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THE EFFECT OF SOLUTION FOCUSED SOCIAL WORK INTERVENTION ON COLLEGE STUDENTS' HOPELESSNESS AND STRESS LEVELS*

ÇÖZÜM ODAKLI SOSYAL HİZMET MÜDAHALESİNİN ÜNİVERSİTE ÖĞRENCİLERİNİN UMUTSUZLUK VE STRES DÜZEYLERİNE ETKİSİ

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Abstract

Objective: This research aims to investigate the effects of "Social Work Intervention Based on Solution Focused Brief Therapy (SFBT) on college students' hopelessness and stress levels. Method: A total of 24 college students who applied Hacettepe University Beytepe Psychological Counseling Unit in the fall of 2015-2016 academic year were assigned to intervention and control groups. SFBT between 4-8 sessions were conducted with each student from intervention group during the intervention. A quasi-experimental research model based on pretest-posttest with comparison group has been chosen for the study. Mann Whitney U test was utilized to analyze results. Results: For the Hopelessness Scale the difference among scores for the Motivation Loss Subscale was statistically significant ($p < 0.05$). Similarly, the difference among the total Hopelessness Scale score and the two other Hopelessness Subscale scores (Expectations and Feelings About Future and Hope Subscales) and for Perceived Stress Scale scores were statistically significant in favor of the intervention group ($p < 0.001$). The effect size of intervention for Future-Related Emotions and Expectations Factor, Hope Factor and Perceived Stress Scale scores of Hopelessness Scale, has been found to be at higher level (effect sizes for each one: 0.77 - 0.78 - 0.79 - 0.82) and the Hopelessness Scale - Motivational Loss Factor was moderate (effect size = 0.50). Conclusion: Results indicate that the social work intervention based on SFBT was statistically significant and effective on the college students.

Keywords: Social Work Intervention With Individuals, Solution Focused Brief Therapy, College Students, Hopelessness Level, Perceived Stress Level,

Öz

Amaç: Bu araştırmanın amacı Çözüm Odaklı Kısa Süreli Terapiye Dayalı Sosyal Hizmet Müdahalesinin üniversite öğrencilerinin umutsuzluk ve stres düzeylerine etkisini incelemektir. Yöntem: 2015-2016 akademik yılı güz döneminde Hacettepe Üniversitesi Beytepe Psikolojik Danışma Birimine başvuran toplamda 24 öğrenci bu araştırmanın deney ve kontrol grubuna dahil edilmiştir. Müdahale kapsamında, deney grubundaki öğrencilere 4-8 oturum arasında ÇOKT uygulanmıştır. Öntest - son test kontrol gruplu yarı deneysel model bu çalışmada kullanılmıştır. Sonuçların analizinde Mann Whitney U Testi kullanılmıştır. Bulgular: Umutsuzluk ölçeği motivasyon kaybı altboyutu için puanlar arasındaki fark istatistiksel olarak anlamlı ($p < 0.05$) bulunmuştur. Benzer şekilde toplam Umutsuzluk Ölçeği puanı ve diğer iki Umutsuzluk Ölçeği alt boyutu (gelecekle ilgili duygular ve beklentiler alt boyutu ile umut alt boyutu) ve Algılanan Stres ölçeği puanları arasında müdahale grubunun lehine olacak şekilde istatistiksel olarak anlamlı farklılıklar bulunmuştur ($p < 0.001$). Müdahalenin, Umutsuzluk ölçeği Gelecekle ilgili Duygu ve Beklentiler ile Umut faktörleri ve Algılanan Stres ölçekleri açısından etki büyüklüğü yüksek düzeyde bulunmuştur (her biri için etki büyüklükleri: 0.77 - 0.78 - 0.79 - 0.82). ve Umutsuzluk ölçeği Motivasyon Kaybı faktörü açısından ise müdahalenin etki büyüklüğü orta düzeyde bulunmuştur (etki büyüklüğü = 0.50) Sonuç: Sonuçlar göstermektedir ki ÇOKT'ye dayalı sosyal hizmet müdahalesi üniversite öğrencileri üzerinde etkili ve istatistiksel olarak anlamlıdır.

Anahtar Kelimeler: Bireylerle Sosyal Hizmet Müdahalesi, Çözüm Odaklı Kısa Süreli Terapi, Üniversite Öğrencileri, Umutsuzluk Düzeyi, Algılanan Stres Düzeyi,

GENİŞLETİLMİŞ ÖZET

Çalışmanın Amacı

Bu çalışmanın amacı, Çözüm Odaklı Kısa Süreli Terapi (ÇOKT)'ye dayalı bireylerle sosyal hizmet müdahalesinin üniversite öğrencilerinin umutsuzluk ve stres düzeylerine etkisini incelemektir.

Araştırma Soruları

Bu araştırma, Türkiye'de bireyler üzerinde uygulanan ÇOKT'ye dayalı sosyal hizmet müdahalesinin etkililiğini inceleyen ilk deneysel çalışmalardan biridir. Bu çalışmada müdahale yöntemi olarak sosyal hizmetin değer ve uygulama temeli ile örtüşen ÇOKT seçilmiştir. Üniversite öğrencilerinin umutsuzluk ve stres düzeyleri konusunda müdahale öncesi ve sonrası durum değerlendirilmiştir. Çalışmanın sonuçlarının klinik sosyal hizmet alanında çalışan profesyonellere referans olması beklenmektedir.

Literatür Araştırması

Pek çok araştırma gençlerde stres, depresyon, kendine zarar verme gibi konulara eğilmekte ve çarpıcı sonuçlar ortaya çıkmaktadır. Üniversite öğrencilerinin yaşadıkları çeşitli psikososyal sorunlara yönelik kendi çözümlerini üretmeleri, kısa sürede sorunlarını aşabilmeleri, stresten ve umutsuzluk duygusundan kendilerini koruyabilmeleri açısından bireylerle sosyal hizmet müdahalesinde “çözüm odaklı kısa süreli terapi (ÇOKT)” çalışma yöntemi olarak uygun yaklaşımlardan biridir. Klinik ve bireylerle sosyal hizmet uygulamalarının amacı, psikososyal işlevsizlik durumlarında, ruhsal ve duygusal bozuklukların sağaltımını sağlamaktır. Amerikan Ulusal Sosyal Hizmet Uzmanları Birliği (NASW, 1987) klinik sosyal hizmetin, klinik sosyal hizmet uzmanları tarafından yapılan değerlendirmeyi, psikoterapiyi ve danışmanlığı içerdiği, teşhis, tedavi, savunuculuk, konsültasyon ve son değerlendirme gibi bir süreçten oluştuğunu belirtmektedir. Ayrıca klinik sosyal hizmet, bu aşamalarda sosyal sistem kuramı ve çevresi içinde birey yaklaşımının göz önünde bulundurulmasını kapsamaktadır (Munson, 2002). Sosyal hizmet müdahalesi, sosyal bağlama dolayısıyla çevresi içinde birey bakış açısına verdiği önemle diğer mesleklerdeki uygulamalardan farklılaşmaktadır. Çözüm odaklı kısa süreli terapide de bu bağlamın önemi fark edilebilmektedir.

