

THE EFFECT OF DYNAMIC ORIENTED BRIEF-INTENSIVE-EMERGENCY PSYCHOLOGICAL COUNSELING ON DEPRESSION¹

DİNAMİK YÖNELİMLİ KISA-YOĞUN-ACİL PSİKOLOJİK DANIŞMA UYGULAMASININ DEPRESYON ÜZERİNDEKİ ETKİSİ

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Abstract: This research aimed to examine the effectiveness of Dynamic Oriented Brief-Intensive-Emergency psychological counseling on depression. The effect of this psychological counseling approach on the client was tested by the Case Work method. Beck Depression Inventory, The Symptom Checklist (SCL-90 R), Hacettepe Personality Inventory and Beier Sentence Completion Test were applied to the client as pre-test, post-test and follow-up test. Dynamic Oriented Brief-Intensive-Emergency psychological counseling, consisting of 6 sessions, was applied to the client. The process and methods in the sessions were presented as qualitative findings, and scores of the scales were presented as quantitative findings. According to the research results, Brief-Intensive-Emergency psychological counseling was found to be effective in reducing depressive symptoms. In addition, it was noticed that the client's high paranoid thoughts decreased. Also, it was found that the symptoms of interpersonal sensitivity, hostility, somatization, anxiety, phobic anxiety, additional scale and psychoticism remained at normal level. In addition to all these, it was observed that the client's personal adaptation increased and her positive attitudes towards the past and the future increased.

Anahtar Sözcükler: *Depression, psychological counseling, dynamic oriented brief-intensive-emergency*

Özet: Bu araştırma Dinamik Yönelimli Kısa Yoğun Acil psikolojik danışma uygulamasının depresyon üzerindeki etkisini incelemeyi amaçlamıştır. Bu psikolojik danışma yaklaşımının danışan üzerindeki etkisi Vaka İnceleme yöntemi ile sınanmıştır. Danışana ön test, son test ve izleme testi olarak Beck Depresyon Ölçeği, Semptom Tarama Listesi (SCL 90 R), Hacettepe Kişilik Envanteri (HKE) ve Beier Cümle Tamamlama Testi (BCTT) uygulanmıştır. Danışan ile altı oturumdan oluşan Dinamik Yönelimli Kısa Yoğun Acil psikolojik danışma uygulaması yapılmıştır. Oturumlara ait süreç ve kullanılan yöntemler nitel bulgular olarak, uygulanan ölçeklere ilişkin puanlar ise nicel bulgular olarak sunulmuştur. Araştırma sonucuna göre Kısa Yoğun Acil psikolojik danışmanın depresif belirtileri azaltmada oldukça etkili olduğu saptanmıştır. Ayrıca danışma sürecinin bitimiyle danışanın yüksek olan paranoid düşüncelerinin azaldığı fark edilmiştir. Bunun yanında kişilerarası duyarlılık, hostilite, somatizasyon, anksiyete, fobik anksiyete, ek skala ve psikotizm semptomlarının normal değerlerde kaldığı tespit edilmiştir. Tüm bunlara ek olarak danışanın kişisel uyumunun arttığı ve geçmişe-geleceğe yönelik olumlu tutumlarının yoğunlaştığı da görülmüştür.

Keywords: *Depresyon, psikolojik danışma, dinamik yönelimli kısa-yoğun-acil*

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Introduction

Depression is a common disorder and it is characterized by feelings of sadness, reluctance, pessimistic, lonely and weakness (Köknel, 2005). People suffering from depression have nonfunctional interpersonal problem-solving skills and, as a result, more interpersonal problems (Oral & Tuncay, 2018, p.117). Depression which affects all aspects of life causes low academic success, low work efficiency, problems in family, friends and social relationships. Depression can be observed in all people regardless of young-old, rich-poor, but women are at higher risk. Tuberculosis and cardiovascular diseases are associated with depression (World World Health Organization [WHO], 2020). According to the report published by the WHO, more than 300 million people have been diagnosed with depression. These people are approximately 5% of the world population. It is another finding that the number of people diagnosed with depression increases every year. Depression which is known as the biggest problem affecting daily life, can often accompanied anxiety (WHO, 2017).

According to DSM V, people suffering from depression constantly have feelings of sadness and hopelessness and they do not enjoy the activities that they once enjoyed. These people suffer from chronic pain and digestive system diseases besides emotional problems. (Köroğlu, 2013, p.92; WHO, 2017). Depression can be mentioned if at least 5 of the following symptoms occur in the past two weeks:

- Depressed mood most of the day,
- Reluctance to social activities and not enjoying,
- Disturbed sleep,
- Significant gain weight or loss weight,
- Feelings of worthlessness and guilt,
- Slowing down of thought and a reduction of physical movement,
- Fatigue and loss of energy,
- Distractibility,
- Recurrent suicidal ideation or suicide attempted (Köroğlu, 2013, p.93).

Social, psychological and genetic factors are some of the causes of depression. Life events such as childhood problems, loss, unemployment can also cause depression. The level and severity of depressive symptoms play an important role in the selection of appropriate treatment for depression. For example, psychoeducation, support and follow-up are sufficient for mild depression but antidepressant drugs and psychotherapy are required for moderate and severe depression,. In addition, approximately 76- 85% of people living in low and middle income countries who have been diagnosed with depression cannot access the treatment they need (WHO, 2020).

Psychotherapy has proven to be very important and functional in the treatment of depression (Cuijpers et. al., 2009, p.176). There are many psychotherapeutic interventions based on different

theories used in the depression treatment. In Table 1, some definitions have been created about these therapeutic interventions and therapy process (Alpaslan & Erol, 2016, p.63).

Table 1
Effective Psychotherapies in the Treatment of Depression

Psychotherapies	Definitions
Cognitive Therapy	Cognitive Therapy aims cognitive restructuring but does not focus on creating behavior change.
Cognitive Behavioral Therapy	It aims at both cognitive restructuring and behavior change.
Behavioral Therapy	It aims at cognitive restructuring using behavioral training such as relaxation exercises, coping skills and social skills.
Brief Supportive Therapy	Brief Supportive Therapy, also known as counseling therapy in the literature, aims to explain the experience and emotions and gain the ability to empathize.
Interpersonal Therapy	Interpersonal Therapy is a short-term and structured psychotherapy method that focuses especially on social relationships and the evaluation of these relationships.
Play Therapy	Play Therapy, which aims to gain the ability to cope with fear and complaints, uses entertainment activities.
Problem Solving Therapy	Generally, it focuses on current problems and provides support for finding solutions for these problems.
Psychodynamic Therapy	Psychodynamic Therapy, which also works with long-term problems including traumatic experiences, has a well-structured process. In this therapy, it is aimed to understand the origin of the problem.
Family Therapy	It focuses on attachment styles, parenting styles and problem solving skills. It is aimed to realize the development and change by examining the close relationships of the person suffering from problems.

