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# Importance of Interpersonal Relationships in CBGT

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**Importance of Interpersonal Relationships in CBGT**

by

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## Importance of Interpersonal Relationships in CBGT

### *Abstract:*

A literature review was conducted to answer the question, can CBGT and its emphasis on interpersonal relationships bolster the treatment of depression in adolescents? Adolescents were defined as anyone between the ages of 13-17, and depression as diagnosed by the DSM-V. It was found that CBGT had a strong effectiveness in the treatment of depression, lowering symptoms across the board. Teens found solidarity in having others that could relate to them and their personal experiences. Potential downfalls were the fact that time management was crucial to better treatment, making sure everyone had a chance to speak, as well as strong communication with the group therapist to tailor treatment to the needs of the group, without which, treatment could become less effective.

## Importance of Interpersonal Relationships in CBGT

### *Introduction:*

Cognitive Behavioral Therapy (CBT) is a widely used treatment strategy for a range of mental illnesses, one of which being depression. Traditionally, it is utilized in one on one therapy sessions, but is not as commonly used in group therapy (CBGT). As more research is being conducted on the efficacy of CBGT, it is being found to be very effective in the treatment of depression (McEvoy, Burgess & Nathan, 2012).

Among teens, group therapy is found to be very useful, as the comradery of their peers in treatment provides greater trust and support. In an experiment to implement a health education program among African American girls as taught by adult employees in beauty salons, one of the downfalls they noted was the mistrust between the salon workers and the adolescent girls. The adolescents almost always felt misunderstood and judged harshly for the way they felt, along with having worries about the protection of their privacy. In turn, they found that employees at the salon had many negative views of their teen clients as well, reiterating the girls worries (Lieberman & Harris, 2007). This rift is not isolated to this one example and can be a barrier in effective treatment of depression in adolescents.

With this in mind, one on one therapy may have potential downfalls among teens undergoing CBT if they don't fully trust their adult therapist and feel as though they aren't being understood. I'm posing the question, could CBT be bettered for adolescent patients if they expanded to CBGT? If so, this could strengthen and bolster treatment of depression in teens worldwide.

### *Background:*

CBT is a complex form of therapy in which the therapist sets out to change their client's cognitive reactions to events and stimuli, and their following behaviors. Broken down further,

## Importance of Interpersonal Relationships in CBGT

there is a loop of thoughts effecting feelings, which effects behaviors and so on (Ugueto, 2019). CBT was created to restructure this cognitive process, and change how a person reacts to it (Nogueira-Arjona, et.al, 2016). Beginning its conception in the 1970's, it is typically used in adults and has been found to be highly effective when used to treat a range of mental illnesses, with most research focused on its efficacy in depression (Benjamin, et al., 2011). CBT is typically conducted over 12 weeks, broken into 3 modules that analyze thoughts, feelings, and relationships in conjunction with mood (Cumba-Avilés, 2016).

Stemming from its success with adults, researchers began to look at the usefulness of CBT among adolescents and children when the program, Improving Access to Psychological Therapies (IAPT), expanded to include children and teens as well (Stallard, Myles & Branson, 2014). It has been found that depression among adolescents is a large problem. In 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that approximately 12.8% of kids between the ages of 12-17 struggled with depressive episodes, and that 40% of them struggled recurrent depressive episodes (Waldron, Howard & Reinecke, 2019).

CBGT is the group formatted version of CBT, allowing for peer-bonding and social support in treatment. To better understand the importance of these relationships, one study looked at the effectiveness of group therapy, and was conducted among women with breast cancer, who had developed depression. Split into two groups, one undergoing CBT, and the other undergoing group therapy, they found that those in group had greater reduction of symptoms and reported higher quality of life upon conclusion, having experienced social support and interpersonal bonding with those facing the same experiences as them; it created a deeper level of understanding and acceptance (Bellver-Pérez, Peris-Juan & Santaballa-Beltrán, 2019).

## Importance of Interpersonal Relationships in CBGT

In another experiment in which researchers were testing the efficacy of CBGT on anxiety and depression, participants began with a pre-test to gain knowledge of their current symptoms and the severity. Upon finishing, when tested again, they found that while 50%-70% were found to be in the severe range upon beginning the study, after completion of multiple sessions of CBGT, less than 20% of them were still in the same range as in the pre-testing, having great symptom reduction (Fogarty, Hevey & McCarthy, 2019).

