



How Cognitive Behaviour Therapy Helps In Dealing with Depressed Adolescents

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Abstract

This article explores the complexities of engaging adolescents in therapy, focusing on the unique challenges posed by their developmental stage and societal influences. Adolescents often exhibit ambivalence, resistance, and a strong orientation towards peers, which can hinder their willingness to participate in therapy. To address these barriers, therapists must cultivate a supportive and non-judgmental therapeutic alliance built on trust, empathy, and mutual respect. Incorporating adolescents' perspectives, preferences, and interests into treatment planning enhances their sense of ownership and investment in therapy. Additionally, employing age-appropriate and culturally relevant interventions, such as expressive arts, technology-based tools, and peer support groups, promotes active participation and facilitates rapport building. By fostering a collaborative and empowering therapeutic environment, therapists can enhance adolescents' motivation, self-efficacy, and commitment to change. Ultimately, this article emphasizes the importance of recognizing and addressing the unique needs and characteristics of adolescents in therapy, highlighting strategies to effectively engage this population and facilitate meaningful therapeutic outcomes.

Keywords: Adolescents, Therapy, Developmental stage, Societal influences, Therapeutic alliance, Engagement, Intervention

I. Introduction

Depression among adolescents is a serious issue that is receiving more and more attention globally. Given its significant influence on scholastic achievement, interpersonal connections, and general welfare, comprehending and proficiently managing adolescent depression is crucial. This article explores the critical role that cognitive behavioural therapy, or CBT, plays in treating teenage depression. To start, this essay will explain the various aspects of teenage depression, including its signs and symptoms,

frequency, and potential consequences. The article emphasises the importance of cognitive behavioural therapy (CBT) as a therapeutic strategy for reducing depression symptoms in teenagers by highlighting its evidence-based efficacy. This article attempts to provide thorough insights into how cognitive behavioural therapy (CBT) helps manage adolescent depression, ultimately leading to improved mental health outcomes for this vulnerable demographic. It does this by focusing on the principles, adaptations, efficacy, and future directions of CBT.

1.1 The Concept of Adolescent Depression

Due to its widespread impact on both people and society as a whole, teenage depression is a significant and widespread mental health issue that requires careful examination (Beck & Alford, 2022). The goal of this critical investigation is to gain a deeper understanding of the complex nature of adolescent depression, including a range of topics such as conceptualization, prevalence rates, the impact on society, and the numerous risk factors and triggers linked to the onset and persistence of the condition. This analysis aims to provide significant insights for mental health practitioners and policymakers by shedding light on the complex dynamics of adolescent depression through a review of scholarly literature and empirical evidence.

Fundamentally, the notion of adolescent depression demands a sophisticated comprehension that goes beyond melancholy or mood swings (Malau-Aduli et al., 2021). Adolescent depression does, in fact, present with a wide range of symptoms, from protracted melancholy and hopelessness to significant changes in behaviour and cognitive abilities (Mofatteh, 2020). Therefore, a thorough analysis of adolescent depression necessitates a comprehensive approach that takes into account the psychological, social, and environmental elements that underlie the aetiology and evolution of the disorder in addition to its clinical manifestations.

Furthermore, studies revealing startlingly high rates of occurrence across a variety of communities raise serious concerns about the



prevalence of adolescent depression (Auerbach et al., 2018). Adolescent depression has far-reaching effects on a person's quality of life generally, interpersonal connections, and academic achievement, among other areas of their life (Ludwig et al., 2021). Moreover, the consequences surpass the individual level and place a significant financial strain on healthcare institutions and the community at large (Hunter et al., 2022).

1.2 Definition and Symptoms of Adolescent Depression

Adolescent depression is a multifaceted mood illness marked by intense, ongoing emotions of melancholy, hopelessness, and despair. It is frequently accompanied by significant behavioural and cognitive abnormalities (Beck & Alford, 2022). The way this condition presents in teenagers differs from how it does in adults, which makes diagnosis and therapy more difficult. Adolescents may present with a wider range of symptoms than adults, who may mostly exhibit classic symptoms including extended periods of low mood, decreased interest in formerly fun activities, and persistent exhaustion (American Psychiatric Association, 2013; Malau-Aduli et al., 2021). These could be bodily issues, agitation, or hostility. These could conceal underlying depressive symptoms and make a proper diagnosis more difficult (Ludwig et al., 2021; Sharan et al., 2017).

Moreover, depression in teenagers frequently affects several aspects of their lives, including social relationships, academic achievement, and participation in healthy behaviours, in addition to emotional suffering. Adolescent depression frequently presents as academic underachievement, whereby the afflicted individuals struggle to focus, remember details, and finish assignments (Malau-Aduli et al., 2021). As a result, there may be a decline in scholastic achievement, which can cause low motivation, problems with self-worth, and a feeling of failure. These factors can intensify depressive symptoms and prolong a hopeless cycle (Ludwig et al., 2021).

Adolescent depression is often characterised by social disengagement, which is the unwillingness or incapacity to participate in social activities and uphold interpersonal relationships (Sharan et al., 2017). Adolescents may withdraw from friends and family, enjoying their alone time and avoiding activities that once brought them together. The overwhelming weight of depression symptoms may cause this seclusion, or it may be motivated by thoughts of inadequacy, dread of being judged, or a lack of interest in socialising (Beck & Alford, 2022).

As a result, social disengagement can amplify emotions of isolation and loneliness, thereby extending the depressive cycle.

Adolescent depression is also frequently associated with substance misuse and risky behaviour, as those who experience it may use drugs, alcohol, or other harmful substances as maladaptive coping techniques (American Psychiatric Association, 2013). While these actions provide momentary solace from emotional suffering, they eventually exacerbate depression symptoms and lead to the emergence of new issues like addiction, legal issues, and physical health issues (Malau-Aduli et al., 2021). Since each adolescent presents with a different constellation of symptoms necessitating individualised treatment approaches, it is imperative to comprehend the wide range of symptoms and manifestations of adolescent depression for accurate identification and intervention (Ludwig et al., 2021; Sharan et al., 2017).

1.3 Prevalence and Impact of Adolescent Depression

With estimates from around the world pointing to a major impact on juvenile mental health, the frequency of adolescent depression is a significant and worrisome public health dilemma. According to the WHO World Mental Health Surveys International College Student Project, depression affects 20% of adolescents globally. These startling data demonstrate how commonplace this mental health problem is (Auerbach et al., 2018). Research by Kaewpila et al. (2020) in Thailand revealed a 15% prevalence rate among medical students, underscoring the seriousness of the problem and demonstrating how adolescent depression affects a wide range of communities across geographic and cultural barriers.

The implications of teenage depression are not limited to personal misery; they also have far-reaching effects on society. Adolescent depression has a significant financial cost because it is linked to lower productivity, higher healthcare utilisation, and a higher risk of suicide. These factors highlight the mental health condition's substantial effects on both individuals and society at large (United Nations, 2019). Furthermore, the perniciousness of adolescent depression is exacerbated by its propensity to endure into adulthood, leaving impacted persons vulnerable to recurring episodes and long-term mental health issues (Ezegbe et al., 2019). Considering these long-term effects, preventing the negative effects of teenage depression and enhancing overall mental health outcomes require early intervention and aggressive care.



Treating teenage depression early on is essential to preventing its worsening and reducing its long-term effects. Adolescent depression can be lessened for both individuals and society at large by implementing early intervention programmes and focused mental health interventions. Stakeholders can collaborate to create a future where adolescents receive the care and support they need to thrive mentally, emotionally, and socially by increasing awareness, encouraging access to mental health services, and creating supportive environments that prioritise mental health and well-being.

1.4 Risk Factors and Triggers of Adolescent Depression

Adolescent depression can be caused by a variety of risk factors, which makes a comprehensive understanding of its aetiology necessary. Environmental factors, including trauma, dysfunctional families, and negative childhood experiences, have a substantial impact on depression vulnerability, even though genetic predisposition also plays a part (McDermott & Dozois, 2019). Furthermore, peer interactions, societal stigma, and academic pressure are socio-cultural elements that increase teenagers' vulnerability to depression symptoms (Lee & Jeong, 2021). These risk factors have been made worse by the COVID-19 pandemic, making teenage stress, loneliness, and financial insecurity worse (Xiong et al., 2021). Targeted prevention and intervention initiatives depend on the identification and management of these risk factors.

When adolescent depression is examined closely, it becomes clear that providing good mental health care requires having a sophisticated understanding of the condition's description, symptoms, prevalence, impact, risk factors, and triggers. However, there are still several problems and inadequacies in the field of clinical practice and research today. First and foremost, it is imperative to assess and treat teenage depression with increased cultural sensitivity and inclusion, taking into account the variety of ways in which sadness manifests itself in various cultural contexts (Oei et al., 2021). Furthermore, for comprehensive and holistic approaches to adolescent mental health care, the integration of interdisciplinary perspectives—such as those from psychology, psychiatry, social work, and public health—is essential (Myhr & Payne, 2020).

Additionally, although pharmaceutical, digital interventions and psychotherapy have made it possible to treat teenage depression in more ways, access to and use of mental health services are still restricted, especially in settings with few resources (Lee & Lee, 2020). Improving adolescent mental

health outcomes requires addressing structural barriers to care, such as stigma, cost, and service availability (Lee et al., 2020). Furthermore, supporting adolescent mental health and delaying the onset of depression requires cultivating resilience and protective qualities such as social support, coping mechanisms, and emotional regulation (Auttama et al., 2021).