Yöntem

Araştırma, 2015-2016 güz akademik döneminde Hacettepe Üniversitesi Beytepe Psikolojik Danışma Biriminde sosyal hizmet uzmanından hizmet alan üniversite öğrencisi müracaatçılar (danışanlar) üzerinde yürütülmüştür. Araştırmanın modeli; nicel araştırmalar içinde yer alan, deneysel araştırma desenleri altındaki, yarı deneme modeli (quasi-

experimental) ve eşitlenmemiş kontrol gruplu desendir. Yarı deneysel bu araştırmada 14 öğrenci kontrol grubuna ve 10 öğrenci deney grubuna katılmayı kabul etmiş ve onamları alınarak çalışmaya dâhil edilmişlerdir. Araştırma için gerekli “Etik Kurul İzni” Hacettepe Üniversitesi’nden alınmıştır. Araştırmanın bağımsız değişkeni olarak kullanılan yöntem Çözüm Odaklı Kısa Terapiye dayalı bireylerle sosyal hizmet müdahalesidir. Bağımlı değişken ise; araştırmaya katılan gençlerin umutsuzluk ve algılanan stres düzeyleridir. Araştırmada Beck Umutsuzluk Ölçeği ve Algılanan Stres Ölçeği kullanılmıştır. Araştırmanın ilk aşamasında bu ölçme araçları ile hem deney hem de kontrol grubunun stres ve umutsuzluk düzeyleri ölçülmüştür. İkinci aşamada deney grubu ile 4 ile 8 seans arasında ÇOKT’ye dayalı sosyal hizmet müdahalesi yürütülmüştür. Üçüncü aşamada deney grubunun müdahale sonrası puanları ve kontrol grubunun herhangi bir müdahale almaksızın 6 hafta bekleme süresinden sonraki puanları son testler ile ölçülmüştür.

Sonuç ve Değerlendirme

Bu çalışmanın sonuçlarına göre ÇOKT’ye dayalı bireylerle sosyal hizmet müdahalesi öğrencilerin umutsuzluk ve stres düzeylerini anlamlı düzeyde azaltmıştır. Dolayısıyla kullanılan müdahale yöntemi bu çalışma açısından etkili bir yöntemdir. Çalışmada kullanılan Umutsuzluk ve Algılanan Stres ölçekleri açısından ve Umutsuzluk ölçeği Gelecekle ilgili Duygu ve Beklentiler ile Umut faktörleri açısından müdahalenin etki büyüklüğü yüksek düzeyde bulunmuştur. Umutsuzluk ölçeği Motivasyon Kaybı faktörü açısından ise müdahalenin etki büyüklüğü orta düzeydedir. Bu araştırma, özellikle çalışma kapsamında incelenen üniversite öğrencilerinde umutsuzluk ve algılanan stres açısından risk durumunu ortaya koymuş ve ÇOKT’ye dayalı bireylerle sosyal hizmet uygulamasının çalışma grubundaki gençler üzerindeki sonuçlarını görmemize yardımcı olmuştur.

1. INTRODUCTION

The interventions related to solving the psychosocial problems of college students is a topic increasingly gaining importance in the social work field especially in recent years. In the year 2013, the rate of suicide in the 15 - 24 age group was 6 %o in Turkey. While the rate of suicide among young men in this age group was 7.3%o and 4.7%o among young girls. It has been determined that approximately 60% of young people committed suicide due to unknown reasons (TurkStat, 2014). As one of the results of her research, Batıgün (2005) stated that the hopelessness and stress scores of the youths at the age group 15 – 25 with suicide probability victims have been found to be higher than those of 26 – 65 age group individuals and that young people in the former group were less willful to continue their lives. In the United States among several causes of death the ratio due to suicide is 12.9% in the age group of 15-24 (CDC, 2007 Summer Report). It has been determined that the cultural factors have contributed to the suicide by increasing the despair and stress levels in minority populations and international college students in North America (Wong, 2013).

“SFBT intervention is one of the appropriate approaches as a working method in clinical social work. By creating their own solutions, individuals generally overcome their problems in a short period of time and protect themselves from stress and despair. So, as one of the methods in clinical social work, SFBT helps individuals, couples and groups to find their own way. The purpose of clinical social work is to provide treatment for the mental and emotional disorders in times of psychosocial distress. National Association of Social Workers (NASW, 1987) states that clinical social work includes the processes such as diagnosis, treatment, advocacy, consultation and final evaluation carried out by clinical social workers. In addition, the clinical social work covers consideration of social system theory and person –in- environment perspectives at these processes (Munson, 2002). As is known, social work differs from other professions mainly because of the importance it lays on the person–in–environment (PIE), i.e., social context. The importance of the social context can also be observed in the solution focused brief therapy.

1.1. Problem Statement

Today, we are confronted by the youths as a psychosocially vulnerable group. In many studies, (APA & Poll, 2014; Garlow, 2008; Goldrick, 2005) the such issues as stress, depression, self-harm are being addressed and the striking consequences are revealed. According to the data gathered from a study carried out in 2013 by Haris Poll under the leadership of APA (American Psychological Association) called “The Stress in America

Survey” which has been conducted yearly since 2007, the stress level in the youths increases during school period (3.9 versus 5.8 over 10) and when the reading measured for the adults was checked in the same period, this ratio is lower than the youths (5.1 versus 5.8 over 10) (APA&Poll, 2014).

