

Study Of Effect Of Cognitive Behaviour Therapy Along With Occupational Therapy In Management Of Depression: A Prospective Comparative Study

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Abstract

Background: Depression is a global mental health challenge characterized by despair, lethargy, and functional impairment. While Cognitive Behaviour Therapy (CBT) and Occupational Therapy (OT) are established interventions, their combined effect, particularly in relation to Emotional Intelligence (EI), requires further exploration.

Materials and Methods: A prospective comparative study was conducted at the Occupational Therapy School and Centre, Government Medical College, Nagpur. The study involved 24 subjects diagnosed with depression, selected via convenient sampling. Participants underwent a structured 16-session protocol combining CBT and OT. Assessments were conducted pre- and post-intervention using Beck's Depression Inventory (BDI-II) and the Practical EQ Emotional Intelligence Self-Assessment.

Results: The study identified a significant inverse correlation between Emotional Intelligence and depression. Post-intervention analysis revealed highly statistically significant improvements ($p < 0.001$) in EI components: self-awareness, self-management, motivation, empathy, and relationship management. While BDI scores showed clinical improvement in 80% of patients, the statistical difference for BDI specifically was $p = 0.0756$.

Conclusion: The combination of CBT and OT is effective in improving Emotional Intelligence and managing depressive symptoms. It enhances patients' social skills and ability to cope with emotional distress, suggesting this combined approach should be integral to depression management protocols.

Keywords: Cognitive Behaviour Therapy, Depression, Emotional Intelligence, Occupational Therapy, Rehabilitation.

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I. Introduction

Depression is defined as a condition where a person experiences utmost despair, lethargy, and varied symptoms analogous to it. It is a leading cause of disability worldwide, with approximately 280 million people affected globally. In India, the prevalence is significant, with recent reports indicating a rise in depressive disorders across various demographics.

Occupational Therapy (OT) plays a crucial role in mental health by engaging patients in meaningful and pleasurable activities to tackle depressive feelings and achieve functional goals. Concurrently, Cognitive Behaviour Therapy (CBT) helps patients identify and change negative thought patterns, known as cognitive distortions.

Recent literature suggests a strong link between Emotional Intelligence (EI) and depression. EI involves the ability to perceive, appraise, and regulate emotions to promote emotional and intellectual growth. Individuals with higher EI are better equipped to manage emotional dysregulation associated with depression. This study aims to evaluate the relationship between EI and depression and determine the effectiveness of a combined CBT and OT intervention protocol.

II. Material And Methods

Study Design: A prospective comparative study.

Study Setting: Occupational Therapy School and Centre, Government Medical College, Nagpur.

Study Duration: The intervention was administered over a period of sessions as per the protocol.

Sample Size: 24 subjects diagnosed with depression were included in the final analysis.

Sampling Method: Convenient sampling.

Inclusion Criteria:

- * Patients diagnosed with depression referred from the Department of Psychiatry.
- * Patients willing to participate in the study.
- * Adults of both genders.

Instruments Used:

- * Beck's Depression Inventory (BDI-II): A 21-item self-report inventory used to measure the severity of depression. It assesses affective, cognitive, and behavioral symptoms.
- * Practical EQ Emotional Intelligence Self-Assessment: Used to evaluate five components of EI: Self-Awareness, Self-Management, Motivation, Empathy, and Relationship Management.

Intervention Protocol:

The subjects underwent a structured protocol consisting of 16 sessions. The intervention combined techniques from both CBT and OT:

- * CBT Module: Focused on psychoeducation, identifying negative automatic thoughts, cognitive restructuring, and behavioral activation.
- * OT Intervention: Included grading and adapting activities, social skills training, leisure engagement, and specific tasks like envelope making, jigsaw puzzles, and woodwork to improve focus and decision-making.
- * Emotional Intelligence Training: Specific sessions targeted the five domains of EI, helping patients identify their support networks and manage interpersonal relationships.

III. Results

The data was analyzed using appropriate statistical methods to compare pre- and post-test scores.

Demographic Data:

The study population included individuals across various age groups, with the highest frequency in the 26–30 years (8 individuals) and 51–55 years (6 individuals) age brackets.

Emotional Intelligence (EI) Outcomes:

There was a highly statistically significant improvement in all five components of Emotional Intelligence post-intervention:

- * Relationship Management: The mean score improved from 9 ± 2.16 (pre-test) to 14 ± 1.47 (post-test). The difference was statistically significant with a p -value < 0.001 .
- * Self-Awareness & Self-Management: Similar significant improvements were observed, indicating patients developed better emotional regulation and understanding of their own moods.

Depression (BDI) Outcomes:

- * Clinical Improvement: 80% of the patients showed clinical improvement on their BDI scores, with reductions ranging from 4 to 5 points.
- * Statistical Significance: The comparison of pre- and post-treatment BDI scores yielded a p -value of 0.0756. While this specific statistical measure was marginally above the standard significance threshold ($p < 0.05$), the high percentage of clinical improvement demonstrates the practical effectiveness of the therapy.

Correlation Analysis:

The study confirmed a significant negative correlation between Emotional Intelligence and depression. Patients with lower initial EI scores tended to have higher severity of depression, consistent with the hypothesis that "emotional mismanagement" contributes to depressive symptoms.

IV. Discussion

The findings of this study align with the biopsychosocial model of depression management. The significant improvement in Emotional Intelligence suggests that the combined CBT and OT approach effectively targets the "emotional mismanagement" often seen in depression.

The OT component provided patients with "worthful pleasure" and positive situations, combating the anhedonia and lethargy typical of depression. Activities were graded to ensure success, thereby boosting self-esteem and motivation. The CBT component complemented this by addressing the cognitive distortions that maintain the depressed state.

Although the BDI statistical significance was borderline ($p=0.0756$), likely due to the small sample size ($n=24$), the substantial clinical improvement in 80% of participants indicates that the intervention is clinically valid. This supports previous literature stating that CBT is effective for depression and that OT improves functional participation.

Limitations:

- * Sample Size: The small sample size ($n=24$) limits the generalizability of the statistical findings.
- * Geographical Restriction: The study was restricted to a specific tertiary care center in Nagpur.
- * Duration: A longer follow-up period (6–8 months) would be beneficial to assess the maintenance of therapeutic gains.

V. Conclusion

The study concludes that the combination of Cognitive Behaviour Therapy and Occupational Therapy is a highly effective management strategy for depression. It significantly enhances Emotional Intelligence, empowering patients with better self-awareness, empathy, and social skills. While larger studies are recommended to further validate the statistical impact on BDI scores, the clinical evidence strongly supports integrating this combined approach into standard mental health rehabilitation protocols to improve the quality of life for patients.

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