

## Research Article

# A qualitative research on investigation the effectiveness of cognitive behavior therapy on depression of children<sup>1</sup>

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### Abstract

This study aims to investigate the effects of cognitive behavioural therapy on depression levels in children. For this purpose, five children, who scored above the cut-off score in the Child Depression Inventory and displayed depressive symptoms, were selected among the fifth-grade students studying in a secondary school. Individual therapy based on cognitive behavioural therapy was applied to these five children once a week for a total of 10 weeks, each session lasting an average of 50 minutes. In the last ten minutes of each session, the parents also joined the session. While interviews aiming to reduce depression levels based on cognitive behavioural therapy were being conducted with the children, interviews were also conducted with the parents in order to inform them about the process, to support the child outside the sessions and to follow up the process. In the study, the content of the interviews conducted with the children and the answers given to the semi-structured interview questions prepared by the researcher after the application and received from the parents were used as data. The content of the interviews and the answers given to the semi-structured interview questions were subjected to content analysis. At the end of the study, when the content of the sessions at the beginning of the therapy process was analysed, it was found that depression, low self-perception, and negative cognitive and emotional processes were expressed intensely during the first sessions. When the content of the sessions in the subsequent stages of the therapy was analysed, it was observed that there were positive changes in the cognitive, emotional and behavioural dimensions; in other words, individual therapy had positive effects on the children. When the answers given by the parents to the semi-structured interview questions were analysed, it was concluded that individual therapy created positive changes in the change of negative thoughts, self-expression, problem-solving skills and anger control in children. In the study, it was observed that the content of the interviews with the children and the answers given by the parents to the semi-structured interview questions were consistent with each other.

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## Introduction

With COVID-19, which emerged in 2019 and has been seen in our country since 2020, lockdowns started all over the world, and people could not even meet with their closest ones during this pandemic (Kul, Demir, & Katmer, 2020). An infected individual was completely isolated and had to withdraw from sources of social support. In particular,

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compulsory changes made in children's daily routines increased their depression and anxiety levels (Akoglu & Karaaslan, 2020). Depression is one of the most widespread mental disorders (Guler, Demirci, Karakus, Kisioglu, & Zengin, 2014). Symptoms of depression include unhappiness, melancholy, unwillingness to engage in activities, problems with self-confidence, a negative view of the future and the world, constant fatigue, appetite and sleep disorders (Ozturk, 2001; Rawson, Bloomer, & Kendall, 1994). Beck (1976) stated in his model that the reason for depression is a disorder in cognitive processes. Before the 1970s, it was thought that only adults showed depressive symptoms, but after the 1970s, it was discovered that depression affected not only adults but also children and adolescents, and studies in this direction began to be conducted (Weller, Weller and Svadjian 1996). Childhood depression is increasing day by day in our country and in the entire world (Erol, Zabci, & Simsek, 2020). Especially nowadays, when we consider the changes in the social fabric as a result of the pandemic, it can be observed that children have begun to live an isolated life. It is known that the prevalence of childhood depression is increasing with the isolated life brought into our lives by the pandemic. In a study conducted by Mahon and Yarcheski (1992), a high level of negative correlation was observed between child and adolescent depression and social support resources. However, exposure to stressful life events is one of the most studied risk factors for depressive disorders and symptoms. Considering both clinical and community samples, it is known that children with depressive symptoms have experienced significantly more stressful life events than children without depression (Costello, Costello, Edelbrock, Burns, Dulcan, & Brent, 1988; Franko, Striegel-Moore, Bean, Tamer, Kraemer, Dohm, 2005). Although major life events such as pandemics, parental death, serious diseases, and sexual and physical abuse are linked to childhood depression (Kendler, Kuhn, & Prescott, 2004; O'Sullivan, 2004; Roy, 1985; Williamson, Birmaher, Dahl, & Ryan, 2005); less traumatic events, such as changes in family, peer, and romantic relationships and the transition from primary school to secondary school, also increase depressive symptoms (Isakon & Jarvis, 1999; O'Sullivan, 2004; Phillips, Hammen, Brennan, Najma, & Bor, 2005).

It is known that individuals diagnosed with childhood depression have a high risk of experiencing depression when they are adults (Hankin, Abramson, Moffitt, Silva, & McGee, 1998; Kim-Cohen, Caspi, & Taylor, 2003). The treatment of childhood depression has a preventive effect on the mental disorders that the individual will suffer from during his/her adulthood. Beck et al. (1976) stated that cognitive faults that cause depression can be treated by learning how to think in a healthy and realistic way. In the literature, it is seen that cognitive behavioural therapy provides effective results in reducing depression levels in children (Crowe & McKay, 2017; Hetrick, Cox, Witt, Bir, & Merry, 2016).

In addition to the risk of recurrence of depression, children and adolescents with depression are more likely to face a range of negative outcomes throughout their lives. While not specific to depression, the most common forms of depression in childhood and adolescence are poor school performance, poor relationships with family and friends, and impaired cognitive functioning (Reinherz, Giaconia, Silverman, Friedman, Pakiz, & Frost, 1995; Kessler & Walters, 1998). Depression during adolescence is also associated with negative outcomes during adulthood, such as increased stressful life events, loss of social support, low satisfaction with life roles, low-income levels, low educational prospects, marriage at younger ages, early parenthood, and low marital satisfaction (Franko et al., 2005; Gotlib, Lewinsohn, & Seeley, 1998). The negative outcomes of depression are more severe among young people with recurrent depressive disorders than among those with depressive symptoms alone. Depression is also a risk factor for drug use and smoking (Costello et al., 2003; Franko et al., 2005; Schepis & Rao, 2005; Conway, Compton, Stinson, & Grant, 2006).

