

Effects of Cognitive-Behavioral Group Therapy and Peer Support/Counseling in Decreasing Psychological Distress and Improving Quality of Life

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History of Depression

- Depression was a spiritual illness
- Ancient Greeks referred to it as melancholia
- Hippocrates made a link between depression and physical condition such as black bile in the spleen
- The Roman philosopher Cicero argued melancholia was caused by violent rage, fear, and grief. Starvation, beatings, and shackles were provided as treatment.

History of Depression (cont.)

- During the Middle Ages, depression was again believed to be coming from the devil, demons or witches.
- In 1621, Robert Burton published Anatomy of Melancholy pointing to psychological and social causes of depression
- Age of Enlightenment viewed depression as inherited and unchangeable

History of Depression (cont.)

- In 1917, Sigmund Freud explained melancholia as response to loss, real or symbolic-Psychodynamic
- During late 19th, early 20th centuries, talk therapy, lobotomy, electroconvulsive therapies were used
- In 1950's and 60's depression was classified based on cause. Medications started to be used to treat it.
- Therapies evolved: Behaviorism, Cognitive-Behavioral therapy, Humanistic, Family systems, etc.

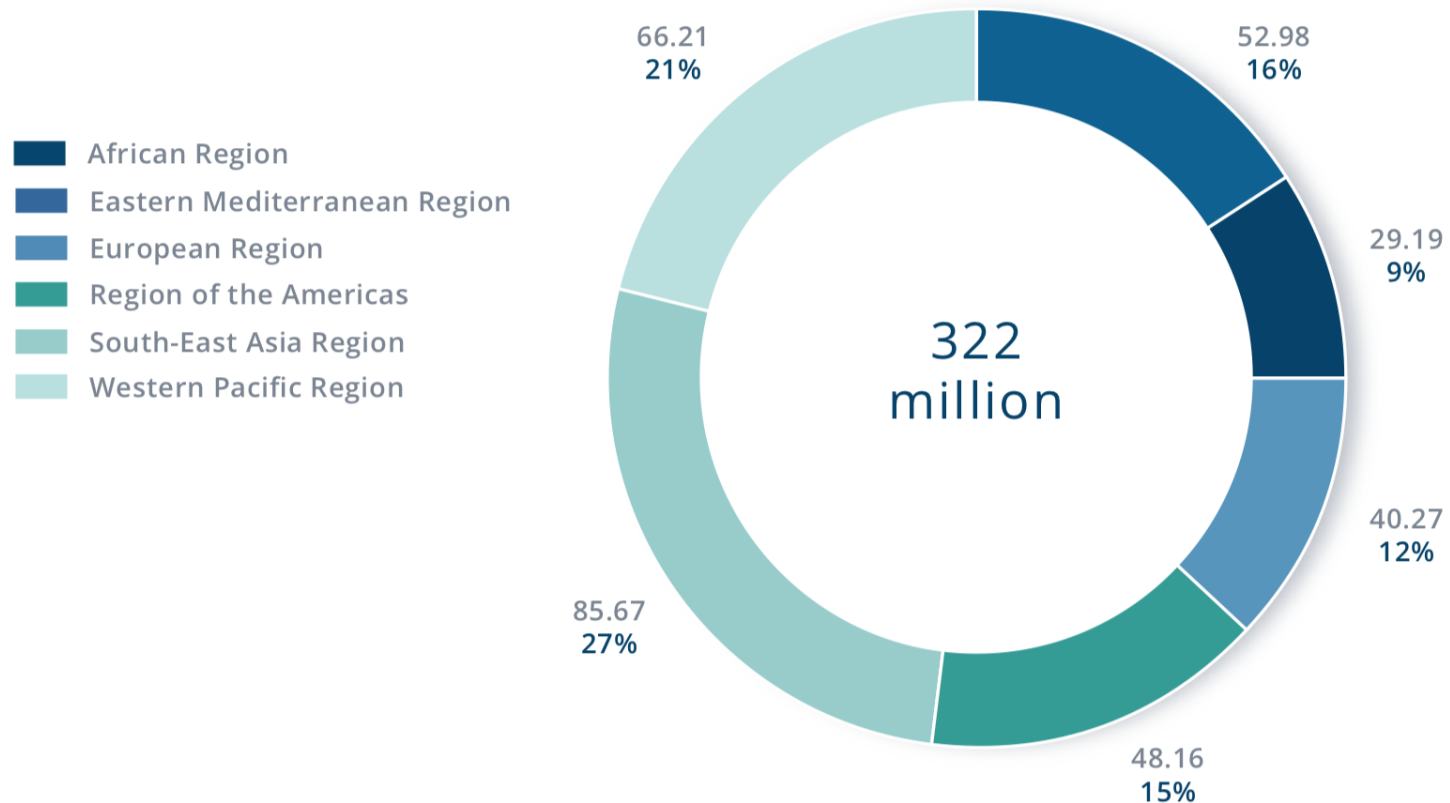
Depression Today

- Depression is predicted to be the leading cause of disability by 2020.
- Depression afflicts more than 4 percent of the world's population
- Prevalence of depression in MENA region is more than 5%.



Cases of Depressive Disorder (Millions)

**Cases of depressive disorder (millions),
by WHO Region**



Average Rank of Major Depressive Disorder

Institute for Health Metrics and Evaluation

Average Rank of Major Depressive Disorder	Men	Women	Women's Differential
MENA	7.1	1.6	78%
LAC	11.4	2.0	83%
Southern Latin America	8.9	2.1	76%
Western Europe	8.0	3.2	60%
East Asia	12.2	3.5	72%
North America	9.6	3.5	64%
ECA	13.6	3.6	73%
South Asia	18.5	8.8	52%
Sub Saharan Africa	22.4	13.3	41%
Global	16.4	6.1	63%

Source: IHME

Depression in MENA Women

Attributions behind wide prevalence in MENA women:

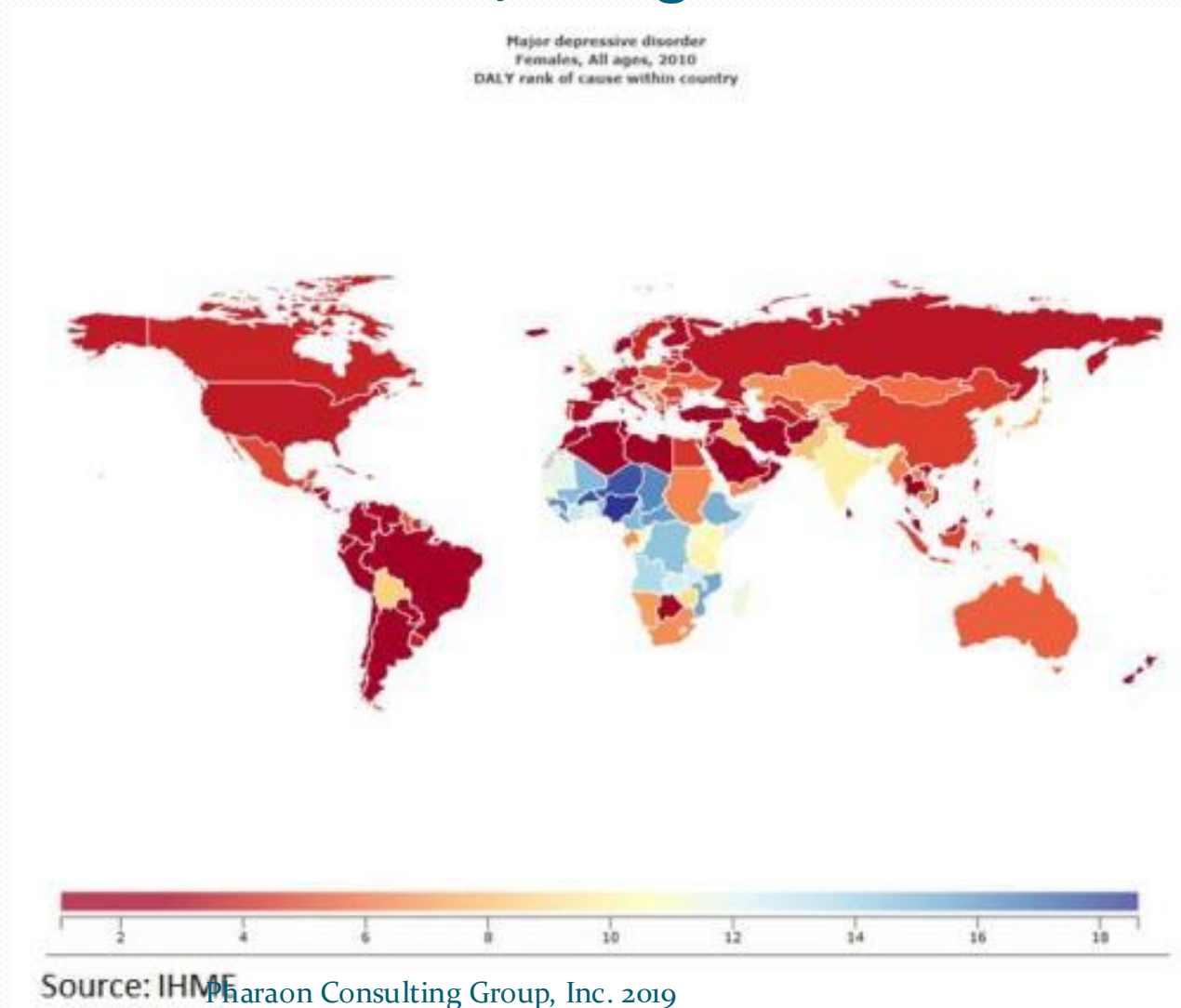
- Hormonal fluctuations intensify stress-response
- Higher prevalence of sexual, physical, and emotional abuse
- A greater dependence on social support and emotional reliance on significant others in their lives
- Poor education including poor health education and lack of awareness