Depression and suicidal thoughts of Emory University students were examined in Garlow et al., (2008) study under the sponsorship of American Suicide Prevention Institution, University Screening Project. 729 students from 3 periods between years of 2002 and 2005 were assessed with an item Patient Health Questionnaire. Patient Health Questionnaire consisting of 9 items and additional questions regarding their current suicidal thoughts, past suicide attempts, intentional self-harm experiences stress and anxiety symptoms. According to the results, 11.1% of students was seized with the thought of suicide in the last 4 weeks, 16.5 % previously attempted to self-harm or attempted to commit suicide.

The depression–related symptoms of students who seemed to have a suicidal thought in recent period have reached a significantly higher level than the other students who did not have a suicidal thought. The thought of suicide was found to be clearly associated with the symptoms of desperation. Briefly, the results obtained show that there is a strong relation between depressive symptoms and thought of suicide for this group of college students and the thoughts of suicide and their actions were relatively higher in this group (Garlow, 2008). Undoubtedly, suicides are a tragedy in terms of the young people, their families, close environments and society and also the medical expenses related to this negative and unwanted situation is at a higher ratio. In the United States, the cost of medical care related to completed suicide or suicide attempts for individuals up to age 20 is around \$900,000 (Goldrick, 2005).

In the survey carried out on 6,268 university students by Ozguven et al. (1988) in Turkey, it has been found that the students have experienced problems mostly due to courses and achievement status. It has been determined that this was followed by the problems caused by the variables such as the future–oriented expectations, personal reasons, economic conditions, conditions at the student dormitory, relations with the opposite sex, attitudes of the lecturers and roommates at the student dormitory. In addition to the psychological reflection of experienced problems the following has been reported (Ozguven et al., 1988; Ozguven et al., 1992), respectively stress, extreme anxiety, insomnia, emotional instability, constant imagination, extreme excitement and petulance, inability to adapt to environmental conditions, escape from people/introversion, failure to establish good relationship with people and groundless fear, respectively. In a study conducted by Celikel and Erkorkmaz (2008) on the university students in 1971 it has been observed that the depressive symptom severity of

students who live away from their parents was higher than that of the student's who lived with their parents. In the survey conducted by Eskin et al. (2005) on 1,262 university students in Turkey indicated that 42% of the students thought of killing themselves, and 7% had previously attempted suicide.

As is seen, young population requires more protection than is currently available including social work at both the micro level and macro level. In addition, it is important to establish and share the examples of therapeutic practice and provide information on the phases which would make up the guideline of the clinical practices for the social workers and other practitioners.

2. METHOD

This study was conducted during the 2015 Fall Semester by means of surveying students who sought services at Hacettepe University, Beytepe Psychological Counseling Unit. This unit offers service solely to the university students (college students). The unit staff includes social workers and psychologists. Students seek help for psychosocial problems (problems of adaptation, family, interpersonal problems, stress incapacity, future anxiety and academic achievement and education-related problems, romantic relationship problems, etc.). Student who sought services from this unit to get psychosocial support and participated in were divided into the control and intervention groups. In the survey, SFBT-based social work intervention has been carried out by the working group (Intervention group). The model of the research is the quasi-experimental and non-equivalent control group design under experimental research texture included in the quantitative research. In the semi-experimental model, the sample is formed according to some criteria rather than random, so the research in the semi-trial model is not based on random sampling as with the actual trial model. It is selected for sampling purposes (Yegidis & Weinbach, 2005).

2.1. Population/Universe and Sample

Within 2015-2016 Academic Semi-Annual Term (between September and February), all the university students who had psychosocial problems and consulted Hacettepe University, Beytepe Psychological Counseling Unit in Ankara to receive psychosocial support make up the universe of research students. Between these dates, 223 applicants/clients have applied to the unit. Only the individuals in the age group of 18-30 have been selected so that these applicants could represent the young population and 33 of the applicants have been excluded from the study due to being older than 33 years old and 14 students out of remaining 190 students have accepted to join the control group and 10 to the experimental group, all of whom have been

added to the study upon receipt of their consents. All of these students continued to stay in the study throughout the study. Participation in the experimental group or the control group of the research has been subject to completely voluntary basis. "Ethics Committee Approval" required for the research was taken from Hacettepe University. The method used as the independent variable in the survey is the social worker intervention with Solutions–Focused Brief Therapy. And the dependent variable are the despair and perceived stress level of the youths participated in the survey.

2.2. Information on Practitioner/Therapist

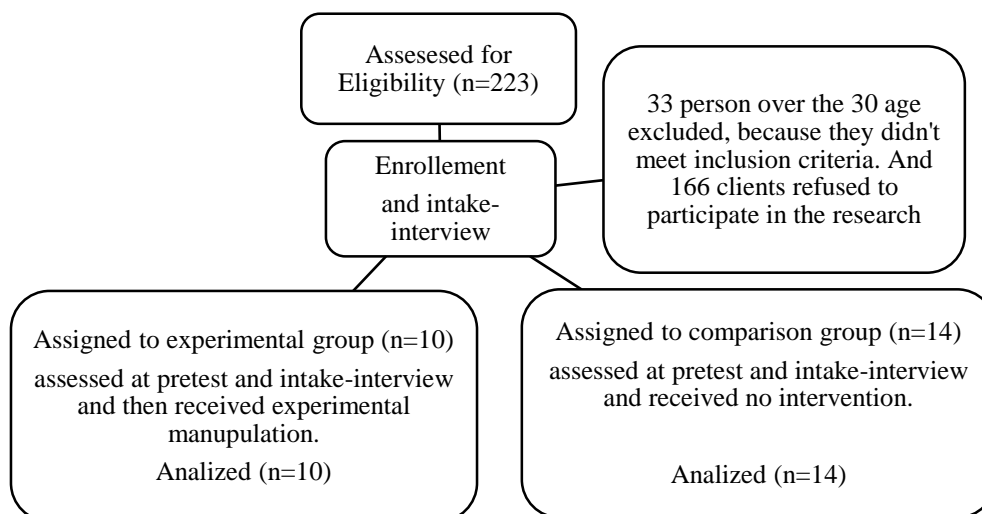
The practitioner–therapist participated in the performance training on the SFBT before carrying out the performance within the research. The researcher is a PhD Social Worker Candidate -with a 6–year professional experience in clinical social work. The procedures were carried out under the guidance of the supervisor.

