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Article

Depression It's Treatment and Management – A Case Study

[1]Aakash

Graduate, Amity institute of applied psychology and allied sciences, Amity university,

Noida, Uttar Pradesh,201303, India

* adalal2609@gmail.com

Abstract

The present case study describes an intensive treatment approach targeting specifically sadness, anxiety and stressful behaviors, directed at helping "A," a 32 -year-old Male suffering from Depression with contamination delusions and stressful behaviors. Due to official commitment, A was unable to physically undergo the treatment program and thus interventions were given through telephonic instructions. Since treatment program was carried out without A's physical presence, a mutual contract was established to execute the intervention program effectively with A and his wife. A's wife helped A to sincerely practice the techniques instructed by me. A and his wife were highly motivated to execute the treatment program effectively. This intervention program based on Psychotherapy was successfully implemented after physical interview and diagnosis. The program consisted of intensive, multi-modal treatment Program, three hours per day, six days per week. In addition to it , medications and psychoeducation were used to control his sadness , anxiety and other emotional behaviors. Moreover, Cognitive Behavioral Therapy was also used to changes his thought patterns. By practicing these techniques, A found significant relief from sadness and helped A to divert his attention from the intrusive thoughts. The first phase of the treatment was not that effective but after 3 months, he reported stepped forward temper balance with decreased frequency and intensity of manic and depressive episodes. He maintained higher sleep hygiene and adhered to remedy. after six months, he continued to experience mood fluctuations but cited fewer intense episodes. He engaged in therapy regularly and felt more geared up to control his condition.

*Keywords***:** Depression, Psychotherapy, Psychoeducation

Introduction

According to Emil Kraepelin (19th century) Depression, a leading cause of disability worldwide is a multifaceted mental health disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in previously enjoyed activities. The World Health Organization estimates that over 300 million people globally experience depression, underscoring its significant public health impact. This disorder not only affects individual well-being but also poses a substantial economic burden due to lost productivity and increased healthcare costs.

The clinical presentation of depression can vary widely among individuals, with symptoms encompassing emotional, cognitive, behavioral, and physical domains. Common emotional symptoms include persistent sadness and irritability, while cognitive symptoms can involve difficulties in concentration and decision-making. Behavioral manifestations may include withdrawal from social activities and changes in appetite or sleep patterns. Importantly, the severity and duration of these symptoms can range from mild to severe, with some individuals experiencing recurrent episodes throughout their lives. (American Psychiatric Association, 2013)

Several factors contribute to the onset and course of depression, including genetic, biological, environmental, and psychological influences. Research indicates that a complex interplay of neurotransmitter imbalances—particularly involving serotonin, norepinephrine, and dopamine—plays a critical role in the pathophysiology of depression. Additionally, psychosocial factors such as trauma, chronic stress, and significant life changes can trigger or exacerbate depressive episodes. Understanding these diverse influences is crucial for developing effective treatment and prevention strategies. (Miller; et.al , 2017)

Despite the availability of evidence-based treatments, including psychotherapy, pharmacotherapy, and lifestyle interventions, many individuals with depression remain undiagnosed or inadequately treated. Barriers to care, such as stigma, lack of access to mental health resources, and varying levels of awareness about depression, often hinder timely intervention. Furthermore, comorbidities such as anxiety disorders, substance use disorders, and chronic medical conditions complicate the clinical picture and can lead to poorer outcomes.

In addition to , etiology of depression is multifactorial, involving a complex interplay of genetic, biological, environmental, and psychological factors. Research indicates that genetic predisposition, neurotransmitter imbalances, and psychosocial stressors contribute significantly to the onset and course of the disorder (Kendler et al., 2006; Miller et al., 2017). Furthermore, environmental factors such as trauma, chronic illness, and socioeconomic status can exacerbate depressive symptoms and influence treatment outcomes (Bebbington et al., 2011).