Other related factors

- Discrepancy between rapid socio-economic development and the stagnant cultural values concerning the structure or role of the family
- Hierarchical and gender segregated family still being the norm
- Inability of women to reconcile their rapidly evolving role outside the family with the corresponding role within
- Low labor force participation for women

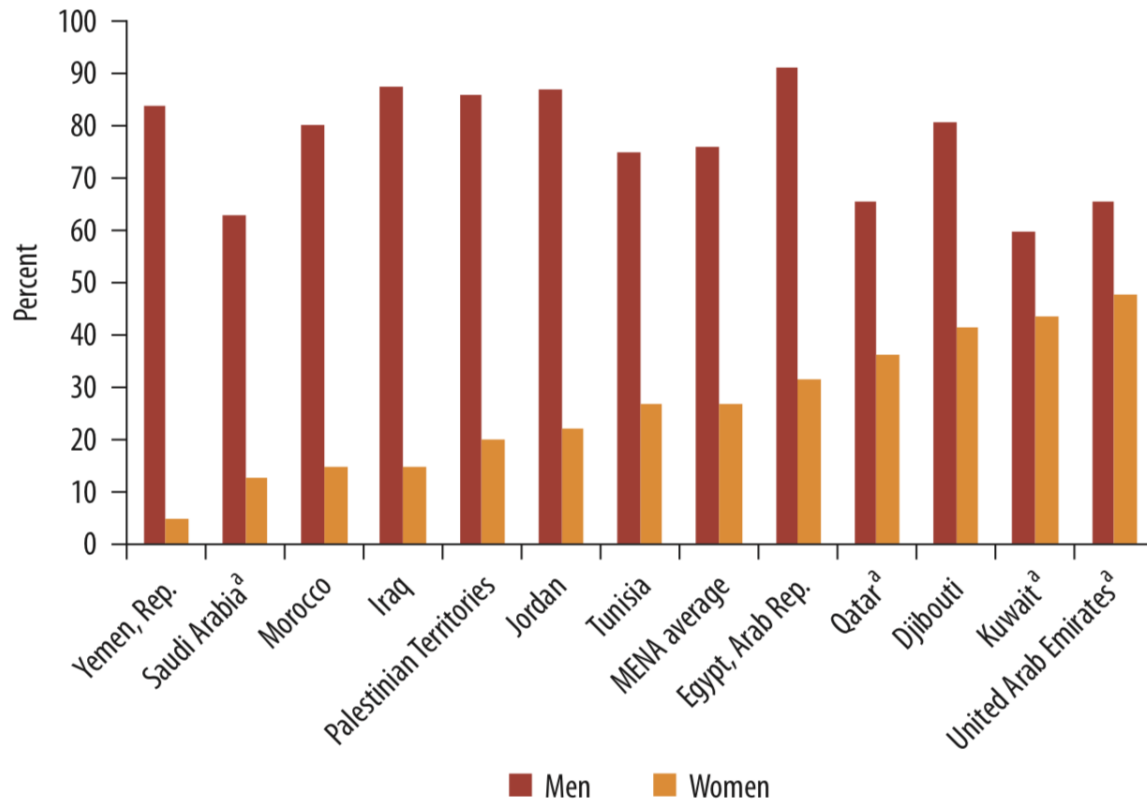
Major Depressive Disorder Females, All ages 2010