Psychodynamic therapy approach defines depression as internalized anger by unconscious conflicts. It aims to reveal these unconscious conflicts through therapeutic alliance, interpretation and transference (Sütçügil & Özmenler, 2007). According to the literature review, it is noticed that psychodynamic therapies are very successful in the treatment of depression (Driessen et. al., 2010, Leichserning, 2001; Leichserning & Rabung, 2008; Tuncel, 2018). It is also known that Dynamic Oriented Brief-Intensive-Emergency Psychotherapies are applicable in many different problem areas. (Atli, Yıldırım & Çitil, 2016).

Dynamic Oriented Brief-Intensive-Emergency Psychological Counseling

Psychoanalysis, developed by Sigmund Freud, was the basis of brief psychodynamic approaches. Psychoanalysis was not accessible for everyone because of its long-term and high cost. The reasons for the emergence of brief therapies were as follows: The number of therapists could not meet this demand, because people started to learn more about therapy and they were more willing to receive therapy services. Also, people with low economic income could not afford the cost of long-term therapies such as psychoanalysis. Brief-Intensive-Emergency psychotherapy emerged among these brief therapies. Leopold Bellak, the founder of Brief-Intensive-Emergency psychotherapy, received support from Psychoanalysis, General System Theory and Learning Theory. According to the causality which is the fundamental assumption of the Brief-Intensive-Emergency psychological counseling approach, all psychological processes and behaviors have a reason or purpose (Bellak & Siegel, 1983; Yıldırım, 2006, p.27). Brief-Intensive-Emergency therapy cannot be considered separately from Psychoanalysis, Object Relations Theory and Self-Psychology Theory because of its dynamic origin. The purpose of the therapy approach is to support the integrative function of the ego and positive object relations in order to solve the conflicts of the clients (Yıldırım, 2006, p.43).

Psychological counselor is very active in Brief-Intensive-Emergency psychological counseling. Counselor can manipulate the process and the client if necessary (Levenson, 2011). The psychological counselor performs these manipulations by interventions such as selective inattention, selective attention, increasing or decreasing anxiety. As with all approaches, the aim of the Brief-Intensive-Emergency psychological counseling is to provide therapeutic change. It is the responsibility of the psychological counselor to adjust the speed and intensity of the therapy and direct the clients to their own resources for the solution of their problems. The clients who can use their resources to solve their own problems, does not feel worthless. The psychological counselor refers about the importance of the client's self-adjustment and the counselor teaches to connect between the past and the present. Appropriate questions are asked to reveal the client's feelings and thoughts. The counselor, who can also use the confrontation technique, priorly should ensure that a good therapeutic relationship is achieved. Otherwise, the client may think that he/she was punished or accused. One of the therapeutic aims is to support clients to gain insight. With the client gaining insight, the in-depth interview begins in therapy. It is very important to show the psychodynamic connection to the client in the therapy. To that end, the psychological counselor connects sessions and experiences. The aim is created by focusing on the client's basic problem. It is very important to work towards a specific aim in order to make the best use of the limited time (Bellak & Siegel, 1983; Cox et. al., 2014; Doğan, 2015, p.105; Yıldırım, 2006, p.58-63).

Brief-Intensive-Emergency psychological counseling approach has 10 basic principles. (1) First, brief counseling approaches are different from long-term counseling approaches, and both approaches have different characteristics and specialties. (2) Well structuring, planning and conceptualization are needed for psychological counseling to be successful. (3) According to this

approach, the appropriate client is not selected, the goals of the client are focused. If the client does not reach the desired goals, he / she can be directed to long-term psychological counseling. (4) According to the fourth principle, the anamnesis of the client should be taken at the beginning of the Brief-Intensive-Emergency psychological counseling. In this process, the formulation based on the client's information is created and this information is also used in the therapy process. (5) Psychological counselors with Brief-Intensive-Emergency psychological counseling education can use this approach successfully. (6) According to the sixth principle, this counseling approach has a very clear and systematic structure. (7) The psychological counselor not only eliminates the psychological symptoms, but also supports the client to be in a better condition than before. (8) In the eighth principle, it is emphasized that the Brief-Intensive-Emergency psychological counseling also has a preventive function. Accordingly, it can also be used for preventive purpose for clients who expect negative experience such as loss, grief, surgery. (9) This approach has an important position in protecting the mental health of the whole society. It is accessible to almost all segments of the society because of short-term and not costly. Thus it enables to reach more people. (10) Psychological counselor should play an effective and active role in the therapy. Therefore, the counselor should interfere and planning successfully (Bellak & Siegel, 1983).

The transference, therapeutic alliance and therapeutic contract, which should be addressed at the beginning of the Brief-Intensive-Emergency psychological counseling, are the three most important factors for the therapeutic relationship. The transfer of the client's relationship with the important people in childhood to the psychological counselor is called transference. The transference, which is generally perceived as negative. Bu it doesn't always affect the counseling process negatively and it can be a power for the counselor. The psychological counselor can obtain information about the interpersonal relationships and behaviors of the client by interpreting the transference appropriately (Levenson, 2011). The counselor can obtain clues about the client's transference content based on dreams. The counselor who notices the transference should make an effort to make it positive (Yıldırım, 2006, p.53). Because, one of the main aims of the psychological counseling is to try to turn negative transfer into positive. Another factor that constitutes the basis of the therapeutic relationship is therapeutic alliance. Therapeutic alliance means that the counselor and the client cooperate in the counseling. Common goals in counseling process are factors that increase therapeutic alliance. The psychological counselor who is responsible for increasing therapeutic alliance, explains that the client has responsibilities in counseling process. The third factor for the therapeutic relationship is the therapeutic contract. The therapeutic contract involves informing and agreement. This agreement includes the following topics: The counseling process, the duration of the sessions (50 + 5 minutes), the number of sessions (between six and ten sessions), and the sessions will not be canceled except as a valid excuse. It is important to discuss the therapeutic contract in the first session and explain it to the client (Doğan, 2015, p.78-83). In addition, the psychological counselor explains to the client that the therapy process is not only about talking, sometimes the client may experience negative emotions and problems may arise with recall (Yıldırım, 2006, p.57).