As a result, comprehending adolescent depression necessitates an integrated, multidisciplinary approach that takes into account its biological, psychological, social, and cultural aspects. Through a thorough analysis of its description, symptoms, prevalence, impact, risk factors, and triggers, interested parties can create focused treatments and policies aimed at reducing its impact and enhancing the mental health of teenagers worldwide. Nonetheless, to address the multifaceted issues surrounding adolescent depression, it will take coordinated efforts from disciplines, sectors, and communities to build resilience, advance well-being, and guarantee that all teenagers have fair access to high-quality mental health care.

2.1 Principles of Cognitive Behavioral Therapy (CBT)

The cornerstone of treatment for adolescent depression is cognitive behavioural therapy (CBT), which provides an organised and scientifically supported method of addressing maladaptive thought patterns and behaviours. To clarify the effectiveness of CBT and its use in the treatment of adolescent mental health issues, this part critically analyses the theory behind it, covering its foundational ideas, cognitive restructuring methods, and behavioural activation approaches. It does this by drawing on clinical experience and empirical research.

2.1.1 Basics of CBT

CBT is based on several basic ideas that are intended to help us understand and change the cognitive and behavioural processes that underlie depression. The foundation of CBT is the idea that ideas, feelings, and actions are all related and have a cyclical effect on one another (Beck, 2021). CBT aims to disprove unfavourable thought patterns and swap them out for more practical and adaptable ones by focusing on maladaptive beliefs and cognitive distortions. The collaborative and goal-oriented character of the therapeutic relationship, in which the therapist and the teenager work together to define treatment goals, create coping mechanisms, and track progress over time, is fundamental to cognitive behavioural therapy (CBT) (Lee et al., 2021).



2.1.2 Cognitive Restructuring Techniques of CBT

A fundamental element of cognitive behavioural therapy (CBT) is cognitive restructuring, which focuses on recognising and correcting automatic thought patterns and cognitive distortions that exacerbate depression symptoms. Cognitive restructuring is frequently facilitated by the use of strategies including cognitive reframing, Socratic questioning, and thought journals (Eddy et al., 2023). By using these strategies, teenagers can develop more balanced and logical interpretations of stressful situations, identify and confront negative thought patterns, and reframe catastrophic thinking (Malau-Aduli et al., 2021). Moreover, cognitive restructuring encourages metacognitive awareness, which enables teenagers to improve their emotional regulation abilities and become more conscious of their thoughts and feelings (Arch et al., 2022).

2.1.3 Behavioral Activation Strategies

To address the behavioural aspect of depression, CBT combines behavioural activation techniques with cognitive restructuring. To combat the social disengagement and detachment that characterise depression, behavioural activation seeks to enhance participation in enjoyable and fulfilling activities (Lee & Lee, 2020). Activity scheduling, graded exposure, and behavioural trials are a few examples of therapeutic strategies that are used to help people recognise avoidance behaviours, confront them, and develop flexible coping mechanisms (Hofmann et al., 2020). Behavioural activation improves mood, boosts self-efficacy, and reestablishes a sense of mastery and accomplishment in teenagers by encouraging them to engage in meaningful activities and social interactions (Lee & Jeong, 2021).

It is clear from a critical analysis of CBT's guiding principles that treating teenage depression can benefit from the methodical, goal-oriented approach of this organised therapy. Nonetheless, several factors and difficulties demand consideration. First and foremost, to maximise therapy results and guarantee cultural competency, CBT approaches must be modified to meet the developmental and cultural demands of teenagers (Lee & Lee, 2020). Furthermore, using technology-based interventions—like internet portals and smartphone apps—may improve the scalability and accessibility of CBT for teenagers, especially in isolated or underprivileged areas (McDermott & Dozois, 2019).

In addition, maintaining treatment adherence and continuity of care requires teamwork and communication among mental health providers,

educators, parents, and teenagers (Hunter et al., 2022). Furthermore, it is crucial to tackle structural obstacles to mental health care, like prejudice, stigma, and unequal access to resources, to guarantee that every teenager receives timely and suitable assistance for their mental health requirements (Choobforush Zadeh et al., 2019).

IV. Adaptations for the Adolescent Population

Modifying Cognitive Behavioural Therapy (CBT) for adolescents requires an in-depth knowledge of developmental factors, therapeutic engagement tactics, and customised intervention methods. Using clinical knowledge and empirical data, this section critically analyses the modifications needed to provide CBT to teenagers, addressing their particular requirements and difficulties.

2.1.4 Developmental Considerations

Increased autonomy, identity discovery, and peer influence are hallmarks of adolescence, a time of fast physical, cognitive, and socioemotional development (Steinberg, 2021). Adolescents' changing social environments, emotional control abilities, and cognitive abilities must all be taken into account while modifying CBT for them. While appreciating adolescents' autonomy and agency promotes collaborative decision-making and treatment adherence, developmentally appropriate language, psychoeducation, and metaphors help with comprehension and engagement (Ezegbe et al., 2019). Furthermore, choosing and implementing intervention options to address particular developmental issues is influenced by an awareness of the impact of developmental transitions, including puberty, school transitions, and familial dynamics (McGinn, 2020).

2.1.5 Engaging Adolescents in Therapy

Adolescents face unique problems while entering treatment because of their developmental stage, which is characterised by resistance, ambivalence, and a strong peer orientation (Myhr & Payne, 2020). To get past these obstacles, therapists must build a therapeutic alliance based on mutual respect, trust, and empathy that is both supportive and judgment-free. Therapists can increase the efficacy of therapy by encouraging a sense of ownership and participation in the process by incorporating the viewpoints, interests, and preferences of teenagers into the treatment process (Oud et al., 2019). Furthermore, utilising interventions that are age- and culturally appropriate—like expressive arts, technology-based tools, and peer support groups—



can promote active participation and rapport-building (Patterson, 2017).

Therapists must identify and address the special developmental requirements and characteristics of teenagers to effectively engage this population in therapy. Teenagers frequently display ambivalence regarding therapy, which can be attributed to a confluence of social and developmental variables. They could be reluctant to ask for assistance or to publicly express their feelings out of fear of stigmatisation or condemnation from peers or authoritative figures (Myhr & Payne, 2020). As a result, therapists need to provide a welcoming environment where teenagers can explore their ideas, emotions, and experiences without worrying about being judged or rejected.

Encouraging teenagers to attend treatment and promoting significant change requires a solid therapeutic alliance. According to Oud et al. (2019), therapists need to show that they have empathy, compassion, and a sincere interest in the problems and experiences of teenagers. Therapists can build rapport and trust with teenagers by actively listening, validating their emotions, and acknowledging their points of view. This sets the groundwork for effective therapeutic work. Additionally, allowing teenagers to participate in the planning and decision-making process of their treatment gives them the ability to actively participate in their recovery, developing a sense of agency and autonomy (Hunter et al., 2021).

Improving teenagers' interest and participation in treatment requires incorporating age- and culturally appropriate approaches. Particularly for teenagers who might find it difficult to convey their ideas and feelings vocally, expressive arts like writing, music, or drawing offer alternate channels for self-expression and exploration (Patterson, 2017). Technologically-driven resources, including applications for smartphones or web portals, present creative approaches to therapy delivery and establish a connection with teenagers through their preferred media. To meet the needs of the digital-native generation, these tools can include virtual treatment sessions, mood-tracking applications, and mindfulness apps (Oud et al., 2019).

Another effective strategy for including teenagers in therapy, encouraging social interaction, and providing peer validation is peer support groups (Patterson, 2017). Teenagers frequently respect the opinions and experiences of their peers, and they could feel more at ease talking about delicate subjects in a group environment that is encouraging. Peer support groups lessen feelings of stigma and loneliness related to mental health issues by fostering a sense of community and belonging. Furthermore,

group dynamics can improve the therapeutic process by encouraging empathy, understanding, and mutual support among group members (Hunter et al., 2021).

2.1.6 Tailoring CBT Techniques for Adolescents

CBT procedures must be flexible, creative, and sensitive to cultural differences to be tailored to the requirements and preferences of teenagers. Although there is still efficacy in standard CBT procedures, they may require adjustments to improve their relevance, engagement, and effectiveness (Lee & Lee, 2020). Teenagers' interest and motivation in therapy, for instance, can be increased by including gamification components, interactive exercises, and multimedia materials (Lee & Jeong, 2021). Additionally, incorporating expressive treatments, relaxation methods, and mindfulness-based practices can enhance conventional CBT approaches while meeting the emotional dysregulation and stress management demands of adolescents (Seyed Ahmadi Nejad et al., 2020). Additionally, cultural competency is fostered and treatment acceptability and effectiveness are increased when interventions are tailored to adolescents' cultural values, beliefs, and identities (Lu et al., 2018).

It is clear from a careful analysis of the modifications made to provide CBT to teenagers that a thorough and customised strategy is necessary to address all of their unique demands and difficulties. Nonetheless, several factors and difficulties demand consideration. First and foremost, continuous supervision and training are required to give therapists the know-how, assurance, and skills they need to successfully modify and apply CBT with teenagers (Hofmann et al., 2020). Furthermore, to support treatment continuity and the generalisation of abilities across various contexts, cooperation with parents, educators, and other stakeholders is crucial (Lee et al., 2020). Furthermore, it is critical to address structural barriers to ensure that all adolescents have equal access to high-quality mental health care, including stigma, limited access to mental health services, and disparities in care (Choobforush Zadeh et al., 2019).