2.3. Criteria for Admission to Research and Intervention Process (Recruitment and Intervention Process)

-Recruitment of the Intervention Group: The experimental group has been limited to a sum of 10 female and male students who accepted to participate in the study. Only the 18–30 age group students were admitted to join the study so as to represent the young population. These 10 students to be included in the experiment group were carefully selected by paying attention to the clients with higher urgency than the control group according to the scale scores. This decision has been supported by a preliminary interview (intake interview) with the students.

-Recruitment of the Control Group: The control group has been limited to 14 male and female students in total. Only the individuals in 18–30 age groups were included in the control group. These 14 students to be included in the control group were carefully selected by paying attention to the client not bearing urgency lower than the experimental group according to the scale scores. This decision has been supported by a preliminary interview (intake interview) with the students. The clients/students admitted to the control group were informed that no intervention would be made for a while (no support); only the students accepting this and the volunteers have been added to the control group. The scales chosen to be used in the study have been applied to the control group with the pre–test and post–test forms at 6 week intervals.

Figure 1. Flow of the participants in the study



2.4. Intervention Method and Processes for Intervention and Control Groups

Beck Hopelessness Scale and Perceived Stress Scale have been used in the study. In the first stage of the study, the stress and hopelessness levels of both the experimental group and the control group were measured with these measuring tools. In the second stage, SFBT-based social work intervention has been executed with the experimental group between 4 and 8 session intervals. In the third stage, the experimental group's post-intervention scores and the control group's post-6-week scores without any intervention were measured with the final tests.

Figure 2. Process Diagram for Intervention Group

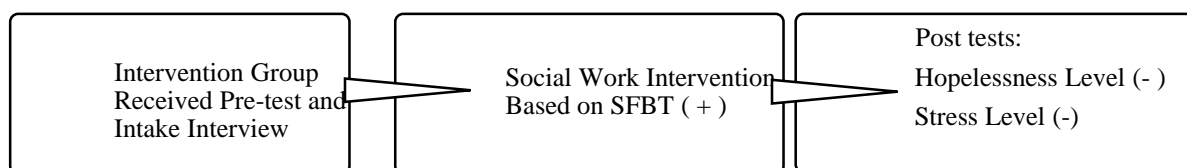


Figure 3. Process Diagram for Comparison / Control Group

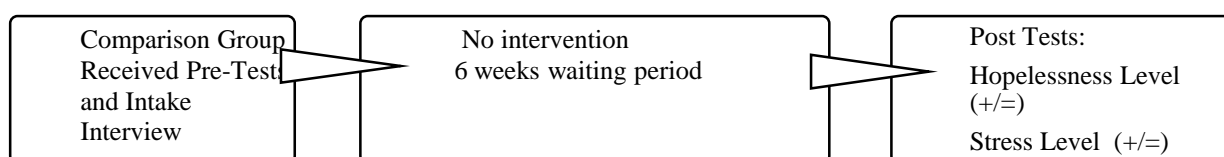
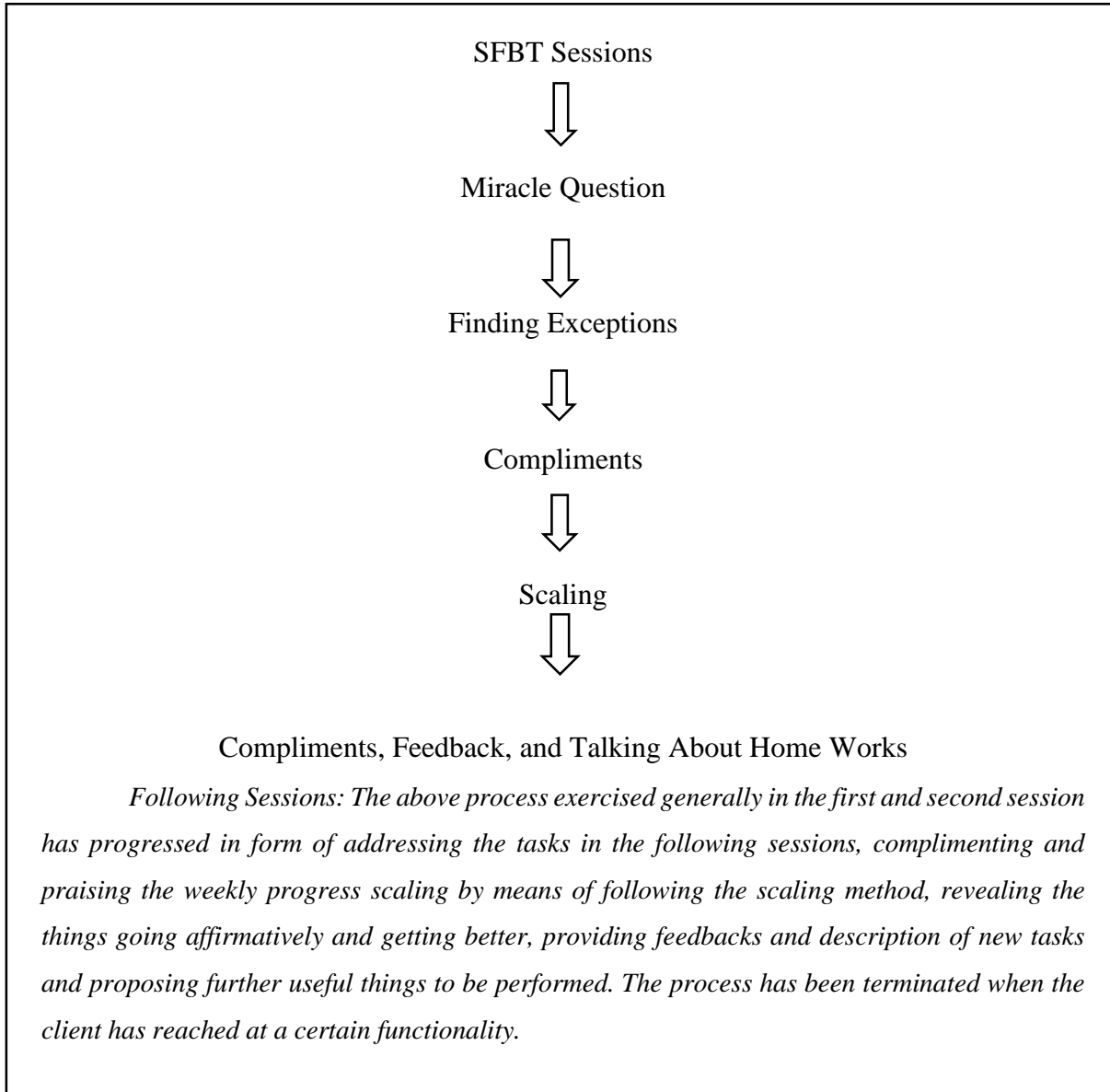