Bellak and Siegel (1983) stated that the Brief-Intensive-Emergency psychological counseling covers six sessions. *The first session* is an anamnesis interview in which the client's comprehensive information is obtained. In this session, data about the client's complaints, self-evaluation style, birth process, sexual history, school/work life, physical and mental health, family relationships, family members and memories are collected. After answering these questions, it is expected that the resistance will disappear and the counseling process will speed up. Following the anamnesis interview, a formulation is created based on the answers given to the questions. At the beginning of *the second session*, it is necessary to connect with the first session. Connecting between each session with the previous session is important for the client to connect between the past and the present and to use this skill in life. The counselor asks about the feelings that have been felt since last week and listens to the client's new complaints and dreams. If the clients are ready to gain insight, psychotechnics informing is given to the client to create awareness about their life. At *the third session*, the first two sessions are summarized and a connection is established with the previous session. This session is an in-depth interview session and the counselor focuses on client's insights. Thus, it is provided that the acquired skills are used by client in life. At the end of the third session, separation anxiety can be studied by reminding that the counseling process will be over. At the beginning of *the fourth session*, the client is requested to summarize the previous sessions. This session includes the development of gained insights and new interventions if necessary. In *the fifth session* which is the last session, the feelings of the client are regularly asked. This session is the last stage for the necessary interventions. In this session, the psychological counselor has more intimate relationship with the client. The counselor who should be careful in this relationship, talks about the similar interests and experiences with client. At the end of the session, the follow-up interview is clearly handled and the date of follow-up session is determined. In this process, there may be clients who have severe separation anxiety, do not want to leave the counseling process and want to continue to meet with the counselor. In this case, the psychological counselor supports the client to use the skills gained and cope with the problems. A month after the fifth session, the counselor and client come together for *the sixth session* (the follow-up interview). The quality of the therapeutic gains acquired during the counseling process is checked. In addition, by evaluating the negative cases, the counselor decides whether there is a need for a long-term counseling process for the client. Finally, the psychological counseling process ends with positive messages and positive emotions.

Depression is a widespread disorder worldwide and adversely affects human life in many ways (WHO, 2020). According to the research in 1997, depression was predicted to be placed on the top among all diseases in 2020 (Murray & Lopez, 1997, s.1502). Similarly, according to the data of the World Health Organization, depression was found to be in the second place among the disorders. However, there are many research findings that depression can be treated with psychological counseling and psychotherapies (Cuijpers et. al., 2009; Demir, 2015; Demir & Yıldırım, 2017; Driessen et. al., 2010; Körük & Özabacı, 2018; Malogiannis, 2014; Öngider, 2013; Sezer, 2010; Trowell et. al., 2007; Tuncel, 2018). Considering that Dynamic Oriented Brief-Intensive-Emergency psychological counseling is functional in solving various problems (Atli, Yıldırım &

Çitil, 2016) and experimental research with short-term therapies is insufficient (Yıldırım, 2006), it is important to examine the effect of the Brief-Intensive-Emergency psychological counseling on depression.

Method

Research Design

Case Work method was used in the study. Case Work method includes examination of the person in detail and description of the personality and the individual differences. In this method, past and present behaviors of the person which examined by the researcher are recorded and analyzed. In the evaluation, rather than transferring the research findings to statistical analyzes, the data is expressed in graphs that can be easily understood. In Case Work method, it is aimed to solve a specific problem of the person who examined in the research and to support his/her personality development. This method which is frequently used by researchers, obtains rich content about the people who examined in the research (Burger, 2006).

The Client: Eylül

Eylül who is thirty-six years old, is single and lives alone. Eylül is the youngest among her siblings and she has an brother and an sister. Eylül stated that she never got along well with her family members and stated that she was affected badly by her father's loss. The client's complaints are that she has been forgetful lately, has trouble sleeping, feels exhausted and tired, and has problems with family and friends. The psychological counselor applied the Beck Depression Inventory, Symptom Checklist (SCL-90R), Hacettepe Personality Inventory and Beier Sentence Completion Test (BSCT) to the client. According to the results of these tests, it was decided that the client was appropriate for Dynamic Oriented Brief-Intensive-Emergency psychological counseling. According to the results of SCL-90R and Beck Depression Inventory, the client has symptoms of depression. It was determined that the client had a high level of depression according to SCL-90. The client who has an intense negative attitude to the past, is hopeless to the future. It was determined that the client, who generally preferred to be alone, had feelings of anxiety and fear. The client, who has a high level of neurotic tendency and psychotic symptoms, was found to be touchy and suspicious. The client's pre-test, post-test and follow-up test scores are presented in the findings of the research.

Data Collection Tools

Beck Depression Inventory: Beck Depression Inventory was developed by Beck et al. (1961). The adaptation study of the BDI in Turkish culture was conducted by Hisli (1989). BDI measures the risk and symptoms of depression. The scale contains 21 items and the score of each item ranges from 0 to 3. The maximum score of the scale is 63 (0-9: Minimal depression, 10-16: Mild depression, 17-27: Moderate depression, 30-63: Severe depression). In addition, the 8th item in the scale provides information about suicide attitudes.

The Symptom Checklist (SCL-90R): The scale that scanned psychopathological symptoms and psychological problems was developed by Derogatis in 1977. The scale was adapted to Turkish by Dağ (1991). The scale included 90-item with 5-point response format. The Cronbach Alpha reliability coefficient for the Turkish version of the scale was .97. The test-retest coefficients of the sub-dimensions range from .65 to .87. The results indicate that the Turkish version of SCL-90R has acceptable fit indices (Dag, 2000).

Hacettepe Personality Inventory: The original version of the scale was developed as a team in 1976. Team B, which is the short form, was created in 1985. HPI Team A was reviewed in 1982 and the last version of the scale was obtained. HPI has 4 subscales on Personal Adaptation (*SR: Self-realization, ED: Emotional Determination, NT: Neurotic Tendencies, PS: Psychotic Symptoms*) and 4 subscales on Social Adaptation (*FR: Family Relationships, SR: Social Relationships, SN: Social Norms, AT: Antisocial Tendencies*) and each subscale has 20 items. Eight items is used to determine the validity of the HPI. The answer sheet, which can not get at least 6 points from these 8 items, is considered invalid. Each answer gets a score in the HPI which consists of 168 items in total. In the inventory, each subscale is evaluated within itself and the scores range from 0 to 20. A high score means a high adaptation level.

