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The effectiveness of cognitive behavior therapy on anxiety and depression inclusive

Nima Sabetfar[1]and Reza Sepahvand[2]
[1] *Master of clinic psychology, kish international azad university, Iran.*
email:nimainkish@gmail.com.
[2] *M.Sc. in general psychology, kish international azad university, Iran*

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Abstract

Background: This study examined the effectiveness of cognitive behavior therapy on depression and anxiety improve learners.
Methods: Using a quasi-experimental design Seventeen employees of Kish Free Zone Organization in accordance with criteria Psychiatric Association America were diagnosed with generalized anxiety and depression and were divided into two experimental and control groups. The experimental group were sixteen individual sessions of cognitive behavioral therapy. At the end of treatment and after three months of treatment, participants were re-evaluated.
Results: The results showed that CBT significantly improved depression and generalized anxiety disorder at post-test and follow-up points.
Conclusion: The results showed that CBT is effective in reducing symptoms of depression and anxiety.

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Introduction:

Generalized anxiety disorder is a common problem among children and adolescents. (Wells & Carter, 2006; Brown et al., 2014). Generalized anxiety disorder is a chronic anxiety disorder characterized by excessive and uncontrollable worry is The physical symptoms include vague concern at the absence of specific driving situations (Hazlett, 2008). Generalized anxiety disorder, anxiety disorder is the most natural. In iran prevalence of the disorder is psychological make up 12 percent of the centers (kavyani,2002; Hosseinifard, Birashk and Atefvahid, 2007). The main characteristics of pervasive depression, anxiety and anger, anxiety and uncontrollable constant presence and the duration of six months, most days, is seen in this case. Symptoms Generalized anxiety disorder include restlessness, aggression, muscle contraction, fatigue and sleep disturbances, and difficulty concentrating. Many studies worldwide have shown that generalized anxiety disorder in comporison to the pervasive depressive disorder, physical injury and basic social system (Bonger et al., 2001, Hunt et al., 2004, Sanderson and Andrews, 2002 Vytchen et al., 2000; WHO, 2013).
There areVarious treatments for generalized anxiety disorder, such as: Cognitive behavioral methods, supportive, insight-oriented. The most sophisticated studies cognitive-behavioral methods. It seems that both short-term and long-term effects. Cognitive methods directly to the individual patient's cognitive changes. And modes of behavior on physical symptoms are noticed. Methods of the behavioral approach include relaxation is Biofeedback. And the combination of these two approaches is more effective than any one of these methods (Kaplan, Sadock, 2003; translated Pour Afkari, 1382).
Cognitive behavior therapy is a structured method of treatment is short-term and problem-oriented Which aims to adjust incorrect understanding and unreasonable. Research dorhem(2002) showed that in patients with generalized anxiety disorder The cognitive-behavioral therapies are more effective than drug therapy. The researchers concluded that Cognitive-behavioral therapy for the treatment of generalized anxiety disorder desirable effect on reducing anxiety and thoughts worrying. And its beneficial effects after a 6-12-month follow-up period continues.
Burkuk (1993) showed that during Mode of cognitive - behavioral therapy with relaxation than with drug treatment, the effect is better at reducing anxiety in patients with generalized anxiety disorder.

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So in Generalized anxiety concern has played a decisive role. Trait Anxiety to individual differences and characteristics of mentally stable person in dealing with the threats and tension is applied.

While in state anxiety, emotional system for transient and temporary in dealing with environmental threats Special occasion is active and to reduce tension, autonomous system is highly active. (Davis & Wells, 2006). Davis and Wells (2006) believe that the incompatibility concerns are different from each other. Consistent concern in order to solve the problem and focused on problem solving behavior leads. If that is incompatible concerns, the repeated negative results followed and someone tries to cope solutions to continue until some internal goals. Perez et al (2010) found that people with GAD symptoms compared to Non-distressed Positive reasons to worry about the higher score you get.

Treatment that significantly reduces anxiety and clinically very important. From the perspective of cognitive behavioral cognitive distortions caused anxiety, Disfunctional thinking is examined. And treated differently to cognitive-behavioral therapy, meta-cognitive, psychodynamic and Biofeedback point (Riggh and Sanderson, 2004).

Cognitive behavioral therapy is a non-drug therapies advantagein Compared with other methods of psychotherapy is that Directly to the thoughts and feelings that are evident in all mental disorders care, is concerned. This therapy is scientific validity, and easily trainable and was described and is applicable in all age groups and affects a large role in the prevention of recurrence (Fua, 1996).

