



## BASIC CRITERIA OF COGNITIVE-BEHAVIORAL THERAPY OF DEPRESSIVE DISORDERS AFFECTIVE AND NEUROTIC REGISTERS IN UNIVERSITY STUDENTS

I. D. Vashkite

V. N. Karazin Kharkiv National University

**Summary.** At the present stage of development of society among general medical problems particularly urgent problem is the problem of pathological affective sphere, especially anxiety and depressive disorders. We consider the specifics and peculiarities of depressive disorders in university students. Shown to the validity of the use of cognitive-behavioral psychotherapy. The author gives recommendations for cognitive-behavioral psychotherapy in the outpatient treatment. The psychotherapeutic process should be focuses mainly on cognitive aspects, based on a balanced use of the individual cognitive, emotional and behavioral mechanisms.

**Keywords:** depression, students, cognitive-behavioral psychotherapy.

At the present stage of development of society among general medical problems particularly urgent problem is the problem of pathological affective sphere, especially anxiety and depressive disorders. According to the World Health Organization (WHO), currently more than 110 million man in the world – 3–6 % of the population – identified certain clinically important manifestations of these disorders. A similar trend is observed in Ukraine [1, 7].

The growing importance of the problem of depression due to their prevalence, significant influence of disease on quality of life and social functioning of a person, as well as the highest among all mental disorders caused by the level of suicides. All this leads to social problems and economic losses [1, 3, 7].

According to the WHO, at the beginning of the XXI century the proportion of depressive and anxiety disorders was 40 % in the total registered in the world of mental pathology. Annually in the world suffer from clinically diagnosed depression about 200 million. People, and this number is growing steadily. Every eighth person once in your life needs a specialized anti-depressant therapy [5].

Increasing the number of mood, especially depression associated with a number of factors: the increasing number of mood disorders, mental illness pathomorphism occurring on lighter psychopathological levels and trends of mental disorders to somatization with complex vegetative and visceral disorders and disadaptation of patients [6].

Affective disorders, including subclinical level have a marked negative impact on quality of life, social and emotional adaptation, increase the risk of suicide among students [3].

In modern conditions for education in institutions of higher education can be attributed to a specific kind of activity

associated with a high level of mental and physical exertion, it is increasing during the session period, the lack of time required to absorb in a short time a lot of information, increased requirements to address problematic situations rigid control and regulation regime.

The specifics of higher education determines the high frequency of depressive symptoms in students associated with significant stress loads that create additional conditions for the manifestation of the predisposition to disease or active manifestation as long latency of the disease process.

Depressive disorders are manifested in the unity of violations of mental activity, the subjective experience of negative affect and somatovegetative symptoms [4].

We have studied 200 patients with depressive disorders affective and neurotic registers (79 patients with depressive disorders affective register and 121 patients suffering from depressive disorders neurotic register).

We used complex methods of investigation, which included medical history, socio-demographic, clinical and psychopathological, psychodiagnostical and mathematical and statistical methods.

Medical history method was used to identify anamnestic factors of depressive disorders, affective or neurotic register; studied the peculiarities of personality development and education in the family.

Socio-demographic method was used to study characteristics such as distribution examined by age, education level, marital status, social status, profile and type of university work.

Clinical and psychopathological method based on accepted approaches to psychiatric assessment through interviews and observation. The survey was carried out using the research

diagnostic criteria of ICD-10. To assess the dynamics of the mental state during the treatment and follow-up observations we used standardized psychometric self-assessment A. Beck depression scale. Clinical and psychopathological examination method was supplemented using our proposed individual card inspection of patient depressive disorder.

Also included psychometric research study of the severity of psychopathology using a scale of anxiety and depression M. Hamilton (HDRS) (1960) and the scale S. Montgomery – M. Asberg (MADRS) (1979). Psychodiagnostic survey included the study of personality characteristics of students using a questionnaire EPI (Eysenck method G., 1956) and a diagnostic questionnaire aggression of A. Buss and A. Darko (1957).

For statistical data mathematical processing methods: the method of test t – Student (E. Hubler, 1973).

Based on our results reasonable algorithm of psychotherapy is providing to students with depressive disorders neurotic and affective registers.