Late childhood and early adolescence is the period when cognitive abstract thinking begins and irrational beliefs begin to emerge more frequently. A child, who defines himself/herself as depressed and unsuccessful during his/her childhood, continues to have this way of thinking for the rest of his/her life. When we consider that cognitive development, the formation of schemas and personality development accelerate during childhood and adolescence, the importance of this period can be better understood (Civitci, 2006). Therefore, an intervention aimed at reducing depressive feelings during childhood will positively affect children's mental health in later years by reducing their negative thoughts.

Cognitive behavioural therapy is widely used in the field of mental health. It is found that especially cognitive behavioural therapy is effective in many different problem areas (Eraslan, 2020; Eraslan & Gursoy, 2020; Thielemann,

Kasparik, König, Unterhitzberger, Rosner, 2022; Turk & Katmer, 2019). However, when we take a look at the field of application, cognitive behavioural therapy with children is only beginning to be studied abroad and in our country. In addition, while group studies are more frequently encountered in both adults and children, there are very few studies in the literature on the effectiveness of individual therapy studies (Abdullah, Yildirim, & Citil, 2016; Avsar, 2019). When individual therapy studies for children based on cognitive behavioural therapy are examined, it is observed that the effectiveness of the studies is generally examined through quantitative data, and there is no qualitative study that reveals the effectiveness of the therapy by analyzing the content of the sessions. Therefore, in this study, the effect of individually applied cognitive behavioural therapy on children's depression levels is examined using the content analysis method.

It is thought that conducting individual therapy based on cognitive behavioural therapy, especially during the childhood period, is important in terms of its effects on the individual's later years and his/her relationship with his/her social environment. For this reason, it is believed that the existing study points to a gap in the field of mental health, education and its use in schools and will be functional in this sense.

### **Purpose of the Study**

In this study, answers to the following questions related to two main problems were sought.

Main Problem No 1 How did the individual therapy contents of the children participating in the study change in terms of depressive symptoms, self-perceptions and thoughts during the therapy process?

The sub-problems of this study are as follows.

Sub-Problem No 1 How did the depressive symptoms of the children participating in the study change during the therapy process?

Sub-Problem No 2 How did the self-perceptions of the children participating in the study change during the therapy process?

Sub-Problem No 3 How did the thoughts of the children participating in the study change during the therapy process?

Sub-Problem No 4 How did the emotions of the children participating in the study change during the therapy process?

Sub-Problem No 5 How were the changes of the children participating in the study shaped during the implementation process?

Main Problem No 2 What are the opinions of the parents participating in the study about the effectiveness of cognitive behavioural therapy on their children?

## **Method**

### **The Research Model**

Under the roof of this study, 10 sessions of individual therapy based on a cognitive-behavioural approach were conducted with children with high levels of depressive symptoms. The effectiveness of the individual therapy is assessed based on the content of the interviews with the children and the opinions of the parents.

In the present study, the qualitative dimension of the study is based on a phenomenological approach. The phenomenological approach focuses on taking individual experiences from individuals, who directly experience them. The phenomenological analysis aims to obtain a phenomenon experienced by the participant in a direct way and to extract the psychological essence of this experience. In other words, the phenomenological study starts by developing a perspective regarding what an experience fundamentally is for the individual.

The key concepts guiding this form of study are: phenomenon, reality, subjectivity, truth and experience. The main aim of phenomenology is to provide a direct, broader and deeper understanding of the most fundamental concept, that is, experience. For this purpose, in the present study, the content of the interviews conducted with the individuals participating in the study and the semi-structured interview questions answered by the parents were used. Moreover, the video recording contents of the interviews were analyzed and the body language of the individuals during the process was also used during the evaluation (Akturan & Bas, 2008; Byrne, 2001; Miles & Huberman, 1994; Williams, 2021).

## Study Group

The study group of this research consists of five children with depression and their parents. In the study, content analysis was conducted on the transcripts of 50 sessions with five children and five transcripts of responses of five parents to semi-structured questions.

The application based on cognitive therapy was conducted with fifth-grade children attending a Secondary School in Kili, 15 Temmuz Şehitleri Secondary School (July 15 Martyrs' Secondary School). As the inclusion criteria, the Childhood Depression Scale and Anxiety and Depression Scale in Children-Children Form were used. The Parents of the children, who met the inclusion criteria and agreed to participate in the study, were administered the Anxiety and Depression Scale in Children-Parent Form. The study group is presented in Table 1.

**Table 1.** Details of the participant

Participant	Age	Gender	Child-Codes	Parent - Codes
P1-10-F	10	Female	P1-10-F	P1
P2-10-M	10	Male	P2-10-M	P2
P3-10-F	10	Female	P3-10-F	P3
P4-10-M	10	Male	P4-10-M	P4
P5-10-M	10	Male	P5-10-M	P5

When Table 1 is examined, it can be seen that there were a total of five children, two girls and three boys, aged 10 in the study group.

## Process

In the current study, a total of ten individual interviews based on cognitive behavioural therapy were conducted with the children involved in the study group. Preliminary Interviews with the study group were completed between 28.02.2022 and 11.03.2022; while individual sessions were completed between 14.03.2022 and 20.05.2022. Interviews were conducted as independent and individual sessions for each participant. The interviews were videotaped upon obtaining the consent of the parents and children. At the end of the interviews, the contents of the video recordings were transcribed. During the study and reporting stages, children were coded as P1-10-F, P2-10-M, P3-10-F, P4-10-M and P5-10-M. The transcripts were subjected to content analysis. Before the content analysis, the coding system was determined. While determining the coding system, the theoretical foundations of depression, self-perception and cognitive processes were analyzed. The sub-dimensions of these variables were determined as themes and sub-themes. All studies were subjected to expert evaluation in the field. After the themes and sub-themes were determined, the session transcripts of the children were assigned to the themes and sub-themes without interfering with the statements. In its final form, the themes and sub-themes were re-evaluated, the literature was examined, the theoretical foundations were taken into consideration, and it was renamed and finalized with the evaluations carried out by three experts in the field.

