Journal of Positive Psychology & Wellbeing
2023, Vol. 7, No. 2, 1379 – 1394
http://journalppw.com
ISSN 2587-0130

Psycho-Education and Supportive Psychotherapy for Depressive Symptoms Among College Students

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Abstract

The intervention process for the patients of anxiety with depressive symptoms. The target of this study was the preference of depressed patients for the first line treatment module (Psychotherapy). All patients (students) were selected from higher educational institutions (India). The patients were introduced to psycho-education and supportive psychotherapy as a first line therapeutic intervention. The treatment outcome was based on self-reported and semi-structured clinical interviews for depressive symptoms. After treatment, patients with the therapeutic approaches showed significant symptomatic improvement at the individual level.

Key Words: Depression, Psycho-education, Supportive Therapy, Relaxation, Behavioral Activation Breathing Exercise, JPMR

INTRODUCTION

Depression is considered a significant public health issue (Mathers CD, Loncar D, 2002) and affects millions of individuals worldwide; it has been associated with more significant morbidity and mortality and increased healthcare costs (Vos et al., 2017). Depression is one of the most frequent causes of consultation and is particularly common in patients in academic institutions. According to the World Health Organization (WHO), by 2030, it will be the principal cause of disability in the world. Approaches treatment effect on depression has evidence of study as evidenced by G.M. Burlingam et al. (2013) and Meta-analysis by Jain et al. (2020). In this approach psycho-education therapy, psycho-education was demonstrated, which is an effective therapy in the treatment of depression in adults (Tursi MF et al., 2013) as it decreases depressive symptoms and risk of relapse/recurrence and improves treatment compliance (Cuijpers et al., 2009). Adherence to psycho-education interventions is high (Casañas, R et al., 2012). Moreover, the community could carry such therapy in primary care (Dalgard O S. et al., 2006). The BDI is the primary outcome measurement in the present study. Supportive therapy such as yoga, music therapy, and deep breathing techniques also had been taught to the patient. Need for supportive psychotherapy in the well-being of Indian college students. Supportive psychotherapy can play an important role in the overall well-being of Indian college students. You may be strugglin with mental health issues. Supportive psychotherapy is a safe way for students to talk about their feelings, gain insight into their experiences, and learn coping skills to

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manage their symptoms. Tang, H., Chen, L., Wang, Y., Zhang, Y., Yang, N., & Yang, N. (2021). Students with mental health problems can negatively affect school performance. Addressing these concerns through supportive psychotherapy may help students focus more on their studies and achieve their academic goals. Zins, J. E., Bloodworth, M. R., Weissberg, R. P., & Walberg, H. J. (2007). Higher education students in India can sometimes feel isolated or separated from their fellow students, especially if they are away from home study. Supportive psychotherapy helps students build stronger social support networks that can improve their overall well-being and academic success. Supportive psychotherapy helps students build resilience, the ability to bounce back from adversity. Grant-Vallone, E., Reid, K., Umali, C., & Pohlert, E. (2003). This skill is especially valuable for Indian higher education students who may face many challenges in advancing their studies and preparing for their future careers. Overall, supportive psychotherapy may be an important tool in promoting the well-being of Indian college students. Wasil, A. R., Malhotra, T., Nandakumar, N., Tuteja, N., DeRubeis, R. J., Stewart, R. E., & Bhatia, A. (2022). By treating mental health problems, improving academic performance, strengthening social support, and building resilience, supportive psychotherapy helps students succeed in higher education and beyond. Cochrane Effective Practice and Organization of Care Group, Pollock, A., Campbell, P., Cheyne, J., Cowie, J., Davis, B., & Maxwell, M. (1996).

