THE INVESTIGATION OF EFFECT OF GROUP PSYCHOLOGICAL COUNSELING APPLICATION ON THE ADOLESCENTS' DEPRESSION AND ANXIETY SYMPTOMS[i]

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Abstract:

In this study, the effect of group psychological counseling application prepared on the basis of rational emotional behavioral therapy on the depression and anxiety symptoms in adolescents was investigated. this study, pretest-posttest control group experimental design was used. In this study, there are two experimental and two control groups. Pre-test, post-test and follow-up tests were applied to these groups. The study group of this investigation consists of 33 students studying on the 6th and 7th grades in a secondary school located in the Yakutiye district of Erzurum province in the academic year of 2017-2018. Firstly, the school was determined with purposeful sampling method. Then, "Depression and Anxiety Scale for Children" were applied to 260 students in the stated school. Face-to-face interviews were conducted with 60 students who had high levels of depression and anxiety and volunteered to for working. Forty students were selected by random sampling method for the planned study. Later, the experimental and control groups were assigned by random assignment, consisting of 10 individuals for each group. After the groups were identified, group psychological counseling programme consisting of 8 sessions was applied to experimental group. The aim of this program is to reduce the levels of depression and anxiety. Sessions applied to experimental groups were planned and implemented in a way to last for 90 to 120 minutes. For the control groups, guidance activities were applied by being independent from problem issues. The data obtained from the study was analyzed by two-factor variance analysis (ANOVA) method. As a result of the research, the depression and anxiety scores of the students in the experimental group were significantly decreased after the group psychological counseling program which was applied. It can be said that the group psychological counseling based on rational emotional behavior therapy which was applied is an effective program to reduce the symptoms of depression and anxiety.

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1. Introduction

The school environment provides new learning to the child and shapes the child's personality by including different ways and also it is a social environment where he spends more time than his family. Trying to get away from the family and adapt to a different environment is a responsibility for the child. Genetic predisposition, wrong parental attitudes and possible adverse events (loss of parents or relatives, natural disasters, abuse, etc.) during this adaptation process; it may reveal a number of psychological problems that the child cannot overcome on his own. Yavuzer (2005) stated that every age brings an emotional tension and especially the idea that the habits of the transition from childhood to adolescence should change triggers this tension. Adolescence is a stormy period and adolescents may not make healthy decisions in this adaptation process. Most of the time, they do not act as commanders and do not ask for help from their family or people around them. In addition, extremes of emotions (feelings of intense, feelings of love or anger) are observed, but this turmoil, which is also reflected in thoughts and behaviors during these years of difficult control, can lead to unwanted behavior both in the family and around the school. These sudden changes in childhood and adolescence and tidal feelings bring about some adaptation problems. Fears, jealousy, stuttering, lower wetting, lying, stealing, finger sucking are some of the adaptation problems that can be seen in children (Bakırcıoğlu, 2002, Yavuzer, 2005). Among the mental disorders that occur during this period, depression and anxiety disorders are very important in children as well as adults. These disorders, especially family life of the child; school life, relationship with peers, communication with the social environment, has a negative impact on himself and his outlook on life. If these negative effects are persistent and do not intervene to mitigate their effects, they can interfere with the entire life of the child and leave deep traces.

Depression is a mental disorder that has serious negative effects on an individual's life and has been the subject of intensive research. In fact, this disorder has been expressed as "*cold in psychiatry*" (Fennel, 1989; Blackburn, 2005). Classical psychoanalysis did not think that children could be depressed before the 1960s. The reason for this is that the child's immature superego does not allow depression to occur yet (Weller, Weller, Rowan and Svadjian, 2002). Schacter and Romano (1993) reported that parents did not initially consult the clinic if they thought that their children might have depression, drowsiness, internal closure or some somatic complaints, which often occurred in their children. Family, teacher or other people in the environment were perceived to be depressive symptoms such as stagnation, lack of participation in activities, low speech, and lack of communication with people, often perceived as temperament characteristics of the child and the idea that depression could be seen in children. However, children can seem to be in harmony, quiet and calm while experiencing depression. They can be noticed while escaping from school, having an anger crisis etc. and they can get help as a result of this ciutations. But in 1970, Warren

Weinberg et al. however, they concluded that childhood depression differs from that of adults (Miller, 1998). Since then, research on childhood depression has increased and publications on the occurrence and effects of depression in children have increased.