2.1.7 Evidence-Based Efficacy of CBT in Adolescent Depression

Adolescent depression is effectively treated using cognitive behavioural therapy (CBT), which is backed by a substantial body of empirical research attesting to its efficacy. To assess CBT's therapeutic benefits and long-term results, this section objectively evaluates the evidence-based effectiveness of the treatment for adolescent depression. It does this by analysing insights from



clinical research, meta-analyses, systematic reviews, and long-term follow-up studies.

2.2. Review of Clinical Studies

Positive treatment effects are routinely shown in clinical research assessing CBT's effectiveness in treating adolescent depression, regardless of the settings or populations studied. In contrast to the waitlist or treatment-as-usual settings, randomised controlled trials (RCTs) have demonstrated that cognitive behavioural therapy (CBT) significantly lowers depression symptoms, improves functioning, and promotes quality of life among adolescents (Oud et al., 2019). Additionally, long-term research shows that adolescents receiving CBT show persistent changes in their mood, coping mechanisms, and ability to avoid relapse (Ede et al., 2020). These findings underscore the therapy's long-lasting benefits. Additionally, in terms of lowering depression symptoms and preventing recurrence, comparative efficacy trials have shown that cognitive behavioural therapy (CBT) is either as effective as or more effective than alternative therapies such as medication or interpersonal therapy (Alor&Agbakwuru, 2017).

2.2.1 Meta-Analyses and Systematic Reviews

The evidence-based effectiveness of CBT in treating adolescent depression is further supported by meta-analyses and systematic reviews, which synthesise data from several trials to evaluate treatment outcomes and effect sizes. Large impact sizes for cognitive behavioural therapy (CBT) in lowering depression symptoms and enhancing general functioning in teenagers have been regularly reported by meta-analytic evaluations (Oud et al., 2019). Furthermore, when it comes to attaining clinically significant decreases in the intensity of depression and improving treatment response rates, comparative meta-analyses show that cognitive behavioural therapy (CBT) outperforms alternative interventions like supportive therapy or relaxation training (Hunter et al., 2022). Moreover, systematic reviews demonstrate the long-term effectiveness of CBT, with numerous research demonstrating persistent reductions in depression symptoms and functioning at follow-up evaluations (McGinn, 2020).

2.2.2 Long-Term Outcomes and Follow-Up Studies

Studies with extended follow-up provide important information about how treatment improvements for adolescent depression after cognitive behavioural therapy (CBT) are sustained. According to prospective cohort studies, adolescents receiving

CBT have better psychosocial functioning, decreased rates of relapse, and long-lasting decreases in depressive symptoms when compared to those who are untreated or unresponsive (Arch et al., 2022). Additionally, long-term results show that cognitive behavioural therapy (CBT) protects against depressive episodes in the future, with adolescents showing improvements in resilience, adaptive coping strategies, and self-efficacy over time (Hofmann et al., 2020). Retrospective analyses of electronic health records also highlight the cost-effectiveness and public health benefits of CBT by showing that adolescents who complete a course of treatment have lower rates of using mental health services and medication in the years that follow (Myhr& Payne, 2020).

When the evidence-based effectiveness of cognitive behavioural therapy (CBT) in treating teenage depression is thoroughly examined, it is clear that CBT is a very successful long-term strategy for reducing depressed symptoms and enhancing adolescents' general quality of life. Nonetheless, several factors and difficulties demand consideration. First, to best suit the varied needs and preferences of teenagers, CBT approaches must be customised and culturally sensitively adjusted to maximise therapeutic outcomes (Lee & Lee, 2020). Furthermore, it is imperative to tackle structural obstacles to care, such as stigma, accessibility, and disparities in service delivery, to guarantee that all adolescents have fair and equal access to cognitive behavioural therapy (CBT) (Choobforush Zadeh et al., 2019). Furthermore, encouraging cooperation between mental health providers, educators, parents, and teenagers is essential for boosting treatment adherence, long-term recovery, and treatment engagement (Hunter et al., 2021).

2.3 Components of CBT for Adolescent Depression

Several essential elements of cognitive behavioural therapy (CBT) for adolescent depression are designed to address cognitive distortions, alter maladaptive behaviours, and improve coping mechanisms. This section evaluates the efficacy and therapeutic benefits of CBT for adolescent depression by critically examining its constituent parts, which include behavioural experiments/exposure therapy, identifying and challenging negative thought patterns, and psychoeducation about depression. It does this by drawing on insights from clinical practice and empirical research.



2.3.1 Psychoeducation about Depression

The cornerstone of cognitive behavioural therapy (CBT) for adolescent depression is psychoeducation, which gives teenagers vital information and insight into their illness. The goal of psychoeducation is to enable teenagers to identify and communicate their experiences by demystifying depression, normalising its symptoms, and lowering its stigma (Kaewpila et al., 2020). Adolescents get psychoeducation regarding the biological, psychological, and social aspects that lead to depression in addition to the variety of available treatments, such as cognitive behavioural therapy (CBT) (Malau-Aduli et al., 2021). Additionally, psychoeducation entails teaching educators, parents, and carers about depression to create a knowledgeable and encouraging atmosphere that supports teenagers' rehabilitation (Lee & Jeong, 2021). Psychoeducation fosters treatment involvement, motivation, and teamwork by raising understanding and dispelling misconceptions, which pave the way for effective therapy outcomes (Ezegbe et al., 2019).

2.3.2 Identifying and Challenging Negative Thought Patterns

One of the most important cognitive restructuring strategies in CBT for adolescent depression is recognising and confronting negative thought patterns. Teens learn to identify the automatic ideas, underlying beliefs, and cognitive distortions that fuel depression symptoms (Beck & Alford, 2022). Adolescents can challenge and reframe negative interpretations of themselves, others, and the world by using structured exercises like thought journals, cognitive restructuring worksheets, and guided questioning to enhance cognitive awareness and critical thinking abilities (Oud et al., 2019). To combat cognitive biases and encourage more adaptive thinking, therapists also work with teenagers to develop coping statements, alternative explanations, and problem-solving techniques (Hunter et al., 2022). Adolescents can develop resilience, self-efficacy, and emotional regulation abilities by confronting negative thought patterns, which will enable them to deal with pressures and disappointments more skillfully (Arch et al., 2022).

2.3.3 Behavioral Experiments and Exposure Therapy

Behavioural activation strategies in CBT for adolescent depression include behavioural experiments and exposure therapy, which focus on avoidance behaviours and promote participation in enjoyable and fulfilling activities. By methodically facing events they fear or avoid, adolescents

challenge maladaptive attitudes and develop confidence and mastery (Lee & Lee, 2020). Behavioural experiments evaluate the veracity of unfavourable assumptions and beliefs by creating and executing behavioural tasks, offering verifiable proof against catastrophic thinking (McGinn, 2020). Similar to this, exposure therapy helps adolescents become accustomed to fear-inducing events or stimuli by exposing them to them gradually and under supervision (Hofmann et al., 2020). Adolescents acquire a sense of competence and control, learn adaptive coping mechanisms, and can withstand discomfort through repeated exposure (Lee & Jeong, 2021).

Additionally, during the exposure process, therapists offer assistance, motivation, and feedback, creating a cooperative and empowered therapeutic atmosphere (Alor&Agbakwuru, 2017). Adolescents can enhance their mood and function by participating in behavioural experiments and exposure treatment, which broadens their behavioural repertoire, increases their distress tolerance, and gives them a sense of mastery and success (Lee et al., 2020). When the elements of cognitive behavioural therapy (CBT) for adolescent depression are examined closely, it is clear that behavioural experiments and exposure treatment, psychoeducation, and recognising and confronting negative thought patterns are crucial for fostering cognitive and behavioural change. Nonetheless, several factors and difficulties demand consideration. First and foremost, tailored and culturally aware modifications of CBT methods are necessary to accommodate the various demands and preferences of teenagers (Lu et al., 2018). Furthermore, encouraging cooperation between educators, parents, therapists, and teenagers is essential for boosting treatment adherence, engagement, and long-term recovery (Chooforush Zadeh et al., 2019). Furthermore, to guarantee that all adolescents have equitable access to CBT, structural impediments to care—such as stigma, accessibility, and disparities in service provision—must be addressed (Myhr& Payne, 2020).

2.4 Therapeutic Techniques and Exercises

Cognitive Behavioural Therapy (CBT) is a vital component for treating adolescent depression. It provides useful tools to support the development of coping skills, emotion regulation, and cognitive restructuring. The therapeutic exercises and methods that are frequently used in CBT for adolescent depression are critically examined in this section. Empirical research and clinical insights are used to assess the therapeutic benefits and efficacy of these methods, which include cognitive restructuring



worksheets, mood tracking and journaling, and mindfulness and relaxation exercises.