In addition, in the last ten minutes of each session, interviews were conducted with the parents to inform them about the process and for follow-up purposes. At the end of the application, data were collected from the parents through interviews using semi-structured interview forms within the scope of qualitative research. The interviews were recorded via a voice recorder upon the consent of the parents. The statements transcribed by the researcher in a computer environment were subjected to content analysis. During the reporting stage, parents were coded as P1, P2, P3, P4 and P5.

## Collection of Data

In the present study, in the selection of the study group, the Childhood Depression Inventory and the Anxiety and Depression Scale in Children were utilized. The interview contents of the individual therapy practice with the children were used as the data set of the study. Also, at the end of the application, parents were interviewed and their responses to the semi-structured interview questions were analyzed.

### *Childhood Depression Scale*

The Childhood Depression Scale was developed by Kovacs in 1981 in order to measure the level of depression experienced during childhood. The adaptation of the scale into the Turkish language was conducted by Oy in 1991. The

scale consists of 27 items. While filling in the scale, the child chooses the appropriate one among three situations by evaluating his/her life in the last two weeks. Each sentence in each item is scored as 0-1-2. A low score on the scale indicates a high level of depression, while a high score indicates a low level of depression. The lowest score that can be scored on the scale is 0 and the highest score is 54. Higher scores on the scale indicate more severe depression. The pathological limit for the scale is 19. The reliability internal consistency coefficient of the Turkish version of the scale was .86 and the test-retest reliability was calculated as .72 with a four-week interval.

### ***Anxiety and Depression Scale in Children***

The Revised Child Anxiety and Depression Scale is a child and parent-rated clinical symptom screening scale created on the basis of DSM-IV for depression and anxiety disorders in children and adolescents. The scale was studied by Gormez et al. in 2017. The scale consists of 47 items and 6 sub-dimensions in total. The scale, which is answered in a four-point Likert scale, is scored between 0-3 (never-always). The dimensions of the scale are Separation Anxiety, Social Phobia, Obsessive Compulsive Disorder, Panic Disorder, Generalized Anxiety Disorder and Major Depressive Disorder. Within the scope of the current study, items 2, 6, 11, 15, 19, 21, 25, 29, 40 and 47 in the depression sub-dimension of the scale were administered to the parents of the children in the study group.

### ***Parent Interview Form Regarding Individual Therapy Practice Based on Cognitive Behavioral Therapy***

In this study, semi-structured interview questions were prepared in order to seek the evaluations of the parents of the children, who received individual therapy based on cognitive behavioural therapy, regarding the implementation process. The questions were prepared by the researcher after examining the relevant literature. The prepared questions were evaluated and corrected by three experts in the field of cognitive behavioural therapy and child psychology. The final version of the interview form consisting of six items was administered to the parents of the five children, who participated in the application, at the designated place, date and time. The form includes questions regarding the general evaluation of the individual therapy process received by the children, the content of the application that the parents found most useful, the change in the depressive symptoms of the children and the effect of their feelings, thoughts and behaviours on their daily lives, and whether these parents would recommend this application to other parents. With the help of these questions, the researcher aims to reach parental observations about the changes in children and the impact of the application. The interviews, which lasted an average of ten minutes, were recorded via a voice recorder upon the consent of the parents. The interviews that were transcribed by the researcher in a computer environment were made ready for being analyzed.

### **Validity and Reliability**

The things that need to be done in order to increase validity and reliability in qualitative studies are expressed by Yildirim and Simsek (2016) as internal validity, external validity, internal reliability and external reliability. In order to ensure the internal validity of this study, the research questions, themes and sub-themes were prepared by reviewing the literature and finalized in line with the opinions of three experts in the field. The research process was planned in order to ensure external validity and the formation of the study group, the data collection process, data collection tool, information on validity and reliability, and the analysis process were explained in detail. Interviews were video/audio recorded to ensure internal reliability. The contents of the interviews were transcribed in order to prevent data loss. The expressions were assigned to themes and sub-themes and this process was repeated three times at one-month intervals. On the other hand, the statements of children and parents are presented in the findings section of the study without any interpretation. The results of the study were presented for external reliability and by checking the consistencies between the study results in themselves and between the literature and the present study.

### **Analysis of the Data**

At the end of the study, the content of the interviews with the children in the study group was transcribed and the transcripts were subjected to content analysis based on the determined sub-themes. In addition, parents were interviewed within the scope of qualitative research by using semi-structured interview forms and data were collected and analyzed. The extracted transcripts were subjected to analysis. Analyses of children and parents are recorded in two

separate files. Statements are assigned to sub-themes. In the last stage, the findings are described, and conclusions and discussion are presented.

### Findings

The content of the interviews conducted with the students within the scope of the application for the study and the responses received from the parents to the semi-structured interview questions after the application were subjected to content analysis. The findings of the analysis of the content obtained from the students and parents are reported and presented.

#### Main Problem 1. How did the individual therapy contents of the children participating in the study change in terms of depressive symptoms, self-perceptions and thoughts during the therapy process?

The answer to the first research question of the study, "How did the individual therapy contents of the children participating in the study change in terms of depressive symptoms, self-perceptions and thoughts during the therapy process?", is presented in terms of topics.

#### Findings regarding Main Problem 1. "How did the depressive symptoms of the children participating in the study change during the therapy process?"

The results of the content analysis conducted on the children's expressions during the individual therapy application based on cognitive behavioural therapy, the themes and sub-themes related to depressive symptoms, and their distributions, explanations and frequency values are presented in Table 2.

**Table 2.** Depression theme and sub-themes regarding children's statements in individual therapy sessions based on cognitive behavioral therapy

Theme	Sub-Theme	Sub-Theme Descriptions	F
Depression	Behavioural consequences	Reactions to depressive symptoms (sleeping, locking himself/herself in the room, etc.)	20
	Social retreat	Avoidance of contact with others	18
	Physiological reactions	Reactions observed in the body when depressive symptoms are experienced (sweating, nausea, etc.)	9
	Thinking about death	Desire to die, which occurs when depressive symptoms are experienced	5

As can be seen in Table 2, five sub-themes were identified for the theme of depressive symptoms during the application process of the children, who participated in the study. Explanations regarding these sub-themes are presented in Table 2. In addition, the statements of the students obtained through the interview process related to each sub-theme are presented below.

