


Hybrid Mode Psycho-Education and Supportive Psychotherapy for Depressive Symptoms: Observation Report

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Abstract

Short-term approaches therapy for depressed adults, the patient was assigned to a short-term therapeutic approach. During covid -19, we all faced the lockdown; during this duration, everyone closed their homes; at the same time, online work mode came to intend, and teletherapy and Tele counseling also became popular in this period. This study was planned to see the efficacy of the hybrid mode of therapy. The patient was introduced to psycho-education, supportive therapy, relaxation, and behavioral activation (Activity Scheduling, Breathing Exercises, and JPMR) as a therapeutic intervention. The treatment outcome was based on self-reported and semi-structured clinical interviews for depressive episodes and current episodes of mild depression. After treatment, patients with the therapeutic approaches showed significant symptomatic improvement at the approaches level and clinical significance at the individual level.

Keywords: depression; psycho-education; supportive therapy; relaxation; behavioral activation breathing exercise; jpmr

Introduction

Depression is considered a significant public health issue (Mathers CD, Loncar D, 2002) and affects millions of individuals worldwide; it has been associated with more significant morbidity and mortality and increased healthcare costs (Vos et al., 2017). Depression is one of the most frequent causes of consultation and is particularly common in patients in academic institutions. According to the World Health Organization (WHO), by 2030, will be the principal cause of disability in the world. Approaches treatment effect on depression has evidence of study as evidenced by G.M. Burlingam et al. (2013) and Meta-analysis by Jain et al. (2020).

In this approach psycho-education therapy, psycho-education was demonstrated, which is an effective therapy in the treatment of depression in adults (Tursi MF et al., 2013) as it decreases depressive symptoms and risk of relapse/recurrence and improves treatment compliance (Cuijpers et al., 2009). Adherence to psycho-education interventions is high (Casañas, R et al., 2012). Moreover, the community could carry such therapy in primary care (Dalgard O S. et al., 2006). The BDI is the primary outcome measurement in the present study. Supportive therapy such as yoga, music therapy, and deep breathing techniques also had been taught to the patient.

Rationale

The therapist designed the approaches therapy for their better functioning in these areas that can help within their psychosocial treatment, and they can sustain themselves in their society.

Formation of Approaches

Approaches formation has been done with patients suffering from F31.3 Bipolar affective disorder, current episode mild or moderate depression to ICD-10 with two & three episodes. He was 19 years old, unmarried, and was taking treatment for their psychiatric illness.

The details of the approach's members

The index patient was a 19-year-old male pursuing post-graduation, Hindu, Hindi, and English speaking, belonging to middle socio-economic status. The patients fulfilled the criteria of the ICD-10 Classification of Mental and Behavioral Disorders (WHO) of F32.0 Mild Depressive Episode. The participant was included who gave his consent and motivated to participate in the study and able to comprehend the instructions. Exclusion criteria were those who were not motivated to participate in

approaches and taking therapy in online mode, other psychopathology, misused substances, and did not understand Hindi.

Procedure

The therapist planned for the approaches therapy and psychosocial treatment of the approaches, through which they can overcome their problem and manage their symptomatic behavior and relapse. Approaches therapy was conducted in 10 sessions (1st session was face-to-face, and the rest nine session were online), each lasting about 45 minutes to 1 hour. It was twice the aim week and continued for one month. The aim of the approach therapy was that a patient would return to a fully functioning family, community, and society to contribute productively.

Initial Phase

The therapeutic approaches were used with the individuals with bipolar disorder and current episode depression. The patient was taking counseling. First, the mental status examination (MSE) was done for assessment. Then, the therapist scheduled their daily routine. The following problem occurred with them in the following area: Low mood, Irregular sleep, pattern and disturbed appetite. Over-thinking and poor concentration, Pessimistic view of the future, Problems relating to compliance, like skipping doses and therapeutic instruction, Lack of motivation and procrastination, Lack of information about how to manage the side effects of the medicine, Irregular follow-up pattern due to many factors, academic overload, lethargies and procrastination.

Objectives of the approaches to therapy were psycho-education, developing social skills, activity scheduling, developing insight into their illness, relapse prevention, motivating them to be occupational therapy, learning vocational skills, and sleep hygiene. The approaches process (Tuckman, 1965) used for conducting the approaches therapy is: **Forming:** Approaches take shape, **Storming:** Taking role & status in approaches, **Norming:** Feeling of attachment and cohesiveness for the achievement of the task, performing: concentrate on carrying out its significant tasks and **Adjourning:** Approaches disband and ending stage.

