CASE REPORT

Psychiatric social work intervention with a person with severe depression based on cognitive behavioural case work approach: A case study

Kelhouletuo Keyho[1], Nilesh Maruti Gujar[2], Arif Ali[3], Kamlesh Kumar Sahu[4]

[1]M.Phil.Scholar, [2]PhD Scholar, [3]Assistant Professor, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, India

[4]Associate Prof. & I/C PSW, Dept. of Psychiatry, Govt. Medical College & Hospital, Chandigarh, India

ABSTRACT

Background: Cognitive behavioural therapy (CBT) is a widely recognized and accepted approach of treatment for depression. **Aim**: To examine the application of case work based on a cognitive behavioural approach concerning working with a client experiencing severe depression. **Methodology**: The single-subject case study design was adopted. Based on the assessment, psychiatric social work intervention was provided to client and family members. Pre and post assessment was done to see the effectiveness of psychiatric social work intervention in person with depression. Assessments were done using the Beck Depression Inventory (BDI), Rosenberg Self-Esteem Scale (RSE), Bradford Somatic Inventory (BSI), and Family Assessment Proforma. **Results**: Client's level of understanding about the illness was improved and the depressive symptoms were significantly reduced along with somatic complaints. **Conclusion**: The outcome of the case study approves that the cases with depression can be effectively seen using cognitive behavioural case work approach along with pharmacological treatment.

Keywords: Depression, cognitive behaviour therapy, psychosocial, social work intervention

INTRODUCTION

Depression is a common mental illness, ranked fourth in a list of the most vital health problems worldwide, with more than 350 million people affected.[1] Depression is different from general mood fluctuations and short-lived emotional responses. Depressive symptoms can impact the individual in everyday life and becomes a significant health state. The outcome affects the individual to undergo significant experiences of poor function in daily living and social responsibilities. Individual's family, work and social activities are likely to get affected in a severe depressive episode. As part of treatment, the psychosocial intervention can be provided to the individual such as behavioural activation, problem-solving skill, cognitive behavioural therapy (CBT), as the individual intervention plays a vital role to regulate the treatment outcome in depression. The intervention like CBT for depression is more effective.[2,3] It is a widely recognized and accepted approach of treatment for depression.[4-7] The vital component of CBT is to challenge/change negative thoughts, assumptions, and core beliefs, with more functional/thought-feeling-behaviour.

Problem-solving process in the collaboration with a therapist can help to achieve the goal by challenging maladaptive cognitions and modifying maladaptive behaviour patterns. A psychiatric social worker by applying component of case work based on a cognitive behavioural approach can play a crucial role to empower the individual. Thus, this case study aims to examine the application of case work based on a cognitive behavioural approach concerning working with a client experiencing severe depression.

Access the Article Online	
DOI: 10.29120/IJPSW.2020.v11.i1.132	Quick Response Code
Website: www.pswjournal.org	

Address for Correspondence:

Mr. Nilesh Maruti Gujar, PhD Scholar, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur -784001, Assam, India.
Email: psynilesh@gmail.com

How to Cite the Article:

Keyho K, Gujar NM, Ali A, Sahu KK. Psychiatric social work intervention with a person with severe depression based on cognitive behavioural case work approach: A case study. Indian J Psychiatr Soc Work 2020;11(1):36-42.

METHODOLOGY

The single-subject case study design was adopted. Case studies are integral parts of social work practice as it helps to understand the problems of a client in his environment. Psychiatric social work intervention based on cognitive behavioural case work approach was employed. Pre and post assessment was done to see changes using the following tools:

Socio-demographic and clinical data sheet: It was used to collect the details of the client like age, sex, marital status, socio-economic background, etc.

Family Assessment Proforma: This was applied and collected the information through client and family members. The Proforma was developed by Bhatti and Mathew[8] which is based on boundary, sub-systems, leadership, decision making, role structure, functioning, communication, reinforcement pattern, cohesiveness, adaptive patterns, and support system.

Becks Depression Inventory (BDI):[9] It is a 21 item multiple-choice self-inventor to measure the severity of depression. Each question had a set of at least four possible responses, ranging in intensity.

