that I look ugly
- 15.
- 0 I can work about as well as before
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.

16.

- 0 I can sleep as well as well as usual
- 1 I don't sleep as well as I used to.
- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
- 3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.

- 0 I don't get more tired more easily than I usual
- 1 I get tired more easily than I used to.
- 2 I get tired from doing almost anything.
- 3 I am too tired to do anything.

18.

- 0 my appetite is no worse than usual
- 1 my appetite is not as good as it used to be
- 2 my appetite is much worse now.
- 3 I have no appetite at all anymore.

19.

- 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than five pounds
- 2 I have lost more than ten pounds
- 3 I have lost more than fifteen pounds

20.

- 0 I am no worried about my health than usual
- 1 I am worried about physical problems like aches, pain, upset stomach, or constipation.
- 2 I am very worried about physical problems and its hard to think of much else.
- 3 I am so worried about my physical problems that I cannot think of anything else.

21.

- 0 I have not noticed any recent change in my interest in se
- 1 I am less interested in sex than I used to be
- 2 I have almost no interest in sex
- 3 I have lost interest in sex completely

Scoring interpretation:

Section II: Beck Depression Scale

Raw score	Depression Severity	Percentage
0-21	Mild depression	0-33%
22-42	Moderate depression	34-66.66%
43-63	Severe depression	68-100%