

# Alleviate the Symptoms of Depression among Clients in Mental Health Rehabilitation Clinic at Royal Medical Services

Lama M. Qaisy<sup>1\*</sup> & Rihan T. Tarawneh<sup>2</sup>

<sup>1</sup>Department of Educational Psychology, Faculty of Educational Sciences, Tafila Technical University, Jordan

<sup>2</sup>Department of Counseling and Mental Health, Faculty of Educational Sciences, World Islamic Science University, Jordan

\*Correspondence: Department of Educational Psychology, Faculty of Educational Sciences, Tafila Technical University, Jordan. E-mail: lamaqaisy@yahoo.com

Received: June 17, 2020      Accepted: July 26, 2020      Online Published: January 15, 2021

doi:10.5430/wjss.v8n1p75      URL: <https://doi.org/10.5430/wjss.v8n1p75>

## Abstract

The present study aimed to find out the effectiveness of Solution-Focused Therapy (SFT) in reducing the symptoms of depression in a sample of clients in the mental health rehabilitation clinic at Royal Medical Services. The sample consisted of (8) women, ages range was between 22-50 years. The sample of the study was determined by the application of the Beck Depression Scale and Standardized to the Jordanian Environment and approved by the Royal Medical Services as a diagnostic tool for women diagnosed with depression disorder and those who reviewed the psychiatric clinic. A single group pre-post test design was used in the study to examine the outcome of solution-focused therapy SFT in regards to reducing symptoms of depression. The Wilcoxon signed-rank test was used to analyze the data. The pre-treatment Beck Depression Scale scores were compared with post-treatment scores to evaluate the outcome of SFT.

Results indicate significant differences in the Beck Depression Scale scores at pre- to post-treatment ( $T = 3$ ; Wilcoxon  $T = 0.12$ ,  $p = 0.05$ ). This implies that the SFT was successful in reducing the symptoms of depression in the participants' group.

**Keywords:** depression, mental health, rehabilitation, solution focused therapy

## 1. Introduction

Depression is one of the most prevalent mental disorders, which many people suffer and is one of the leading causes of death in patients (Lynch & Clarke, 2006). It is an emotional state that includes mood, mental, and physical changes of feelings of sadness and despair, isolation, apathy, low self-esteem, sleep disorders, loss of appetite, self-blame, suicide, low activity and energy (Beck, Steer, & Brown, 1996., Abadsei, 2013),.

Depression symptoms were classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

- Depressed mood or a loss of interest or joy in everyday exercises for more than fourteen days.
- Mood represents a change from the individual's standard.
- Impaired function: social, occupational, instructive.
- Specific symptoms, in any event, 5 of these 9, present almost consistently:
  1. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels miserable or void) or perception made by others (e.g., seems tearful).
  2. Decreased interest or joy in many exercises, the vast majority of every day.
  3. Significant weight change (5%) or change in appetite.
  4. Change in sleep: a sleeping disorder or hypersomnia.

5. Change in action: Psychomotor tumult or hindrance.
6. Fatigue or loss of energy.
7. Guilt/ worthlessness: Strong feelings of uselessness or excessive or improper blame.
8. Concentration: decreased capacity to think or concentrate, or more uncertainty.
9. Uicidality: thoughts of death or suicide, or has a suicide plan (American Psychiatric Association (APA), 2013).

#### Causes of Depression in Women

Many studies are being carried out to explore the potential cause and contributing factors for the increased risk of depression in women. Almost certainly, hereditary, organic, biological, chemical, hormonal, natural, mental, and social factors all intersect to contribute to depression. The fact that increased prevalence of depression correlates with hormonal changes in women, particularly during puberty, prior to menstruation, and at perimenopause (Albert, 2015).

There are numerous triggers for a depressive episode stressful life events such as trauma, loss of a loved one, troublesome relationship, or any unpleasant circumstance frequently triggers a depressive episode. Excess work and home obligations, looking after children and aging parents, physical maltreatment, and poverty also may trigger a depressive episode in women (Jiji & Ashutosh, 2018; Bohra, Srivastava & Bhatia, 2016). Travasso, Rajaraman & Heymann (2014) recommend that women respond differently than men to these events, making them more prone to depression.