Figure 4. Guideline for SFBT Sessions Used in the Study Cause of Application to Be Tried to Be Comprehended



SFBT is a short-term therapy method that aims to reveal what the client performs well and to encourage the client focus on the fact that the existing condition is not a problem and to think on the future, ensuring that the client gets strengthened (Kondrat, 2010). In this study, therapy process comprises of 4-8 configured sessions depending on the type of problem and the client's cooperation. The process has been conducted with each client using the method of social work intervention with individuals based on SFBT. Voice recordings of the interviews have been performed. The number of interviews has been determined depending on the development of applicants along the therapy process; the process of fast-improving clients have lasted shorter.

Table 1. Socio-Demographic Information For Intervention Group

	Sex	Age	Year	Having Scholarship	Working in a Job
Exp. Gr. – 1	Female	20	2nd	No	No
Exp. Gr. – 2	Female	21	3rd	No	No
Exp. Gr. – 3	Female	18	Prep.	Yes	No
Exp. Gr. – 4	Male	20	2nd	Yes	No
Exp. Gr. – 5	Female	19	1st	No	No
Exp. Gr. – 6	Female	20	1st	No	Part time working
Exp. Gr. – 7	Female	24	4th	No	No
Exp. Gr. – 8	Female	20	3rd	No	No
Exp. Gr. - 9	Female	19	1st	Yes	
Exp. Gr.- 10	Male	20	3rd	Yes	No

Table 2. Socio-Demographic Information For Control Group

	Sex	Age	Year	Having Scholarship	Working in a Job
Cnt. Gr. - 1	Male	20	2nd	No	No
Cnt. Gr. - 2	Male	19	1st	No	Part time working
Cnt. Gr. - 3	Male	21	4th	No	No
Cnt. Gr. - 4	Female	21	4th	Yes	No
Cnt. Gr. – 5	Male	20	2nd	Yes	Part time working
Cnt. Gr. - 6	Female	29	Dr. 3rd	Yes	Yes
Cnt. Gr. - 7	Male	22	4th	Yes	Yes
Cnt. Gr. – 8	Female	22	2nd	No	No
Cnt. Gr. – 9	Female	30	Dr. 3rd	Yes	Yes
Cnt. Gr. - 10	Female	21	3th	Yes	No
Cnt. Gr. – 11	Male	20	2nd	No	No
Cnt. Gr. – 12	Female	19	2nd	No	No
Cnt. Gr. – 13	Male	18	1st	No	No
Cnt. Gr. – 14	Female	18	1st	No	No

2.5. Measures to Control Contamination

The students were requested not to share their experiences during the study period with other students as long as the intervention continued. Practitioners have stayed away from discussing the intervention with other therapists working at the unit.

2.6. Hypotheses

The main goal of this study is to examine the effect of social work intervention with individuals based on SFBT on students' hopelessness and stress levels. The study hypotheses are as follows:

Hypothesis 1: Social work intervention with individuals based on SFBT will be effective in reducing hopelessness and perceived stress levels of college students in the experimental group.

Hypothesis 0: Social work intervention with individuals based on SFBT will not be effective in reducing hopelessness and perceived stress levels of college students in the experimental group.

2.7. Data Collection and Data Collection Tools (Data Collection and Outcome Assessments)

The Personal Information Form formed by 14 questions oriented towards getting to know the participants and finding out the basic information regarding them (gender, age, year-class etc.) and the Beck Hopelessness Scale and the Perceived Stress Scale were used as quantitative data collection tools.

2.7.1. Beck Hopelessness Scale:

Beck Hopelessness Scale has been developed by Beck, Lester, and Trexler (1974). The Scale was adapted to Turkish by Hisli in 1988, Seber in 1991 and Aysegul Durak in 1993. Beck Hopelessness Scale is a scale which serves to measure the future-oriented negative beliefs and hopeless expectations and graded between 0-1 which comprises 20 items. At this scale, individuals are asked to mark the statements that are applicable to them "yes" and those that are inapplicable "no". The total scores obtained from the scale varying in the range of 0 to 20 indicate hopelessness when they are high and hope when low (Beck, Lester, & Trexler, 1974). Cronbach Alfa confidence coefficient of this scale adapted by Durak into Turkish is reported as 0.85. In addition, as a result of factor analysis the scale the following three factors have been obtained: 1 - "Future – related emotions and expectations" (Alpha = 0.78), 2 - "Loss of motivation" (Alpha = 0.72) and 3 - "Hope" (Alpha = 0.72) (Durak, 1994).

2.7.2. Perceived Stress Scale:

Selye (1974) defines the stress as a factor causing energy depletion and consequently wearing out of the body. Stress is generally clarified as sensing the difficulty when a person demonstrates a target-oriented effort or the experience in process of being confronted with a challenge (Carver & Connor-Smith, 2010). Stress, according to Lazarus and Folkman, is the relation that causes the person or the person among her/his environment to think that it exceeds her/his resource and capacity and endangers the state of well-being (Lazarus & Folkman, 1984). The first adaptation study of the "Perceived Stress Scale" developed by Cohen et al. (1983) in order to assess how stressful some situations are in the individual's life was carried out by Baltas

et al in 1998, and most recently by Yerlikaya and Inanc in 2007 and Eskin (Baltas, Atakuman, & Duman, 1998, Yerlikaya & Inanc, 2007, Eskin, Harlak, Demirkiran, & Dereboy, 2013). The questions contained in the scale consist of 14 items oriented towards assessing the change in emotional state of participants within the last 1 month. In this study, a 10-item form which was adapted and whose validity and reliability studies were performed by Yerlikaya and Inanc have been used. The scale is of the Likert type – 5 (0: Never, 1: Almost Never, 2: Sometimes, 3: Frequently, 4: Very often). The total score to be taken from the scale is between 0–40. The high total score indicates that the stress is high. It has been seen that the internal consistency alpha coefficient calculated to test the reliability of the scale was found to be 0.84 (Yerlikaya & Inanc, 2007).