Given that recent terrorist incidents, wars, school murders and natural disasters threaten personal safety everywhere; it is not surprising that the individual is worried at any moment. Such hazards are of great concern to people today (Sloan, 1996). Factors that make people's anxiety inevitable due to exposure to such situations increase (Twenge, 2000). Anxiety is defined in the psychiatric dictionary as bun anxiety or anxiety caused by fear or fear of danger or misfortune (Budak, 2005). Geçtan (1995) stated that the person was born with a concern at birth; He stated that the condition which he called "concussion" was faced with the first anxiety at the same time that the baby encountered the outside world for the first time. The intense or general spread of this anxiety also causes anxiety disorders that affect the society again very negatively. Anxiety disorders are common disorders with low self-esteem, psychosocial problems and school problems (Curry and Murphy, 1995).

Abbo et al. (2013) found that the general prevalence of anxiety disorders was 26.6% in their study on children and adolescents in Uganda. Costello and Angold (1995) found that it is the most common psychiatric disorder in young people with a prevalence rate of 5% to 8%. According to World Health Organization's 2015 data, 3.6% of the global population has anxiety disorders. It is also among the findings that 264 million people in the world have anxiety disorders. They also showed an increase of 14.9% in anxiety disorders between 2005 and 2015. In Turkey, nearly 3 million people that they have obtained the findings of this disorder (WHO, 2017). Pine et al. (1998) in their study of children with childhood depression and anxiety, depression and anxiety disorder rates of adult with 2 to 3 times have been revealed. In this respect, early diagnosis and treatment is very important in order to reduce or prevent the occurrence of anxiety disorders in adulthood. And for treatment, Albrecht and Herrick (2006) found that cognitive behavioral therapy is a highly effective therapy for anxiety disorders and depression. There are also studies showing that CBT-based individual and group therapies are highly effective in reducing the symptoms of depression and anxiety in children compared with other therapy methods (Manassis et al., 2002; Mendlowitz et al., 1999; Reynolds et al., 2013).

Schools, in particular, are the primary environments in which the symptoms of psychological disorders in children can be observed. Depression is highly effective in situations such as task, concentration, memory, effort and patience (Huberty, 2012). Again, anxiety can have a serious negative impact on the school life of the child and may become a problem affecting the whole life (Csoti, 2003). Schools have a very favorable environment for identifying children with such problems and making applications to solve these problems. Therefore, group counseling and psychoeducation practices can be said to be an effective tool for correcting psychological problems and gaining some skills (Shapiro, 1994). The aim of this study is to investigate the effects of group counseling based on rational emotional behavioral therapy on depression and anxiety symptoms in adolescents.

2. Material and Methods

2.1. Research Model

In this study, one of the real experimental designs which is pretest-posttest control group experimental design was used. The most important feature of real experimental designs is that multiple groups are used and the participants in the groups are formed by neutral assignment. Appointment of the participants to the groups is an effective approach to eliminate the problems that may arise due to the selection of the participants. It also significantly reduces threats to internal validity. Before the application, pretest is applied to the experimental and control groups. While experimental intervention is applied to the experimental group, no special intervention is made to the control group. After the application, the post-test is applied to the experimental and control groups and the changes observed in the groups in terms of time are examined (Heppner, Wampold and Kvlighan, 2013). In this context, in the research process, two different experimental groups and two different control groups were formed by neutral assignment.