The reliability of the HPI was calculated with KR-21 and test-retest technique. The reliability coefficients of the subscales were .58 through .92. Reliability coefficients were found $r = .93$ for Personal Adaptation, $r = .84$ for Social Adaptation, and $r = .92$ for General Adaptation. The criterion validity method was used to determine the validity of the HPI. For this purpose, Minnesota Multiphasic Personality Inventory, Self-Concept Scale, Trait and State Anxiety Inventory, and Symptom Checklist were used. As a result, it was determined that the HPI is a valid and reliable measurement tool (Özgüven, 2014, p.340).

Beier Sentence Completion Test (BSCT): BSCT was developed by Beier in Ankara Institute of Educational in 1960. It is a projective test and is based on word association tests. The test was adapted to Turkish by the Test and Research Office. The reliability coefficients of the scale were calculated $r = .80$ for positive sentences, $r = .70$ for negative sentences, and $r = .50$ for neutral sentences (Akkoyun, 1993). BSCT consists of A and B forms according to the age group. Form A consists of 56 incomplete sentences and is appropriate for children and adolescents aged 8-16. Form B consists of 67 incomplete sentences and is appropriate for adolescents and adults aged 17

and over. Based on the answers given to the incomplete sentences, information about emotions, thoughts and attitudes is obtained. The answers are evaluated as positive, negative or neutral.

Process

Dynamic Oriented Brief-Intensive-Emergency psychological counseling was carried out by the researcher who is a ph.d. student during his graduate education. Initially, the psychological counselor choose the client who suffering from depression among the volunteer clients. Then the counselor had a pre-interview with the client. The anamnesis of the client was obtain, and Beck Depression Inventory, Symptom Checklist (SCL-90), Hacettepe Personality Inventory and Beier Sentence Completion Test were applied. The psychological counselor created a dynamic formulation after examining complaints of the client within the context of individual psychological narration and psychological history of the client's family. According to the dynamic formulation, it was decided that the client was appropriate for the Dynamic Oriented Brief-Intensive-Emergency psychological counseling. An approval form was signed to the client. The counselor met with the client and a appropriate day was decided for the sessions. The counseling date was decided on Saturday 2:00 pm. Counseling sessions lasted 50-55 minutes. The psychological counselor recorded every session with the approval of the client.

Findings

Psychological Counseling Sessions

Session-I: In the first session, a lot of information about the client (main complaint, physical health, social relationships, family relationships, business life, memories, etc.) were obtained. A therapeutic alliance was achieved with the client, who was observed to talk easily. The client stated her complaints as follows; sleep problems, forgetfulness, exhausted feelings and problems in social relationships.

Session-II: At the beginning of Session II, the psychological counselor summarized the topics discussed in the first session. The client was asked about her feelings and thoughts since the first session. Subsequently, it was continued to talk about the complaints mentioned in the first session and the counselor focused on the emotions and thoughts of the client. In this process, psychological counselor used basic counseling skills such as reflection content, reflection feelings, active listening, self-disclosure, encouragement, asking questions, confrontation. It was observed that the client did not have excitement and resistance, the client seemed quite calm.

Session-III: At the beginning of the third session, previous sessions were summarized and connections were established. The third session of the Dynamic Oriented Brief-Intensive-Emergency psychological counseling is the in-depth interview session. Therefore, in this session, it was aimed to tackle the client's problems and increase her insight. The client said that she did not live for herself, she was overly self-sacrificing, therefore she was unhappy. The experiences and

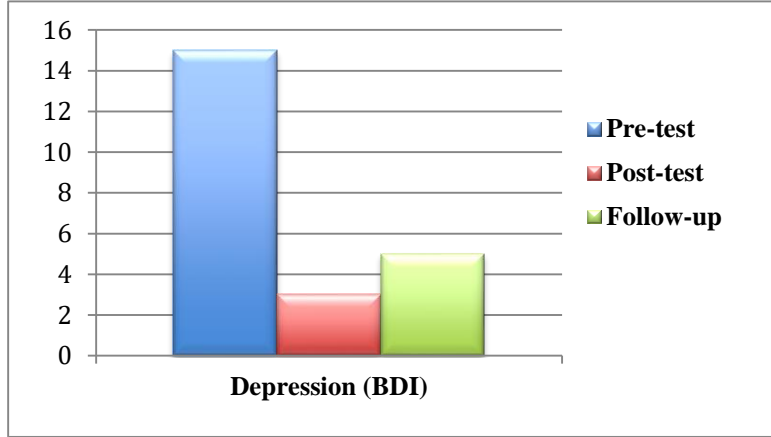
feelings of the client suffering from depression, were interpreted and evaluated. The client admitted that she wanted to live for herself and achieve her goals. The client was encouraged to achieve her goals. Psycho-technical information about the ways to achieve the goals was provided by the counselor and her insight increased.

Session-IV: Psychological counselor asked the client to summarize the previous sessions. The counselor linked up feelings and experiences of the client. The purpose of this session was determined to increase the insights and to intervene to the client if necessary. The client decided to live her own life and take concrete steps in matters of marriage and career. The counselor and the client talked about what she should do to achieve these goals. The psychological counselor encouraged client to stand on her own feet and supported her to use her own resources. The insight of the client who planned her life, continued to increase. At the end of the session, the psychological counselor had more intimate relationship with the client. The 4th session was finished by reminding that the next session will be the last session.

Session-V: The fifth session is the termination stage. At the beginning of this session, the counselor asked the client to summarize the whole counseling process. During this session, the client's emotions were asked regularly and her depressive symptoms decreased visibly. The psychological counselor maintained the intimate relationship established at the end of the previous session. The difference between the initial and current feelings of the client was revealed and the positive change of the client was emphasized. The psychological counselor said that they were at the end of the counseling process. The counselor supported client in coping with her problems and standing on her own feet. Appropriate date for a follow-up interview was decided a month later. Beck Depression Inventory, Symptom Checklist (SCL-90), Hacettepe Personality Inventory and Beier Sentence Completion Test were re-applied.