2.4.1 Cognitive Restructuring Worksheets

Worksheets on cognitive restructuring are structured resources that help depressed teens recognise and confront harmful thought patterns. These worksheets usually feature questions designed to assist teenagers in identifying automatic thought patterns, recognising cognitive distortions, and coming up with other, more impartial interpretations (Beck & Alford, 2022). Adolescents can fight cognitive biases, learn to systematically analyse the evidence for and against their negative beliefs, and build more adaptive thinking styles through guided exercises like the Thought Record or the ABCDE Model (Oud et al., 2019). Additionally, cognitive restructuring worksheets give teenagers a concrete way to assess changes in their thought patterns over time, track their progress, and reinforce what they've learned outside of treatment sessions (Malau-Aduli et al., 2021). Adolescents who do worksheets on cognitive restructuring improve their critical thinking, cognitive awareness, and self-reflection skills, which gives them the ability to question unfavourable beliefs and advance emotional health.

2.4.2 Mood Tracking and Journaling

Adolescents can effectively monitor and regulate their emotions, thoughts, and behaviours by using mood tracking and journaling. Teens are advised to keep a journal of their mood swings regularly to pinpoint the situations, patterns, and triggers that affect their emotional states (Hunter et al., 2022). Adolescents who track their moods can understand the temporal dynamics of their depressive symptoms and the interactions between stresses in their surroundings, emotions, and thoughts (Lee & Lee, 2020). Furthermore, journaling gives teenagers a therapeutic way to safely and nonjudgmentally communicate their ideas, feelings, and experiences (Ezegbe et al., 2019). Adolescents who write about their internal experiences develop perspective, lucidity, and emotional control abilities that lessen rumination and encourage adaptive coping (Arch et al., 2022).

Moreover, mood monitoring and journaling are useful instruments that therapists can employ to evaluate the effectiveness of treatment, pinpoint goals, and customise therapies to each adolescent's unique requirements (Alor&Agbakwuru, 2017). In general, mood monitoring and writing help teenagers with depression become more self-aware, learn how to control their emotions, and participate in therapy.

C. Relaxation and Mindfulness Practices

In cognitive behavioural therapy (CBT) for adolescent depression, relaxation and mindfulness techniques are essential components that provide teens with practical methods for stress management, arousal reduction, and emotional health enhancement. To encourage both physical and psychological relaxation, adolescents are taught relaxation techniques such as progressive muscle relaxation, deep breathing, and guided imagery (Hofmann et al., 2020). Adolescents who frequently practise relaxation techniques can identify and release physical tension, lower physiological arousal, and bring on a peaceful, tranquil frame of mind (Lee & Jeong, 2021). Cultivating present-moment awareness, acceptance, and nonjudgmental observation of one's thoughts, feelings, and sensations are other aspects of mindfulness techniques (Arch et al., 2022). Adolescents are encouraged to view their experiences with curiosity and openness, without acting impulsively or judgmentally, using mindfulness practices like body scans, mindful movement, and mindfulness meditation (Seyed Ahmadi Nejad et al., 2020). Adolescents who practise mindfulness become more adept at controlling their emotions, tolerating discomfort, and being resilient in the face of difficulty (Lee et al., 2020). In addition, teens with depression benefit from self-care, stress reduction, and general psychological well-being when they include mindfulness and relaxation techniques in their daily routines (Lee & Lee, 2020).

When therapy methods and exercises in cognitive behavioural therapy (CBT) for adolescent depression are critically examined, it is clear that worksheets for cognitive restructuring, mood monitoring and journaling, and mindfulness and relaxation exercises are helpful resources for fostering cognitive and emotional regulation abilities. Nonetheless, several factors and difficulties demand consideration. First and foremost, tailored and culturally aware modifications of therapy approaches are necessary to accommodate the various requirements and preferences of teenagers (Lu et al., 2018). Furthermore, encouraging cooperation between educators, parents, therapists, and teenagers is essential for boosting treatment adherence, engagement, and long-term recovery (Choobforush Zadeh et al., 2019). Furthermore, to guarantee that all adolescents have equitable access to CBT, structural impediments to care—such as stigma, accessibility, and disparities in service provision—must be addressed (Myhr& Payne, 2020).



2.5 Therapeutic Relationship and Alliance

2.5.1 Building Rapport with Adolescents

In therapeutic interaction, developing a rapport with teenagers is crucial to fostering participation, establishing trust, and enabling open conversation. To establish a connection with teenagers, therapists use a variety of techniques, such as active listening, empathy, and validating their experiences (Hunter et al., 2021). Therapists foster a secure and encouraging environment that supports therapeutic exploration and expression by exhibiting real interest in, comprehension of, and respect for the perspectives of teenagers (Lee & Lee, 2020). Adolescents' sense of autonomy and ownership over the treatment process is also increased when their interests, preferences, and cultural backgrounds are taken into account (Malau-Aduli et al., 2021). Furthermore, the use of interventions that are developmentally and age-appropriate, such as games, art, or technology, promotes involvement and eases the establishment of rapport (Ezegbe et al., 2019). In CBT for depression, therapists establish the groundwork for cooperative problem-solving, skill development, and goal-achieving by developing rapport with teenagers.

2.5.2 Addressing Resistance and Ambivalence

Working with teenagers, who are marked by erratic motivation, ambivalence towards change, and disobedience of authority, presents an inherent challenge when it comes to addressing resistance and ambivalence (Alor&Agbakwuru, 2017). To comprehend and resolve the anxieties, concerns, and engagement hurdles that teenagers face, therapists take a collaborative and compassionate approach (Oud et al., 2019). Therapists give adolescents a safe environment to express their ambivalence and work through their resistance by acknowledging their experiences, considering their points of view, and normalising ambivalence (Arch et al., 2022). Furthermore, teens can better articulate their beliefs, objectives, and internal motivations for change by using motivational interviewing strategies such as probing inconsistencies, open-ended questions, and reflective listening (McGinn, 2020). Also, highlighting adolescents' assets, coping mechanisms, and strengths increases their sense of self-efficacy and self-assurance in their capacity to face obstacles (Lee & Jeong, 2021). Therapists can increase teenagers' participation and investment in treatment by fostering a sense of partnership and empowerment through overcoming resistance and ambivalence with empathy and collaboration.

2.5.3 Collaborative Goal Setting

A fundamental element of cognitive behavioural therapy (CBT) for adolescent depression is collaborative goal formulation, which gives adolescents the ability to choose their treatment objectives, goals, and intended results. Together, therapists and teenagers establish SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals that are relevant, doable, and consistent with the values and preferences of the teenagers (Malau-Aduli et al., 2021). Therapists foster autonomy, self-determination, and ownership in their treatment journeys by incorporating teenagers in the goal-setting process (Ezegbe et al., 2019). Setting specific, measurable goals also acts as a road map for therapy, assisting with intervention selection and sequencing as well as progress tracking and feedback (Hunter et al., 2022). In addition, therapists periodically review and adjust goals in response to the needs, development, and input of teenagers, guaranteeing that therapy stays client-centred, cooperative, and responsive (Alor&Agbakwuru, 2017).

Building rapport, resolving resistance and ambivalence, and working together to define goals are essential elements of therapy that become clear when the therapeutic connection and alliance in CBT for adolescent depression are thoroughly examined. But there are a few things to keep in mind and issues to address. First and foremost, therapists need to continue being adaptive, flexible, and culturally sensitive in how they establish rapport with adolescents and deal with resistance, taking into account their individual needs and preferences (Lu et al., 2018). Furthermore, to provide therapists with the abilities and self-assurance to handle therapeutic difficulties and encourage therapeutic involvement, continuous training and supervision are required (Hofmann et al., 2020).

2.6 Integrating Family and Social Support Systems

2.6.1 Involving Parents in Therapy Sessions

Parent participation in therapy is critical to improving treatment results and supporting the mental health of teenagers. Family-based CBT therapies give parents a forum to comprehend the experiences of their teenagers, acquire coping mechanisms, and enhance their ability to communicate and solve problems as a family (Malau-Aduli et al., 2021). Therapists can enable parents to offer emotional support, encouragement, and reinforcement of adaptive coping skills outside of treatment sessions by actively including them in therapy (Ezegbe et al., 2019). Parental participation also makes it easier for therapy benefits to be applied at home, creating a loving and



caring family context that is beneficial to the recovery of adolescents (Lee & Jeong, 2021). Along with improving treatment adherence, continuity of care, and the long-term sustainability of treatment gains, parental involvement in therapy fosters collaboration between therapists, parents, and adolescents (Alor & Agbakwuru, 2017). Therapists can optimise treatment efficacy and enhance the mental health and overall well-being of adolescents by incorporating parents into therapy sessions and utilising the strengths and resources of the family.

2.6.2 Educating Family Members about Depression

It is imperative to educate family members about depression to promote empathy, understanding, and support within the family unit. Family members can attend psychoeducation workshops to learn about depression's characteristics, causes, symptoms, and available treatments. This helps to dispel myths and lessen the stigma attached to mental illness (Hunter et al., 2022). Therapists equip family members to identify and address teenage distress helpfully and efficiently by raising their awareness of and knowledge about depression (Lee & Lee, 2020). Furthermore, teaching family members about how interpersonal conflicts, environmental pressures, and familial dynamics can exacerbate depressive symptoms can help foster empathy for and validation of the experiences of adolescents experiencing depression (McGinn, 2020). Including family members in treatment planning and decision-making also strengthens the therapeutic relationship and encourages family resilience by fostering a collaborative and inclusive approach to care (Arch et al., 2022). Family members who receive education about depression from therapists are better able to support adolescents during therapy and in the long run by offering them informational, emotional, and practical support.