2.8. Data Analysis:

The quantitative information belonging to the study was analyzed by SPSS 24.0 program. Identification and comparison-oriented appropriate tests like descriptive analysis, Mann Whitney U test were used for these data. Due to significant differences found between the control and experimental groups in the pre-test measurements, the efficiency of the study has been analyzed by Mann-Whitney U test by calculating the differences between two test average scores. In addition, the effect size of the study was calculated.

3. FINDINGS

In this section, pre and post-SFBT-based quantitative findings of experimental and control groups have been considered. Thus, the consequences regarding the efficiency of the intervention have been clarified.

Table 3. Pre-test Results of control and experimental group's hopelessness levels – U Test Results

	Group	N	\bar{x}	U	Z	p
Hopelessness Scale - Future – Related Emotion and Expectation Factor	Control Group	14	9.79	32.00	-2.275	0.023*
	Experiment Group	10	16.30			
	Total	24				
Hopelessness Scale - Motivation Loss Factor	Control Group	14	10.96	48.50	-1.272	0.203**
	Experiment Group	10	14.65			
	Total	24				
Hopelessness Scale - Hope Factor	Control Group	14	9.89	3.50	-2.178	0.029*
	Experiment Group	10	16.15			
	Total	24				
Hopelessness Scale - Total	Control Group	14	10.11	36.50	-1.978	0.048*
	Experiment Group	10	15.85			
	Total	24				

*p < .05, **p > .05

According to pre-test results, there is no statistically significant difference between experimental and control groups in terms of "hopelessness scale" average scores ($p < 0.05$). It is seen that the desperation levels of the students in the experimental group seem to be higher in comparison with the students in the control group (Table – 3). When the students in the experimental group were compared with the students in the control group, those in the former have been determined to be less hopeless and under the risk in terms of future-related feelings and expectations and loss of motivation and factors of hope (Table – 3). Table – 4 shows the stress levels of students taken as control and experimental group in the scope of the research. Table – 4 demonstrates the stress levels of students admitted to the extent of study as the control and experimental groups.

Table 4. Pre – test Results of Control and Experimental Group’s Hopelessness Levels Prior to SFBT - U Test Results

	Group	N	\bar{x}	U	Z	p
Pre- test Stress Scale	Control Gr.	14	8.96	20.50	-2.903	0.004*
	Experiment Gr.	10	17.45			
	Total	24				

* $p < .05$

According to the pre-test results of students (Table – 4); There exists a statistically significant difference between the experimental and control groups in terms of the "perceived stress scale" mean scores ($p < 0.05$). When the students in the experimental group were compared with the students in the control group, the latter group was found to be more stressed. According to pre-test average scores of experimental group and control group, the students in the control group feel more hopeful and less stressed than the students in the experimental group. These results confirm the criteria related to the selection of the experimental group to participate in SFBT and verify the evidence. In this study, due to identification of significant differences between pre-test scores, "difference variant" was created by subtracting pre-test scores from the final test scores. In order to indicate the effect of SFBT applied on the stress and hopelessness of the experimental group students who were given Mann Whitney U test, pre-test and post-test data were compared and the outcomes of the analysis have been shown in Table 5 and Table 6.

Table 5. Effect of SFBT intervention to the hopelessness level of students- U Test Results

	Group	N	Pre \bar{x}	Post \bar{x}	Sd	U	Z	p
Difference of Future – Related Emotion Factor Scores	Control Gr.	14	9.79	17.00	1.56	7.000	-3.850	0.000*
	Experiment Gr.	10	16.30	6.20				
	Total	24						
Difference of Motivation Loss Factor Scores	Control Gr.	14	0.96	5.43	.93	9.000	2.477	.013**
	Experiment Gr.	10	4.65	.40				
	Total	24						
Difference of Expectation Factor Scores	Control Gr.	14	9.89	17.14	2.22	5.000	-3.886	0.000*
	Experiment Gr.	10	16.15	6.00				
	Total	24						
Difference of Perceived Hopelessness Scale Scores	Control Gr.	14	10.11	17.07	4.97	6.000	-3.775	0.000*
	Experiment Gr.	10	15.85	6.10				
	Total	24						

*p < .001, **p < .05

In the analysis performed based on the difference of mean scores of the hopelessness scale, (Mann Whitney U test) a statistically advanced significance level has been found (p < 0.001). In other words, the desperation levels of the students in the experimental group following SFBT intervention have decreased (Table – 5). It has been determined that the scores of the students in the experimental group related to “Future-related feelings and expectations and loss of hope and motivation” following SFBT intervention have decreased. This means that SFBT intervention has been effective in reducing the hopelessness levels of the students in the experimental group. This result has been also statistically found to be significant (p < 0.05, see Table – 5).

Table 6. Effect of SFBT intervention to the stress level of students - U Test Results

	Group	N	Pre \bar{x}	Post \bar{x}	Sd	U	Z	P
Difference of Perceived Stress Scale Scores	Control Gr.	14	8.96	17.43	8.47	1.000	-4.052	0.000*
	Experiment Gr.	10	17.45	5.60				
	Total	24						

*p < .001

It has been determined that social work intervention with individuals based on SFBT has also reduced the stress levels of the students in the experimental group. In the analysis accomplished by taking the mean score difference of perceived stress scale (Mann Whitney U test) has been found to be statistically significant (p < 0.001, See Table – 6). The survey has been statistically confirmed that SFBT intervention has become effective on despair and perceived stress levels of students and that such intervention has reduced the despair and perceived stress levels of students.

When the magnitude of effect of intervention performed was examined in terms of scales, the effect size of intervention performed in terms of the scores of Hopelessness Scale, Future-Related Emotions and Hopelessness Factor of Hopelessness Scale, Future-Related Emotions and Expectations Factor, Hope Factor and Perceived Stress Scale scores of Hopelessness Scale, has been found to be at higher level (effect sizes for each one: 0.77 - 0.78 - 0.79 - 0.82) and the Hopelessness Scale – Motivational Loss Factor was moderate (Effect Size = 0.50).

4. CONCLUSION

This research has been carried out to determine whether or not SFBT-based intervention had been effective on the despair and perceived stress levels of students. This study has been carried out with 10 students in the experimental group who applied to the Beytepe Psychological Counseling Unit of Hacettepe University and voluntarily accepted to participate in the research and 14 students in the control group. Social work intervention with individuals based on SFBT has been applied to the students participating in the experimental group and the intervention process which has varied in the range of 4 to 8 sessions. No intervention has been applied to the control group for 6 weeks.