Mental wellness in higher education:

Mental well-being is a critical issue for university students as the stress and demands of academic life can affect their mental health. Laidlaw, A., McLellan, J., & Ozakinci, G. (2016). Here are some ways to support mental wellness in colleges: Colleges can provide mental health resources and support services, such as counseling centers or mental health services. Banerjee, N., & Chatterjee, I. (2016). These resources can help students deal with stress, deal with mental health issues, and get treatment if needed. Education and awareness: Colleges can promote mental health awareness and education through workshops, campaigns, or events. It helps reduce the stigma of mental health and raises awareness of common mental health issues. Eisenberg, D., Hunt, J., & Speer, N. (2012). Colleges can create a supportive community for students through social and extracurricular activities. It helps students build relationships and support networks that provide a sense of belonging and reduce feelings of isolation. Rodriguez, S. L., & Blaney, J. M. (2021). Students were taught, stress management techniques, such as mindfulness, meditation, or exercise, to help students cope with stress and promote mental well-being. Poulin, P. A., Mackenzie, C. S., Soloway, G., & Karayolas, E. (2008). Through implement policies that support mental well-being, such as flexible academic accommodations or mental health leave. These practices can help reduce the stress and pressure students may experience. Overall, promoting mental well-being in higher education requires a holistic and multifaceted approach that includes access to mental health resources, education and awareness, supportive community building, stress management techniques, and supportive policies. Supporting mental well-being in higher education can help students succeed academically and personally. Jané-Llopis, E., Barry, M., Hosman, C., & Patel, V. (2005). Academic pressure and resulting depression among Indian students can be seen as a pyramid of different pressures. Chapman, D. W. (2000). The bottom of the pyramid represents the main academic pressures that college students in India's face, such as managing their time effectively, meeting deadlines, and being organized. Queen, J. A., & Queen, P. S. (2004). Although these pressures are common to all students, they can be especially difficult for those adjusting to college life. The middle level of the pyramid represents additional academic pressures that Indian college students may experience, such as high expectations from family, peers, or society, competition with peers, and the need to achieve high grades. Luthar, S. S., Kumar, N. L., & Zillmer, N. (2020). These pressures can lead to feelings of inadequacy, self-doubt, and anxiety. The top of the pyramid represents the strongest academic pressures faced by Indian college students, such as excessive workload, lack of control over academic decisions, and fear of failure. These pressures can be overwhelming and lead to depression and other

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mental health problems. Reeve, K. L., Shumaker, C. J., Yearwood, E. L., Crowell, N. A., & Riley, J. B. (2013). Overall, the pyramid of depression due to academic pressure among Indian students highlights the complex and interrelated factors that can contribute to mental health problems. To combat this pressure, it is important that colleges provide resources and support services to help students cope with stress, cope with academic pressure, and access treatment when needed. Trockel, M. T., Barnes, M. D., & Egget, D. L. (2000). Additionally, efforts to reduce mental health stigma and promote mental wellness can help create a supportive environment that fosters academic success and personal growth. Among students, depression can be considered a pyramid of varying degrees of severity. This is what a pyramid might look like. The base of the pyramid represents the most common mental problems among college students, such as homesickness, adjustment problems, and academic stress. Although these concerns are common to all college students, they can be especially difficult for students adjusting to the competitive and demanding environment of college. Ahuja, K. K., Dhillon, M., Juneja, A., & Sharma, B. (2017). The middle level of the pyramid represents the moderate level of depression that college students may experience. These can include feelings of hopelessness, constant sadness, and difficulty concentrating. Students at this level may benefit from counseling or other mental health services. The highest level of the pyramid represents severe depression, which requires immediate intervention. This can include suicidal thoughts, lack of interest in life, and significant disruptions in academic and personal functioning. Students at this level require immediate support and care, which may include hospitalization or intensive care. Overall, the College Student Depression Pyramid emphasizes the importance of comprehensive mental health services to support the unique challenges of these students. Addressing mental health issues at all levels of the pyramid can help students achieve academic success, build resilience, and lead fulfilling lives both during and after college. Mowbray, C. T., Mandiberg, J. M., Stein, C. H., Kopels, S., Curlin, C., Megivern, D., ... & Lett, R. (2006).

Rationale:

During the counseling practices researcher noticed many clients showed significant improvement and only completed little sessions (2-3) were able to complete their life and occupational priorities. When researchers investigated deeply, the findings suggest that most of them are not taking any medication for their depressive symptoms. After this observation, researchers planned to check empirically, whether the assumption has any significant ground or not. Researchers investigated literature and found that the less number of studies was available for the student population in counseling setups of Indian higher educational institutions. In this study, I planned to focus on the clients who had not started taking medicine for their depressive symptoms. The therapy was introduced in 10 sessions with 10 different patients, each session lasting about 50 minutes to 1 hour. The aim of the therapy was to return the patient to fully functioning, for family, community, and society to contribute productively. Demographic details of the participant.