Psychotherapy should have a teaching value, and strengthen their own psychological defense mechanisms to overcome the disease.

There are two basic ways to proven treatments for depression: drug therapy and psychotherapy. The greatest effect is achieved by the combination of these two methods. Application only drugs estimated controlled studies in pharmacotherapy of depression, leads to a marked improvement only in 60–65 % of cases. So in relation to 35–40 % of depressed patients, should be used various therapies. But to achieve the most pronounced improvement requires long-term use of the antidepressant in high enough doses. Despite the relative safety of modern drugs, it would be desirable to reduce the duration of their admission and the dose to the lowest possible, thereby minimizing side effects (drowsiness, lethargy, liver and stomach, etc.).

Due to peculiarities of depressive disorders in students, the best option in the treatment of depression is a combination of antidepressants with a course of cognitive therapy. It was revealed that students use less constructive ways of coping with stress than adults. Factors such as frequent lack of sleep, exhaustion, academic debts, the difficulties of self-organization and aborted constructive coping strategies, lack of social support, complex family circumstances, social stress, the inability to make a living, etc., are often the cause of emotional disadaptation and mental disorders in students.

The depressed patient is dominated by negative perceptions of himself, his actions,

and the most important thing is that such ideas are due to unwarranted conclusions based on the fixing of attention on the individual patient's details without the overall situation view of the objective of the event. Studying is closely connected with social interaction.

The phenomenon of social anxiety, could have a serious negative impact on the social and emotional adjustment and quality of life of students [6].

Among the features of psychiatric research depression and suicide risk points to the need to recognize the importance of psychogenic and personal factors in their formation. It is noted that the importance of psychogenic conflict in the tense period of training in high school are often magnified in the virtue of the age factor, low stress, mental infantilism, lack of socialization that leads to the fact that the structure of psychopathology, along with polymorphic neurotic disorders, revealed suicidal ideation and behavior. It is emphasized that the conflicts that arise among students, others may not attach importance as a risk factor for suicidal behavior, as the plot of stressful situations in most cases is not extraordinary [2].

Cognitive therapy is best proven in the treatment of depression, anxiety, phobias, panic attacks.

At the heart of the cognitive approach is the statement: «Emotions and behavior are determined by how he assesses the world». That is, if in the depths of the subconscious belief a person has «unfriendly world», then his behavior and emotions are appropriate.

The goal of cognitive-behavioral therapy in the treatment of depressive disorders is a change in mood and emotional state of the patient due to the rational-logical processing of patient subjective view of themselves and the world that achieved rational reassurance patient's physician regarding the unfounded negative and a downgrade themselves and their achievements.

The important is to explain the mechanisms of development of depressive symptoms that the patient had a clear idea of their own illness, the possibility of therapeutic intervention.

The patient is provided with the information that on its own efforts depends on his condition, it can affect their emotions and mood.

It is necessary to change the painful picture of themselves with respect to their own helplessness and hopelessness of the situation of the disease and depression and help the patient to identify positive factors on which it could rely in overcoming depression.

The most effective is cognitive-behavioral therapy to modify of A. Bek and A. Ellis.

The concept of rational-emotive behavioral therapy Ellis main intermediate variable, making clear the connection between the stimulus and the behavior is rational and irrational «cognition». The concept of cognitive psychotherapy (cognitive counseling) Beck define variables are realistic and unrealistic (related cognitive errors in the findings) «cognition».

Both authors recognize the relationship of cognitive and behavioral variables in the dominant values of the first. From their point of view, the center of the impact of psychotherapy should be intervening cognitive variables.

Ellis, in his rational-emotive behavioral therapy was guided by the idea according to which positive emotions, such as feelings of love or delight, often related or the result of inner conviction, expressed in the form of the phrase «It is good for me», and negative emotions such as anger or depression, associated with the conviction expressed by the phrase «It's bad for me».

He believed that the emotional response to a situation reflects a «shortcut» that «hang» it (for example, it is dangerous or enjoyable), even in the case where the stigma is not true. To achieve happiness, for Ellis, it is necessary to formulate goals and rationally choose the adequate means. In any situation are introduced, two distinct types of «cognition»: beliefs and assumptions [8].