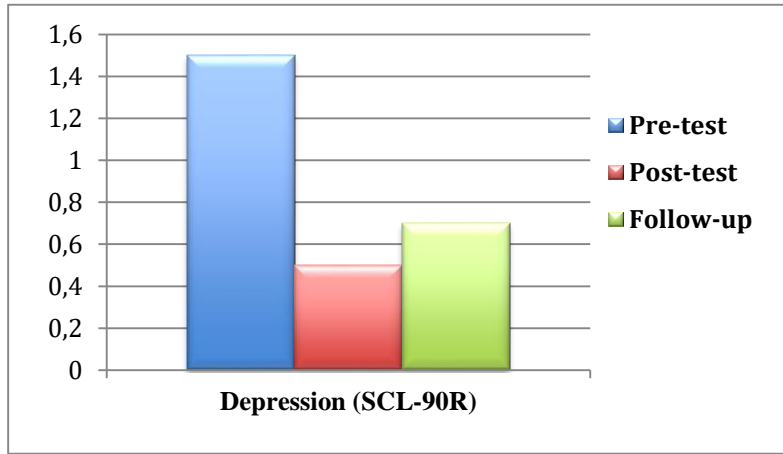
Session-VI: It was talked about what happened in the past month. In the follow-up interview, the quality of the gains in the first five sessions was evaluated. It was decided that the client did not need long-term therapy. The positive changes of the client were emphasized and the psychological counseling process finished with positive transference.

Depression Levels



inventory scores of Eylül

Graphic 1. Beck depression

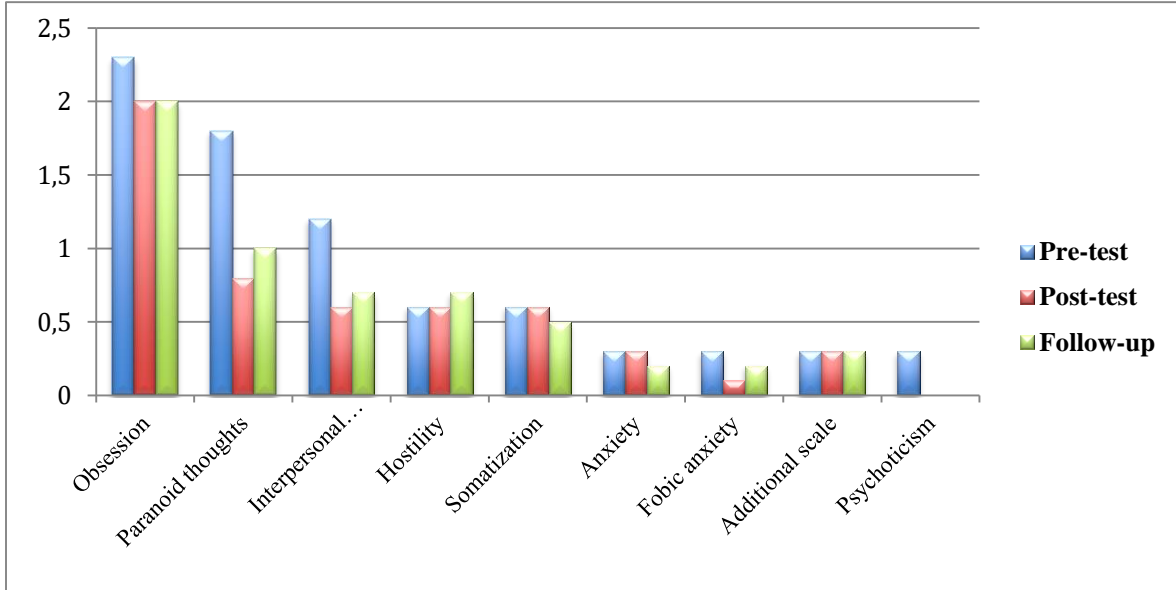


Graphic 2. The symptoms cheklist scores (Depression) of Eylül

The client's complaints such as social relations problems, sleep problems, and exhausted feelings are some of depression symptoms. According to Beck Depression Inventory and SCL-90R test, the client was found to have depressive symptoms. According to Graph 1, it was seen that the client whose BDI score was 15 had the moderate border depression. In Graph 2, it was seen that the client whose depression score was 1.5 in SCL-90R has high depressive symptoms. Following the Dynamic Oriented Brief-Intensive-Emergency psychological counseling, which consisted of six sessions, the BDI score of the client decreased to 3 and decreased to minimum level. Although this score increased to 5 in the follow-up test, it was understood that it was still minimal. In the post test of SCL-90 R, the client's depression score decreased to 0.5, and her depression level decreased to the normal level. In the follow-up test, it was determined that the 0.7 score is still at the normal level.

When the pre-test, post-test and follow-up test results of Beck Depression Inventory and SCL-90R were evaluated together, it was found that Dynamic Oriented Brief -Intensive-Emergency psychological counseling influenced positively the client suffering from depression.