The hopelessness and perceived stress levels of the students participated in the experimental group were significantly higher than those who participated in the control group prior to the intervention.

Being consistent with the research hypotheses, SFBT-based intervention has significantly reduced the hopelessness and stress levels of students. Therefore, the intervention method used is an effective method for this study. Similar results regarding the effectiveness of the method have been observed in other studies as well. In a study conducted by de Shazer and Isebaert, some solution-focused techniques have been used on inpatients and outpatients having alcohol problem at a hospital within the Bruges region in Belgium, where the Alcohol and substance addicts are treated. Four years after this study was completed, the patients have been sought and their situations has been investigated and accordingly, a vast majority of the patients (84% inpatients and 82% outpatients) has been found to have either completely quitted drinking alcohol or consumed it responsibly/moderately (de Shazer & Isebaert, 2003). In a study carried out on 8th grade students by Banks in Australia, the students at that school have been given a questionnaire on peer tyranny-related questions to find out their understanding of the students they qualified as a bully. Eight students have been identified following the study who have been taken to a solution-focused group study. Approximately 6 months after the completion of a 4-

session solution–focused group therapy applied, the questionnaire has been re-applied to the students of the same school; the results reveal that there was a decrease in the behavior of peer bullying at school (Banks, 1999).

When the effect size of intervention was examined, it has been seen that the research has reached at the results confirming the research hypotheses. The effect size of intervention in terms of Hopelessness and Perceived Stress Scales and Future–related Emotions and Expectations of Despair Scale and Hope Factors has been found at higher level. In terms of Motivation Loss Factor of Hopelessness Scale the effect size of intervention is at moderate level.

Solution-focused interventions have been yielding positive results in many more problem types. In a comprehensive study conducted by Kim (2008) in order to measure the efficiency of solution–focused therapy, 22 studies have been reached by screening 4 databases (PsycINFO, Academic Search Premier, UMI Dissertation Abstract and Behavioral and Social Science Index). These studies have demonstrated that the SFBT provided positive developments mostly in the internal behavior–related problems (like depression and anxiety). Two solution-focused group studies conducted in Korea have shown that the stress level following the solution-focused group intervention has decreased and the coping was enhanced among young criminals (Ko, Yu, & Kim, 2003, Gingerich & Peterson, 2012). Again, it has been seen that the aggression in the youths who were released upon solution- focused therapy interventions have decreased (Shin, 2009, Gingerich, & Peterson, 2012).

The psychosocial problems emerging during youth period are quite diverse. According to a survey carried out by Dixon et al., on the university students in the U.S.A., the interaction between stress and despair has been found to at a significant level. In addition, it has been ascertained that the hopelessness had a strong relationship with the depression lived under high stress (Dixon, Heppner, Burnett, & Lips, 1993). Some students might be reserved to receive help from a professional or reluctant due to a depression they have experienced and desperate with the thought of insolvability of their problems. It is important that these students are directed to Psychological Counseling or Psychosocial Counseling Units upon being noticed by either the professionals in university or their close circles (family, friends, and partners). In this context, this therapy approach especially in Turkey should be introduced at Psychological Counseling or Psychosocial Counseling Centers at the university and training should be given to the practitioners related to SFBT approach (social workers, psychologists, psychologist adviser, psychiatrists). The provision of implementation facilities related to SFBT approach under training and supervision in the social work, psychology, psychological counseling and

guidance and psychiatry schedules of universities may lead to good opportunities for appropriate and correct implementation of this approach. In addition, in order to facilitate the access of young people to psychosocial services, it may be appropriate to assess the provision of "online therapy" services.

This research has revealed the risk situation of hopelessness and perceived stress among the university students particularly scrutinized within the scope of the present study and helped us see the results of SBFT-based social work intervention on these young students. It is quite important that the clinical social work practices which in recent years are in need of becoming widespread in Turkey should be supported with the application researches. Moreover, plenty of ideas concerning what could be done in the field of university students – oriented social work have emerged. Social workers should be more involved in solution focused works in the field of university students and they should be trained to apply solution focused works.

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NOTES

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CONFLICTING INTEREST

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APPENDIX

A Case Sample Implemented in Accordance with SBFT Guideline: Dialogue Samples - Trying to Understand the Reason of Application

SW: ... Well, what brought you here? Could you open up what it is about?

Client: Namely, in general, about devotion. I devote too much to a person. I am likely to think about her too comprehensively. I care about very trivial things. Once these are not met I may get very angry and no one understands this. It seems very normal to them ... In general

whenever they are interested in others or I suspect one of them, bad things happen, I mean, I can get very nervous, I get jitters...

SW: Yes. Does this happen mostly being related to your friend?

Client: Yes. This mostly happens in connection with my girlfriend. In fact, I am very good at bilateral relations. I care, demonstrate very much interest, I dignify her, but I do not become the one who sits in a certain community and be the talking party, I usually listen, I act as if I am disinterested. They ask me things, I receive reactions like “what is the matter with you? Why don’t you speak?”

SW: I see. So, the reactions you demonstrate do attract attention.

Client: Yes, they draw attention.

- Using the Miracle Question

SW: Yes, now I would like to ask you a question; suppose that the reasons, your problems which brought you here have disappeared. Let's assume a miracle has happened and your problems have vanished. What kind of indications would you have about resolution of these problems. What would you be doing differently? Now that all these problems you had do not exist any longer, what would be different for you when you woke up in the morning. What would you be doing differently?

Client: I could be focusing on things very well.

SW: You would be more focused.

Client: I would be better focused.

SW: Anything...

Client: I would think that people really value me more. In general, I think this would happen...

SW: For example, how would people ones around you understand this change in you? Who would understand amongst your closest people?

Client: My closest friend, my girlfriend I have just mentioned would understand me very well. Yes, even if I did not say anything, she could even understand things from my hand movements. We know each other so well. I also think that I could understand her. So would others.

SW: For example, if your friend were here, how would she talk about you, what examples would she give indicating that now you do not act as used to be?

Client: She would say "he is not unbalanced", I mean mentally. "His head is not up in the air much". She would say “He does not constantly become once happy, once unhappy. He does not constantly become once too happy, once too unhappy.”