**Statements Related to the Sub-Theme Of Behavioral Consequences:** This sub-theme, which represents the behavioural dimension of depression, refers to the reactions given by children to situations and events, in which they experience depressive symptoms. Behaviours such as sleeping, crying, throwing things on the floor, punching the wall, and slamming doors can be given as examples of children's reactions to such situations. At this point, study participants K2-10-E and K4-10-E described this situation as follows:

*"Sometimes, When I am angry, I throw things on the floor. I toss the chair on the floor... When my parents fell out, I was very angry. I toss the chair on the floor. I threw the things on the floor. That's why the remote control of my battery car broke." (P2-10-M)*

*"Also, I hit myself when I am crying in the toilet. I hit the wall. I punch it (the wall)." (P4-10-M)*

**Statements Related to the Sub-Theme Of Social Withdrawal:** This sub-theme, which represents the social withdrawal dimension of depression, manifests itself in the form of children rejecting social relationships, isolating themselves from others and avoiding contact with others. Situations such as locking himself/herself in the room, not

talking to anyone, and refusing activity offers can be given as examples of this sub-theme. At this point, study participants, P1-10-F, P4-10-M and P5-10-M described this situation as follows:

*"Yes, at the break, I went straight to him/her. I asked him/her something. I tried to talk to him/her, but he/she said he/she wanted to go out with his/her friend. So I left him alone so as not to bore him. I also did not want to insist. I decided to sit down by myself." (P1-10-F)*

*"For example, they stand side by side in the classroom and chat. I am there too. But the conversation takes place between the two. I cannot join the conversation. I mean, they will not even notice it if I leave. Sometimes I do leave. They do not even care." Then, I want to stay alone. I sit at the rear side of the classroom." (P4-10-M)*

*"I sit alone in my seat. I do not talk. I do nothing because they do not want to be friends with me, they do not like me." (P5-10-M)*

**Statements Related to the Sub-Theme of Physiological Reactions:** This sub-theme, which represents the physiological reactions dimension of depression, refers to the reactions observed in children's bodies in the face of situations and events, in which they experience depressive symptoms. Abdominal Pain, Nausea, Difficulty In Breathing, Sweating, Shivering, and Chills can be given as examples of physiological reactions. At this point, study participants P2-10-M, P3-10-F and P4-10-M described this situation as follows:

*"I wanted to sleep non-stop. I had headaches and stomach aches all the time." (P2-10-M)*

*"I had a stomach ache. My hands got cold and shivered. I was stressed. My stomach hurt so much. And I could not sleep. I had difficulty in sleeping, so I slept late." (P3-10-F)*

*"I clench my fists. I make fists. I squeeze my legs, my body tightly. And I punch left and right. My legs shake." (P4-10-M)*

**Statements Related to the Sub-Theme of Thinking about Death:** This sub-theme, which represents the dimension of depression resulting from thoughts about death, refers to the thoughts about death that children have in their minds in response to situations and events, in which they experience depressive symptoms. Thoughts such as "I wish I never existed, I want to die, why am I alive..." can be given as examples. At this point, study participants, P1-10-F, P2-10-M and P4-10-M described this situation as follows:

*"At that moment I wanted to kill myself. I was afraid they would never make up again. They told me that we would never make up again." (P1-10-F)*

*"When they yell at me, when I think they do not love me, I want to kill myself. I wish I was dead, I say." (P2-10-M)*

*"And also one more thing... "Help from my mom ... just a minute, I will tell it. I had Turkish homework and I was supposed to memorise a poem. And my mom was going to help me. We were in the bedroom. Then my elder brother came there and he was standing. I think he was just trying to annoy me. And then, you know, I was pissed off. I could not go on ... I was telling him to go away, but he did not. As I told him to go away, he was saying "why?" I told it to my mom, she also said "why does it bother you?" But I could not memorize the poem like that. Then I got angry. I went to the toilet. I started to cry. I said to myself "Why am I the child of this family?" At that moment I wanted to kill myself." (P4-10-M)*

**Findings Regarding Sub-Problem 2. "How did the self-perceptions of the children participating in the study change during the therapy process?"**

The results of the content analysis conducted on the children's expressions during the individual therapy application based on cognitive behavioural therapy, the themes and sub-themes related to self-perception, their distributions, and frequency values are presented in Table No 3.

**Table 3.** Self-perception theme and sub-themes regarding children's statements in individual therapy sessions based on cognitive behavioral therapy

Theme	Sub-Theme	Sub-Theme Descriptions	F
Self-perception	Social self	Interpersonal relationships between the client and peers	22
	Academic self	Academic success perception of the client	11
	Physical self	Client's perception of his/her appearance (beauty, height, etc.)	6

As can be seen in Table 3, three sub-themes were identified for the theme of self-perception during the application process of the children, who participated in the study. Explanations regarding these sub-themes are presented in Table 3. In addition, the statements of the students obtained through the interview process related to each sub-theme are presented below.