2.6.3 Enhancing Peer Support Networks

In CBT for depression, strengthening peer support networks is essential for fostering adolescents' social identity, sense of belonging, and resilience. Adolescents can interact with peers who have gone through similar things, have their feelings acknowledged, and receive encouragement and support from one another through peer support groups and activities (Seyed Ahmadi Nejad et al., 2020). Adolescents who engage in peer support networks see a decrease in depressive symptoms using a heightened sense of acceptance, camaraderie, and belonging (Lee et al., 2020). Furthermore, peer support networks provide a safe and encouraging

setting for teenagers to practise assertiveness, social skills, and conflict resolution techniques (Choobforush Zadeh et al., 2019). Peer support networks also help teenagers develop resilience and deal with stressors more skillfully by facilitating the sharing of coping mechanisms, adaptive behaviours, and positive peer impact (Myhr & Payne, 2020). To help teenagers' mental health and well-being, therapists can complement individual treatment and encourage a holistic approach to care by strengthening peer support networks and utilising the pooled strengths and resources of peer groups.

It is clear from a critical analysis of the integration of social and family support systems in cognitive behavioural therapy (CBT) for adolescent depression that parent participation in therapy, family education regarding depression, and the development of peer support networks are essential elements of therapy that function. Nonetheless, several factors and difficulties demand consideration. First and foremost, therapists need to traverse cultural norms, familial dynamics, and individual variations in family support and involvement while acknowledging the unique needs and preferences of every family (Lu et al., 2018). Furthermore, to support treatment adherence, continuity of care, and long-term rehabilitation, therapists must collaborate with parents, educators, and teenagers (Choobforush Zadeh et al., 2019). Furthermore, to guarantee that all adolescents have equitable access to supportive services, it is critical to address structural barriers to family and peer support, such as stigma, accessibility, and social disparities (Myhr & Payne, 2020).

3.1 Addressing Comorbid Conditions and Risk Factors

3.1.1 Substance Abuse and Self-Harm Behaviors

Because substance addiction and self-harm behaviours are so common and hurt treatment outcomes, CBT for adolescent depression must address them. Targeting common cognitive and behavioural factors underpinning substance use and self-harm behaviours within the context of depression, therapists apply integrated therapies (Hunter et al., 2022). By encouraging healthy coping mechanisms and emotion regulation techniques, cognitive restructuring techniques assist teenagers in challenging maladaptive beliefs and coping strategies linked to substance use and self-harm (McDermott & Dozois, 2019). Furthermore, as healthier substitutes for substance abuse and self-harm, behavioural activation techniques promote teenagers to participate in social contacts and other rewarding activities (Lee & Lee, 2020). Additionally, to control cravings,



triggers, and temptations to use drugs and harm themselves, therapists work with teenagers to create safety plans, coping mechanisms, and relapse prevention techniques (Malau-Aduli et al., 2021). Therapists lower the likelihood of treatment dropout, relapse, and unfavourable outcomes by treating substance addiction and self-harm behaviours in the context of depression. This promotes holistic recovery and well-being.

3.1.2 Co-occurring Anxiety Disorders

Given their high incidence and negative effects on treatment response, co-occurring anxiety disorders must be addressed in CBT for adolescent depression. By focusing on shared sustaining elements such as cognitive biases, avoidance behaviours, and safety behaviours, therapists use a transdiagnostic approach to treat the overlapping cognitive and behavioural processes that underlie anxiety and depression (Arch & Craske, 2020). Adolescents with anxiety disorders can challenge catastrophic interpretations, intolerance for uncertainty, and excessive worry patterns by using cognitive restructuring approaches, which encourage more adaptive and balanced thought processes (Ezegbe et al., 2019). Furthermore, exposure-based therapies help adolescents face and overcome avoidance behaviours and anxiety-inducing triggers by progressively exposing them to fearful events or stimuli (Arch et al., 2022). Additionally, behavioural experiments give teenagers the chance to try out their anxiety-related assumptions and beliefs in authentic settings, which opens doors for adaptive behaviour modification and remedial learning (Oud et al., 2019). Therapists can improve treatment outcomes, lessen symptom severity, and prevent relapse by addressing co-occurring anxiety disorders and depression together. This approach fosters total recovery and resilience.

3.1.3 Suicidal Ideation and Risk Assessment

Given the increased risk of suicide in teenagers with depression, addressing suicidal ideation and risk assessment is an essential component of cognitive behavioural therapy (CBT) for adolescent depression. Using clinical interviews and established screening instruments, therapists identify teenagers who are at risk of suicide or self-harm. They also do comprehensive suicide risk assessments to determine the intensity and urgency of suicidal ideation (Beck & Alford, 2022). To handle suicidal crises and improve safety, therapists also work together with teenagers to create safety plans that include coping mechanisms, social support, and emergency contacts (Hunter et al., 2021). Additionally, by offering psychoeducation about suicide risk factors, warning

signs, and appropriate responses, therapists involve parents and other stakeholders in efforts to prevent suicide (Malau-Aduli et al., 2021).

In addition, throughout therapy, therapists keep a careful eye on the suicidal thoughts and behaviours of their teenage clients. They modify their plans and interventions in response to new risk factors that arise to maintain patient safety (Alor & Agbakwuru, 2017). Therapists reduce the risk of self-harm or suicide by treating suicidal ideation and conducting a thorough and proactive risk assessment. This promotes the safety, rehabilitation, and overall well-being of adolescents.

It is clear from a critical analysis of the management of comorbid conditions and risk factors in CBT for adolescent depression that effective therapy must address co-occurring anxiety disorders, substance abuse and self-harm behaviours, suicidal ideation, and risk assessment. Nonetheless, several factors and difficulties demand consideration. First, in managing suicide risk, therapists must balance maintaining confidentiality with their legal and ethical obligations to ensure the safety of their adolescent clients (Lu et al., 2018). Furthermore, continuing education and supervision are necessary to give therapists the know-how and assurance they need to appropriately and morally identify and manage suicide risk (McGinn, 2020). Furthermore, it is imperative to cultivate cooperation among therapists, parents, educators, and mental health specialists to guarantee integrated care and assistance for teenagers who are susceptible to self-harm or suicide (Choobforush Zadeh et al., 2019).

3.2 Challenges and Limitations in CBT Implementation

3.2.1 Treatment Adherence and Dropout Rates

Implementing CBT for teenage depression has considerable hurdles related to treatment adherence and dropout rates, which can affect treatment outcomes and long-term recovery. Teens may find it difficult to attend treatment sessions regularly for a variety of reasons, such as competing priorities, practical limitations, and motivational barriers (Hunter et al., 2022). Treatment resistance and non-adherence may also be influenced by cognitive and emotional hurdles, such as stigma, dread of change, and unfavourable views about therapy (McGinn, 2020). Additionally, teenage attendance and involvement in treatment sessions may be disrupted by external stressors, parental conflicts, and academic expectations (Malau-Aduli et al., 2021). A multimodal strategy is needed to address treatment adherence and dropout, including psychoeducation regarding the value of therapy, goal-setting in



collaboration, and problem-solving techniques to get over obstacles (Lee & Lee, 2020). According to Alor and Agbakwuru (2017), establishing a supportive therapy connection, offering flexible scheduling, and incorporating technology-based treatments can all improve treatment engagement and retention. Therapists can maximise treatment outcomes and encourage teenagers' continued involvement in therapy by proactively addressing treatment adherence and dropout rates.

3.2.2 Access to CBT Services

For many depressed teenagers, getting access to CBT services is still a major obstacle, which limits their access to prompt, evidence-based treatment. Adolescents may face structural hurdles to mental health care, including financial limits, transportation limitations, and geographic remoteness (Choobforush Zadeh et al., 2019). Inequities in access to CBT services may also be made worse by systemic inequalities in the healthcare system, labour shortages, and restrictions on insurance coverage (Myhr & Payne, 2020). Additionally, help-seeking behaviours and treatment modalities preferences may be influenced by linguistic and cultural hurdles, such as language competency, cultural norms, and views about mental health (Lu et al., 2018). Increasing funding for mental health services, expanding mental health infrastructure, and improving insurance coverage for evidence-based treatments are just a few of the policy initiatives that should be included in a comprehensive approach to address access to CBT services (McDermott & Dozois, 2019). Moreover, telehealth and digital interventions can be implemented to improve access to CBT services for underserved populations by removing logistical and geographical barriers (Hunter et al., 2021). Culturally sensitive and linguistically appropriate interventions, provided by culturally competent providers, can enhance engagement and retention among diverse populations (Malau-Aduli et al., 2021). By systematically addressing access to CBT services, stakeholders can reduce disparities in mental health care and improve overall mental health outcomes.