SW: Other than this, what else would she say? For example, think it as behavior, what things, would she say, you are doing differently?"

Client: She would say "He does not direct everything all to me. He does not blame me, he does not question me. Such things, yes, I mean she would say these..."

- Finding the Exceptions

Client: "Yes, I think too much. They tell me that I could take things to extreme ends, unexpected points. However, I think it happens anyway.

SW: Are there times when you did not do this?

Client: There are times when I did not do this, yes.

SW: For example, what happens differently at such times?

Client: At such times, I do not dive into details of something. Nevertheless, things go well prior to it. I also prepare myself in advance. I say, look! I shall not do this.

SW: You take a decision.

Client: Yes. I take a decision alone... Whenever I am alone, I read something or make the analysis of a music or poem, I gave a meaning to something, and I see that I become much happier, yes. I mean, I am much happier.

SW: You mean when you become productive?

Client: I mean, yes, whenever I produce something, whenever I write something, I feel better. For example, watching a film does help me relax that much. Because there is not anything I personally do, I mean, there is no interpretation I make. Yet if there is anything I actively do, it feel nice."

- Compliments

Client: "The rapport I have in the household members is generally good. I sometimes become the party who speaks up the problems. Say, whenever I see anything improper, I can say it openly, I warn them about it.

SW: Awesome, you express yourself very well.

Client: Yes, in general, I warn, I warn them particularly on matters concerning cleanliness. I generally handle the fine details at home. They try to be helpful...

SW: In general are you the one who is responsible at home?

Client: Yes, to some extent.

SW: We can say that you are the one who manages it."

- Scaling

SW: Let's say "10" is "I feel myself very well" and "0" is "I do not feel myself well at all". Where do you see yourself?

Client: From time to time, around 3... / But, if we think in general, I feel around 6.

SW: Again, when we think of an average, how much can you go up? Do not think situational. I ask in general. Sometimes the social environment is very good for you and at that time you might think that you feel 10 but I am not talking about it. If you think about it in general, how far can you go up from 6?

Client: I might be 7.

SW: Very good. Okay, what are the things which hamper you feeling lower than 6? What kind of powers do you have, what kind of things satisfy you in your lifestyle? What type of motivations do you have?

Client: In general, I direct myself, my mind to a thing and deal with it. I think of many other things. I turn towards many other worlds. Then I feel very well, I mean. That is I do not go downwards.

SW: How can we describe this, I mean, do these happen according to the plans belonging to you?

Client: I mean, there might be something I read. For instance, I read a book and think about it and write a commentary on it. I share something related to it over social media.

SW: You mean your production activities...

- Determining Homeworks and Providing Feedback

SW: Okay, you said that you feel 6. According to you, we shall conduct our interview not next week, week after that week. Our 2nd interview. Can you increase this figure 6 by that time, how do you increase it? Let's say, is it possible for you to make it 6.25 or 6.30? Or how can you keep this level? What can you do to maintain this point or increase it a bit...

Client: Well, excluding special cases, in the sense that bad moments are lived and end. Excluding them, I can remain at 6. I can go above it too.

SW: For example, what can you do to be able to go up?

Client: I think it is related to me. I decrease my expectation from people. Once I decreased my expectation, I become happy in fact. When I establish a more stable bond with people, I become happier. When I want something much but it does not happen, if I do not worry I become much happier. Because that first worry is the initiator of everything. That first... I mean, that is that has everything. If these do not happen, I become happier.

SW: If so, you are going to try to ensure some control over these issues within the next 2 weeks.

Client: Yes, these are things I will try to ensure control at work.

SW: ... In this way, if you happen to think of other things you deem beneficial, I want you to do these too. Thus, you will have determined your own homework too.”

- Checking the Homeworks

Client: Yes, I concentrated on the courses and even my friend noticed this and said “you didnot used to do things so”. He said “you are an easy person, why are you working so hard?” I said, I am trying to raising my GPA, etc. and I felt I got attached to her a bit. Obviously I acted considering her as well, but she also noticed, I mean this situation, I can say that I refreshed my brain some in this way.

SW: Awesome, you have changed your focus.

Client: Yes.

SW: It is very good that you can do this...

Client: ... Yes, certainly, but I see that something can progress even though there are some negativities; I also see there is an improvement.

SW: Maybe you were not experiencing this problem only with your friend. Also in other areas, I think that you can also observe your relationships with your other friends.

Client: Yes, certainly, once we got together in her place a few days after our interview last week, that day passed very pleasantly, and in turn, she told me that I was a good person because.

SW: Great.

Client: She told me that I was better.

SW: Now, many persons around you can notice this.

Client: I mean, she said that she preferred my new mood more.

SW: Also this in fact has reinforced your attitude.

Client: Yes, you know, this advances things further and becomes the source of motivation.”

- Terminating the Sessions

SW: Yes, we are terminating our interviews, but if you need it again, we can talk to our secretary and arrange your appointment in some way, we will try to set the location again. Now I would like to ask you to make an evaluation; can you tell me if this process was useful?

Client: Surely I can. Well, I can say that at first I was actually a little bit inexperienced about loyalty to people. Namely, at least it was obvious that I had made progress on this matter, from time to time I saw that I could go further. Perhaps, there were instances when I went backward; going backwards... this happened 2 or 3 times, but again after those steps I learned

to take one step forward and then another, at least I learnt this on my ownI reached around 7 in rating.

SW: Awesome. You took the control in your hand.

Client: Yes, at least I have succeeded to ensure my control. You know... I've always struggled. In this respect, it was very important for me to be a little bit different from other people in the end; to live differently, a little more separate form others. It was in fact what I wanted. It was both something I wanted and I failed. It seems to me easier to think about what I do than thinking about what others are doing.

SW: If someone else is doing it at the same time, trying to find out what that person does it for...

Client: Yes, but only within the frame of what she says. Because I was someone who descended that much into depths, in fact; at least, now I am not trying to go beyond what she tells me any longer.

SW: You are able to block your ideas.

Client: Yes, I can stop talking at a point. However, escapes happen too, of course; yet I have been trying to handle them too, at least it is obvious that I have made a progress to some extent though.

SW: Very good, even I could actually see this; in fact, week by week you got adapted better and better. I would once again like to thank you for your cooperation within the study...

Client: ... I thank you.”