**Statements Related to the Sub-Theme Of Social Self:** This sub-theme, which represents the social self-perception dimension of self-perception, refers to the interpersonal relationships that children establish with their peers. It is observed that the participants, who were selected among children with high depressive levels, had negative social perceptions, especially during the first sessions. Exclusion, unpopularity and distancing oneself can be given as examples for this sub-theme. At this point, study participants, P1-10-F, P2-10-M and P3-10-F described this situation as follows:

*"Since he has other friends, he did not pay much attention to me. They did not welcome me among them."*  
(P1-10-F)

*"For example, before I used to feel sad because I do not have friends, but now I do not feel sad because I am making new friends."* (P1-10-F)

*"My friends ignore me by making fun of me."* (P2-10-M)

*"For example, Gökçe is more beautiful than me and all the girls gather around her. She is popular, I am not."*  
(P3-10-F)

**Statements Related to the Sub-Theme of Academic Self:** This sub-theme, which represents the academic self-perception dimension of self-perception, refers to children's perceptions of their academic status. It is observed that the participants, who were selected among children with high depressive levels, had negative academic perceptions especially during the first sessions. Failure, insecurity, and acceptance of failure can be given as examples for this sub-theme. At this point, study participants, P1-10-F and P3-10-F described this situation as follows:

*"My elder brother is in the seventh grade...He scored high on the exam. That is why my parents congratulate him. But they did not say anything to me. They never congratulated me. I wonder if my family does not love me, if they think I am a failure. It made me so sad."* (P1-10-F)

*"For example, İrem is appreciated by her teachers because she studies hard and is successful. Those, who study hard also become popular. No one appreciates me at all. I'm not successful..."* (P3-10-F)

**Statements Related to the Sub-Theme of Physical Self:** This sub-theme, which represents the physical self-perception dimension of self-perception, refers to children's perceptions of their appearance. It is observed that the participants, who were selected among children with high depressive levels, had negative physical perceptions especially during the first sessions. Problematic acne, finding oneself ugly, thinness, and height can be given as examples for this sub-theme. At this point, one of the participants of the study, P3-10-F described this situation as follows:

*"Teacher, even though I am not a teenager, I get acnes and the more I play with them, the worse they get. They scab over. This makes me sad. I look ugly"* (P3-10-F)



### Findings Regarding Sub-Problem 3. "How did the thoughts of the children participating in the study change during the therapy process?"

The results of the content analysis conducted on the children's expressions during the individual therapy application based on cognitive behavioural therapy, the themes and sub-themes related to thoughts, their distributions, and frequency values are presented in Table 4.

**Table 4.** Thoughts and sub-themes regarding children's statements in individual therapy sessions based on cognitive behavioral therapy

Theme	Sub-Theme	Sub-Theme Descriptions	F
Thought	Belief in worthlessness	Cognitive approach core beliefs	37
	Belief in being unloved	Cognitive approach core beliefs	36

As can be seen in Table 4, three sub-themes were identified for the theme of thoughts during the application process of the children, who participated in the study. Explanations regarding these sub-themes are presented in Table 4. In addition, the statements of the students obtained through the interview process related to each sub-theme are presented below.

**Statements Related to the Sub-Theme of Worthlessness:** This sub-theme, which represents the schema of worthlessness from cognitive schemas, mainly refers to children's beliefs that they are worthless. Study participants P3-10-F and P4-10-M described this situation as follows:

*"Actually, I think so too. Just like my brothers... I get mad at them, but actually they are right. I really cannot do anything. I lock myself in my room. I do not want to see anyone. And, I study." (P3-10-F)*

*"If I get a minus, my grade will be low. Then I will not be awarded a Certificate of High Achievement. And, I will not have fulfilled my responsibilities. I would fall out of the favour of my family." (P4-10-M)*

*"I wish my mum and dad acted more in line with my decisions. I do not want them to say "Let's see". I want them to confirm what I decide and what I say. For example, when I said, "I want to buy a game console," my father first said he had no money. He told me that the game console is expensive. Then they said, "Let us investigate, let us have a look." Now they are telling me that they are still investigating. But I want them to say okay when I first say it. Because they do not confirm what I say. And, I feel as if I am being ignored. If they really cared, they would buy it, they would confirm what I say or think." (P4-10-M)*

**Statements Related to the Sub-Theme of Being Unloved:** This sub-theme, which represents the schema of being unloved from cognitive schemas, mainly refers to children's beliefs that they are not loved by anyone. Study participants P1-10-F and P2-10-M described this situation as follows:

*"Not all of my 33 friends. I mean, many of them behave badly. For example, there are 33 people, 27 of them behave badly. They don't like me." (P1-10-F)*

*"Yes, but it was very harsh for me. I thought I was alone. My father left me alone as if he did not love me." (P1-10-F)*

*"If my mother stood in front of me? I would tell her that she does not love me." (P2-10-M)*

### Findings Regarding Sub-Problem 4. "How did the emotions of the children participating in the study change during the therapy process?"

The results of the content analysis conducted on the children's expressions during the individual therapy application based on cognitive behavioural therapy, the themes and sub-themes related to emotions, their distributions, and frequency values are presented in Table 5.

**Table 5.** Emotions theme and sub-themes regarding children's statements in individual therapy sessions based on cognitive behavioral therapy

Theme	Sub-Theme	Sub-Theme Descriptions	f
Emotion	Sadness	Mental uneasiness in the face of an undesirable situation	37
	Anxiety	Unidentified state of anxiety, uneasiness	17
	Anger	Anger felt in response to a situation	13
	Shame	Lack of confidence and courage in the society	9

As can be seen in Table 5, four sub-themes were identified for the theme of emotions during the application process of the children, who participated in the study. It is observed that the participants, who were selected among children with high depressive levels, had negative emotions especially during the first sessions. Explanations regarding these sub-themes are presented in Table 5. In addition, the statements of the students obtained through the interview process related to each sub-theme are presented below.