Labor Force Participation in MENA

FIGURE 0.3

Female and Male Labor Force Participation across MENA, Ages 15–64

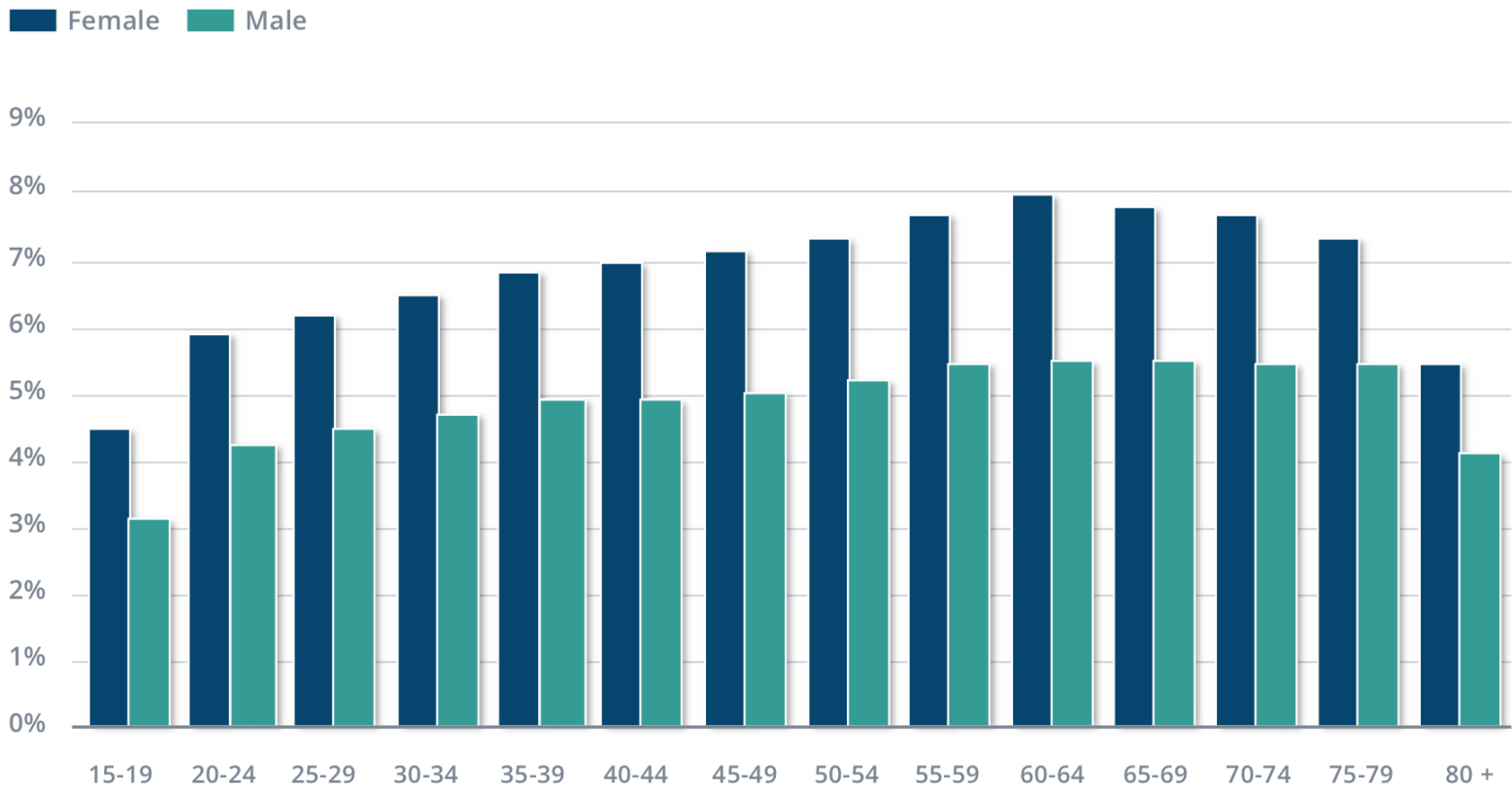


Depression & Age

- Researchers established a link between depression and age
- People between 16 and 65 tend to suffer depression at much higher rates than younger ones
- Current trends in population growth makes low-cost depression interventions a priority for national governments
- Lifetime rates of depression were approximately three times higher for females than they were for males

Global Prevalence of Depressive Disorders by Age & Sex

Global prevalence of depressive disorders, by age and sex (%)



Source: Global Burden of Disease Study 2015 (<http://ghdx.healthdata.org/gbd-results-tool>)
Regional data shown are age-standardized estimates.

Rates of depression for women

Correlated mainly with social instead of biological factors:

- unemployment
- non-married status
- more than 4 children
- loss of significant other
- Housewife
- absence of confiding relationship with husband
- middle age
- low level of education
- independent chronic difficulties (housing, finance, health).

Interface of Depression & Culture



An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group and the ability to transmit the above to succeeding generations

Source: National Center for Cultural Competence, Georgetown University

Women & Culture in MENA

- Increasing struggle between women's traditional home-based role, as a wife and mother, and their modern role in higher education and the workforce bringing them into the public sphere
- Balancing between these conflicting roles brings challenges and stressors
- Feeling of unfulfillment in one of these conflicting roles bring anxiety and depression
- The need for self-actualization and autonomy is present throughout these struggles

Culture and Depression

- Lack of family support due to acute stigma attached to mental health disorders in MENA