Group therapy and social support have been proven to be effective in treatment with integrative theoretical models illustrating the importance of interpersonal relationships in both bolstering or hindering depressive symptoms (McEvoy, Burgess & Nathan, 2012). The bond that occurs between sharing similar experiences with others have been shown to help bolster the mindset of those undergoing mental health crises, allowing the client to feel truly understood, rather than just pitied or listened to by a therapist who has no scope of how they are feeling and what they are facing (Bellver-Pérez, Peris-Juan & Santaballa-Beltrán, 2019). In a somewhat similar experiment, adolescent females diagnosed with depression and PTSD after facing sexual abuse underwent CBGT, split into two groups. Upon completion of treatment, researchers noted significant reductions in depressive symptoms across the board, furthering the efficacy and importance of group therapy (Habigzang, de Freitas, Von Hohendorff & Koller, 2016).

One of the biggest downfalls of group therapy can be the sharing aspect of it. It has been found that those who struggle to maintain relationships and have higher interpersonal problems have a higher likelihood of dropping out of group therapy – specifically those who struggle with being open and being supportive – and those who stay and don't share receive virtually none of the benefits it can offer (McEvoy, Burgess & Nathan, 2012). Even so, a group member who is at least open to the idea may reap some of the benefits (Cumba-Avilés, 2017).

## Importance of Interpersonal Relationships in CBGT

With this in mind, it is important to note the mistrust of adults shared in adolescents, as well as taking into account the struggles they face such as finding independence, peer acceptance, and other facts that adults can't relate to that can cause emotional turmoil (Cumba-Avilés, 2016). Teens are facing a crucial period of social acceptance or social rejection among their peers, and depression has been found to lead to social withdrawal among sufferers, hindering their ability to find that acceptance with peers (McEvoy, Burgess & Nathan, 2013). Building strong social support at home and school has been linked to the alleviating of depressive triggers (Cheng, et.al, 2014).

Many youths have noted feeling untrusting of adults in their lives, and feeling that they aren't taken seriously or heard properly, with adults mirroring these fears in their opinions of teens (Lieberman & Harris, 2007). Therefore, I pose the question, could the bonding between adolescents and their peers, and the development of interpersonal skills and relationships in treatment further their outcome in therapy?

### *Methodology:*

For my research, I conducted a literature review of peer-reviewed studies that have sought to examine the effectiveness of CBGT in the treatment of depression and depressive symptoms, mainly anxiety, agoraphobia, and social withdrawal. To further narrow my research, I will be solely focusing on the adolescent demographic.

I reviewed the studies and their findings by highlighting the similarities in their tactics, identifying the differentiations among them, and crucially examining why they were or were not able to prove their hypotheses. From there, I analyzed the top 5 studies and how their results relate to the adolescent demographic, in conjunction with other findings, which I have defined as any individual between the ages of 13-18. While several studies I reviewed did not pertain to this

## Importance of Interpersonal Relationships in CBGT

demographic, I took their findings and reanalyzed through the scope of my criterion. In doing this, I have laid out a clearer path to effective treatment among depressed adolescents

### *Results:*

#### *Latinx Adolescent CBGT Case Study:*

A case study followed several adolescents, all of which had been diagnosed with Type 1 Diabetes, as well as depression. They put the children into a group, and followed their progress, as well as conducting interviews throughout the process to better understand how they were feeling. Teens noted feeling misunderstood, citing that their parents and friends didn't understand what it was like to have Type 1 Diabetes, and feeling that they had no one to relate to. As they got to know each other, the sessions began leading themselves with therapists there mainly to steer patients to a certain topic, but conversation flowing on its own. Upon completion of CBGT, they found that the adolescents had reduced rates of depression, as well as better self-care skills, as learned from others in group.

Dropout rate was low, with one teen leaving the group due to not feeling comfortable with the sharing aspect, but his parents, as well as himself noted that he took better care of himself afterwards and dropped several unhealthy habits he had prior to treatment, taking away the effects even without completing treatment (Cumba-Avilés, 2017).

#### *Interpersonal Problems and their Outcomes in Treatment:*

Another study was conducted to look at how interpersonal problems (IPs) can effective group therapy treatment outcome for those diagnosed with Major Depressive Disorder (MDD). The first finding they noted was that higher levels of IPs were correlated with greater levels of depression, and those who had the hardest time being supportive and sociable had the worst Quality of Life (QoL) ratings. Upon completion of treatment, those who made it through



## Importance of Interpersonal Relationships in CBGT

the entirety of the group were found to have lowered IPs than when entering, with the sessions creating a safe space for them to be open and develop interpersonal skills. Upon ending the study, they noted their finding of IPs playing a direct role in the maintenance or exacerbation of depressive symptoms and CBGT being important in creating a place to share without fear of judgment or gossip (McEvoy, Burgess & Nathan, 2013).