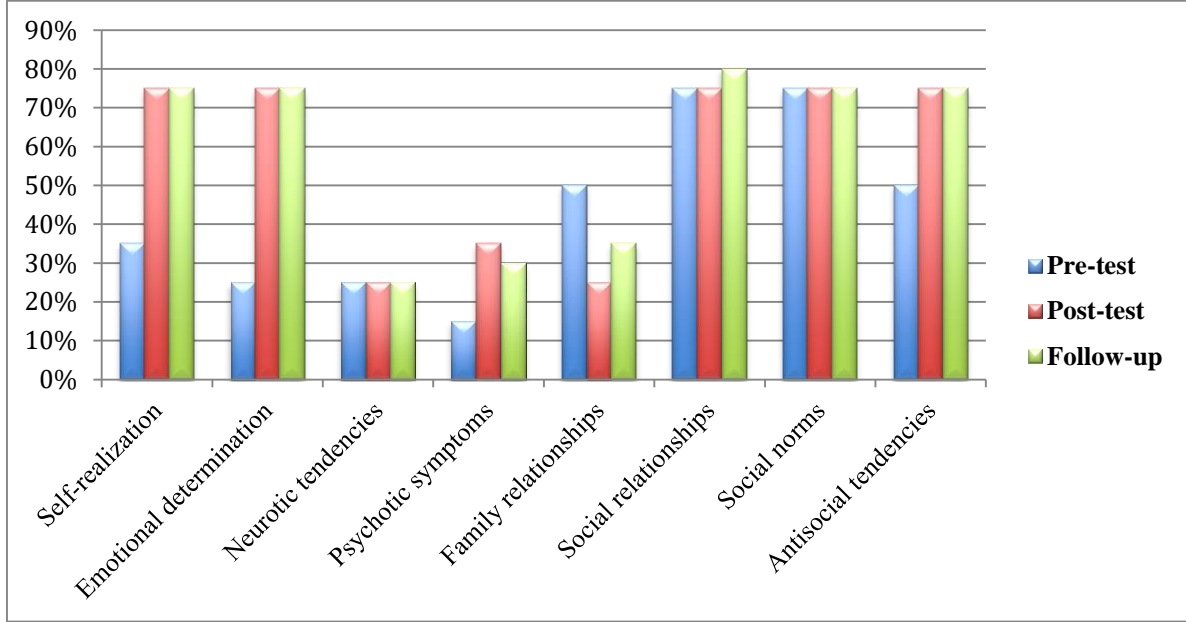
Symptoms



Graphic 3. The symptoms cheklist scores of Eylül

The pretest, posttest and follow-up test scores of SCL-90R test results are in Graph 3. The client's obsession (2.3) and paranoid (1.8) levels were high (between 1.5-2.5) and other symptoms were normal (between 0-1.5). According to the post-test and follow-up test, it was found that the client's paranoid thoughts decreased to normal level and the obsession level remained at a high level. It was determined that the symptoms of interpersonal sensitivity, hostility, somatization, anxiety, phobic anxiety, additional scale and psychoticism remain at normal levels and do not increase.

Personal and Social Adaptation



Graphic 4. Hacettepe Personality Inventory Sub-scales Scores of Eylül

According to the pre-test, post-test and follow-up test scores of HPI in Graph 4, there was a significant increase in the client's Personal Adaptation level (Self-realization, Emotional Determination, Neurotic Tendencies, Psychotic Symptoms). Accordingly, it was understood that the Dynamic Oriented Brief-Intensive-Emergency psychological counseling increased the client's Personal Adaptation. When the changes in the Social Adaptation were analyzed, some sub-dimensions increased and the others decreased. The client's family relationship adaptation level decreased, antisocial tendencies level became more positive. No change was found between the pre-test and post-tests of the levels of Social relationships and Social norms. The General Adaptation level of the client was increased from 25% to 50%.

Emotions, Thoughts and Attitudes

Tablo 2

Beier Sentence Completion Test Scores of Eylül

Alanlar	Pre-test			Post-test			Follow-up		
	+	-	0	+	-	0	+	-	0
Attitudes against to the past	0	4	1	1	1	3	1	2	2
Attitudes against to the future	2	2	1	5	0	0	4	0	1
Self-confidence and ability	1	3	2	4	2	0	4	2	0
Attitudes against her mother	3	1	1	3	2	0	3	2	0
Attitudes against her father	4	1	0	2	2	1	3	2	0
Attitudes against her home/family	0	1	4	1	1	3	1	2	2
Attitudes against her friends	1	1	3	1	1	3	1	0	4

Behaviors against authority	0	0	5	1	1	3	1	2	2
Fears	0	3	1	0	3	2	1	2	2
Guilt emotions	0	1	4	0	1	4	0	0	5
Attitudes against to job	2	0	3	2	0	3	2	1	2
Attitudes against opposite sex	3	0	2	3	0	2	3	1	2
General attitudes	0	2	4	1	1	4	1	0	5
Total	16	19	31	24	15	28	25	16	27

When Table 2 is examined, it is seen that there are 16 positive expressions in the pre-test, 24 in the post-test and 25 in the follow-up test. After the Dynamic Oriented Brief-Intensive-Emergency psychological counseling, it was found that positive attitudes of the client have increased. When negative expressions are examined, it was seen that there were 19 negative expressions in the pre-test, 15 in the post-test and 16 in the follow-up test. After the counseling sessions, the negative attitudes of the client have decreased. The client's some sentences in the Beier Sentence Completion Test are as follows:

"I perceive myself as unfinished dreams, hopes, and tiredness." pre-test (-).

"I think I'm a good person." post-test (+).

"My body is not beautiful, I wish my body was more beautiful" pre-test (-).

"My body is my most valuable thing." post-test (+).

"My mind is not as clear as before, I'm overly forgetful and my mind always full." pre-test (-).

"My mind is no longer busy with unnecessary things." post-test (+).

"My unforgettable moment is the moment that I lost my father." pre-test (-).

"My unforgettable moments are good memories in my childhood." post-test (+).

"I love my mom but she doesn't understand me." pre-test (-).

"I love my mom but there is no word called 'but'. I love my mom." post-test (+).

Discussion Conclusion And Suggestions

In this research, the effect of Dynamic Oriented Brief-Intensive-Emergency psychological counseling on depression was tested. According to the findings of the research, it was observed that the depression level of the client decreased significantly after the psychological counseling sessions. Thus, it can be said that the Brief-Intensive-Emergency psychological counseling is successful in reducing depression symptoms. According to the literature review, there are studies with the similar findings that psychodynamic therapies are effective in reducing depressive symptoms (Başoğlu & Buldukoğlu, 2015; Driessen et. al., 2010, Leichsenring, 2001; Leichserning & Rabung, 2008). In his study, Tuncel (2018) applied psychodynamic therapy to two university students suffering from depression and he reduced clients' depressive symptoms.

According to the other findings of the study, the Dynamic Oriented Brief-Intensive- Emergency psychological counseling reduced the client's paranoid thought, interpersonal sensitivity, phobic anxiety and psychoticism scores. Similarly, Atli, Yıldırım and Çitil (2016) and Çitil (2016) found that the Brief-Intensive-Emergency psychological counseling reduced symptoms of obsession,

depression, paranoid thoughts, somatization, hostility, psychotism, anxiety, interpersonal sensitivity and phobic anxiety. In addition, Yıldırım (2007) has indicated that this therapy approach is effective in eliminating social anxiety disorder.

In this research, at the end of the psychological counseling process, it was observed that the client's adaptation levels of self-realization, emotional determination and psychotic symptoms related to personal adaptation increased. Also, the client's adaptation levels of social relationships and antisocial tendencies related to social adaptation increased positively. However, the client's adaptation levels of neurotic trends and social norms did not change. As an unexpected result, it was determined that the client's adaptation level of family relationships decreased. The reason for this result may be the decisions taken by the client about relationship with her family. However, when the results of the follow-up test were examined, it was seen that the adaptation of family relationships increased again. The emotion, thoughts and attitudes of the client constitute another finding of this research. At the beginning of the sessions, the client had serious negative attitudes towards the past and the future. After the counseling process, attitudes towards the past and the future have become more positive. The client, who had negative self-concept at the beginning of the sessions, succeeded in perceiving herself more positively at the end of the process.