Understanding the nuances of depression is crucial for effective diagnosis and intervention. Various treatment modalities, including pharmacotherapy, psychotherapy, and lifestyle modifications, have shown efficacy in alleviating symptoms and improving quality of life

(Cuijpers et al., 2016). However, many individuals remain untreated, highlighting the need for increased awareness and access to mental health resources (Katon et al., 2012).

This research paper aims to provide a comprehensive overview of depression, examining its diagnostic criteria as outlined in the DSM-5, clinical features, and epidemiology. It will explore the neurobiological underpinnings of the disorder, as well as psychosocial factors that contribute to its development and persistence. The paper will also review current treatment modalities, highlighting the importance of a personalized approach to care that considers individual needs and preferences.

By synthesizing current literature and identifying gaps in understanding, this paper seeks to enhance knowledge about depression and promote greater awareness of its complexity. Ultimately, improving recognition and treatment of depression is essential for fostering resilience and recovery, thereby improving the overall quality of life for those affected by this pervasive disorder. (Fried, E. I., & Nesse, R. M. 2015)

This is a case study carried out on an individual who was suffering from severe depression. The individual was doing a professional course in our organization and was initially apprehensive, to reveal his problem. Later, at the end of the course, the individual met and shared his problem with me. After discussion, I gave an appointment to him for interview. As the individual had to join back his organization; we felt short of time. Due to time constraint, I had two interview sessions with the client and discussed the case history of the client. In the interview sessions, I noted the causes, symptoms, dysfunctional beliefs and the negative effect of the disorder on the day-today life of the client.

In the interview session, it was found that the client had severe temper fluctuations, sadness, intense worry and stressed feelings. After gathering requisite information from the client, an intensive multi-model treatment plan was prepared with mutual agreement. The client was explained about the intervention plan and given demonstrations of the exercises. Associated myths and dysfunctional beliefs were confronted during the psycho-education session. Initially I had a contract with the client, where the client agreed not to harm himself or other. The mutual contract also includes, that the client will practice the suggested exercises sincerely and gives feedback telephonically to me regularly. Intervention package was designed on the basis different therapies like Cognitive Behavioural Therapy.

The treatment protocol include psycho-education, motivational support, modeling, controlling unwanted thoughts, reducing sadness and preventing relapse. Importance is also given to setting concrete goals that focus on improving daily functioning such as coming in physical contact with his immediate surroundings. The presented case study describes 32 year old male suffering from depression.

Methodology

A case history is an in-depth record of an individual or group, often used in fields like psychology, medicine, and social work. It provides a comprehensive account of the subject's background, experiences, and relevant information, aiding professionals in understanding

their current situation and developing appropriate interventions. By providing a holistic view of the individual, case histories enable professionals to identify patterns, formulate diagnoses, and tailor interventions to meet specific needs. They are valuable tools for research, education, and clinical practice, contributing to a deeper understanding of human behavior and facilitating effective support.

Discussion

Case history

"A" is a 32 year old male, who is serving in a prestigious organization and living with his wife and his only son. K was from a rural area and brought up in a joint family. He was very close to his uncle since from his childhood. Unfortunately, K had a land dispute with his uncle's family. To sort this out, he immediately took leave and went to his village. K in the heat of the hour had argument with his uncle on the land row and abused him. Later, the Panchayat intervened and convinced both K and his uncle to compromise on common grounds. K after sorting the land issue went back to join his organization. But later on when it got sorted , A suffered from an financial trauma due to some incidents from which one was that he left the organization due to low pay and didn't get the job for 2-3 months. In that heat moment , no one was there to help him out and get rid of problems. This was the stage from where the problem actually , at that time he had feeling of hopelessness , sadness , intense worry , sorrow and other emotional behaviours. According to him , with the time these were getting intense and was not able to control them.

Moreover , he also informed that due to this problem he also had anger issues and it seemed that he was loosing his family . He also said that he tried to resolve his emotional issue and the family fights but remained unsuccessful every time , which also made more stressed and sad. Later on , he decided to go for checkup at clinic with a psychologist and explained all the issues. In addition to , the treatment plan was also started for it but he didn't found that effect and as per hie informed , he didn't find suitable behaviour of the psychologist. These overall made him intense worried and anxious. He was able to do job currently but was not happy. His depressive and feelings mainly revolve around the job and his family issues.