2.2 Study Group

The population of this study consists of middle school students in Yakutiye district of Erzurum province in 2017-2018 academic year. Since the research involves an experimental process, purposeful and simple random sampling methods were used in the sampling process. Purposeful sampling is not dependent on probability, but is the sampling process carried out by the researcher within the framework of the criteria determined for the purpose and characteristics of the research. Simple random sampling is the sampling technique in which the probability of selecting each sample in the universe is equal (Gürbüz and Şahin, 2017). In this respect, first random sampling method was used to determine the participants who will take part in experimental applications in the second stage. In the determination of the participants, a total of 260 students aged between 12 and 14, who were studying in the 7th and 8th grades in a secondary school determined by purposive sampling method, were administered the "Depression and Anxiety Scale for Children" and face to face interviews were conducted with 60 students with a score of 40 or more and 40 students willing to work were identified. In addition, a selection was made considering the observations and opinions of the course teachers and school guidance teachers about these students while selecting the subjects. By random sampling method, these students were divided into four groups. After the groups were determined, experimental and control groups were again determined by lot. Then, 7 students who did not comply with the rules of the group, violated the confidentiality principle and who were absent for more than two sessions were excluded from the experimental and control groups. Therefore, the study was completed with the regular participation of 33 students.

2.3. Data Collection

The data used in the study were obtained by using two measurement tools in total. The Depression and Anxiety Scale for Children form was used to determine the depression and anxiety levels of the students. A detailed description of these measuring tools is given below.

2.3.1 Depression and Anxiety Scale for Children

Ebesutani et al. Developed in 2012 by this scale; It was adapted to Turkish by Ay, Seçer and Şimşek (2016). The scale is a five-point Likert-type and self-report scale. There are 25 items in total; It consists of 2 sub-dimensions that measure depression and anxiety symptoms separately. While 10 items of the scale measured general depression symptoms, the remaining 15 items aimed to measure general anxiety, separation anxiety, panic disorder, social anxiety, and obsessive-compulsive disorder symptoms. As a result of the validity and reliability studies of the scale in the context of Turkish adaptation studies, the internal validity coefficient of the depression subscale was .87, the half-half reliability coefficient was .83, and the test-retest reliability coefficient was .91; In the anxiety subscale, the internal validity coefficient was found to be .85, the half-half reliability coefficient was .81, and the test-retest reliability coefficient was .87. In addition, when the model fit index of this two-factor scale is examined; $X / df = .45$, $RMSEA = .041$, $RMR = .036$, $NFI = .99$, $NNFI = .99$, $CFI = .99$, $IFI = .99$, $RFI = .90$, $AGFI = .93$ $GFI = .94$ in the form of. These figures show that the factor structure of the scale is compatible. The high scores obtained from the total scale are considered to be high levels of depression and anxiety.

2.4. Data Analysis

Two-factor ANOVA was used for the analysis of the data obtained during the research process and for testing the hypotheses. In this context, firstly, it was examined whether the data set satisfies the parametric conditions and for this purpose normality analysis, extreme value analysis and homogeneity analysis were performed.

3. Results

Hypothesis 1: Depression scores of adolescents participating in rational emotional behavioral therapy will differ significantly compared to non-participants and this difference will continue in monitoring measures.

In order to determine whether rational emotional behavioral therapy is an effective approach in reducing the depression scores of the participants, two-factor ANOVA was applied for mixed measures to determine whether the pre-test, post-test and follow-up test scores showed significant changes according to the group factor. For this purpose, firstly, whether the experimental and control groups, which is an important prerequisite of real experimental designs, provided the equality criterion before the application, was analyzed by single factor analysis of variance and the findings were given in Table 1.

Table 1: Results of variance analysis of depression scores of experimental and control groups before experimental application

Group	n	$\overline{X}$	Ss	F	P
Experiment1	8	26.63	5.78		
Experiment2	9	27.00	4.18	2.10	.87
Control1	8	23.00	6.01		
Control2	8	26.33	3.89		

When Table 1 is examined, it is seen that there is no significant difference between the depression scores of the experimental1, experimental2, control1 and control2 groups [F (15) = 2,10, p> .05)]. This finding can be evaluated that the depression scores of the participants in experiment1, experiment2, control1 and control2 groups were equal before the experimental application. This finding can be considered as fulfilling the assumption that participants should be distributed equally among the groups in real experimental designs.