- Secrecy, isolation, despair and helplessness become the norm
- Culture defines depression and its symptoms
- Culture influences the sources, the symptoms and the idioms of distress
- Culture influences the individual's explanatory models, their coping mechanisms and their help seeking behavior

Culture and Symptoms

- Culture influences the social response to distress and to disability
- Mixed rather than distinct syndromes seem to be very common clinical picture in MENA women
- Patterns of symptoms become aligned with what medical professionals consider illness
- Complaints of pain, aches, or symptoms of autonomic dysfunction rather than psychological symptoms that are differentiated from associated bodily symptoms
- Somatic complaints are the rule

Lack of agency

- Agency is referred to as sense of empowerment. It depends on income, which provides people with a means to decide where and how to live and what to purchase.
- Lack of capacity to act and make choices contributes to prevalence of depression in women in MENA region.

Culture and the Medical Practitioners

- Order a multitude of physical investigations for their patients' bodily symptoms
- Constant search for an organic etiology
 - Breathlessness is shortness of breath
 - Repeated sighing is respiratory ailment
- Prescribe psychotropic prescriptions
- Rarely refer to mental health professionals
- Disclosures or engagement in treatment modality rarely made to families

Culture in Mental Health Care



There is a need to strengthen the training of mental health practitioners in concepts of culture and strategies for intercultural care

Treatment & Culture

Insensitivity to customs of a particular culture will not only result in misinformed decisions, but may also precipitate resentment. When we experience a form of cultural shock (something outside our normal experience), we have to remember a simple maxim:

"What they are doing makes sense to them."