Solution-focused therapy, which is a brief goal-focused treatment developed from therapies applying a problem-solving approach and systemic family therapy, has been reported to produce rapid effects with reductions in psychiatric symptoms after only a few sessions. Short-term psychodynamic psychotherapy has, with some exceptions, been found to be equally effective as other short-term individual treatments, such as cognitive, interpersonal, supportive therapy and solution-focused therapy (Knekt et al., 2008).

In order to assist depressed patients, the solution-focused Therapy (SFT) has been used, as this therapy is directed directly towards the ultimate goal of the patient to achieve psychological and social compatibility with the self and the environment. Treatment depends on solutions that contribute to the elimination or mitigation of the problem rather than the search for symptoms and the factors that contributed to their emergence (Lee, Greene, Mentzer, Pinnell & Niles, 2001).

In addition, it has a focus on the future instead of focusing on the past, looking for solutions instead of focusing on problems, paying attention to the abilities of the mentor rather than focusing on its weaknesses, and not stress guided by long sessions (Knekt et al., 2008).

Several studies had been conducted on the subject of depression such as the study of Abbasi, Zaharakar, Davarniya & Babaeigarmkhani (2017) aimed to effect of solution-focused brief therapy (SFBT) on reducing depression and increasing marital satisfaction. The sample consisted of (30) women in Iran. The outcomes show that (SFBT) reduced the rate of depression and increased marital satisfaction among women in the interference group.

The study of Takalu, Hosseini & Khankeh (2017) aimed to effect solution-focused therapy Group, to reduce stress, anxiety and depression in parental figures of (30) patients with multiple sclerosis. The outcomes indicated that the mean score of depression, anxiety, and stress after the treatment was significantly lower in the parental figures of the experimental group than in the control group, that's mean the effectiveness of solution-focused therapy group to decrease depression, anxiety, and stress in the parental figures with multiple sclerosis.

The Reddy, Thirumoorthy, Vijayalakshmi & Hamza (2015) study aimed to effective of solution-focused brief therapy for an adolescent girl with moderate depression, the sample consisted of (40) female college students in Iran. The findings indicate that (SFBT) alleviate the symptoms of depression in a female.

The Spilsbury (2012) study aimed to alleviate the symptoms of depression in an alcoholic patient suffering from a personality disorder, using solution-focused therapy (SFT). After three sessions of treatment and at intervals of one month, the patient showed his abstinence and low depression. In addition to a decrease in negative thoughts, which were shown during illness, these results continued after 12 months.

The Smock et al (2008) study aimed to alleviate the symptoms of depression, and compared solution-focused therapy (SFT) with a traditional problem-focused treatment for the substance abuser. The sample consisted of (56) patients from Texas State. The results showed that patients in the (SFT) significantly improved on Measurement tools. The clients in the comparison group did not improve significantly on either measure.

To conclude, we the researchers, from previous studies that it dealt with the symptoms of depression, and indicated that women are more likely to be depressed than men, in addition to that, the effectiveness of solution-focused therapy in reducing symptoms of depression in patients.

### 1.1 Statement of the Problem

The main objective of the current study was to assess the outcome of solution-focused therapy (SFT) and applicability strategies of solution-focused practice such as Reframing, Miracle Question, What else' Questions, Mind Mapping, Forward Success, Exception Seeking. In order to answer the following question:

Is there (SFT) effect in reducing depression symptoms?

## 2. Methodology

### 2.1 Population

The study population included (16) clients.

### 2.2 Sample

The sample consisted of clients selected from the mental health rehabilitation clinic at Royal Medical Services who were diagnosed by a consultant psychiatrist and clinical psychologist as having mild or moderate depressive episodes; according to the International Classification of Diseases-10 (ICD-10) criteria. Clients with chronic physical illness or psychiatric conditions were excluded from the study. The sample of the study consisted of (8) participants, who were chosen Purposive, the age range was between 22 to 50 years, the clients had a diploma and bachelor education, and all were of moderate economic status, living in Amman, and employed.

## 3. Instrument

Beck Depression Scale (Beck, Steer & Brown, 1996).