Sample

All participants were studying in higher education institutes their age range 20 year to 27 year male and female, Hindi, and English speaking, belongs to middle socio-economic status. The patients fulfilled the criteria of the ICD-10 Classification of Mental and Behavioral Disorders (WHO) of F32.0 Mild Depression. The participants were included who gave their consent and were motivated to participate in the study and they were not taking started taking medicine for their symptoms. Exclusion criteria were those who were not motivated to participate in approaches and taking therapy, other psychopathology, misused substances, and was on medication for their depressive symptoms.

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1. **Demographic Details: N-10**

1	Age Range	20 year to 27 years
2	Gender	Male- Female
3	Education	UG, PG, I-PhD & PhD

4 **SES Middle Socioeconomic Status** **Institute Hostel**

5 Language Hindi & English 6 Residence **2. Depressive Symptoms**

Sr. No	Problem Behavior (Symptoms)
1	Attention and Concentration, Low Mood, Disturbed Sleep and Apprehension, Low Confidence, Disturbed Daily Routine.
2	Sadness, Guilt, Difficulty In Sleeping, Decreased Need For Food, Low Energy, Irritability
3	Low Confidence, Poor Concentration, Unmotivated, Difficulty In Concentration, Poor Academics
4	Mood Swings, Irritable, Sad, Poor Confidence, Avoiding Social Situation.
5	Over thinking, Cognitive Triad, Sad Mood, Low Energy, Sleeps Disturbances.
6	Poor Academics, Unable To Sleep, Irritable, Forgetfulness, Poor Attention And Concentration, Weeping Spells, Reduced Interest.
7	Sadness, Irritable, Attention Concentration, Low Confidence, Forgetfulness, Poor Self Care.
8	Attention and Concentration, Hyper Sleep, Worthlessness. Doubt On Self Ability And Competence.
9	Poor Sleep, Low Mood, Decreased Interest, Poor Self Care, Procrastination, Class Bunking.
10	Poor Attention and Concentration, Apprehension For Academic, Weepy, Poor Self Care, Weakness, Difficulty In Memorizing Academic Task. Avoiding Take Classes.

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Procedure

The therapist planned for the approaches therapy and psychosocial treatment of the approaches, through which they can overcome their problem and manage their symptomatic behavior and relapse. Approaches therapy was conducted in 10 sessions, each lasting about 50 minutes to 1 hour, and once a week. The aim of the approach therapy was that a patient would return to a fully functioning study, family, community, and society to contribute productively.

Initial Phase

The therapeutic approaches were used with individuals with mild depression. The patient was taking counseling. First, the mental status examination (MSE) was done for assessment. Then, the therapist scheduled their daily routine. The following problem occurred with them in the following area: Low mood, Irregular sleep, pattern, and disturbed appetite. Over-thinking and poor concentration, Pessimistic view of the future, Problems relating to compliance, like skipping therapeutic instruction, Lack of motivation and procrastination, Lack of information about how to manage the symptoms, Irregular follow-up patterns due to many factors, academic overload, lethargies, and procrastination Gaik, F. (2009). Objectives of the approaches to therapy were psycho-education, supportive psychotherapy developing social skills, activity scheduling, developing insight into their illness, relapse prevention, motivating them to be in occupational therapy, learning vocational skills, and sleep hygiene. The approaches process (Tuckman, 1965) used for conducting the approaches therapy are:

Forming: Approaches take shape,

Storming: Taking role & status in approaches,

Norming: Feeling of attachment and cohesiveness for the achievement of the task, performing: concentrating on carrying out its significant tasks, and

Adjourning: Approaches disband and ending stage.

Proceedings of therapy:

Primary Objectives:

- To educate the patients about the illness.
- To strengthen self-confidence.
- To improve problem-solving ability.
- To impart patient counseling for relapse prevention.