After meeting the equivalence criteria of the groups, before the research hypotheses were tested, Levene test was performed to determine whether the data related to the pre-test, post-test and follow-up test depression scores showed a homogeneous distribution and the results obtained showed a homogeneous distribution (Pretest: F = 2.45). , p> .05; Posttest: F = 1.02, p> .05; Tracking: F = 2.37, p> .05). In addition, in order to examine the equality of covariance matrices, Box's M statistical values were examined and (Box's M = 17,30, F = 1,15, p> .05) conditions were found to be necessary for the analysis. Based on the findings, it was evaluated that the basic assumptions of two-way analysis of variance were met for the repeated measures and the results obtained regarding the depression scores of the participants in the groups were given in Table 2.

Table 2: Comparison of depression pre-test, post-test and follow-up test scores of groups

Source of Variance	Sum Squares	Sd	Average Squares	F	P	η^2
Between Groups						
Group	271.324	1	271.324	5.090	.031	.141
Error	1652.313	31	53.300			
Within Groups						
Measurement	147.094	1	147.094	5.976	.020	.162
Group*Measurement	65.278	1	65.278	4.324	.046	.122
Error	763.028	31	24.614			

When Table 2 is examined, it is seen that there is a significant difference between the mean scores of depression pre-test, post-test and follow-up test of the participants in the experimental and control groups [F (1,31) = 5.090, p <.05, η2 = .14]. This analysis does not reveal the variation of the groups from pre-test to post-test. When the basic effect of the measurement was taken into consideration, it was found that there was a significant difference between the mean depression scores of the participants before and after the experiment, regardless of group discrimination [F (1,31) = 5.976, p <.05, η2 = .16]. This

finding shows that the participants' depression scores vary depending on the experimental process, regardless of group discrimination.

Finally, F (1,31) = 4.324, p <.05, η2 = .12] showed that there was a significant difference between the depression scores of the experimental and control groups before and after the application. Bonferroni test was used to determine the source of the difference between the groups and it was determined that there was a significant change in the mean scores of the participants in the experimental groups compared to the participants in the control groups. The results of Bonferroni analysis showed that there was a significant difference between the measurement scores from pre-test to post-test. The results of the same analysis can be evaluated that this difference obtained as a result of experimental practice is preserved in the monitoring test and the effect of experimental process is permanent.

Based on these findings, it can be said that rational emotional therapy based group counseling is an effective approach in reducing the symptoms of depression in adolescents and that Hypothesis 1 is confirmed.

Hypothesis 2: Depression scores of adolescents participating in rational emotional behavioral therapy will differ significantly compared to non-participants and this difference will continue in monitoring measures.

In order to determine whether rational emotional behavioral therapy is an effective approach in reducing participants' anxiety scores, two-factor ANOVA was applied to determine whether the pre-test, post-test and follow-up test scores significantly changed according to the group factor. For this purpose, whether the experimental and control groups, which is an important prerequisite of the real experimental designs, was met before the application and the criteria of equality were provided by single factor analysis of variance were obtained and the findings were given in Table 3.

Table 3: Variance analysis result of pre-test anxiety scores of experimental and control groups

Group	n	$\overline{X}$	Ss	F	p
Experiment1	8	40.75	4.40		
Experiment2	9	40.00	4.89	.441	.646
Control1	8	38.63	2.89		
Control2	8	39.00	4.23		

When Table 3 is examined, it is seen that there is no significant difference in terms of anxiety scores between experiment1, experiment2, control1 and control2 groups [F (15) =. 441 p> .05)]. This finding can be evaluated in terms of anxiety scores of the students in the experimental and control groups before the experimental application and the prerequisite of the experimental application is provided.