Bradford Somatic Inventory (BSI):[10] It is a 46-item inventory for psychosomatic distress expressed. The BSI asks the subject about a wide range of somatic symptoms during the previous month and also on more or fewer than 15 days during the month (scoring 1 or 2, respectively). The score >40 was considered to be high range; 26–40, middle-range and 0–25, low range.

Rosenberg Self-esteem Scale (RSE):[11] It is a 10-item scale measures global self-esteem.

ASSESSMENT

CASE INFORMATION

Source of Referral: The case was referred to the psychiatric social worker for psychosocial assessment and intervention from the outpatient department of LGB Regional Institute of Mental Health, Tezpur, Assam.

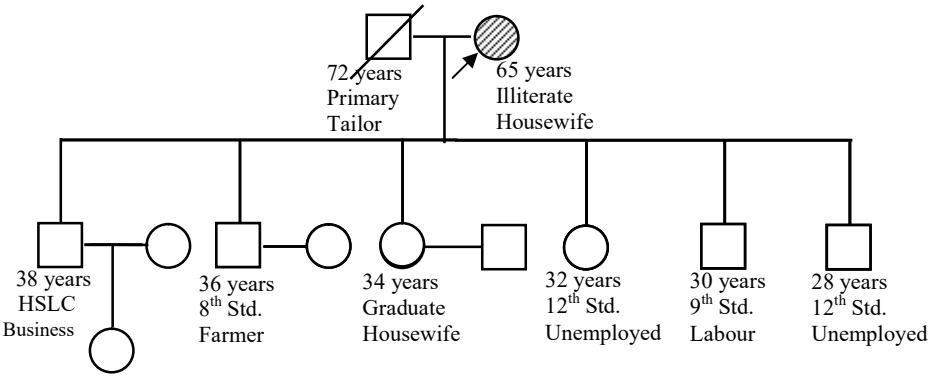
Source of Information: Primary information was collected from the client, client's daughter, nephew and secondary data were obtained from the client's case record file. The information was reliable and adequate.

Brief Clinical History: The index client was 65 years old, Muslim; can read and write Urdu and Arabic without any formal education, married, homemaker belongs to a middle socio-economic status hailing from Tezpur, Assam, brought to LGBRIMH by the family members with the chief complaints of headache, slight fever, muscular tension on feet, palpitation, desires to stay alone, decrease interest in activity, decrease appetite, low mood, pessimistic view for future and weakness. The death of the client's husband has precipitated the illness and gradually deteriorates the symptoms. According to the caregiver, the client was constantly worrying about her daughter marriage which leads her to distress and created a faulty pattern of thinking. She was diagnosed with Severe Depressive episode without psychotic symptoms (F32.2) and admitted in the hospital for further intervention.

Family History of Procreation: The index client's husband was a tailor by profession, expired at the age of 72 years. The first child is a son, 38 years, married, educated up to HSLC, and currently working as a businessman in Arunachal Pradesh. The second child is a son, 36 years of age educated up to class VIII, Married; farmer by profession and currently working in Arunachal Pradesh. The third child (daughter), 34 years of age, completed up to Graduation, married and living with husband in Guwahati. The fourth child (daughter), 32 years of age, education up to class 12, unmarried, currently living with index client and takes care of the client. She is reported to be supportive and responsible for client and family issues. The fifth child is a son, 30 years of age educated up to class 9, unmarried. Currently resides in Arunachal Pradesh. Sixth child (youngest son), 28 years old, educated up to class 12, unmarried, working in private company, he shared emotional bonding with the client and responsible towards family matters. Currently, he is living with the client in Tezpur (Figure-1).

Family Dynamics: The family's internal and external boundaries were open and clear among the subsystems. The views and suggestions are been shared and appreciated by each member of the family. After the husband's death, the client became the nominal and functional head of the family.