Introduction of the therapist and the participants, assessment of the insight and their knowledge about the illness, identifying the distress and stigma associated with it. In addition, the reason for the relapse of each member and compliance were also assessed. Impart psycho-education to develop insight towards the illness. They are identifying the various factors for relapse and applying relapse prevention techniques to deal accordingly. (Lucksted, A., McFarlane, W., Downing, D., & Dixon, L. (2012)). The following issue is explained in the approaches session to focus on relapse prevention. Identifying early relapse signs, sleep hygiene, involvement in certain activities, compliance issues, discussing stigma, expressed emotion, motivation to learn some working skills in collaboration with the occupational therapy department, and evaluation and termination of the sessions with pre-discharge counseling. (McCarthy, B., & Wald, L. M. (2013)).

Introduction and psycho-education:

The session started with the introduction from the therapist to every approaching participant. After this, in every case participants were asked for their introduction to one another. After the introductory part, the therapist encouraged me to participate actively. (Chen, H. M., & Lewis, D. C. (2011)). Two sessions were spent giving complete psycho-education using an informational model after assessment and general information. They explained about symptoms of depression. It was tried to help them identify the cognitive error and affective symptoms of their illness. (Tari-Keresztes, N., Christie, B., Gupta, H., Wallace, T., Stephens, D., Caton-Graham, P., & Smith, J.

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(2020)). The symptoms of depression were discussed separately in two different sessions. They were also helped in understanding the course and prognosis of their illness. They explained the various causes, such as biological and psychosocial factors. They have also explained the need for pharmacotherapy.

Activity Scheduling:

The session started with a brief overview of the last session. The therapist decided to approach participants to engage in some productive work by scheduling their day-to-day activities. The participants discussed among themselves for around ten minutes about their daily activities (Maehr, M. L., & Midgley, C. (1991)). All participants developed a sense of competition for doing maximum activities in the ward.

Developing insight into their illness:

This session made them realize that their behavior was part of their illness. The therapist explained to the participants about the illness's etiology, symptoms, and self-management. In addition, they were educated about the risk associated with this illness.

Secondary Objective

Relapse Prevention:

In this session, patients were helped in identifying the high-risk factors for their relapse, and prevention proceeded under the following heads:

Early relapse sign:

In this session, participants were helped in recognizing the disturbance in biological functions like sleep, appetite, and libido as early signs of relapse. They were told the importance of consulting early to get a better result. (Picardi, A., & Gaetano, P. (2014).

Sleep hygiene and Relaxation:

In the following session, participants were told about the importance of proper sleep. They were told that they do need either excessive or sleep deprivation. They were also told about how to maintain sleep hygiene to delay the relapse. They also introduced the procedure of JPMR and breathing exercises (Otis, J. (2007). Importance of getting involved in some activities: Participants were helped to identify their strengths and the importance of getting involved in some activities in their homes to help themselves and their caregivers. (Ross, L., Holliman, D., & Dixon, D. R. (2003)). They were also helped to understand that they could be involved in any physical or mental activities to get behavioral activation.

Compliance issue:

In this session, patients were told about the importance of medication, and its side effects were also explained. They were motivated to continue the long-term medication (Williams, G. C., Rodin, G. C., Ryan, R. M., Grolnick, W. S., & Deci, E. L. (1998)).

Removing myth & stigma:

The therapist in this session counseled them and made them aware that it can occur to anyone at any age without considering their socio-demographic status. Psycho-education using a "supportive model" was given to help them cope with the consequences of various dimensions of mental illness. (Shekhar, R. (2014)). They were told that mental illness is like any other physical illness, and to motivate the approaches for learning life skills. The therapist helped to understand the importance of life skills. As a result, they were motivated to attend the department regularly for life skill training.

Evaluation, termination, and pre-discharge counseling:

The last session started with the therapist's brief overview of all sessions. All the participants were

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evaluated on how much the intervention had helped them to gain insight, knowledge, awareness about the illness, motivation to continue the treatment, and lastly, how they will prevent the relapse. The therapist explained to the participants that he was satisfied with how they gained knowledge and concept clarity. The session was terminated by discussing the importance of follow-ups and regular compliance. (Frank, H. E., Becker-Haimes, E. M., & Kendall, P. C. (2020)).