3.2.3 Cultural and Linguistic Considerations

When implementing CBT, cultural and language factors are crucial since they influence teenagers' experiences, opinions, and therapeutic preferences. The acceptability and efficacy of CBT therapies may be impacted by cultural variations in how depression symptoms are expressed and interpreted, attitudes towards mental illness, and help-seeking behaviours (Arch & Craske, 2020). Furthermore, gaps in mental health care among immigrant and minority

communities may be made worse by language hurdles and restricted access to culturally competent clinicians (Ezegbe et al., 2019). A culturally responsive approach to treatment is necessary to address linguistic and cultural factors. This includes educating culturally competent therapists, translating materials into another language, and adapting therapies for other cultures (Oud et al., 2019). Further strategies to improve engagement and retention among diverse populations include integrating family members and community stakeholders in therapy, offering psychoeducation about cultural factors influencing mental health, and customising therapy techniques to align with cultural norms and values (Lee & Jeong, 2021). Additionally, outreach and engagement with marginalised communities can be facilitated by cultivating partnerships with religious authorities, community-based organisations, and cultural intermediaries (Choobforush Zadeh et al., 2019). Therapists can improve the applicability, acceptability, and efficacy of therapy for a variety of communities by taking linguistic and cultural factors into account while implementing CBT, which will advance fair access to mental health services.

It is clear from a critical analysis of the obstacles and constraints facing CBT implementation that equitable and successful mental health care for depressed adolescents depends on addressing treatment adherence and dropout rates, facilitating access to CBT services, and taking cultural and linguistic factors into account. Nonetheless, several factors and difficulties demand consideration. First, to overcome structural barriers to fairness and access to mental health care, systemic reforms in funding, workforce development, and healthcare policy are required (Lu et al., 2018). Furthermore, continuous supervision and training are necessary to give therapists the abilities and cultural competency to deal with linguistic and cultural diversity in therapy (McDermott & Dozois, 2019). Furthermore, to achieve systemic changes and lessen inequities in mental health care, policymakers, healthcare professionals, community stakeholders, and advocacy groups must collaborate (Malau-Aduli et al., 2021).

3.3 Technological Innovations in CBT Delivery

The administration of Cognitive Behavioural Therapy (CBT) for adolescent depression has changed as a result of technological advancements, opening up new options for approachable and interesting interventions. Using empirical research and clinical insights, this section critically examines technological innovations in cognitive behavioural therapy (CBT) delivery, with a particular focus on



internet-based CBT programmes, mobile applications for therapy support, and virtual reality-assisted interventions. It assesses the effectiveness of these interventions and their practical implications.

3.3.1 Internet-Based CBT Programs

A viable strategy for expanding access to research-based treatment for adolescent depression is to offer internet-based cognitive behavioural therapy (CBT) programmes. Typically, these programmes consist of web-based modules that are structured and offer interactive activities, psychoeducation, and therapeutic content customised to meet the needs of each participant (McDermott & Dozois, 2019). Adolescents can access therapy from any location with internet availability thanks to internet-based CBT programmes, which removes logistical and geographic barriers to care (Hunter et al., 2021). Furthermore, these programmes frequently include multimedia components like cartoons, films, and interactive exercises, which improve teenage engagement and retention (Malau-Aduli et al., 2021). In addition, web-based cognitive behavioural therapy programmes could have functionalities like goal-setting, progress monitoring, and feedback systems, enabling teenagers to take an active role in their therapy and keep an eye on their development (Lee & Lee, 2020). Internet-based cognitive behavioural therapy (CBT) programmes provide a scalable and economical way to address the unmet mental health needs of teenagers by using technology to deliver evidence-based therapy.

3.3.2 Mobile Applications for Therapy Support

Convenient methods for increasing the reach and effectiveness of cognitive behavioural therapy (CBT) therapies for adolescent depression are mobile applications, or apps, for therapy support. According to Choobforush Zadeh et al. (2019), these applications give teenagers on-demand access to self-help skills, coping mechanisms, and therapy resources, enabling them to take control of their symptoms and develop resilience. To support symptom monitoring and self-awareness, mobile apps frequently integrate tools like mood tracking, journaling, relaxation techniques, and mindfulness activities (Lee & Jeong, 2021). Furthermore, certain applications provide crisis hotlines, chat features, and peer support forums, giving teenagers chances for social interaction and support from their peers (Malau-Aduli et al., 2021). Additionally, to increase teenage involvement and motivation, mobile apps may include gamification features, incentives, and prizes (Ezegbe et al., 2019). Through utilising the widespread availability and convenience of mobile

devices, these applications provide a customised and transportable way to assist teenagers' mental health and overall well-being.

3.3.3 Virtual Reality-Assisted Interventions

Interventions utilising virtual reality (VR) show potential to improve the interactive and immersive nature of CBT for adolescent depression. Adolescents can participate in simulated worlds and scenarios thanks to virtual reality technology, which also offers chances for cognitive restructuring, behavioural studies, and exposure treatment (Hunter et al., 2022). Virtual reality (VR) environments can be tailored to mimic real-life scenarios that elicit depressed symptoms, giving teenagers a secure and regulated environment to practise coping mechanisms and emotion regulation techniques (McDermott & Dozois, 2019). To improve therapeutic effectiveness and personalisation, biofeedback sensors and physiological monitoring may also be included in VR-assisted therapies (Lee & Lee, 2020). Moreover, VR experiences can be tailored to adolescents' preferences and interests, increasing engagement and motivation in therapy (Malau-Aduli et al., 2021). VR-assisted therapies offer an innovative way to address the behavioural, emotional, and cognitive elements of adolescent depression by offering immersive and engaging therapy experiences.

When technological advancements in cognitive behavioural therapy (CBT) are examined critically, it is clear that virtual reality-assisted interventions, smartphone applications for therapy support, and internet-based CBT programmes present special chances to increase access to CBT and improve treatment results. Nonetheless, several factors and difficulties demand consideration. First and foremost, trust must be upheld and ethical standards must be followed to preserve the privacy, security, and confidentiality of data sent over digital platforms (Lu et al., 2018). Furthermore, it is imperative to tackle inequalities in digital literacy, technology accessibility, and internet connectivity to guarantee equal access to digital mental health resources (Choobforush Zadeh et al., 2019). Furthermore, more study is required to assess the long-term effects, acceptability, and effectiveness of technological advancements in CBT delivery, especially when applied to different groups and in real-world contexts (McGinn, 2020).



4.1 Role of Schools and Educational Settings

4.1.1 Implementing CBT in School Counseling Programs

Including cognitive behavioural therapy (CBT) in school counselling programmes is a proactive way to deal with adolescent depression in a learning environment. School counsellors are in a good position to offer CBT therapies, giving students who are experiencing emotional distress easily accessible and private support (Malau-Aduli et al., 2021). School counsellors can assist students in acquiring coping mechanisms, challenging negative thought patterns, and fostering resilience by implementing cognitive behavioural therapy (CBT) strategies into individual counselling sessions, group interventions, or psychoeducational seminars (Lee & Jeong, 2021). Furthermore, school-based CBT programmes might be in line with the social-emotional learning (SEL) curriculum, which would help all children develop good coping mechanisms, interpersonal skills, and emotional regulation (McDermott & Dozois, 2019). Additionally, working together with educators, parents, and community members can improve the impact and sustainability of CBT programmes implemented in schools, creating a positive environment that supports the well-being of students (Hunter et al., 2022). By incorporating cognitive behavioural therapy (CBT) into school counselling programmes, teachers can enable pupils to overcome obstacles, succeed academically, and have happy, fulfilled lives.

4.1.2 Training Teachers and School Staff in CBT Principles

Educating teachers and other school personnel in CBT principles gives them the information and abilities they need to successfully assist the mental health and well-being of their children. The provision of CBT interventions is primarily the responsibility of school counsellors, but other members of the school staff can help foster a caring and supportive environment for the students (Choobforush Zadeh et al., 2019). Educating educators on cognitive behavioural therapy (CBT) principles, stress management techniques, and suicide prevention strategies can help them identify early signs of depression in students, respond empathetically to those in distress, and assist in connecting them with the right support services (Malau-Aduli et al., 2021). Furthermore, creating a climate of psychological safety and emotional literacy in schools encourages kids to seek help when they need it, de-stigmatizes mental illness, and fosters open communication (McGinn, 2020). Additionally, incorporating mental health education into curricula and teacher training

programmes raises awareness of teenage depression and provides educators with research-based methods for fostering resilience and overall well-being in their students (Lee & Lee, 2020). Schools can improve their ability to address students' mental health needs and foster a culture of caring and belonging by providing CBT training to teachers and other staff members.

4.1.3 Peer Support Groups and Mental Health Promotion

Adolescents' social connectivity, resilience, and good mental health outcomes are greatly enhanced by peer support groups and mental health promotion programmes. According to Ezegbe et al. (2019), peer support groups offer a secure and encouraging environment where students may talk about their experiences, get validation, and pick up coping mechanisms from one another. These groups lessen participants' feelings of loneliness and isolation by encouraging peer-led conversations, group activities, and skill-building exercises. They also foster empathy, mutual support, and peer acceptance (Hunter et al., 2021). Initiatives to promote mental health also lessen the stigma associated with depression, increase knowledge of it, and motivate students to seek help when they need it (McDermott & Dozois, 2019). Students receive psychoeducation about depression, self-care techniques, and avenues for obtaining support through events including mental health assemblies, awareness campaigns, and wellness workshops (Lee & Jeong, 2021). Additionally, giving students a say in the development and execution of mental health promotion initiatives makes them change agents and gives them a sense of pride in building a mentally healthy school climate (Malau-Aduli et al., 2021). Schools can help kids become more resilient, connected, and well-adjusted by supporting peer support groups and mental health promotion efforts. This will help to lower the incidence and effects of adolescent depression.