After testing the research hypotheses, Levene test was used to determine whether the data related to the pre-test, post-test and follow-up test depression scores showed a homogeneous distribution and the results obtained showed a homogenous

distribution (Pretest: F = 1). , 85, p> .05; Posttest: F = 1.55, p> .05; Tracking: F = 0.97, p> .05). In addition, in order to examine the equality of covariance matrices, Box's M statistical values were examined and (Box's M = 10.30, F = 0.95, p> .05) conditions were found to be necessary for the analysis. Based on the findings, it was evaluated that the basic assumptions of two-way analysis of variance were met for the repeated measures and the results obtained in terms of the anxiety scores of the participants in the groups are given in Table 4.

Table 4: Anxiety pre-test, post-test and monitoring tests comparison

Source of Variance	Sum Squares	Sd	Sum Squares	F	p	η^2
Between Groups						
Group	261.379	1	261.379	3.743	.024	.126
Error	3276.460	31	105.692			
Within Groups						
Measurement	476.583	1	476.583	8.636	.006	.218
Group Measurement	192.880	1	192.880	8.871	.006	.222
Error	763.028	31	24.614			

When Table 4 is examined, it is seen that there is a significant difference between the mean scores of anxiety pre-test, post-test and follow-up test of the participants in the experimental and control groups [F (1,31) = 3.74, p <.05, η2 = .12]. This analysis does not reveal the variation of the groups from pre-test to post-test. When the basic effect of the measurement was taken into consideration, it was found that there was a significant difference between the mean anxiety scores of the participants before and after the experiment without any discrimination [F (1,31) = 8.63, p <.05, η2 = .21]. This finding shows that the participants' depression scores vary depending on the experimental process, regardless of group discrimination.

Finally, F (1,31) = 8.87, p <.05, η2 = .22] showed a significant difference between the depression scores of the experimental and control groups before and after the application. Bonferroni test was used to determine the source of the difference between the groups and it was determined that there was a significant change in the mean scores of the participants in the experimental groups compared to the participants in the control groups. The results of Bonferroni analysis showed that there was a significant difference between the measurement scores from pre-test to post-test. The results of the same analysis can be evaluated that this difference obtained as a result of experimental practice is preserved in the monitoring test and the effect of experimental process is permanent.

In line with these findings, it can be said that rational emotional therapy based group counseling is an effective approach to reduce anxiety symptoms in adolescents and Hypothesis 2 is confirmed.

4. Results and Discussion

When the findings of the study were examined, it was found that the depression and anxiety scores of the participants in the experimental group of rational emotional behavioral therapy based group decreased compared to the participants in the control group and this decrease continued in the follow-up measurements.

When the literature is examined, there are many studies showing that group therapies are effective in reducing the symptoms of depression and supporting the trial (Şar, Barut & Koç, 2007; Yıldız & Aslan, 2016; Gökdağ & Sütcü, 2016; Çutuk, 2017; Demir, 2018; Özağı, 2007; Vaziri , Jamshidifar and Darbani, 2011) Labelle (2012) showed that cognitive behavioral group therapies on adolescents between 14 and 17 years of age with a risk of depression and suicide significantly decreased after the program. Duarte, Miyazaki, Blay and Sesso (2009) demonstrated that the cognitive behavioral group therapy program they applied on hemodialysis patients with major depression was effective in reducing symptoms. Macrodimitris et al. (2001) conducted a 10-week CBT-based group study on 18 patients with one or both of depression and anxiety disorder with epilepsy. In conclusion, this treatment was found to be an effective and feasible treatment in patients with epilepsy who experienced depression and anxiety symptoms together. Chen, Lu, Chang, Chu and Chou (2006) investigated the effect of a 12-week cognitive-behavioral therapy-based group study on depression and self-esteem in patients diagnosed with depression. They observed that the effect continues more. McGillivray and Evert, 2014 and Krishna et al. (2015) is one of the other researchers who showed the effectiveness of cognitive behavioral-based group and psychological counseling. It is known that people with depression have obvious behavioral patterns such as abstraction from people, desire to be alone, and unwillingness to communicate with others. In this sense, considering the fact that the group experiences are not alone, and that others may have similar problems, it is thought that this thought provides one of the most important advantages in reducing depression. Listening to the feelings and thoughts of the depressive person who mostly considers himself worthless and inadequate during this period without criticism or comparison, regularly sharing the events that come together in the group with his peers, giving feedback and providing mental relaxation through group life played an important role in reducing one's sense of worthlessness.