Most treatment of generalized anxiety disorder is cognitive-behavioral therapy (Burkuk et al., 2003). According to many experts, this type of treatment is the best treatment for Cognitive anxiety and depression is widespread (Sadock and Sadok, 2003). Research has shown that only 50% of patients with generalized anxiety disorder using cognitive - behavioral therapy improved (Burkuk et al., 2003). On the other hand pervasive disorder is a disorder resistant to treatment (Portman, 2008).

One goal of cognitive behavioral therapy to reduce symptoms of depression and anxiety as a result of it Improvement of performance in Do work and social obligations. The behavioral activation cognitive behavioral therapy by inserting a small range of activities and rewarding Reduced symptoms of depression and anxiety and increases the mental health (hupko et al., 2007).

Method

A) The present quasi-experimental is design pretest-posttest control group and follow-up (with an interval of three months).

Participants The study population included all staff Kish Free Zone Statistical manual of mental disorders based on diagnostic guidelines (America Psychiatric Association, 2000). Generalized anxiety disorder and depression were diagnosed. The sample consisted of individuals who were referred to the clinic psychology Kish Isle. The sample group had no post-qualification, were Raty treatment process. The distinction between population, population samples and samples of Barker et al (1998) was adopted. To achieve the qualified sample, the Structured Clinical Interview for Axis disorders was conducted by a psychiatrist. Participants were informed consent in writing. It should be noted that clients should be three months before entering treatment Anxiolytic and antidepressant drugs are consumed. Clients were taking medication were excluded from this study. Sample the following criteria be met to be eligible for selection: (1) has not received any psychological treatment, (2) The diploma is the minimum education level, (3) severe not personality disorder.

B) instrument was used in this study the following tools:

Structured Clinical Interview for Axis I Disorders A

This interview is so flexible and by Is provided First, Spitzer, Gibbon and Williams; quoted 1997. (teran and haga, According to the Teran and Smith (2002). Reliability 60 percent for that as inter-rater reliability coefficient. Sharifi-Asadi, Mohammad, Amin kaviani et al (2004) After translation of the interview in Farsi It was conducted on 299 people. Specific detection and diagnosis for most of the overall agreement Average or good, Higher reliability of 60 percent was good overall agreement; kapay Total for all current diagnosis 52 percent And for the entire lifetime diagnoses were obtained 55 percent . The results showed that the reliability and applicability of the Persian Version It is acceptable.

Beck Anxiety Inventory:

Beck Anxiety Inventory by Aaron T. Beck and his colleagues was built in 1988. This 21-item questionnaire that lists the symptoms of anxiety and more similar to the Czech list. is madeTo measure anxiety in adolescents and adults and any of the provisions of anxiety is a common symptom of subjective symptoms,

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physical symptoms and panic measures. Each item is scored from 0 to 3. A score of 0 indicates absence of mark, score 1 indicates mild symptoms, a score of 2 indicates the average symptom score of 3 indicates severe symptoms. After obtaining the scores, they are summed overall score from 0 to 63 can be obtained. According to the individual scores can be placed in the four categories: Lack of anxiety: mild anxiety score of 0 to 7: 8 to 15 moderate anxiety score: severe anxiety score 16 to 25: Earn score 26 to 63(Saatchi, 2009).

Beck Depression Inventory (BDI-II):

Beck Depression Inventory The newer version of the Beck Depression Inventory. The questionnaire during the last forty years Best of the widely used tool to identify depression. This questionnaire is used for cases where a person has received a diagnosis of depression and this tool is used to measure the severity of depression. Early Beck Depression Inventory (BDI) for the first time in 1961 was made by Beck and colleagues. Beck Depression Inventory-2 (BDI-II) in 1996 to coordinate more with DSM-IV criteria was revised. The Beck Depression Inventory-2 (BDI-II) subjects will be asked to consider his feelings in the past two weeks and to answer questions. The questionnaire for assessing the severity of depression in adults and adolescents 13 years and is designed and with Article 21, Beck Depression Inventory-2 (BDI-II) has a 21-item. Each group consists of 4 such that the person should take away one line and show their feelings and behavior. Each item is scored from 0 to 3, and so someone can earn a score between 0 and 63, The score obtained in person can be placed in one of four categories: Minimum score: mild depression score of 0 to 13: Earn score 14 to 19 moderate depression: major depression score of 20: 29 to 63 score (Saatchi, 2009).