### *Weekly Text Messaging in CBGT:*

This study took a group of patients referred to CBGT, and sent a weekly text message to see how this would engage patients. Out of 79 patients undergoing CBGT, 39 were selected to receive a once weekly text message, encouraging them to continue practicing what they had learned in group during the previous session. This took the social support outside of the office, and into their patients' home, reminding them that they are not alone, and gauging if this could bolster their treatment. Upon completion, it was found that the patients who received text messages had further reduced symptoms than those who only underwent CBGT at post-test, and continued on through a later follow-up (Truzoli, Rovetta, Nola, Matteucci & Viganò, 2019).

### *Preventive Intervention for Depression in Youth:*

This study focused on the importance of the treatment of depression in youth, beginning with noting that depression typically begins showing up in adolescence. They also add that in leaving depression untreated in adolescents, it can lead to poor social functioning, higher rates of mortality, and increased risks of comorbidity. With this in mind, they tailored their intervention strategy to arm teens with coping and resilience strategies that they can use throughout life and help get a handle on mental illness before it begins or worsens, with the rate of likelihood jumping from 5% in early teens to 20% in later teens. They found that intervention in youth is a helpful tool in preparing teens and a cost-effective solution to leaving adolescents

## Importance of Interpersonal Relationships in CBGT

untreated and facing worsening symptoms and further factors, such as trying to find a job, moving out, etc., and others associated with age (Ssegonja, et. al., 2020).

### *CBGT for Those on a Waitlist for Individual Therapy:*

This study looked at treating individuals waiting for one-on-one therapy with CBGT to help in the meantime and prevent worsening symptoms during this period. All involved were diagnosed with depression and faced a chronic illness – i.e. heart disease, cancer, diabetes, etc. – that played a role in their depressive symptoms. While this study wasn't able to find sustained results after treatment, it illustrated the importance of routine treatment, noting that this finding was most likely due to the quick end to treatment, without a sustainable model to continue improvement. They also noted the fact that many individuals didn't like the idea of participating in group therapy sessions when they were initially seeking out one-on-one sessions (Ruesch, et. al., 2017).

### *Discussion:*

Overall, the findings for CBGT in treatment of depression in adolescents was very strong with reduced symptoms across each category. Along with this, each study had a similar positive outcome with social support involved. As people were able to create bonds with others undergoing the same experiences with them, they opened up more, and took more away from therapy, emphasizing the importance of social support.

Circling back to adolescents, that they are facing a crucial period of social acceptance or social rejection, and those with depression will likely see a withdrawal in social activities during this important period of development (McEvoy, Burgess & Nathan, 2013). CBGT allows for a social lab in which they can open up with their peers and develop those skills, along with skills to aid in the treatment of their depression. CBGT also allows for the bypassing of a mistrustful

## Importance of Interpersonal Relationships in CBGT

situation with an adult therapist; noting once again, the in-group/out-group mentality of teens and adults, providing a safe place of their peers can allow for more involvement in treatment and better outcomes upon completion (Lieberman & Harris, 2007).

Interpersonal skills are crucial throughout life, not just during this period of one's life. They are used in finding a partner, creating a social support network, even getting and keeping a job. This goes further than introversion and extroversion; we all need to feel accepted and understood to grow in life and leaving these issues untreated can worsen depression, making CBGT even more important with its emphasis on developing these skills.

Among these studies, the most important hinderances to treatment was communication and personality types. Those who struggled to be supportive and be open had the highest rates of dropout, along with those who simply did not want to be there. Being open-minded and involved was crucial to a beneficial outcome, as well as being communicative with the group therapist. One of the downfalls of group therapy is that not everyone gets their own clinical hour; their time is shared amongst other group members. For this reason, it is important that members are talking to the therapist to tailor the meeting to best serve the allotted time and the individuals in the group (Thimm & Antonsen, 2014).

The limitations of this study were due to the literature review nature. While I initially hoped to interview adolescents and group therapists, I was unable to do so, due to the pandemic. If I were to further my research, I would begin there, gaining first-hand input on the experience of those undergoing CBGT. Overall, however, I believe that CBGT and the interpersonal skills developed among peers are among the best treatment strategies for adolescents, with research to back this claim, and these findings are crucial to lowering rates of depression and increasing treatment effectiveness in teens worldwide.

## Importance of Interpersonal Relationships in CBGT

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## Importance of Interpersonal Relationships in CBGT

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