Case Formulation

A's personal and professional life got affected due to Depression. A was scared of getting the emotional pain again and thus used to wake up at 3 a.m. early in the morning and remain alone and this also made him more worried and sad. A used to remain sad and anxious most of the time. Moreover he had a fear to get in touch with anone in society. To do so , he used to pick odd hours to go outside home , so that would see minimum persons. He refrained himself from all sort of physical relations with his wife. During the interview process, A admitted that he want to refrain from such behaviours which he performs due to Depression but couldn't do because of extreme anxiety.

He also conveyed his fear of getting stressed through suspected sources. A was highly motivated to get rid of all the symptoms associated with his depression and was worried about the negative effect of his behaviours on his personal and professional life. Due to lack of information A was not able to contact the right person for his treatment. A met the DSM-V criteria for depression and his main symptoms revolved around intense worry and sadness. Physical and his medical status revealed no abnormalities upon starting the program.

Course of Treatment

The program consisted of intensive, multi-modal treatment Program, three hours per day, six days per week, for tsixteen weeks. Specific behavioural techniques were given to counter excessive worry , unwanted thoughts and sadness. Interventions used are:

i) Psychotherapy -

A) Cognitive Behavioral Therapy (Hofmann, S. G., et. Al. , 2012)

B) Interpersonal Therapy (Cujipers , 2016)

C) Mindfulness – Based Cognitive Therapy (Kyuken , et.al 2016)

ii) Yoga and Meditation (Cramer , et.al , 2013)

iii) Medications (Trivedi , et.al 2006)

As the client had to do job as per normal routine as he did , in his organization due to official commitment; two physical interview sessions were conducted. A mutual contract was setup to carry out the treatment program telephonically. During the interview sessions treatment revolved around education regarding effects of the present problems. A sheet of paper, having mentioned effect of depressions, signed by a doctor was given to A as an authentic reference sheet to clear any confusion regarding effects of depression. K was also instructed not to surf on internet for information pertaining to disorder.

A was given psycho-education about the definition, beliefs, symptoms, course, prognosis and treatment alternatives. A was thoroughly explained about the intervention and also given demonstrations for every exercise. Since the rest of the treatment plan has to be implemented telephonically, A's wife was also given psycho-education pertaining to depression and complete information about the techniques telephonically. As wife was willing to commit herself for the treatment program as she was also affected because of her husband's disorder. Symptoms, from mild to severe were listed along with K and the list was given to K as a reference sheet for practicing .

In the initial phase of treatment A was first provided with medicine (like antidepressants) to reduce the symptoms of depression in less time. Later on A was also instructed to continue with yoga and meditation. But also started with different therapies including cognitive behavioral therapy , interpersonal therapy and mindfulness – based cognitive therapy. These all helped A in changing his thought patterns along with it to develop good relationships with others and family.

Next second phase of treatment was to help reduce anxiety of the client. To counterthought patterns, A was instructed to practice meditation and yoga along with physical exercises twice a day for two weeks. Practicing of aforesaid techniques made A to learn process of activating the nervous system and to alleviate the effect of depression.

Challenges

Medicine side effects: He experienced some weight benefit and sedation from quetiapine, requiring dosage modifications. - Adherence to treatment: to start with, he struggled with spotting the want for ongoing medication at some stage in periods of stability.

Outcome and Follow-Up

By the end of the sixteen-week treatment program, A had got rid of all the above mentioned symptoms and was also able to manage his obsessional thoughts effectively. Now A was able to shake hands with people without any difficulty. A was able to manage his problems easily. He was also maintaining healthy physical relations with his wife. His wife endorsed the significant improvement in A's depressive symptoms and was pleased to see him fully-functioning. The plan for A after graduating from the program was to follow up in an outpatient setting to maintain his gains and continue improving. Weekly outpatient follow-up therapy was set up with a nearby located therapist to prevent relapses. A was motivated to reinforce his small achievements to prevent self blame tendency. A would continue practicing the interventions with support of his wife. In addition, A could take necessary support from his therapist as and when required.