The questioner consisted of (21) items; each item contains four statements reflecting varying degrees of symptom severity. Clients are instructed to circle the number (ranging from 0-3) that corresponds with the statement that best describes them. Ratings are summed to calculate a total which can range from 0 to 63. It is Standardized to the Jordanian Environment and approved by the Royal Medical Services as a diagnostic tool for women diagnosed with depression disorder and who reviewed the psychiatric clinic.

### 3.1 Internal Validity

**Table 1.** Pearson Correlation Coefficient between Items and Total Score

Items No	Pearson Correlation						
1	0.745	4	0.670	7	0.656	10	0.802
2	0.707	5	0.669	8	0.845	11	0.737
3	0.733	6	0.717	9	0.556	12	0.587
						13	0.641

### 3.2 Procedure

Step 1: Approval was obtained from the Royal Medical Services for the study.

Step 2: Clients were interviewed at a mental health rehabilitation clinic, and were then diagnosed by a psychiatrist and a clinical psychologist, and had mild and moderate depressive episodes.

Step 3: we informed them about the research idea and purpose of the therapy that aims of presented (SFT) application to reduce depression symptoms. The confidentiality of information was also emphasized. Eight clients agreed to continue psychotherapy and all were assessed with the Beck Depression Scale before the first therapy sessions.

Step 4: all clients were assessed with the Beck Depression Scale before the first therapy sessions. The treatment followed the specifications of (SFT) and explained the aims of therapy and goals.

Each session lasted 45 to 60 minutes at a frequency of once per week for the first two sessions and then once every two weeks for the rest of the sessions. Application Reframing, Miracle Question, What else' Questions, Mind Mapping in the sessions as following:

A-Group members individually begin to identify themselves.

B-Stimulants of depression, what motivates your depression? Do you believe you can overcome your depression? What methods you use to overcome depression? What is it some methods have been applied which you think are useful is yours.

C- Miracle question, explain the miracle question /dream question that aims to note the target change of the program and activate it as a model we seek to achieve.

D- Snowball Technique, The idea of a snowball to improve the patient during treatment no matter how small is progress.

E- Reframing, and mind mapping.

Step 5: A post-test was done two weeks from the fifth session. By the fifth session, the therapy was terminated and follow-up appointments were held in a month's time.

Step 6: Analysis of Beck Depression Scale pre- and post-treatment scores were analyzed using Wilcoxon T statistics.

Step 7: Follow-up sessions were continued for those who required it with no further measures obtained.

#### 4. Data Analysis

The Wilcoxon signed-rank test was used to analyze the data. The pre-treatment Beck Depression Scale scores were compared with post-treatment scores to evaluate the outcome of (SFT).

#### 5. Results and Discussion

**Table 2.** Participants' Pre- and Post-Scores and Sign Rank Differences

Participants	Pre- test	Post-test	Differences	
			Size	rank
1	41	27	14	7
2	47	29	18	9
3	40	22	18	9
4	46	34	12	6
5	45	30	15	8
6	42	33	9	4
7	45	43	2	2
8	41	27	14	7

Table 2 shows the Beck depression scale score before and after the treatment along with the sign rank difference for each participant. Results indicate significant differences in the BDI-II scores at pre- to post-treatment ( $T = 0.12$ ; Wilcoxon  $T = 3$ ,  $p = 0.05$ ). This implies that the SFT was successful in reducing the symptoms of depression in the participants' group.

Most of the participants initially presented complaints of low mood; irritability; difficulties to sleep; and lack of interest, being at home with family members, as well as at work, as they have long working hours, pressure work, residing away from the working place and traffic jam...etc; such factors make them more prone to depressive disorder and anxiety. But following the therapeutic sessions, their own goals were to "Enjoy spending time with their family members, working actively, and sleep well, In addition, they mastered how to manage time and organize tasks, how to love themselves, and give time to themselves".

In the course of therapy, the clients started spending time outside the house and taking part in the daily activities of the family and community. This can be assumed to have added to the positive change of mood reported, and this would also have helped strengthen interactions with their families and social network in the community.

The results of the current study were consistent with the results of the studies of (Reddy et al., 2015; Takalu, Hosseini & Khankeh, 2017) which indicated the effectiveness of treatment sessions in reducing symptoms of depression, changing lifestyle, positive thinking, and optimism.