Proceedings of therapy

Primary Objectives:

- To educate the patients about the illness.
- To strengthen self-confidence.
- To improve problem-solving ability.
- To impart patient counseling for relapse prevention.

Introduction of the therapist and the members, assessment of the insight and their knowledge about the illness, identifying the distress and stigma associated with it. In addition, the reason for the relapse of each member and compliance were also assessed. Impart psycho-education to develop insight towards the illness. They are identifying the various factors for relapse and applying relapse prevention techniques to deal accordingly. The following issue is explained in the approaches session to focus on relapse prevention. Identifying early relapse signs, Sleep hygiene, involving in certain activities, compliance issues, discussing stigma, expressed emotion, motivation to learn some working skills in collaboration with the occupational therapy department, and evaluation and termination of the sessions with pre-discharge counseling.

Introduction and psycho-education

Session started with the introduction from the therapist to the approaching members. After this, each member was asked for their introduction to one another. After the introductory part, the therapist encouraged the members to participate actively. All members were present and seated in rounds as every approach member interacted face to face. Two sessions were spent giving complete psycho-education using an informational model after assessment and general information. They explained about symptoms of depression. It was tried to help them identify the cognitive error and affective symptoms of their illness. The symptoms of depression were discussed separately in two different sessions. They were also helped in understanding the course and prognosis of their illness. They explained the various causes, such as biological and psychosocial factors. They have also explained the need for pharmacotherapy.

Activity Scheduling of Approaches Members

The session started with a brief overview of the last session. The therapist decided to approach members to engage in some productive work by scheduling their day-to-day activities. The members discussed among themselves for around ten minutes about their daily activities. All the members were asked to

monitor each other and to develop a sense of competition for doing maximum activities in the ward. The therapist reinforced the person with the best performance with thanks or hand claps.

Developing insight about their illness

This session made them realize that their behavior was part of their illness. The therapist explained to the approached members the illness's etiology, symptoms, and self-management. In addition, the members were educated about the risk associated with this illness.

Secondary Objective

Relapse Prevention: In this session, patients were helped in identifying the high-risk factors for their relapse, and prevention proceeded under the following heads: Early relapse sign: in this session, members were helped in recognizing the disturbance in biological functions like sleep, appetite, and libido as early signs of relapse. They were told the importance of consulting early to get a better result.

Sleep hygiene and Relaxation: In the following session, members were told about the importance of proper sleep.

They were told that they do not need either excessive or sleep deprivation. They were also told about how to maintain sleep hygiene to delay the relapse. They also introduced the procedure of JPMR and breathing exercises.

Importance of getting involved in some activities: Members were helped to identify their strengths and the importance of getting involved in some activities in their homes to help themselves and their caregivers. They were also helped to understand that they could be involved in any physical or mental activities if they were on medication.

Compliance issue: In this session, patients were told about the importance of medication, and its side effects were also explained. They were motivated to continue the long-term medication.

Removing myth & stigma

The therapist in this session counseled them and made them aware that it can occur to anyone at any age without considering their socio-demographic status. Psycho-education using a "supportive model" was given to help them cope with the consequences of various dimensions of mental illness. They were told that mental illness is like any other physical illness. To motivate the approaches for learning life skills. The

therapist helped them to understand the importance of life skills. As a result, they were motivated to attend the department regularly for life skill training.

Evaluation, termination, and pre-discharge counseling

The last session started with the therapist's brief overview of all sessions. All the members were evaluated on how much the intervention had helped them to gain insight, knowledge, awareness about the illness, motivation to continue the treatment, and lastly, how they will prevent the relapse. The therapist explained to the members that he was satisfied with how they cooperated and gained knowledge. The session was terminated by discussing the importance of follow-ups and regular compliance.

Outcome

Approaches intervention helped develop support for each other, and they could understand that they were not the only ones suffering from the illness. Insight into the problem could be achieved. Members own experiences were utilized to make therapy effective. Members' own experiences about the importance of pharmacotherapy could be enhanced among the members; Interactive learning could be facilitated. They helped each other in lowering the distress associated with their illness. Members could be instilled with the hope that they can prevent future relapses if the things taught in the therapy are adequately exercised. Both the members of the therapy (patients and therapist) were satisfied with the achievement of the approach therapy.

However, they were ready for the termination after giving some basic information about their problem, and the therapy was terminated. In conclusion, the present study demonstrates that approaches to psycho-education along with supportive therapy for depression have significant improvement of symptomatic improvement at the approaches level and clinical significance at the individual level.

Limitation of the Study

Sample size of the study, no comparative /control group was used in this study.

Declarations

Conflict of Interest: There's no conflict of interest.

Ethical considerations: Study followed all ethical considerations including verbal consent.

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