Steps and guidelines to conduct supportive psychotherapy:

It is essential to establish a strong therapeutic relationship with the client. This involves building rapport, trust, and mutual respect. The therapist was empathetic, non-judgmental, and attuned to the client's needs. (Stanley, S., & Sethuramalingam, V. (2016)). Through the following ways therapists used to establish a therapeutic alliance: The therapist created a safe and supportive environment where the client feels comfortable sharing their thoughts and feelings without fear of judgment or criticism. (Greenberg, L. S. (2007)). The therapist was empathetic and non-judgmental toward the client's experiences, thoughts, and emotions. (Lipchik, E. (2002)). This involves listening actively and reflecting back on what the client has shared, and demonstrating respect with positive regard towards the client, regardless of their background, beliefs, or values. Corey, G. (2018). This includes using the client's preferred name and pronouns and avoiding any assumptions or stereotypes. The therapist collaborated with the client on setting treatment goals that are meaningful and achievable. This involves taking into account the client's values, strengths, and preferences. Levenson, J. S., Craig, S. L., & Austin, A. (2021). Through the regular evaluation of the client's progress and providing feedback on their strengths and areas for improvement, the therapist helps to reinforce the client's sense of agency and self-efficacy in the therapeutic process. (Reese, R. J., Usher, E. L., Bowman, D. C., Norsworthy, L. A., Halstead, J. L., Rowlands, S. R., & Chisholm, R. R. (2009). The therapist completed therapy by maintaining appropriate boundaries and confidentiality to protect the client's privacy and autonomy, which includes obtaining informed consent, adhering to ethical guidelines, and avoiding dual relationships. In summary, establishing a therapeutic alliance is a critical component of supportive psychotherapy. The therapist created a safe and supportive environment, was empathetic and non-judgmental, demonstrated respect and positive regard, collaborated on treatment goals, and regularly evaluated progress, and maintained boundaries and confidentiality. (Cain, H. I., Harkness, J. L., Smith, A. L., & Markowski, E. M. (2003)).

Identify the client's needs:

The therapist conducted a comprehensive assessment to gather information about the client's presenting problems, symptoms, social support network, and coping strategies. This involves exploring the client's values, strengths, and preferences, and developing a shared understanding of what the client hopes to achieve through therapy. This involves helping the client identify and label their emotions, and understanding how these emotions relate to their thoughts and behaviors. This involves recognizing and respecting the client's diversity and using culturally appropriate interventions. (Wong, Y. J. (2006)). This includes identifying the client's coping strategies, social support network, and positive experiences supporting their growth and resilience. This involves working collaboratively with the client to address these barriers and develop strategies to overcome them. The therapist provides emotional support to the client, which involves

listening actively, validating feelings, and empathizing with the client's experiences. The therapist encouraged the client to express their emotions in a safe and supportive environment. (Aughterson, H., McKinlay, A. R., Fancourt, D., & Burton, A. (2021)). The therapist helped the client develop effective coping mechanisms to manage stress, anxiety and other emotional issues. This includes teaching relaxation techniques, mindfulness, and problem-solving skills. The therapist helped the client increase their self-esteem by highlighting their strengths and

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accomplishments. This includes providing positive feedback, setting achievable goals, and encouraging the client to engage in activities that promote self-worth. The therapist helped the client develop resilience by promoting positive coping strategies, optimism, and social support. This includes encouraging the client to engage in activities that promote resilience, such as exercise, socializing, and volunteering. (Burton, M. S., Cooper, A. A., Feeny, N. C., & Zoellner, L. A. (2015)). The therapist regularly evaluates the client's progress and adjusts the treatment plan as needed. This involves assessing the effectiveness of the intervention and modifying the treatment goals and strategies accordingly. The therapist establishes a strong therapeutic alliance, identifies the client's needs, provides emotional support, enhances coping mechanisms, increases self-esteem, fosters resilience, and evaluates progress regularly.