The Need for Cultural Humility

- A lifelong commitment to self-evaluation and self-critique
- Redressing power imbalances
- Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

Tervalon M, Murray-Garcia J: "Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education, "Journal of Health Care for the Poor and Underserved 1998; 9(2):117-124.

Insight Group Therapy

It is a group for women that offers a forum for members to share feelings and be stimulated to new awareness within an educational framework of positive cognitive changes

Proposed Treatment Modality

- Cognitive Behavioral Therapy (CBT) is most substantially evidenced-based and empirically supported modality of psychotherapy
- It is based on behavioral activation (BA), and cognitive restructuring (CR) that focus on identifying automatic thoughts to improve symptoms of depression
- Group therapy provide economies of scale
- CBT provides short-term therapy 8-24 sessions
- CBT demonstrated effectiveness in a wide variety of conditions including depression and anxiety disorders

Insight – A Program for Women

- Identify and evaluate automatic thoughts that lead to distress and/or dysfunctional behaviors
- Identify core beliefs and assumptions
- Discuss problems that are most distressing and recurrent
- Modify automatic thoughts
- Receive support to evaluate and modify their core beliefs and assumptions
- Modification occurs through examining the evidence and looking for alternative explanation

Insight Group Therapy for Women

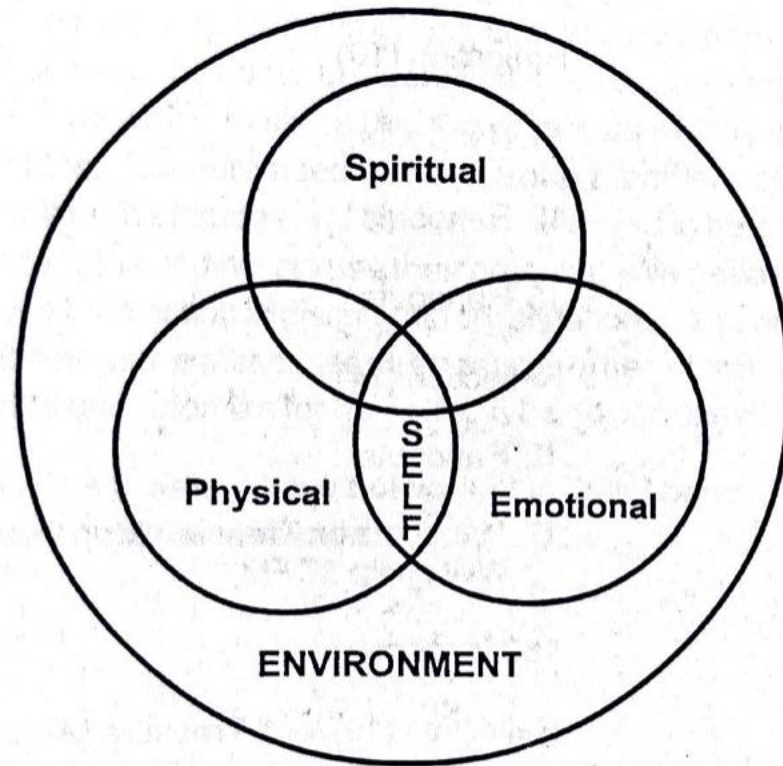
- It uses the group modality
- It utilizes the principles of cognitive behavioral therapy
- It caters to a large number of individuals with economies of scale particularly given the scarcity of professionals with CBT orientation
- Reduces stigma attached to treatment since these are psychoeducational groups

Insight Group Therapy for Women

- It provides strong social support and network among women who struggle with similar issues and are dealing with the same concerns
- It empowers women to be actors in their own lives
- It equips them with the tools, skills, and communicative language to transfer the knowledge gained in the group to their own lives at home and at work, and in their society at large

Insight Group Therapy for Women

- Conducted by two facilitators who offer support and information as members journey to new levels of self-knowledge
- It improves self-esteem, level of depression and anxiety related difficulties
- It results in marked improvement in affect levels, functioning and decision-making abilities



INSIGHT FRAMEWORK

INSIGHT ♦ Facilitator's Manual

Thank you!

Please email follow-up questions or feedback
to : (**drnora.pharaonconsulting.com**)

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