Cognitive-behavioral therapy for patients with affective disorders is recommended to conduct individual and group format.

In the first phase, preference is given to individual forms of work in the form of psychotherapeutic conversation that is needed to establish emotional contact with the patient.

At the first session the patient is due to the relationship of thoughts, emotions, behavior on the example of his own experience. Further studies to identify, track, record your negative thoughts in a special «Diary of automatic thoughts». After that, together with the therapist recorded automatic thoughts are analyzed and identified, irrational (incorrect and illogical). Special equipment with automatic thoughts are revealed the basic beliefs. Throughout this work, responsibility for their own condition gradually passed into the hands of the patient. By the end of the therapy, the patient begins to play the role of the therapist in relation to oneself, self-questioning their own projections or conclusions, skillfully guiding them corrected.

To achieve the objectives during the investigation was used medication (antidepressants new generation – Selective

serotonin reuptake inhibitors (SSRIs)) and non-drug methods (cognitive-behavioral therapy (CBT) in modification A. Beck). The control group at the same time receiving standard medical therapy (antidepressants).

Psychotherapy carried out in parallel with taking drugs and was conducted in three phases.

The task of the first (didactic) stage: understanding the formation mechanisms of the disease and treatment.

The task of the second (actually cognitive) phase: identifying disadaptive «automatic» thoughts that support frustration, depression, negative self-image.

Task third (behavioral) phase: special strategy that teaches self-esteem and creates positive motivation.

Psychotherapeutic techniques in students in the study group had different accents intervention. Thus, at cognitive-behavioral therapy of depressive disorders affective register was aimed at addressing motivational, behavioral and physical symptoms of depression. Helped restore the patient's ability to control the situation, to cope with it, overcome feelings of incompetence and helplessness overemphasized quite ordinary life difficulties perceived as intolerable, overcome fatigue and inertia. An important role in recovery played a refutation of negative expectations and demonstration motor ability.

At the same time cognitive-behavioral therapy of depressive disorders neurotic register was aimed at understanding the role of stress that occurs in the disease of the patient. A necessary step of changing attitudes served as traumatic to the patient (stress) situation and accepted as part of the experience. Has become an important reassessment of their role in traumatic situations, assuming some responsibility with the formation of an active position to overcome the prevailing circumstances.

After a period of formation compliance relations we conducted 14–16 sessions of cognitive-behavioral therapy for two months, students with severe somatic-vegetative component were conducted training for anger management technique.

Sessions are conducted on an outpatient basis every week 1–2 times a week for 4–6 months. After completing the course recommended «booster therapy» – a visit to a therapist if necessary 3–4 times a year – to monitor the status and obtain further clarification and homework.

Thus, the psychotherapeutic process should be a study of personality through

the understanding of the internal dynamics of a correction of the disturbed relationship between the individual and focuses mainly on cognitive aspects, based on a balanced use of the individual cognitive, emotional and behavioral mechanisms [6].

The study of the effectiveness of the program of psychotherapy in research groups compared with the control group, as assessed by objective (scale S. Montgomery – M. Asberg) and subjective criteria (scale A. Beck).

Psychotherapy for students with depressive disorders neurotic and affective registers in outpatient conditions should include the impact of a power system to stabilize the emotional state and the formation of a harmonious attitude to the disease and improve quality of life. The system of psychotherapy, is based on integrative principle proved to be highly effective in 67.23 % of students with depressive disorders affective register and in 88.58 % of students with depressive disorders neurotic register.