Emotional Support:

The therapist should validate the client's emotions and experiences, acknowledging that they are real and understandable. This involves active listening and reflecting back to the client what they are saying. (Greenberg, L. S. (2010). The therapist demonstrated empathy towards the client's emotions, trying to understand what it feels like to be in their shoes. This involves being non-judgmental and accepting of the client's experiences. (Krawitz, R. (2012)). The therapist provided encouragement and support to the client, helping them to see their strengths and potential. This involves highlighting the client's positive qualities and achievements. The therapist helps normalize the client's emotions by explaining that they are a normal part of the human experience. This involves educating the client about common emotional responses to stressful situations. (Price, C. J., &

Hooven, C. 2018). The therapist helped the client develop problem-solving skills to cope with difficult emotions and situations. This involves working collaboratively with the client to develop coping strategies and identify potential solutions to problems. Psycho education: The therapist provided psycho education to the client about their emotions and the factors that influence them. This involves explaining the connection between thoughts, emotions, and behaviors, and providing the client with tools to manage their emotions. (Nezu, A. M., Nezu, C. M., & D'Zurilla, T. , 2012). In summary, emotional support is an important aspect of supportive psychotherapy. The therapist should validate the client's emotions, demonstrate empathy, provide encouragement, normalize emotions, help the client develop problem-solving skills, and provide psycho education about emotions.

Coping Mechanism

In supportive psychotherapy, coping mechanisms are important tools that can help clients manage their emotions and cope with stressful situations. Dziegielewski, S. F. (2003). Here are some examples of coping mechanisms that can be explored and developed in supportive psychotherapy: Cognitive Reframing: The therapist helped the client identify and challenge negative thought patterns and beliefs that may be contributing to their distress. This involves helping the client develop more positive and realistic ways of thinking about themselves and their situation. Clark, D. A. (2013). Relaxation Techniques: Therapist taught the client relaxation techniques such as deep breathing, progressive muscle relaxation, and guided imagery. These techniques can help the client reduce physical tension and promote a sense of calm. Therapists encouraged the client to seek social support from friends, family members, or support groups. This involves helping the client identify people in their life who are supportive and encouraging them to reach out to these individuals when they need help. Schure, M. B., Christopher, J., & Christopher, S. (2008). Self-care: Therapist helped the client develop a self-care routine that includes activities such as exercise, healthy eating, and restful sleep. These activities can help the client maintain physical and emotional well-being. Therapists helped the client develop strategies for managing their time more effectively. This involves helping the client prioritize tasks and set realistic goals for themselves. The therapist helped the clients develop problem-solving skills that can be used to address stressful situations. This

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involves helping the client identify the problem, generate potential solutions, and evaluate the pros and cons of each solution. In summary, coping mechanisms are important tools that can be explored and developed in supportive psychotherapy. The therapist can help the client develop coping mechanisms such as cognitive reframing, relaxation techniques, social support, self-care, time management, and problem-solving skills. Linehan, M. M., Heard, H., Clarkin, J., Marziali, E., & Munroe-Blum, H. (1993).

Process to enhance self esteem

In supportive psychotherapy, the process of building self-esteem can be facilitated through various techniques and strategies. Here are some processes that can be used to enhance self-esteem in supportive psychotherapy: Therapist helped the client identify negative self-talk or the critical inner voice that contributes to low self-esteem. This involves exploring the origins of the negative self-talk and challenging its accuracy and validity. Hartz, L., & Thick, L. (2005). Therapist encouraged the client to practice positive self-talk by providing them with positive affirmations, encouraging them to focus on their strengths and accomplishments, and using cognitive reframing techniques to help them challenge negative thoughts. Therapists can help the client explore their underlying beliefs and values that may be contributing to low self-esteem. Stallard, P. (2019). This involves identifying any maladaptive beliefs that the client may hold and helping them to develop more adaptive and empowering beliefs. Therapists helped the client set achievable goals that can help them build a sense of accomplishment and self-worth. This involves identifying specific and realistic goals and developing a plan for achieving them. Therapists encouraged the client to develop self-care routines that promote physical and emotional well-being. This involves encouraging the client to engage in activities that they find enjoyable, such as exercise, relaxation techniques, and spending time with loved ones. Therapists guided the client to build social support by encouraging them to seek out positive relationships and develop a sense of community. This involves identifying individuals in the client's life who are supportive and encouraging the client to spend time with them. In summary, the process of building self-esteem in supportive psychotherapy involves identifying negative self-talk, encouraging positive self-talk, exploring underlying beliefs and values, setting achievable goals, developing self-care routines, and increasing social support. Fredman, G. (2014).