**Statements Related to the Sub-Theme Of Sadness:** This sub-theme, which represents the sadness dimension of the emotion theme, refers to the mental uneasiness that children experience when they encounter an undesirable situation or event. At this point, study participants, P2-10-M, P3-10-F, P4-10-M and P5-10-M described this situation as follows:

*"I would be sad if I did not get on well with my mum and dad. For example, on Sundays when I am at home, I want to spend time with my mum and dad, but my mum tells me to memorise the multiplication table. But I know the multiplication table. On Sundays, I cannot spend time with them. It makes me sad. I think they do not want to spend time with me." (P2-10-M)*

*"I was very upset after that incident. Because I thought that I was worthless and that my father did not care about me." (P3-10-F)*

*"I thought about how lonely I was, how I'd fallen out of his favour. I was sad" (P4-10-M)*

*"I got a low grade on the exam. Then, they yelled at me angrily. I was very upset. I left the room without doing anything, I went to my own room. I spent some time just doing nothing. I wanted to be alone." (P5-10-M)*

**Statements Related to the Sub-Theme of Anxiety:** This sub-theme, which represents the anxiety dimension of the emotion theme, refers to the state of uneasiness and anxiety that children experience but cannot define. At this point, study participants, P1-10-F and P4-10-M described this situation as follows:

*"I get anxious when someone is angry with me. For example, mom and dad... I am telling myself that I am not successful. I am telling myself that they do not love me. It makes me so sad." (P1-10-F)*

*"But, for example, when my English teacher said, "If you have a minus grade and if you want to fix it, you can write a homework assignment", I was ashamed to say it at that moment. I got anxious. I could not tell them that I had a minus grade. I did not want them to think that I am lazy." (P4-10-M)*

**Statements Related to the Sub-Theme of Anger:** This sub-theme, which represents the anger dimension of the emotion theme, refers to children's feelings of anger in the face of a situation or event they come across. At this point, study participants, P3-10-F and P4-10-M described this situation as follows:

*"I feel angry because he hit me. I am very upset. I think I will fail in other areas as well." (P3-10-F)*

*"I'm only mad at my family. I get sad when something happens with my friends. I do not get angry with my friends, I feel sad." (P4-10-M)*

**Statements Related to the Sub-Theme Of Embarrassment:** This sub-theme, which represents the dimension of embarrassment from the theme of emotion, refers to children's lack of confidence and courage in the community or in social relationships. At this point, study participants, P1-10-F and P4-10-M described this situation as follows:

*"I am ashamed of others." (P1-10-F)*

*"My father is not a very talking person. We do not talk much with dad. He's more of an introvert. He comes to my room and takes a look inside. His facial expression is negative... We can already understand his thoughts from his face. That is why I am so ashamed. I think he probably thinks I am weak. I think, "He is now thinking of getting angry with me." (P4-10-M)*

### **Findings Regarding Sub-Problem 5. "How were the changes of the children participating in the study shaped during the implementation process?"**

The results of the content analysis conducted on the children's expressions during the individual therapy application based on cognitive behavioural therapy, the themes and sub-themes related to the growth of children, distribution of the codes, and frequency values are presented in Table 6.

**Table 6.** Process theme and sub-themes regarding children's statements in individual therapy sessions based on cognitive behavioral therapy

Theme	Sub-Theme	Code	F
Change	Cognitive		29
	Emotional	Strong Feeling	6
		Happiness	3
	Behavioural	Taking Responsibility	6

As can be seen in Table 6, three sub-themes were identified for the theme of Change during the application process of the children, who participated in the study. Explanations regarding these sub-themes are presented in Table No 6. In addition, the statements of the students obtained through the interview process related to each sub-theme are presented below.

**Statements Related to the Sub-Theme of Cognitive Changes:** This theme, which represents beliefs and thoughts, refers to children's healthy and realistic thoughts about themselves and their environment. Study participants P1-10-F, P2-10-M, P3-10-F, P4-10-M and P5-10-M described this situation as follows:

*"More positive things are happening. For example, in the past, when I intended to ask a friend "Shall we go to the cinema?", I used to think a lot about whether I should ask or not, or whether he/she would reject me or be offended by me. But now I don't think like that at all. If he/she refuses, maybe he/she will do some other thing or offer something else. Nothing negative comes to my mind" (P1-10-F)*

*"The change of my point of view. Actually, mom and dad are not so different. But I always thought they did things because they didn't love me. For example, when they yelled at me and got angry. But now when they shout at me and get angry, I think there might be other reasons. I don't think they do it because they don't like me." (P2-10-M)*

*"Actually, it was going on in the same way. I didn't listen to the lesson, thinking that I would fail anyway. But since last week, it's not going on in the same way anymore. Because after I talked to you last week, I realised it was not true. I really started showing the necessary effort. I can be successful too. I hung the questions I couldn't solve on the wall next to my desk. I was trying to follow the curriculum and my father saw that and he didn't tell me to study at all. Because he was already seeing that I was working hard..."*

*"Because now I know that I am no longer a failure. I have different kinds of achievements. Therefore, I changed my way of studying and thinking both at home and at school." (P3-10-F)*

*"Normally, until today, I thought that I was ignored. And that made me very sad. But now I don't think it's right. Because actually, yes, there are more signs showing that they care about me. And I am happier when I think like this." (P4-10-M)*

*"For example, I made 2-3 more friends this week. I wasn't afraid of doing wrong. I thought maybe I was loved. I decided to try. I didn't hesitate to chat with my friends. In this way, I made a few new friends when*

*compared to the last time we spoke. For example, Süleyman and Alaaddin... In fact, Aladdin is not in our class." (P5-10-M)*

**Statements Related to the Sub-Theme Of Emotional Changes:** This theme, which represents the emotional changes of the children towards the end of the application, consists of the codes of feeling strong and being happy. Study participants, P1-10-F and P3-10-F, made the following statements regarding the code of feeling strong and being happy:

**Statements Related to the Code of Feeling Strong:**

*"I'm trying to talk to people now. I feel stronger." (P1-10-F)*

*"I will experience positive things. Since I realised my own achievements, good things started to happen. my self-confidence will increase. I will say that I am strong. and I will be happier. I will say this is my talent. My belief in myself will increase even more." (P3-10-F)*

**Statements Related to the Code of Being Happy:**

*"They respected my ideas. I was very happy. I think they were surprised. They thought I was introverted. But I told my opinion to the group and they listened to me. They even liked it. Maybe this will go up even more." (P1-10-F)*

*"I feel much better now when compared to our first meeting. I feel happier." (P3-10-F)*

**Statements Related to the Sub-Theme of Behavioural Changes:** This theme, which represents the behavioural development of children towards the end of the application, includes the code of taking responsibility. Study participants K1-10-K and K5-10-E made the following statements regarding the code of taking responsibility:

**Statements Related to the Code of Taking Responsibility:**

*"I asked the teacher to assign a task to me during the Social Sciences Class. I asked if I could check the homeworks of my friends. And my teacher assigned that task to me." (P1-10-F)*

*"It was the PE Class. Kerem and Yusuf started to play a game called "Aldım-Verdim". I was standing next to them. I told Kerem that this time it would be me Yusuf's partner while playing "Aldım-Verdim". He said "OK". And It was me this time and I played the game with Yusuf. This is the first time I have had such an attempt. It felt so good. At that moment, I thought that I had more friends than I thought." (P5-10-M)*

**Main Problem 2. How do the parents of the children participating in the study rate the effectiveness of the therapy based on cognitive behavioural therapy?**

The distribution and frequency values of the themes and sub-themes related to depressive symptoms obtained at the end of the content analysis on the answers given by the parents of the children to the semi-structured interview questions after the individual therapy based on cognitive behavioural therapy are presented in Table 7.

**Table 7.** Themes and sub-themes of children's responses to semi-structured interview questions after their parents' individual therapy application based on cognitive behavioral therapy

Theme	Sub-Theme Descriptions	f
Change of thoughts	Parental observations about the client's mental state in the face of his/her experiences	10
Self-expression	Parental observations regarding the client's ability to express his/her wishes and thoughts	12
Problem-solving skills	Parental observations of the client's approach during the crisis	10
Anger management	Parental observations on the client's ability to think and remain calm in the face of a negative situation	6

As can be seen in Table 7, four themes were identified according to the answers given by the parents of the children participating in the study to the semi-structured interview questions after the individual therapy based on cognitive behavioural therapy. Explanations regarding these themes are presented in Table 7. In addition, the statements of the students obtained through the interview process related to each sub-theme are presented below.

**Statements Related to the Theme of Change of Thoughts:** One of the themes that emerged as a result of the analysis conducted on the responses of the parents regarding the applied therapy process is the theme of change of thoughts. In this theme, it was tried to understand the effect of the therapy process on children from the perspective of parents. It includes parental observations of changes in children's perspectives in the face of any situation or event. At this point, one of the participants of the study, P4 described this situation as follows:

*"At first he would never accept the negative things in any way. His reactions to negativities changed a lot. We also weren't able to understand this from his speeches. He felt he was worthless. We were thinking "He's just a child, it is normal that he gets angry". At least we understood him. He realised that this was not an issue of worthlessness. He stopped feeling worthless in the event of negativities. We have seen quite a benefit. Soon, he will be entering adolescence and it will affect his behaviours in the future. Somehow, he gave me positive feedback." (P4)*

**Statements Related to the Theme of Self-Expression:** One of the themes that emerged as a result of the analysis conducted on the responses of the parents regarding the applied therapy process is the theme of Self-Expression. This theme includes parental observations about the change in children's self-expression in the face of any situation or event. At this point, study participants, P1 and P3 described this situation as follows:

*"What did I enjoy the most?" Hmm, let me answer. We were very pleased that my daughter was able to express herself, to build self-confidence and to make an effort by telling us her problems and putting forward her own opinion. Because before, my daughter could express herself like a five or six-year-old child, not like her peers, and she often cried. Sometimes she acted in a bad way. I thank you very much for this, because it saddened us naturally. You helped us a lot with this and everything is going well now." (P1)*

*"Her behaviours, her thoughts...she is doing just what she thinks. If she is sad, she is showing it with her acts. If she is happy, she is expressing her happiness through words. This already started to be useful. For example, she started to be more successful and to study hard. She expresses herself through her acts during her relations with her elder brothers, her father and me. Whatever she feels, she is just displaying it through her words and acts. Even while doing her homework, she can express her thoughts in a better way." (P3)*

**Statements Related to the Theme of Problem-Solving Skills:** One of the themes that emerged as a result of the analysis conducted on the responses of the parents regarding the applied therapy process is the theme of Problem-Solving Skills. This theme includes parental observations on children's behaviour in solving problems in the face of a crisis. At this point, one of the participants of the study, P4 described this situation as follows:

*"He gained self-confidence. I can easily notice it. He is a little more self-confident when he is talking or doing something, he can act on his own, and he can produce solutions. So I began to understand better that he is growing up. This helped me a lot." (P4)*

**Statements Related to the Theme of Anger Management:** One of the themes that emerged as a result of the analysis conducted on the responses of the parents regarding the applied therapy process is the theme of Anger Management. This theme includes parental observations on children's ability to remain calm and control their feelings in the face of any situation or event. At this point, one of the participants of the study, P4 described this situation as follows:

*"Most of all, he learnt to control his temper to some extent. Before, I could not calm down my son in a situation that was against him, but now he can at least stop and think when we say no. He can say "OK" and do other things." (P4)*

*"He can produce solutions. Instead of crying and getting angry, he tries to solve the problem by producing solutions." (P4)*

### Discussion and Conclusion

In the present study, the effect of individual therapy based on cognitive behavioural therapy on the level of depressive symptoms of children was investigated. In the study, the content of the interviews conducted with the children and the answers given to the semi-structured interview questions prepared by the researcher after the application and received from the parents were used as data. The content of the interviews and the answers given to the semi-structured interview questions were subjected to content analysis.

Firstly, the study sought to answer the question of how children evaluate the therapy process. Accordingly, when the contents of the therapy applications with children were analysed, it was found that the main themes were depression symptoms, self-perception, cognitive, emotional and changes. When these themes were examined, it was seen that there was a relationship between these variables examined in the literature (Akguc, 2021; Karakaya, 2006; Ozcan, Subasi, Budak, Celik, Gurel, & Yildiz, 2013). In their study, Turkcapar et al. (1995) stated that, just like in adults, depression and negative beliefs interact in children. Erden and Guler (2014) concluded that there is a positive relationship between depression and low self-perception variables. In the present study, the children's expressions brought these connections to the fore. The most important result that emerged when the interviews with the children were reviewed was: The themes identified as emotional, behavioural and cognitive, which had negative sub-themes in the first sessions of the therapy, turned into positive sub-themes that were identified as changes in the subsequent stages of the therapy. This shows the effectiveness of individual therapy on children.