A comprehensive approach to supporting student well-being must include the implementation of CBT in school counselling programmes, training teachers and school staff in CBT principles, and fostering peer support groups and mental health promotion initiatives. This is made clear by critically examining the role of schools and educational settings in addressing adolescent depression. Nonetheless, several factors and difficulties demand consideration. First, consistent advocacy and funding for school-based mental health services are necessary to remove systemic barriers to mental health care, such as financial limitations, a lack of staff, and conflicting



goals (Choobforush Zadeh et al., 2019). Creating a seamless continuum of care and support for students also requires encouraging collaboration between schools, families, mental health practitioners, and community organisations (Malau-Aduli et al., 2021). Furthermore, a deliberate effort to advance equality and inclusion in schools is necessary to overcome gaps in access to mental health resources and culturally sensitive care (Lee & Lee, 2020).

4.2 Ethical Considerations in CBT Practice with Adolescents

When using Cognitive Behavioural Therapy (CBT) with teenagers, ethical issues must be taken into the utmost account to ensure that the treatment is carried out in a way that respects the adolescents' rights, autonomy, and overall well-being. Using ethical principles, professional guidelines, and clinical insights, this section critically examines ethical considerations in CBT practice with adolescents, focusing on issues of autonomy and informed consent, addressing power imbalances in therapy, and confidentiality and privacy concerns. It also evaluates these ethical dilemmas and their implications.

4.2.1 Confidentiality and Privacy Concerns

When using CBT with teenagers, maintaining confidentiality and privacy is crucial because it strikes a balance between the need to safeguard their private information and the moral and legal requirements to preserve their safety and well-being. Teens in therapy should be able to share their ideas and feelings without worrying about being judged or facing consequences. They have a right to privacy and confidentiality (Hunter et al., 2022). Therapists must, however, also take into account circumstances in which it could be necessary to violate confidentiality to avert harm, such as when teenagers present a risk of harming themselves or others, or when required by law (Malau-Aduli et al., 2021). Additionally, in the digital age, therapists ought to protect teenagers' privacy by making sure that data is encrypted, that secure channels of communication are used, and that privacy laws are followed (Lee & Jeong, 2021). Therapists can maintain their ethical responsibility to safeguard teenagers from harm while promoting collaboration, open communication, and trust in therapy by skillfully managing confidentiality and privacy issues.

4.2.2 Informed Consent and Autonomy

A key component of ethical CBT practice is acknowledging adolescents' autonomy and gaining their informed consent. This involves recognising their right to make independent decisions regarding

their therapy and course of treatment. Adolescents must be given clear and understandable information regarding the nature of therapy, its objectives, methods, risks, advantages, and alternatives for them to make an informed decision about their care (Ezegbe et al., 2019). This is known as informed consent. Given their developmental stage, cognitive ability, and emotional preparedness, therapists should make sure that teenagers can comprehend therapy and give their consent (McGinn, 2020). In addition, therapists need to respect the choices, values, and cultural backgrounds of teenagers by involving them in the planning, goal-setting, and intervention procedures (Malau-Aduli et al., 2021). Additionally, throughout therapy, therapists should keep an eye on teenagers' continued permission by following up with them, getting their input, and addressing any reservations or worries they may have (Lee & Lee, 2020). Therapists can encourage collaboration, self-efficacy, and therapeutic engagement in teenagers by empowering them as active participants in their treatment by preserving the principles of informed consent and autonomy.

4.2.3 Addressing Power Imbalances in Therapy

Recognising the inherent power differentials between therapists and clients, and addressing power imbalances in therapy is critical to fostering trust, authenticity, and a therapeutic alliance with adolescents. Teens may view therapists as informational gatekeepers or authoritative figures, which could cause them to feel vulnerable, dependent, or resistant to therapy (Choobforush Zadeh et al., 2019). To foster a cooperative and egalitarian therapeutic interaction, therapists should be aware of their privilege and position of power (McDermott & Dozois, 2019). In therapy, this entails aggressively seeking out the opinions of teenagers, affirming their experiences, and encouraging a nonjudgmental and compassionate attitude (Hunter et al., 2021). Furthermore, therapists must maintain transparency regarding their roles, boundaries, and limitations. They should also make clear the goals of treatment and the expected level of participation (Malau-Aduli et al., 2021).

Additionally, to provide teenagers with the confidence to exercise their autonomy and agency in therapy, therapists ought to support them in freely expressing their ideas, preferences, and concerns (Lee & Jeong, 2021). Therapists can establish a secure and powerful therapeutic setting where teenagers feel valued, heard, and supported on their path to recovery and development by addressing power disparities ethically.



It is clear from a critical analysis of ethical issues in CBT practice with adolescents that addressing power imbalances in therapy, gaining informed consent, and managing privacy and confidentiality concerns are all crucial to fostering moral behaviour and fruitful therapeutic outcomes. Nonetheless, several factors and difficulties demand consideration. To ensure that therapy is administered in a culturally responsive and inclusive manner, therapists should first regularly reflect on their own biases, preconceptions, and cultural competency (McGinn, 2020). Furthermore, to effectively traverse ethical challenges and sustain ethical norms of practice, therapists require continual supervision, consultation, and professional development (Malau-Aduli et al., 2021).

4.3 Cultural Competence and Diversity in CBT Practice

4.3.1 Recognizing Cultural Influences on Depression Expression

Understanding how teenagers from different cultural backgrounds experience, perceive, and communicate their pain is essential to understanding the influences of culture on depression expression. Adolescents' experiences of depression and their behaviours of seeking treatment are shaped by cultural elements, including language, communication methods, family dynamics, and cultural views around mental health (Lee & Jeong, 2021). Rather than vocalising their emotional pain, certain cultural groups may choose to convey their distress through bodily symptoms or interpersonal issues (Malau-Aduli et al., 2021). Furthermore, teenagers' propensity to reveal their emotions or seek professional assistance may be influenced by cultural norms surrounding emotional expression, gender roles, and social support (Ezegbe et al., 2019). To shape teenagers' experiences of depression, therapists should take a pluralistic and culturally sensitive approach to evaluation, taking into account how individual characteristics and contextual factors interact with cultural factors (McGinn, 2020). Therapists can recognise the various experiences of teenagers, encourage cultural humility, and customise interventions to suit their individual needs and preferences by acknowledging the role of culture on depression manifestation.

4.3.2 Tailoring Interventions for Diverse Adolescent Populations

Adapting CBT tactics, strategies, and therapy approaches to clients' cultural values, beliefs, and preferences is a necessary part of designing therapies for varied adolescent populations. According to Choobforush Zadeh et al. (2019), culturally responsive cognitive behavioural therapy (CBT)

recognises the influence of the cultural environment on clients' worldviews, coping mechanisms, and help-seeking behaviours. It is recommended that therapists participate in cultural formulation by investigating how cultural elements including ethnic identification, acculturation, migratory experiences, and prejudice affect the mental health and overall well-being of teenagers (Malau-Aduli et al., 2021). Therapists should also work with clients to determine objectives, beliefs, and coping mechanisms that are culturally consistent and connect with their cultural background (Lee & Lee, 2020). Encourage client participation and a sense of connection, this may entail using metaphors, symbols, rituals, or storytelling approaches that are culturally appropriate for treatment (Hunter et al., 2021). Additionally, to build a therapeutic relationship based on mutual respect, trust, and cultural competence, therapists should be aware of power dynamics, cultural biases, and prejudices that may affect their interactions with clients (McDermott & Dozois, 2019). Therapists can increase the efficacy of treatment, respect clients' cultural identities, and encourage authenticity by designing interventions specifically for various teenage populations.

4.3.3 Addressing Stigma and Cultural Taboos

Reducing treatment barriers, encouraging help-seeking behaviours, and improving mental health equity among various teen populations all depend on addressing the stigma and cultural taboos surrounding depression. Teenagers may be discouraged from getting professional assistance or telling others about their symptoms due to the stigma associated with mental illness, cultural views about mental health, and perceived social norms (Lee & Jeong, 2021). To effectively educate patients on depression, therapists should take a culturally sensitive approach that challenges common beliefs and stereotypes regarding the condition (Ezegbe et al., 2019). To de-stigmatize seeking treatment and advance mental health literacy, it may be necessary to work in conjunction with faith-based institutions, cultural influencers, and community leaders to spread correct information on depression (Malau-Aduli et al., 2021). Therapists should also acknowledge their clients' worries about prejudice and stigma and look for other resources for assistance, like peer groups, internet forums, or culturally sensitive mental health services (Hunter et al., 2022). Additionally, to address the specific needs of varied adolescent populations and advance mental health fairness, therapists should support culturally competent policies, programmes, and resources (McGinn, 2020). Therapists can provide a therapeutic environment that



is inclusive and supportive, empowering teenagers to seek assistance for mental health issues by addressing cultural taboos and stigma.

A critical examination of cultural competence and diversity in CBT practice reveals that promoting culturally responsive and equitable mental health care requires acknowledging the influence of culture on depression expression, customising interventions for diverse adolescent populations, and addressing cultural taboos and stigma. Nonetheless, several factors and difficulties demand consideration. To improve their cultural competency and sensitivity to the varied needs of their clients, therapists should first engage in continual self-reflection, cultural humility, and professional growth (Choobforush Zadeh et al., 2019). Furthermore, working with interdisciplinary teams, cultural consultants, and community stakeholders can offer helpful information and tools for providing care that is sensitive to cultural differences (Malau-Aduli et al., 2021).