To indicate that people, do not have a severe personality disorder, was administered to them clinical questionnaires (Millon and Grossman, 2005). According severe personality disorder (Millon and Grossman, 2005), borderline personality disorder, and paranoid eskyzutaypal. In addition, those in the MCMI had a score greater than 84 were excluded from the investigation process and for the diagnosis and were used treatment of anxiety and depression of Beck Anxiety Inventory and the Beck Depression Inventory. In order to observe ethical issues were written consent from clients in return for providing psychological services, research results be reported anonymously, Weekly therapy sessions for people with generalized anxiety disorder was made. End of treatment follow-up period was three months.

Cognitive behavioral therapy protocols, is protocol offers (Hazlett and Stevens, 2008). The content of treatments was as follows: First session: Mental Training - Session II: Read and review of mental training, logic and reason deep breathing, deep breathing techniques Treatment of initial recognition, logic and reason cognitive therapy to identify thoughts anxiety. Third meeting: rationale for the progressive relaxation training, implementation of progressive relaxation. Session Four: cognitive techniques to challenge the anxiety-inducing thoughts, create alternative interpretations or predictions, investigating the possibilities fears relieved. Fifth session: identification of disturbing behavior, identification of passive avoidance behavior, mental relaxation training. The fifteenth session: Continued components of previous treatment, if necessary, relapse prevention plan. The sixteenth session: continued treatment components prior to the twentieth session.

findings

Table 1: Comparison of pre-test scores of groups with generalized anxiety and depression

View Groups	number	Average scores	standard deviation	standard error of difference	significance level
Group generalized anxiety	10	25.8667	1.293	0.2335	0.05
Group generalized depression	7	21.9667	1.2816	0.4165	0.05

According to the results of test anxiety and depression, it was shown that these individuals were diagnosed anxiety and depression can participate in the healing process.

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Table 2: Comparison of post-test scores for anxiety and depression inclusive

View Groups	Number	Average scores	standard deviation	standard error of difference	significance level
Group generalized anxiety	10	15.127	1.2793	0.2032	0.05
Group generalized depression	7	11.157	1.221	0.0165	0.05

According to the results of test anxiety and depression in post-test It was shown that cognitive-behavioral treatment program is effective. Table 2 compares the two groups with generalized anxiety t-test was significant difference between the two groups ($p<0.05$). Also Compare the two groups with t test was performed on the basis of universal depression and there was no statistically significant difference between the two groups($p<0/05$). The results showed that cognitive-behavioral programs were effective.

Table 3: Comparison with anxiety and depression score groups surround track

View Groups	Number	Average scores	standard deviation	standard error of difference	significance level
Group generalized anxiety	10	16.171	1.8793	0.2932	0.05
Group generalized depression	7	11.193	1.6219	0.9015	0.05

Table 3, compares the two groups t- test was performed with generalized anxiety There was a significant difference between the two groups($p<0.05$). Compare the two groups with broad depression at follow-up was performed by t- test and There was no statistically significant difference between the two groups ($p<0.05$). According to results Anxiety and depression at follow-up test three months after it was shown that cognitive-behavioral treatment program is effective.

Discussion and conclusion:

The main purpose of this study, to evaluate the efficiency and effectiveness of cognitive-behavioral therapy in the treatment of depression, generalized anxiety disorder staff was Kish Free Trade Zone. Mean scores of clients in these two components suggest that comprehensive cognitive-behavioral therapy has been successful in reducing symptoms. The results showed that CBT significantly the Reducing anxiety, worry, anxiety and depression, generalized anxiety disorder and post-test is follow-up. This finding is consistent research findings conducted. In their study, the researchers concluded that cognitive-behavioral therapy significantly reduced symptoms of anxiety and concern is people with generalized anxiety disorder. (Gulu et al., 1997; Dugas,Robichaud, 2007, Gagnon ,Thibodeau, 2007; Warner, et al., 2009). The results show a significant reduction occurred in concern, but references to the clinical significance has not been recovered. In 1995, America Psychiatric Association has commissioned a group cognitive-behavioral treatments were good and the results showed that experimental basis. (Barlow & Hoffman, 1997). But the contradiction that its efficacy was established in the field of sustainability Researchers to study more in people of different ages, different sex and even cultural differences and cognitive-goers (Burkuk and Newman, 1998). In cognitive therapy phenomena too much attention to the inner person, while generalized anxiety interpersonal events should also be taken into consideration (Chris and Christopher, 2000). Leahy and the huland (2000) Believe that the thoughts, difficulty concentrating, extreme focus on negative thoughts, Difficulty in identifying thoughts about reducing anxiety, expect swift conclusion of treatment and lack of exercise encounter The most common complaint of people with pervasive developmental disorder.

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