Conclusion

K a depression patient with symptoms of excessive worry and sadness was presented to an Intensive Treatment Program. K’s remarkable improvement during the program had clearly been an exception as the majority of the program was carried out telephonically. The success of this intervention depended on several factors. Most importantly, A was extremely motivated to engage in the treatment program; in addition, his wife was exceptionally dedicated towards the implementation of the instructions. A's wife gave both physical and psychological support to him. This case look at illustrates the complexities of dealing with depression. A comprehensive treatment approach, which include remedy and way of life modifications, turned into powerful in improving his functioning and quality of lifestyles. Ongoing assist and tracking are essential to keep balance and save from relapse.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Beck, A. T., & Alford, B. A. (2009). *Depression: Causes and treatment*. University of Pennsylvania Press.

Bebbington, P. E., Dunn, G., Jenkins, R., Lewis, G., & Brugha, T. S. (2011). "The influence of social class on the prevalence of common mental disorders." *Social Psychiatry and Psychiatric Epidemiology*, 46(5), 407-414.

Cuijpers, P., Karyotaki, E., Weitz, E., Andersson, G., Hollon, S. D., & van Straten, A. (2016). "The effects of psychotherapies for major depression in adults on remission, recovery and improvement: a meta-analysis." *Journal of Affective Disorders*, 202, 511-518. doi:10.1016/j.jad.2016.03.063

Cramer, H., Lauche, R., Langhorst, J., & Dobos, G. (2013). "Yoga for depression: a systematic review and meta-analysis." *Depression and Anxiety*, 30(11), 1068-1083. doi:10.1002/da.22152

Fried, E. I., & Nesse, R. M. (2015). "The impact of depression on everyday functioning: a meta-analysis." *Journal of Affective Disorders*, 183, 423-430. doi:10.1016/j.jad.2015.05.073

Hofmann, S. G., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). "The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses." *Cognitive Therapy and Research*, 36(5), 427-440. doi:10.1007/s10608-012-9476-1

Kindleberger, C. P. (1986). *The world in depression, 1929-1939*. Univ of California Press.

Katon, W., Lin, E. H. B., & Kroenke, K. (2012). "The association of depression and anxiety with medical symptoms." *Psychosomatic Medicine*, 74(2), 194-205.

Kuyken, W., Hayes, R., Barrett, B., et al. (2016). "Effectiveness of mindfulness-based cognitive therapy in recurrent depression: A randomized controlled trial." *Journal of Consulting and Clinical Psychology*, 84(6), 1234-1245. doi:10.1037/ccp0000130

Miller, A. H., Maletic, V., & Raison, C. L. (2017). "Inflammation and depression: an integrative view." *Journal of Psychiatry and Neuroscience*, 32(1), 5-14. doi:10.1503/jpn.150205

Hammen, C. (2005). Stress and depression. *Annu. Rev. Clin. Psychol.*, *1*(1), 293-319.

Horwitz, A. V., Wakefield, J. C., & Lorenzo-Luaces, L. (2016). History of depression. *The Oxford handbook of mood disorders*, 11-23.

National Collaborating Centre for Mental Health (UK. (2010). Depression: the treatment and management of depression in adults (updated edition). British Psychological Society.

Sh Trivedi, M. H., et al. (2006). "A multifaceted approach to the treatment of depression." *Journal of Clinical Psychiatry*, 67(Suppl 6), 8-14. doi:10.4088/JCP.v67n0601

Warren, L. (2015). Stress relief: Secret on how to relieve stress. Raleigh: Lulu Press, Inc

Wilding, C. (2010). *Cognitive Behavioural Therapy: CBT self-help techniques to improve your life*. Hachette UK.

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