## 6. Conclusion

Women of all age groups are influenced by depression. The different roles played by a woman as a daughter, mother, spouse, worker all contribute to the pressure this way makes women more vulnerable to the risk of depression. The role of hormonal changes throughout women's life is the most noteworthy contributor for depression in women. They add to specific types of depression that are remarkable to women. Also physical maltreatment and psychological trauma have their contribution in increasing the risk of depression. The neglect for mental health can lead to late detection of depression in women and may lead to chronic problems. So, depression should not be an inevitable part of a woman's life, if it is discovered early and gets proper care and treatment.

Up to date, there are no published studies on solution-focused therapy outcome in the Jordan community, this study was applied to SFT strategies, which focus on solutions in the treatment of depressed patients. The results indicate that SFT is an effective therapeutic approach in treating depression. The findings also give scope for further research in SFT on this and in other psychiatric conditions in Jordan.

## Recommendations

The study recommended conducting studies to investigate the effectiveness of solution-focused therapy SFT with individuals who suffer from daily stress or are under the influence of other disorders.

## References

- Abadsei, A. (2013). Body Image Satisfaction and it is Relation with Depression among Adolescents. *Journal of Education and Psychological Studies*, 21(2), 41. World Islamic Science Education University, Gaza.
- Abbasi, M., Zaharakar, K., Davarniya, R., & Babaeigarmkhani, M. (2017). Effectiveness of Solution- Focused Brief Therapy (SFBT) on Reducing Depression and Increasing Marital Satisfaction in Married Women. *Iran Journal of Nursing (IJN)*, 30(105), 34-46.
- Albert, P. (2015). Why is depression more prevalent in women? *Journal Psychiatry Neurosci*, 40(4), 219-221.
- American Psychiatric Association (APA). (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA, American Psychiatric Association.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Bohra, N., Srivastava, S. H., & Bhatia, M. (2016). Depression in women in Indian context. *Indian J Psychiatry*, 57(2), 239-245.
- Jiji, G., & Ashutosh, B. (2018). Depression - A Slow Poison Affecting Women's Life. *International Journal of Pharmaceutical Sciences Review and Research*, 51(2), 73-75.
- Knekt, P., Lindfors, O., Harkanen, T., Valikoski, M., Virtala, E., Laaksonen, M., Marttunen, M., Kaipainen, M., Renlund, C., & the Helsinki Psychotherapy Study Group. (2008). Randomized trial on the effectiveness of long- and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine*, 38, 689-703.
- Lee, M., Greene, G., Mentzer, R., Pinnell, S. H., & Niles, D. (2001). Solution focused Brief Therapy and the Treatment of Depression: A Pilot Study. *Journal of Brief Therapy*, 1(1), 33-49.
- Lynch, F., & Clarke, G. (2006). Estimating the Economic Burden of Depression in Children and Adolescents. *American Journal of Preventative Medicine*, 31, 143-151. <https://doi.org/10.1016/j.amepre.2006.07.001>
- Reddy, P., Thirumoorthy, A., Vijayalakshmi, P., & Hamza, M. (2015). Effectiveness of Solution-Focused Brief Therapy for an Adolescent Girl with Moderate Depression. *Indian J Psychol Med*, 37(1), 87-89.
- Smock, S. A., Trepper, T. S., Wetchler, J. L., McCollum, E. E., Ray, R., & Pierce, K. (2008). Solution-Focused Group Therapy for Level 1 Substance Abusers. *Journal of Marital & Family Therapy*, 34(1), 107-120.

<https://doi.org/10.1111/j.1752-0606.2008.00056.x>

Spilsbury, G. (2012). Solution-Focused Brief Therapy for Depression and Alcohol Dependence: A Case Study. *Clinical case studies, 11*(4), 263-275.

Takalu, M., Hosseini, S., & Khankeh, H. (2017). Effectiveness Solution-Focused Therapy Group, to Reduce Stress, Anxiety and Depression in Caregivers of patients with Multiple Sclerosis. *Mod Care J, 14*(4), e10696. <https://doi.org/10.5812/modernc.10696>

Travasso, S. M., Rajaraman, D., & Heymann, S. J. (2014). A Qualitative Study of Factors Affecting Mental Health Amongst Low Income Working Mothers in Bangalore, India. *BMC Womens Health, 14*(22), 224-235.

### Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).