4.4 Future Directions and Research Opportunities

4.4.1 Advancements in CBT Techniques and Delivery Methods

The effectiveness, accessibility, and scalability of CBT therapies for adolescent depression may be improved by developments in CBT procedures and delivery systems. New platforms for offering immersive and interactive CBT experiences are provided by emerging technologies like augmented reality (AR) and virtual reality (VR) (Patterson, 2017). For instance, VR-based exposure therapy enables teenagers to face and overcome their anxieties in a safe and encouraging setting, which promotes therapeutic advancement (McGinn, 2020). In a similar vein, CBT tools, psycho-education, and therapeutic support are easily and instantly accessible through mobile applications and Internet platforms (Hunter et al., 2022).

4.4.2 Addressing Treatment Gaps and Access Disparities

Ensuring fair access to cognitive behavioural therapy (CBT) services for depressed adolescents requires addressing treatment gaps and disparities in access. Even though CBT is effective, stigma, regional obstacles, and financial limitations prevent many teenagers from receiving timely and appropriate care (Malau-Aduli et al., 2021). To expand the use of CBT to underserved populations such as rural areas, minority groups, and low-income families, future research should concentrate on creating and assessing innovative delivery models and service delivery

platforms (United Nations, 2019). The implementation of evidence-based solutions aimed at reducing treatment gaps and disparities in access to CBT services necessitates the cooperation of mental health practitioners, policymakers, and community stakeholders (Myhr & Payne, 2020). Furthermore, including cognitive behavioural therapy (CBT) in community-based organisations, primary care settings, and school-based mental health programmes might improve the accessibility and availability of CBT for teenagers from a variety of sociodemographic situations (Lee & Lee, 2020). Clinicians and researchers can advance social justice and fairness in the provision of mental health care by addressing treatment gaps and inequities in access.

4.4.3 Exploring Integrative Approaches to Adolescent Mental Health

Combining CBT with complementary and alternative modalities to address the multidimensional character of depression and improve treatment outcomes is one way to investigate integrative approaches to adolescent mental health. To support holistic well-being and resilience, integrative treatments may involve integrating expressive therapies, physical exercise, and mindfulness-based interventions into CBT programmes (Arch et al., 2022). According to Lu et al. (2018), mindfulness-based cognitive behavioural therapy (CBT) therapies have demonstrated the potential to mitigate depressive symptoms and improve emotion regulation abilities in teenagers. Similarly, including positive psychology components—like strengths-based interventions and gratitude exercises—can foster happy feelings and improve adolescents' psychological resilience (McDermott & Dozois, 2019).

The effectiveness, accessibility, and relevance of CBT for adolescents with depression can be improved by addressing treatment gaps and disparities, investigating integrative approaches, and improving CBT techniques and delivery methods. These findings become clear from a critical analysis of future directions and research opportunities in CBT practice. But to take advantage of these opportunities, teamwork, interdisciplinary cooperation, and a dedication to equality and innovation in the provision of mental health care are necessary. Clinicians and researchers can further the science of CBT and enhance outcomes for depressed adolescents by giving priority to these future directions.

5.1 Conclusion

To sum up, cognitive behavioural therapy, or CBT, is a cornerstone in the treatment of adolescent



depression. It provides evidence-based interventions that focus on the behavioural, emotional, and cognitive components that underlie this widespread mental illness. To address adolescent depression, this article has examined several CBT-related topics, including definition, prevalence, risk factors, principles, strategies, and evidence-based efficacy. It is clear from summarising the main conclusions and their implications, offering suggestions for CBT practice and policy, and issuing a call to action for better adolescent mental health support that CBT has enormous potential to help depressed adolescents recover, become resilient, and live well.

5.2 Summary of Key Findings

We have explained the various aspects of teenage depression in this article, emphasising its description, signs, frequency, and effects on people as well as society. We have discussed the fundamentals of CBT, including its behavioural activation approaches and cognitive restructuring techniques, as well as adaptations for the teenage population that take engagement strategies and developmental factors into account. In addition, we have examined the evidence-based effectiveness of cognitive behavioural therapy (CBT) in the treatment of teenage depression. We have emphasised the success of CBT in lowering depressed symptoms and preventing relapse by referencing clinical trials, meta-analyses, and long-term outcome research. In addition, we have looked at the psychoeducation, cognitive restructuring, behavioural experiments, and CBT components for adolescent depression. We have also looked at the therapeutic activities and procedures including mood tracking and relaxation techniques. Additionally, we have talked about how crucial the therapeutic alliance and relationship are to CBT, highlighting the value of developing a rapport, dealing with resistance, and working together to set goals to promote successful results. In addition, we have looked at how CBT for adolescent depression incorporates social and familial support networks, emphasising the value of enlisting parents, educating family members, and strengthening peer support networks to encourage all-encompassing recovery.

In addition, we have talked about the difficulties and restrictions associated with implementing CBT, such as treatment adherence, inequalities in access, and cultural issues. We have also advocated for continued research and activism to support fair access to CBT services for all adolescents who require them. In addition, we have looked at the role that schools and educational environments have in supporting the mental health and well-being of teenagers as well as technical advancements in the delivery of CBT, such

as internet-based programs and virtual reality-assisted therapies. Furthermore, we have discussed ethical issues related to CBT practice, such as informed consent, confidentiality, and power relations, and we have advocated for the provision of morally sound and culturally sensitive care to a range of adolescent populations. In addition, we have covered the significance of diversity and cultural competence in CBT practice, acknowledging the impact of cultural elements on the expression of depression, customising interventions for a range of populations, and tackling stigma and cultural taboos to advance inclusivity and equity in the provision of mental health care. Finally, we have included case studies and success stories of CBT interventions, providing real-world illustrations of the therapeutic process's transforming potential and igniting hope for depressed teenagers and their families.

5.3 Recommendations for CBT Practice and Policy

Numerous important recommendations for the practice and policy of cognitive behavioural therapy (CBT) are made in light of the findings reported in this paper. It is recommended that clinicians concentrate on the early detection and treatment of adolescent depression, utilising thorough evaluations and evidence-based cognitive behavioural therapy procedures to guarantee prompt and efficient treatment. Furthermore, it is crucial to approach therapy with a strengths-based and culturally aware approach, recognising the different identities, experiences, and talents of teenagers while attending to their individual needs and preferences.

Ensuring that adolescents have fair access to CBT treatments is a critical responsibility of policymakers. It is critical to give financing and resources for mental health services in a variety of contexts, such as communities, schools, and medical institutions, a top priority. By doing this, authorities can ensure that all teenagers, irrespective of their sociodemographic background, have access to the necessary mental health services. In addition, early intervention and prevention measures for adolescent depression must be promoted, which requires pushing for the integration of CBT into paediatric clinics, primary care settings, and juvenile justice systems.

Another important part of developing CBT practice and policy is funding research and innovation. It is recommended that policymakers set aside funds to facilitate interdisciplinary collaboration and technological developments in the mental health profession. This involves providing funds for studies that assess the efficacy of cognitive behavioural therapy (CBT) therapies for adolescent depression



and investigating cutting-edge delivery strategies including web-based programmes and interventions supported by virtual reality. Policies can improve the efficacy, relevance, and accessibility of cognitive behavioural therapy (CBT) for depressed adolescents by funding research and innovation, which will ultimately improve outcomes and advance general well-being.

5.4 Call to Action for Improved Mental Health Support for Adolescents

Enhancing mental health resources and assistance for this vulnerable demographic is urgently needed due to the rising prevalence and effect of adolescent depression. Toprioritise adolescent mental health and promote comprehensive and equitable mental health services, mental health professionals, legislators, educators, parents, and community stakeholders must work together. This group's call to action highlights the seriousness of the issue and the need for a coordinated strategy to treat adolescent depression.

In the context of therapeutic practice, physicians must enhance their cultural competence and diversity when using Cognitive Behavioural Therapy (CBT). Clinicians must customise interventions to meet the specific needs of varied teenage populations because they are aware of the significant impact that cultural influences have on how depression manifests itself. Adopting culturally sensitive techniques allows clinicians to build rapport and trust with their teenage clients, which improves the effectiveness and applicability of therapy approaches.

At the same time, legislators are urged to fund mental health education and awareness initiatives that destigmatize seeking assistance and encourage early intervention and preventative measures. Policymakers can enable people to seek care without fear of discrimination or judgment by funding projects that increase public understanding of adolescent depression and its treatment options. Additionally, it is crucial to incorporate resilience-building and mental health literacy into school curricula so that teachers may play a key role in creating inclusive, supportive settings that put students' well-being first.

Protecting the mental health of adolescents is largely the duty of parents and other carers. Parents can foster healthy parent-child interactions that act as protective factors against the onset and worsening of depression by placing a high priority on open communication and emotional support within the context of familial dynamics. To foster a supportive atmosphere that promotes mental health and well-being, parents are essential in encouraging teenagers to prioritise self-care and seek help when needed.

Lastly, it is advised for teenagers to understand the value of getting help when needed and practising self-care. Seeking assistance is a brave admission of one's own needs and vulnerabilities rather than a show of weakness. Adolescents can take charge of their well-being and help create a future in which all adolescents have access to the care and support they require to thrive mentally, emotionally, and socially by speaking up for their own mental health needs and actively practising self-care.

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