Although the Dynamic Oriented Brief-Intensive-Emergency psychological counseling was effective on depression in this research, this result is not as generalizable as the findings in quantitative research models. In this study, experimental design was not used and there were no control and placebo groups for comparison. These features can be considered as the limitation of the research.

Based on the findings and results of the research, suggestions were created and presented below:

- In this research, a client suffering from depression was examined by Case Work method. Experimental or semi-experimental studies can be conducted to test the effectiveness of Brief-Intensive-Emergency psychological counseling on depression.
- The effectiveness of the Dynamic Oriented Brief-Intensive-Emergency psychological counseling on different psychological disorders can be examined.
- Brief-Intensive-Emergency psychological counseling education can be provided in the Guidance and Psychological Counseling undergraduate and graduate programs.

Ethics Committee

Ethical permission was obtained from the Ondokuz Mayıs University Social and Human Sciences Ethics Committee for this research (Date of Decision: 29.05.2020; Number of Meetings: 4; Number of Decisions: 2020/264). In this research, all the rules in the "Higher Education Institutions Scientific Research and Publication Ethics Directive" were followed. None of the actions in "Ethics Actions Against Scientific Research and Publication " were carried out.

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Genişletilmiş Özet

Giriş

Depresyon; kişinin kendini üzüntülü, isteksiz, kötümser, yalnız, güçsüz ve durgun hissetmesi ile ortaya çıkar (Köknel, 2005). Depresyonu bilinçdışı çatışmalar sonucu içselleşen öfke ile açıklayan psikodinamik terapiler bu bilinçdışı çatışmaları terapötik ilişki, yorumlama ve transferans aracılığıyla ortaya çıkarmayı amaçlar (Sütçügil ve Özmenler, 2007). Alanyazın incelendiğinde psikodinamik terapilerin depresyonu tedavi etmede oldukça başarılı sonuçlara ulaştığı görülmektedir (Driessen vd., 2010, Leichserning, 2001; Leichserning ve Rabung, 2008; Tuncel, 2018). Dinamik yönelimli Kısa-Yoğun-Acil psikoterapilerin de farklı birçok sorunda uygulanabilir olduğu bilinmektedir (Atli, Yıldırım ve Çitil, 2016).

Kısa süreli psikodinamik yaklaşımların temelini Sigmund Freud tarafından geliştirilen Psikanaliz oluşturmaktadır. Psikanaliz süreci başlangıçta uzun süresi ve yüksek maliyeti nedeniyle herkese uygun değildi. İnsanların terapi konusunda daha fazla bilgi sahibi olması, terapi hizmeti alma konusunda daha fazla gönüllü olması dolayısıyla terapist sayısının bu talebi karşılayamaması ve düşük ekonomik gelire sahip kişilerin psikanaliz gibi uzun süreli terapilerin maliyetini karşılayamaması gibi nedenlerle kısa süreli terapilerin ortaya çıkması hız kazanmıştır. Kısa-Yoğun-Acil psikoterapi de bu kısa süreli terapiler arasında yerini almıştır. Kısa-Yoğun-Acil psikoterapinin kurucusu olan Leopold Bellak bu süreçte; Psikanaliz, Genel Sistem Kuramı ve Öğrenme Kuramından destek almıştır (Bellak ve Siegel, 1983; Yıldırım, 2006, s.27). Dinamik kökenli olması nedeniyle psikanaliz, nesne ilişkileri kuramı ve benlik psikolojisi kuramından ayrı olarak düşünülmemeyen Kısa-Yoğun-Acil terapinin amacı danışanların çatışmalarını çözebilmek için egoya ait bütünleştirici fonksiyonu ve olumlu nesne ilişkilerini desteklemektir (Yıldırım, 2006, s.43).

Alanyazın incelendiğinde depresyonun dünya çapında yaygın bir rahatsızlık olduğu ve insan yaşamını birçok alanda olumsuz etkilediği görülmektedir (WHO, 2020). Psikolojik danışma ve psikoterapiler ile depresyonun tedavi edilebildiğine yönelik birçok araştırma bulgusu vardır (Cuijpers vd., 2009; Demir, 2015; Demir ve Yıldırım, 2017; Driessen vd., 2010; Körük ve Özabacı, 2018; Malogiannis, 2014; Öngider, 2013; Sezer, 2010; Trowell vd., 2007; Tuncel, 2018). Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma uygulamasının farklı birçok sorunun çözümünde uygulanabileceği (Atli, Yıldırım ve Çitil, 2016) ve kısa süreli terapilerin yer aldığı deneysel araştırmaların yetersiz olduğu (Yıldırım, 2006) dikkate alındığında, Kısa-Yoğun-Acil psikolojik danışma uygulamasının depresyon üzerindeki etkisini incelemenin önemli olacağı düşünülmüştür.

Yöntem

Vaka İnceleme (Case Work) yöntemiyle gerçekleştirilen bu araştırma; kişinin ayrıntılı şekilde incelenmesine, kişilik sürecinin betimlenmesine ve kişisel farklılıkların tanımlanmasına dayalı olarak yapılmıştır. Bu araştırmalarda araştırmacı tarafından incelenen kişinin geçmişteki ve şimdiki

davranışları kaydedilerek analiz edilir. Değerlendirme kısmında ise araştırma bulgularının istatistiksel analizlere aktarılmasından ziyade verilerin rahat anlaşılabilir grafiklerle ifade edilmesi beklenir. Vaka İnceleme yönteminde araştırmada incelenen bireyin spesifik bir sorununu çözmek ve onun kişilik gelişimini desteklemek de amaçlanır. Araştırmacılar tarafından sıklıkla kullanılan bu yöntem, incelenen birey/bireyler hakkında zengin içerikler sunar (Burger, 2006). Araştırmada veri toplama aracı olarak Beck Depresyon Envanteri, Semptom Tarama Listesi (SCL-90R), Hacettepe Kişilik Envanteri ve Beier Cümle Tamamlama Testi (BCTT) kullanılmıştır.