Figure-1: Genogram (Family of Procreation)



Decisions were taken democratically with mutual understanding and followed by all the family members. Each member of the family is performing their role and responsibilities adequately. There was no role conflict in the family. However, role expectation was high towards the eldest son and his contribution and concerns were less towards the family. Clear and direct communication pattern was used in the family both ways verbal and non-verbal. However, indirect communication takes place between the client and her first son. Noise level increases during exacerbation of the client's symptoms. Both positive and negative reinforcement pattern is adequately present in the family. Positive reinforcement in the form of verbal appreciation was present. We feeling and strong bonding relationship was present in the family. However, the client and her first son were disengaged both in terms of emotional and physical support. Problem-solving and coping strategies have been found inadequate in the family in terms of the client's illness. Family members had poor knowledge regarding client's illness. The primary social support system is adequate from the family members though support from the eldest son. The Secondary social support system is inadequate from relatives and neighbours. Tertiary social support is somehow adequate like family received adequate from LBGRIMH, Tezpur.

Personal History: In the personal history, the birth order client was the third child among the 7 siblings. During the client's childhood, there was no health complication. In educational history, the client did not attend formal schooling but she can read and write Urdu and Arabic without any formal education. The client was a homemaker she got married at the age of 20 and her spouse was 32 years of age during the time of marriage. They had been married for 44 years when her husband died they have 6 children. In marital history, the adjustment was found to be satisfactory. As the client's husband was a caring, loving and responsible person toward the patient and family members.

Pre-morbid Personality: It was found to be well adjusted. The client was a friendly, sociable, extrovert and affectionate by nature.

Psychosocial Formulation: Index client Mrs. S.M, 65 years old female, widow, Muslim, literate, homemaker, belongs to a middle socio-economic status hailing from Tezpur, Assam, brought to LGBRIMH for treatment by the family members with the chief complaints of headache, slight fever, muscular tension on feet, palpitation, desire to stay alone, decrease interest in the activity, decrease appetite, low mood, pessimistic view for future and weakness. The death of the client's husband has contributed to the illness and gradually deteriorates the symptoms. She was diagnosed with severe depressive episode without psychotic symptoms (F32.2) according to ICD10.

Family analysis reveals inadequate communication pattern between the client and her first son. Noise level increases during exacerbation of the client's symptoms. Problem-solving and coping strategies have been found inadequate in the family in terms of dealing with the client's illness. Poor knowledge regarding the client's illness was observed among family members. Though the primary social support system was adequate the eldest son was less supportive. The secondary social support system was inadequate since no support from the relatives and neighbours. Psychosocial assessment scores suggest a severe level of depression, somatic complaints at a moderate level and normal level of self-esteem (Table- 1).

Table 1: Pre and Post Assessment Score

Measures	Pre-test score	Findings	Post-test score	Findings
Beck depression Inventory (BDI)	42	Severe depression	8	Minimal level of depression
Rosenberg Self-Esteem Scale (RSE)	15	Normal range	20	Normal range
Bradford somatic Inventory (BSI)	26	Middle range	7	Low range

Z-DIAGNOSIS

Z60.0 Problem of adjustment to life-cycle transitions

Z63.2 Inadequate family support

Z63.4Disappearance and death of a family member

Z73.3 Stress, not elsewhere classified

Z72.4 Inappropriate diet and eating habit

INTERVENTIONS

Psychiatric social work intervention consisted of case work intervention based on supportive and cognitive behavioural approach, psychoeducation, behavioural activation, problem-solving skills training, family intervention to the client and family members. All the intervention sessions were done on OPD basis, each session lasting around 40-60 minutes. The total session conducted was 19 numbers and telephonic communications were done 8 times.

Intervention with the Client

Rapport Building: The therapy session started with a formal introduction with the client and caregiver. The purpose of the intervention was to develop an empathetic relationship with the client. The client has further explained the need for future sessions and the benefits she would gain. Reassurance, positive attitude was used to achieve it. Confidentiality was maintained.

Supportive Case Work Intervention: The session was initiated to provide support to the client, to bolster her self-esteem, to insert hope to cope with the vicissitudes and challenges of life. Supportive techniques like acceptance, assurance, and facilitation of expression of feelings, accrediting and building of self-confidence and being with the client were used.