## References

1. Gojda N. G., Zhdanova N. P., Naprejenko O. K., Dombrov's'ka V. V. *Psyhiatrychna dopomoga v Ukraїni u 2001 roci ta perspektyvy i'i rozvytku* [Psychiatric care in Ukraine in 2001 and its development prospects]. *Ukraїns'kyj visnyk psyhonevrologii*, 2002, vol. 10, issue 2(31), pp. 9-12. (In Ukr.)
2. Krasnova V. V., Kholmogorova A. B. *Sotsial'naya trevozhnost' i studencheskaya dezadaptatsiya* [Social anxiety and maladjustment student]. *Elektronnyy zhurnal «Psikhologicheskaya nauka i obrazovanie»*, 2011, vol. 1. (In Russ.)
3. Kut'ko I. I., Naprejenko O. K., Kozydubova V. M. *Afektyvni rozlady* [Affective disorders Psychiatry]. *Psyhiatrija* [pid red. prof. O.K.Naprejenka], Kiev, Zdorov'ja, 2001, pp. 353-372. (In Ukr.)
4. Lazovskaya O. E. *Aktual'nye problemy v izuchenii depressivnykh rasstroystv u studentov VUZov* [Actual problems of the study of depression in university students]. *«Meditsinskiy zhurnal» Belorusskogo gosudarstvennogo meditsinskogo universiteta*, 2010, vol. 2. (In Russ.)
5. Maruta N.A., Moroz V.V. *Nevroticheskie depressii (klinika, patogeneza, diagnostika i lechenie)* [monografiya] [Neurotic depression (clinic, pathogenesis, diagnosis and treatment) [monograph]]. Kharkiv, Aris Publ., 2002, 144 p. (In Russ.)
6. Maruta N. O., Semikina O. Je., Maljuta L. V. *Kognityvno-bihevioral'na terapija pry likuvanni depresyvnnykh porushen'* [Cognitive-behavioral therapy in the treatment of depressive disorders]. *Tavricheskiy zhurnal psikhiiatrii*, 2011, vol. 15, issue 2(55), pp. 32-33. (In Ukr.)
7. Mikhaylov V. V. *Problema depressiy v obshchecosomaticheskoy praktike* [The problem of depression in somatic practice]. *Zdorov'ja Ukraїny*, 2006, no. 3 (136), pp. 18-19. (In Russ.)
8. Mikhaylov B. V., Chugunov V. V. *Povedencheskaya psikhoterapiya: metodicheskie rekomendatsii* [Behavioral therapy: guidelines]. Kharkiv Publ. house of KhMAPE, 2002, 6–11. (In Russ.)

## БАЗОВЫЕ КРИТЕРИИ КОГНИТИВНО-БИХЕВИОРАЛЬНОЙ ТЕРАПИИ ДЕПРЕССИВНЫХ РАССТРОЙСТВ АФЕКТИВНОГО И НЕВРОТИЧЕСКОГО РЕГИСТРОВ У СТУДЕНТОВ ВУЗОВ

И. Д. Вашките

Харьковский национальный университет имени В. Н. Каразина

**Аннотация.** На современном этапе развития общества среди общих медицинских проблем актуальной является патология аффективной сферы, особенно тревожные и депрессивные расстройства. В статье рассматриваются специфика и особенности формирования депрессивных расстройств у студентов ВУЗов. Показана обоснованность применения когнитивно-бихевиоральной психотерапии. Автор дает рекомендации по проведению КБТ в рамках амбулаторного лечения. Показано, что психотерапевтический процесс должен фокусироваться в основном на когнитивных аспектах, на основе сбалансированного использования индивидуальных когнитивных, эмоциональных и поведенческих механизмов.

**Ключевые слова:** депрессии, студенты, когнитивно-бихевиоральная психотерапия.

## БАЗОВІ КРИТЕРІЇ КОГНІТИВНО-БІХЕВІОРАЛЬНОЇ ТЕРАПІЇ ДЕПРЕСИВНИХ РОЗЛАДІВ АФЕКТИВНОГО ТА НЕВРОТИЧНОГО РЕГІСТРІВ У СТУДЕНТІВ ВНЗ

І. Д. Вашкіте

Харківський національний університет імені В. Н. Каразіна

**Анотація.** На сучасному етапі розвитку суспільства серед загальних медичних проблем актуальною є патологія афективної сфери, особливо тривожні і депресивні розлади. Розглядається специфіка та особливості формування депресивних розладів у студентів ВНЗ. Показана обґрунтованість застосування когнітивно-біхевіоральної психотерапії. Автор дає рекомендації щодо проведення КБТ в межах амбулаторного лікування. Показано, що психотерапевтичний процес повинен фокусуватися в основному на когнітивних аспектах, на основі збалансованого використання індивідуальних когнітивних, емоційних та поведінкових механізмів.

**Ключові слова:** депресії, студенти, когнітивно-біхевіоральна психотерапія.