First of all, when the theme of "depression" is examined, the sub-themes of behavioural consequences, social withdrawal, physiological reactions and thoughts on death were identified. When the literature was examined, similar variables were found as sub-dimensions related to depression (Aksu, İncel, Akar, Ustun, Cam, & Toros, 2022; Cilhoroz, 2023; Oy, 1990, 1991). When the contents constituting these themes and sub-themes were analysed, it was tried to understand how each of the children experienced depressive symptoms in their own world. When the behavioural results were examined, it was observed that children experienced behaviours such as aggression, anger and crying. With the sub-theme of social withdrawal, it was understood that children locked themselves in their rooms, stopped communicating with their friends and became lonely when they experienced events that caused them to experience depressive symptoms. The physiological sub-theme consists of bodily indicators such as shivering, chills, abdominal pain and nausea that the children expressed that they could not control at the time of the event. The sub-theme of thinking about death consists of the thoughts that children think when they cannot cope with the crisis and cannot solve the problem.

When the theme of "self-perception" was analysed, the sub-themes of the social self, physical self and academic self were identified. When the "cognitive" theme was analysed, it was seen that there were sub-themes of worthlessness and not being loved. When the theme of "emotion" was analysed, it was seen that there were sub-themes of sadness, anxiety, anger and embarrassment. It was observed that each of these themes and sub-themes, which were thought to support

the theme of depression, defined negative feelings, thoughts and behaviours. When the statements of the children were analysed, it was determined that children with depressive symptoms also had low self-perception, had negative cognitions and experienced negative emotions.

The theme of change was the last identified theme. The theme of change consists of sub-themes of cognitive development, emotional development and behavioural development. When the process was analysed, the statements of the children in the first sessions consisted of negative statements forming the themes of depression, self-perception, thoughts and emotions. During the last sessions, these expressions were replaced by more positive expressions forming the theme of development. This shows that individual therapy based on cognitive behavioural therapy is effective on the level of depressive symptoms of children. In addition, it is revealed that children's self-perception, thoughts and emotions also changed positively.

When the literature is examined, it is seen that there are studies showing that cognitive behavioural therapy is effective on children and it supports the present study (Alpaslan & Erol, 2016; Bengisoy, Ozdemir, Erkivanc, Sahin, & İskifoglu, 2019; Brent, Holder, Kolko, Birmaher, Baugher, & Roth, 1997; Suler, 2017). In this direction, it can be said that the findings of the present study coincide with the other studies in the literature.

Another dimension of the study is the analysis of the responses of the parents to the semi-structured interview questions created by the researcher in order to obtain the parents' thoughts about the therapy. When the content of the parents' responses was analysed, it was seen that there were four main themes: change in children's thinking, self-expression, problem-solving skills and anger management. When the literature is examined, it can be seen that similar variables were studied with children with depressive symptoms (Garber, Frankel, & Herrington, 2016; Verduyn, Rogers, & Wood, 2009; Yang, Zhou, Zhou, Zhang, Pu, Liu, & Xie, 2017).

In their evaluations at the end of the therapy, the parents stated that the change in their children's thoughts and reactions to events/situations was observable. It is observed that anger management is also ensured in children who start to express themselves and develop problem-solving skills. Bedel and Ramazan (2011) reported in their study that children and adolescents who developed problem-solving skills also experienced healthier changes in anger management. In their study examining the effects of cognitive behavioural therapy on problem-solving skills, Aksu, Yigman, and Ozdel (2019) emphasised the positive relationship between change in beliefs and problem-solving skills. When the literature is examined, it can be said that the research questions studied in the present study overlap with the literature.

### **Recommendations**

Considering the results of the research, other suggestions for practitioners and researchers are presented below.

- In the present study, individual therapy was reported by both students and parents to be effective in reducing depressive symptoms, self-perception and negative beliefs. For this reason, individual therapy applications can be given more place in psychological counselling departments in schools in addition to guidance and group studies.
- The present study is based on cognitive behavioural therapy. The effectiveness of individual therapy applications in children with different theoretical approaches can be studied.
- It is seen that there is a limited number of studies on individual therapy applications in the literature. In the present study, the problem area of depression is studied. Therefore, studies examining the effectiveness of individual therapy applications on different problem areas can be conducted.
- Individual therapy and group counselling applications can be compared in terms of effectiveness.

### **Limitations**

There are some limitations of this study. The first of these is that the study was conducted with the participation of five clients. The other limitation is that the study was conducted with children of the same age group and living in similar socioeconomic conditions. Therefore, in future studies, the effectiveness of individual therapy can be investigated through qualitative data analysis by taking into account more people with different socioeconomic statuses and ages.

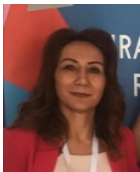
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**Appendix 1.** Parent Interview Form for Cognitive Behavioral Therapy-Based Individual Therapy

**Parent Interview Form for Cognitive Behavioral Therapy-Based Individual Therapy**

Description: Hello dear parent. We had a 10-week psychological counseling process with your child. I would like to know your thoughts on this process. For this, I will ask you some questions. It is very important that you answer these questions honestly and honestly. I will record our meeting. Do you mind?

Thank you for your participation.

**Interview Questions**

Question 1. What did you benefit most during the 10-week counseling process with your child?

Question 2. Would you recommend the psychological counseling process to parents who have similar problems with your child? Can you talk about the reasons?

Question 3. How did the child's thoughts change when the counseling process was over?

Question 4. How did the child's feelings change when the counseling process was over?

Question 5. How did your child's behavior change when the counseling process was over?

Question 6. Is there anything you would like to add?