Bulgular

Danışanın terapiye gelmesine neden olan sosyal ilişki sorunları, uyku problemleri, kendini bitkin hissetmesi gibi yakınmalar depresyon belirtileriyle uyumaktadır. Danışana uygulanan Beck Depresyon Ölçeği (BDÖ) ve SCL-90R testine göre depresyon belirtilerine sahip olduğu anlaşılmıştır. Danışma sürecinin başında BDÖ puanı 15 çıkan danışanın orta düzey depresyon sınırında olduğu görülmüştür. Ayrıca SCL-90R'deki depresyon puanı 1.5 çıkan danışanın yüksek depresif belirtilere sahip olduğu anlaşılmıştır. Altı oturumdan oluşan Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma uygulamasının ardından danışana ait BDÖ puanı 3'e düşmüş ve minimal düzeye inmiştir. Bir ay sonra yapılan izleme testinde bu puan 5'e çıksa da hala minimal düzeyde kaldığı anlaşılmıştır. SCL-90R'de yer alan depresyon puanı son testte 0.5'e düşen danışanın depresyon düzeyi sağlıklı seviyeye ulaşmıştır. İzleme testinde ise 0,7 olan depresyon puanının halen normal seviyede olduğu tespit edilmiştir. Uygulanan Beck Depresyon Ölçeği ve SCL-90R testine ilişkin ön-test, son-test ve izleme testi sonuçları birlikte değerlendirildiğinde Altı oturumdan oluşan Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma oturumlarının depresyon düzeyi yüksek olan danışana fayda sağladığı görülmüştür.

Danışanın Hacettepe Kişilik Envanteri ön-test, son-test ve izleme testi puanları incelendiğinde Kişisel Uyum düzeyinde (Kendini Gerçekleştirme, Duygusal Kararlılık, Nevrotik Eğilimleri Psikotik Belirtiler) olumlu yönde bir artış olduğu görülmektedir. Buna göre Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma uygulamasının danışanın kişisel uyumunu arttırdığı anlaşılmıştır. Sosyal Uyum düzeyi incelendiğinde ise bazı alt boyutlarda ilerleme görülürken bazılarında düşüş tespit edilmiştir. Danışanın aile ilişkilerine yönelik uyum düzeyi düşerken antisosyal eğilimler düzeyi daha olumlu hale gelmiştir. Sosyal ilişkiler ve sosyal normların düzeylerine ait ön-test ile son-testler arasında bir değişiklik saptanmamıştır. Danışanın genel uyum düzeyi ise %25'ten %50'lik dilime yükselerek olumlu yönde bir artış göstermiştir. Beier Cümle Tamamlama Testi sonuçlarına göre ön-testte toplam 16, son-testte toplam 24, izleme testinde ise toplam 25 olumlu ifadenin yer aldığı görülmektedir. Olumlu tavırların psikolojik danışma sürecinin ardından arttığı, izleme oturumunda da bu artışın korunduğu anlaşılmıştır. Toplam olumsuz ifadeler incelendiğinde ise ön-testte 19, son-testte 15, izleme testinde 16 olumsuz ifadenin bulunduğu görülmüştür.

Sonuç, Tartışma ve Öneriler

Bu çalışmada depresif semptomları olan bir danışana yönelik uygulanan Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma uygulamasının etkililiği sınımlanmıştır. Araştırma bulgularına göre psikolojik danışma oturumlarının ardından danışanın depresyon düzeyinin azaldığı görülmüştür. Buradan hareketle Kısa-Yoğun-Acil psikolojik danışma uygulamasının depresyon semptomlarını gidermede etkili olduğu söylenebilir. Alanyazın incelendiğinde psikodinamik terapilerin depresif belirtileri azaltma konusunda etkili olduğuna ilişkin benzer araştırma bulgularına rastlanmaktadır (Başođul ve Buldukođlu, 2015; Driessen vd., 2010, Leichsenring, 2001; Leichsenring ve Rabung, 2008). Araştırmasında depresyon tanısı almış iki üniversite öğrencisine psikodinamik terapi uygulayan Tuncel (2018) danışanlarının depresif belirtilerini azaltmayı başarmıştır.

Araştırmanın diđer bulgusuna göre Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma uygulaması danışana ait paranoid düşünce, kişilerarası duyarlılık, fobik anksiyete ve pskotizm puanlarını düşürmüştür. Alanyazın incelendiğinde bu araştırma ile benzer sonuçlara ulaşan ve Kısa-Yoğun-Acil psikolojik danışma uygulamasının obsesyon, depresyon, paranoid düşünceler, somatizasyon, düşmanlık, psikotizm, anksiyete, kişilerarası duyarlılık ve fobik anksiyete semptomlarını düşürdüğünü ortaya koyan araştırmaların olduğu görülmüştür (Atli, Yıldırım ve Çitil, 2016; Çitil, 2016). Ayrıca Yıldırım (2007) bu terapi yaklaşımının sosyal kaygı bozukluđunu gidermede de etkili olduğunu ortaya koymuştur. Psikolojik danışma uygulamasının sonunda danışanın kişisel uyumuna ilişkin kendini gerçekleştirme, duygusal kararlılık ve psikotik belirtiler uyum düzeylerinin arttığı görülmüştür. Ayrıca danışanın sosyal uyumuna ilişkin sosyal ilişkiler ve antisosyal eğilimler uyum düzeylerinin de olumlu bir artış gösterdiği tespit edilmiştir. Tüm bunların yanında danışanın nevrotik eğilimler ile sosyal normlar alt boyutlarına ilişkin uyum düzeylerinin deđişiklik göstermediđi belirlenmiştir.

Araştırmaya göre Dinamik Yönelimli Kısa-Yoğun-Acil psikolojik danışma uygulamasının depresyon üzerinde etkili olduğu görülse de bu sonuç nicel araştırmalarda edinilen bulgular kadar genellenebilir deđildir. Bu nedenle araştırmanın deneysel desende olmaması, karşılaştırılacak kontrol ve plesebo grubunun kullanılmaması bir sınırlılık olarak kabul edilebilir.

ETİK BEYAN: "*The Effect of Dynamic Oriented Brief-Intensive-Emergency Psychological Counseling on Depression*" başlıklı çalışmanın yazım sürecinde bilimsel, etik ve alıntı kurallarına uyulmuş; toplanan veriler üzerinde herhangi bir tahrifat yapılmamıştır ve veriler toplanmadan önce Ondokuz Mayıs Üniversitesi Sosyal ve Beşeri Bilimler Etik Kurulu'ndan 29.05.2020 tarih ve 2020/264 sayılı etik izin alınmıştır. Karşılaşılacak tüm etik ihlallerde "Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi Yayın Kurulunun" hiçbir sorumluluđunun olmadığı, tüm sorumluluđun Sorumlu Yazara ait olduğu ve bu çalışmanın herhangi başka bir akademik yayın ortamına deđerlendirme için gönderilmemiş olduğunu taahhüt ederim. "