Supportive Psychotherapy: Fostering Resilience

In supportive psychotherapy, fostering resilience is an important aspect of helping clients cope with difficult life events and develop a positive outlook. Here are some ways in which resilience can be fostered in supportive psychotherapy: The therapist helped the client identify and develop adaptive coping strategies that can be used to manage stress and cope with difficult situations. Patterson, J. M. (1995). This involves teaching the client problem-solving skills, relaxation techniques, and other coping strategies that are effective in promoting resilience. Therapists helped the client explore their personal strengths and resources that can be used to promote resilience. This involves identifying personal qualities such as perseverance, creativity, and optimism, as well as external resources such as social support and community resources. Li, M. H., Eschenauer, R., & Persaud, V. (2018). The therapist guided clients to develop a sense of purpose and meaning in their life. This involves helping the client identify their values and goals, and working with them to develop a plan for achieving these goals. Therapist encourages the client to engage in positive self-talk, which involves replacing negative self-talk with positive affirmations and statements. This can help the client develop a more positive outlook and increase their resilience. The therapist promoted self-care by encouraging the client to engage in activities that promote physical and emotional well-being, such as exercise, healthy eating, and relaxation techniques. This can help the client build resilience by improving their overall sense of well-being, to seek out positive relationships and develop a sense of community. This involves identifying individuals in the client's life who are supportive and encouraging the client to spend time with them. In summary, fostering resilience

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in supportive psychotherapy involves encouraging adaptive coping strategies, exploring personal strengths and resources, developing a sense of purpose and meaning, promoting positive self-talk, promoting self-care, and building social support. Brown, T., Yu, M. L., Hewitt, A. E., Isbel, S. T., Bevitt, T., & Etherington, J. (2020).

OUTCOME

Approaches intervention helped develop support for each other, and they could understand that they were not the only ones suffering from the illness. Insight into the problem could be achieved. Participants' own experiences were utilized to make therapy effective. They were helped by therapists in lowering the distress associated with their illness. Participants could be instilled with the hope that they can prevent future relapses if the things taught in the therapy are adequately exercised. Both the patients and therapist were satisfied with the achievement of the approach therapy.

However, they were ready for the termination after giving some basic information about their problem, and the therapy was terminated. In conclusion, the present study demonstrates that approaches to psycho-education along with supportive therapy for depression have significant improvement of symptomatic improvement at the approaches level and clinical significance at the individual level.

LIMITATION OF THE STUDY:

The sample size of the study, clustered data. No comparative /control group. Need to study on a larger size with a comparative sample (Sample who didn't take any type of treatment vs sample who is taking certain types of treatment in and studying in educational setups vs sample of patients who are taking treatment in hospital setting).

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Appendix

Table 1. Demographic Details: N-10

1	Age Range	20 year to 27 years
2	Gender	Male- Female
3	Education	BSMS,MS, I-PhD & Ph.D
4	SES	Middle Socioeconomic Status
5	Language	Hindi & English
6	Residence	Institute Hostel

Table 2. Depressive Symptoms

Sr. No	Problem Behavior (Symptoms)
1	Attention and Concentration, Low Mood, Disturbed Sleep and Apprehension, Low Confidence, Disturbed Daily Routine.
2	Sadness, Guilt, Difficulty In Sleeping, Decreased Need For Food, Low Energy, Irritability
3	Low Confidence, Poor Concentration, Unmotivated, Difficulty In Concentration, Poor Academics
4	Mood Swings, Irritable, Sad, Poor Confidence, Avoiding Social Situation.
5	Over thinking, Cognitive Triad, Sad Mood, Low Energy, Sleep Disturbances.
6	Poor Academics, Unable To Sleep, Irritable, Forgetfulness, Poor Attention and Concentration, Weeping Spells, Reduced Interest.
7	Sadness, Irritability, Attention Concentration, Low Confidence, Forgetfulness, Poor Self Care.
8	Attention and Concentration, Hyper Sleep, Worthlessness. Doubt On Self Ability And Competence.