Psychoeducation: Studies have reported that psychoeducation intervention can significantly reduce depression.[12] The session was initiated to impart awareness and insight about illness since in the clinical assessment, it was found that the client had poor insight regarding her illness. Accordingly, sessions were planned to provide information about the causation, nature, sign and symptoms of depression, a misconception regarding mental illness was discussed with how to deal with it option and outcome of the treatment.

Activity Scheduling: The session was conducted with the client to provide some minimal tasks to help her in daily activities and make her engage in some work to make her free of negative thought. Activity scheduling (AS) has been established as a core component of evidence-based treatment for depression with equivalent outcomes to cognitive behavioural therapy.[13,14] The client was interviewed to understand her interests and likes to include in the list of activities which will help in making the Activity Daily Living (ADL). Based on the findings as well as the client's consent the ADL was made for which client was motivated and advised to follow the same. The caregiver was also explained about the importance of following the Activity Daily Living (ADL).

Problem Solving Skills Training: The effectiveness of the problem-solving technique was to reduce the symptoms of depression. Problem-solving help person with depression by systematically teach their ability to deal with the stressful everyday problem, life crisis and exert control over problems which are perpetuating and make the client vulnerable to depression.[15] Problem-solving steps were discussed and client was facilitated to use 7 step problem-solving techniques to deal with her problems effectively i.e., identify

problems, come up with several realistic solutions, consider various approaches like brainstorming, changing her point of view or reference, adopting a solution that has worked before, select the most promising solution, plan of action and evaluation of outcome. During the session, she was allowed to list down the problems that currently face by the client. Then pick out one problem or particular environmental circumstance that is contributing to or causing the problem that client thinks she can tackle in the next couple of weeks so that therapy will help the client to develop strategies to resolve those problems. The client was helped to develop adaptive coping skills to manage distressful life experiences as the client was unable to adapt to the environment due to her stressful event.

Case Work Intervention based on Cognitive Behaviour Approach: Cognitive behavioural therapy (CBT) is an effective treatment for depression.[16,17] It is an efficacious, enduring treatment for late-life depression as well. The goal of cognitive behavioural therapy is to help a person learn to recognize negative patterns of thought, evaluate their validity, and replace them with healthier ways of thinking. Based on the CBT approach total of 10 sessions were conducted with the client as a part of case work intervention apart from other ongoing psychiatric social work intervention. The sessions provide opportunities to identify current life situations that may be causing or contributing to client adjustment problems and depression. The purpose of the therapy is to identify current patterns of thinking or distorted perceptions of the client.

Session 1-2: Assessment: As described elsewhere baseline assessment was done using Beck depression inventory (BDI), Rosenberg self-esteem scale (RSE), and Bradford somatic inventory (BSI). Clinical history was taken and mental status examination was also done.

Session 3-4: The sessions were provided to help the client to understand about depression and how thought, emotions and behaviour are associated with depression. The session started by providing education about depression, how feelings, mood, and thoughts changes in clinical condition like depression. Sessions were intended to help the client overcome depression by accepting changes in thoughts and emotions. Home assignments like daily mood chart, thought dairy was regularly given to the client to regulate her thought and identify her negative beliefs, behaviour and replace them with healthy positive ones instead of dwelling on it exclusively.

Session 5: This session focused on helping the client to understand the different patterns of thoughts. The client was given an opportunity to learn to identify the type of thinking like constructive or destructive, necessary and unnecessary thinking, positive and negative thinking. The client was advised to start gaining control of her thoughts and alter them with realistic and positive. The mistake in thinking: seeing thing completely good or completely bad was discussed. It helped the client to manage her symptoms.

Session 6-9: These sessions mainly focused on ways to increase healthy thinking. Talking back to her thought, confront her thought and learn to set realistic goals for life. Keeping track of her negative thoughts, Talking back to her thoughts using the A-B-C-D method A-Activating event, B - belief or thought she has, C - consequence and D- dispute or talk back to the thought. Decreasing thoughts that make her feel bad by using 'thought-stopping technique. The client was taught about mindfulness in daily activities. She was told that while you're eating mindfully slows down your pace and pay attention to the taste, texture and aroma of your food. Likewise, the client was advised to use mindfulness while doing the activity of daily living.