There are similar studies showing that group therapies are effective in reducing the symptoms of anxiety (Öngider and Baykara, 2015; Barret, 1998; Muris, Meesters and Melick, 2002). There are also studies showing that group therapies are effective on subtypes of anxiety disorders and not as one-to-one anxiety disorders. Basaran and Sutcu (2016) As a result of their studies that searched the article works published between 2000 and 2015; found that cognitive behavioral group therapy was equally effective but much less costly than individual therapies in reducing the number of episodes, agoraphobia level symptoms, depression and anxiety sensitivity associated with this disorder. Looking at similar screening studies; Kaval and Sütcü (2016) stated that cognitive behavioral group therapies are effective in reducing the symptoms of

social anxiety disorder in children and adolescents; Yurtsever and Sütcü (2016) stated that cognitive behavioral group therapies are as effective as individual cognitive behavioral therapy and drug therapy in the treatment of obsessive-compulsive disorder; Tokgünaydın and Sütcü (2016) demonstrated that cognitive behavioral therapy-based group therapy is effective in reducing these symptoms in the treatment of post-traumatic tress disorder. There are many other studies (Nedim-Bal and Öner, 2014; Sapmaz, 2011; Mercan and Yavuzer, 2017; Reaven, Blakeley-Smith, Culhane-Shelburne and Hepburn, 2012; Mendlowitz et al., 1999). James et al. (2005) showed that cognitive behavioral therapy in children and adults is as effective as group therapy in the treatment of anxiety disorder. Silverman et al. (1999) investigated the effectiveness of group cognitive behavioral therapy to treat anxiety disorders in children. In the study, sessions were also applied to the parents simultaneously and they indicated that this increased the effectiveness of the treatment. At the end of the study, the follow-up studies showed that the program applied was an effective treatment method in reducing anxiety symptoms. Flannery et al. (2005) examined the effectiveness of cognitive behavioral therapy in 37 adolescents with anxiety disorders ranging in age from 8 to 14 years. As a result, they observed that 77% of adolescents no longer have primary anxiety disorder criteria and found that this therapy is an effective treatment method. Hoffman and Smits (2008) found that meta-analysis studies on the effectiveness of group cognitive behavioral therapies on patients with anxiety disorders between the ages of 18 and 65 showed that this therapy is an effective approach for adults with anxiety disorders. De Souza et al. (2013) conducted a 14-week cognitive-behavioral therapy-based group study on 20 children and adolescents with anxiety disorders, and found that CBT was an effective treatment method for young people. As a result of the analyzes, it was found that the anxiety scores of the experimental groups decreased significantly compared to the control groups. Considering that the basic emotion underlying anxiety is a sense of "fear kork (especially fear of being criticized negatively by others); it is thought that listening to thoughts in a group life without criticizing and being judged, that the same problems may be experienced by others and that they are not alone, and that the program is effective in overcoming the fear of negative evaluation by others. Again, it is the most important aim of ADDT-based group program that the obsessive thoughts that can be observed in anxious individuals actually prevent themselves from being unhealthy thoughts and that unhealthy thoughts are the most important objective of ADDT-based group program, which replaces the unreasonable thoughts that increase the anxiety level of the person. It is thought to provide an advantage.

5. Recommendations

In the light of the findings obtained in the study, suggestions for future studies to reduce the depression and anxiety levels of secondary school students may be as follows: Group counseling developed by taking the symptoms of depression and anxiety together and different group programs can be created for depression and

anxiety disorders only. In this study, which generally deals with the symptoms of anxiety disorders, more specific group programs can be developed which deal with their types (social anxiety disorder, panic disorder, separation anxiety, etc.) separately. This study carried out on secondary school students can be adapted to other levels of education and applications can be spread in schools.

About the Author

The author Dr. Kartol's work are fields of depression, cognitive behavioral therapy, emotional intelligence and meaning of life.

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