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9	Poor Sleep, Low Mood, Decreased Interest, Poor Self Care, Procrastination, Class Bunking.
10	Poor Attention and Concentration, Apprehension For Academic, Weepy, Poor Self Care, Weakness, Difficulty In Memorizing Academic Task. Avoiding attending Classes.

Informed Consent

Rights as a Client: You have a right to ask questions about any procedures used during therapy; if you wish, your therapist will explain the usual approach and methods to you. You have the right to decline the use of certain therapeutic techniques. You have the right to quit therapy any time. You have the right to end therapy at any time without any moral or disciplinary obligations, and you have the right to return to therapy. You have the right to be treated by your therapist in a consistently competent, ethical, and respectful manner. You have the right to discuss your treatment; concerns, questions, complaints, and your therapist welcomes you to do so. If you have any concerns of any sort that the therapist may have somehow compromised your privacy rights, please do not hesitate to speak immediately after about this matter.

Therapeutic Session: Sessions are scheduled for 50 minutes, and could be extended as per requirement. Clients typically are seen weekly or bi-weekly, or as decided upon with you and your therapist.

Missed Appointments: If an appointment needs to be canceled or rescheduled the client/therapist must cancel within 24 hours of the scheduled appointment (If applicable). Your therapist will always try to return your call/email within 24 hours.

Referrals: Your therapist does not hospitalize anyone. If your treatment needs to include inpatient services, your therapist will refer you to an internal/ external department or mental health facility for an evaluation and intervention. If your treatment needs to include parental care and homely environments or need to change environments your therapist will suggest the same.

Confidentiality: All information provided by the participants will be kept confidential. However, there are exceptions to this confidentiality. These exceptions include but are not limited to: If you have self-harming tendencies or threaten to harm you or someone else and your therapist believes your threats to be serious, your therapist is obligated to take whatever actions necessary to protect you or others by harm. This may include divulging information to others including security enforcement personnel.

Termination: Once you have achieved your treatment goals, you and your therapist will collaborate in making the decision to terminate your treatment. Your therapist will never establish any kind of intimate/unethical relationship with you. Your therapist may stop counseling if he/she cannot provide therapy that fits your specialized treatment needs if you do not comply with the mutually developed treatment goals and procedures if you are not benefiting from therapy.

Initial Assessment: At the initial assessment, the therapist will assess your needs as a client. Assessment is an ongoing process and does not stop after the first session. If the therapist or the client feels that another therapist may be a more efficient fit, the therapist will refer the client to another therapist either within the department or outside. As information is gathered, the therapist may decide that a referral is in the best interest of the client.

Minors (If Applicable): Confidentiality with regard to psychotherapy is a special topic when the client is a minor.

Recording Data: There may be several different aspects of recording, and it may be in the form of prescription, paper pencil work, Google forms, audio/audiovisual recording, etc., to availability of

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the original records and ensure the safety of the data.

Emergency: In the event of a safety or life-threatening emergency directly report to your local emergency services such as hostel assistant, warden, medical unit, mentor's, supervisor's, or emergency services section etc.

Consent to Sharing Data and Participating in Research Study: I, hereby agree to subject myself to clinical research, after understanding fully well about the treatment explained to me by the concerned therapist, without any force or coercion. I have been aware of the other modes of treatments available. I have my freedom to discontinue the treatment as and when I like. I have been informed (Verbal) about the procedures of the study. I have understood that I have the right to refuse my consent or withdraw it any time during the study. I am aware that by being subject to this study, I will have to give more time for assessment/ intervention by the therapist and that these assessments/interventions do not interfere with the benefits. I, the undersigned, give my consent to be a participant of the study.

Consent Agreement: I have read and understand, agree with, and will comply with the above-mentioned policies. I understand that "the therapist can learn a great deal from the feedback of clients. Therapists can use this information to test theories to improve counseling approach", so I will submit my feedback/and other required data. By signing the informed consent, I am stating that - **I have read and understand these policies and I agree with all parts of this Informed Consent for the counseling services/study**. **I hereby voluntarily apply for and consent to therapeutic services provided by the therapist.**

Thank You.

Client's signature

Counselor's Signature

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