Session 10: The session focused on explaining the client about the importance of compliance and active engagement in the assigned task throughout the session.

Relaxation Technique: The session was conducted for the client to teach some techniques that will help her to overcome or relief from stress and anxiety. As the client often struggle with her emotions and feels depressed most of the time and which affects her daily activities, as well as the client, was unable to carry out her work which makes her stressful and anxious. The therapist helped the client how to overcome her stress and anxiety. Relaxation techniques like deep breathing exercises and Jacobson's progressive muscular relaxation technique (JPMR) were thought to the client and encouraged to practice it daily.

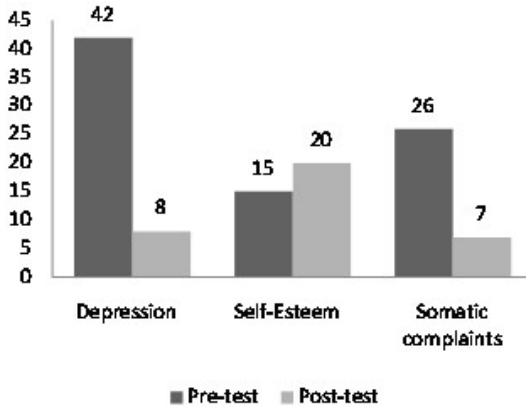
Family Intervention

Family Psychoeducation: It was found that the family members were having poor knowledge regarding client's illness. Both individual and conjoint sessions of psychoeducation were provided. Sessions were included a statement of diagnosis, early warning symptoms, importance of medication and continued treatment and relapse prevention. The focus of the psychoeducation was on involvement of family members in the process of client illness and an appropriate way of communicating among family members, without being too indifferent, but at the same time, fostering the client independence. On the understanding of the presence of criticality towards the client by family, family members were educated about how the emotions shown by the family can be the crucial perpetuating factor. They were also educated about measures to handle the client's dietary and also educated them as to discourage the client from over- the attribution of the problems.

OUTCOME

After the intervention level of depression, somatic complaints and self-esteem were reassessed and found significant positive change.

Figure-2: Pre-post-test Score



On clinical assessment it was found that social functioning was enhanced, the client was able to recognize her negative pattern of thoughts, insight was developed and the overall wellbeing of the client was also enhanced.

DISCUSSION

The impact of psychiatric social work intervention was observed on post assessment. The outcome of the intervention was shown in difference of pre-post-test. In a study[17] CBT for depression was found highly effective. An essential element of this therapy involves acquiring and utilizing CBT skills and which is depending on the differential symptoms alleviation of the individual and as results indicated that the type of CBT skill used is associated with differential patterns of subsequent symptom change. Higher levels of behavioural activation use were associated with a greater subsequent decrease in depressive symptoms for clients with mild to moderate initial depression symptoms relative to those with severe symptoms.[14] The efficacy of the cognitive behaviour therapy-based intervention was established in the geriatric cases with the combination of pharmacotherapy.[17-19] In this case study, it was found that the client's depressive symptoms were significantly reduced with the improvement social functioning, additionally, the client gained insight through cognitive behavioural based case work intervention.

CONCLUSION

The psychiatric social work intervention provided a significant benefit to the clients. The depressive symptoms were significantly reduced with cognitive behaviour based case work intervention along with medication and other psychiatric social work intervention. It was found that the client social functioning significantly improved and the client could enhance the positive thought, new pattern of thought and started engaging in her activity daily living productively. Thus it can be said that interventions were effective in alleviating depression symptoms in a naturalistic treatment setting. The approach used in this case study should be relevant to other clients with similar problems and thus should be considered to adopt.

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Ethical consideration: Taken care of

Financial Support: Nil declared

Conflict of Interest: Nil

Authors' participation: The case study was primarily done by the first author under supervision of second and third authors, fourth author contributed in final report writing of the manuscript along with formatting table and genogram.

Received on: 12-10-2018

Revised on: 10-02-2020

Accepted on: 10-02-2020

Published on: 10-02-2020