

Effectiveness of Cognitive - Behavioral Therapy on Stress Management, Anxiety and Depression of Teachers with Migraine

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Abstract:

Aim: The purpose of this study the efficacy of cognitive - behavioral therapy, stress management, anxiety and depression, migraine were teachers. Methods: This quasi-experimental study used a pretest-posttest design with a control group. The study population consisted of all teachers with migraine in the 2014 which is Ghouchan. Total of 30 subjects were selected by convenience sampling and divided into two groups (n = 15) and controls (n = 15) groups. Collection tool was a questionnaire depression, anxiety, and stress (DASS-21) was used for data analysis of covariance was used. Result: cognitive - behavioral therapy, stress management, anxiety and depression, migraine affects teachers. Conclusion: It seems that using cognitive-behavioral therapy, stress management, anxiety, depression, migraine teachers to improve.

Key words: CBT, stress management, anxiety, depression, migraine

Introduction

One of the ways non-medical therapy, cognitive-behavioral therapy, which has attracted much attention. This treatment is mainly focused on changes in cognitive behavior can be adapted. From the late fifties that CBT was introduced Gregorian date, numerous scientific findings indicate that the treatment for psychological problems ranging from anger management, anxiety disorders, and is used to treat schizophrenia Panic disorder and major depression at some cases are considered as the main treatment (Ferri 1999, translated by Muhammad and Farnam,2005).

Cognitive styles including the four-step process: detection of ATS, ATS testing identify hidden assumptions, non-adaptive and non-adaptive hypotheses to test the validity of the techniques of cognitive behavioral techniques that are sent to non-adaptive testing and the insights are used incorrectly. In these methods, the overall goal is to help the client to understand their cognitive and learning new skills for coping with the wrong consequences of it. Hence, cognitive - behavioral techniques can be combined in which the client is asked to imagine the steps of exposure and dominance in a fight, and the various aspects of their practice (Kaplan Sadok and Greb, 2005).

Biological perspectives are three types of pain, acute, chronic and chronic. Acute pain refers to the temporary discomfort of pain patients will survive less than six months. In these patients, often resulting in pain anxiety and pain by improving your physical condition gradually disappears, but if the pain lasts more than six months, anxiety and frustration due to lack of efficacy, increased patient life and causes

overwhelming pain, and when the pain becomes chronic. Chronic pain before continuing discomfort and there is also a major cause of pain is a disease in which malignant with increasing intensity of pain affect (Saraffino,2005).

One of the most common complaints of headaches is in neurological clinics. Most of the migraine type headaches (Kurt and Kaplan, 2008).The most common type of headache is a tension headache (Fumal, Magis,Schoene, 2006). The pain is bilateral, non-pulsatile (pressure or tightness, pain, or cap-like bandage, mild to moderate pain (which can hamper daily activities to be determined)(Holroyd et al, 2007).

Headache is one of mankind's problems. Although many headache sufferers never seek treatment, but half of patients are reported with headache disorders in headache days per month that. Cause of disability in the period of major human diseases such as hypertension or even more than breast cancer and rheumatoid arthritis, the pain is. International Headache Society 4 different categories based on history, physical and neurological examination and laboratory studies are divided. Migraine headaches are one of nature's complex and debilitating (Auray, 2006).

In addition, drug therapy for many patients suffering from tension headaches is not useful enough. The most common amitriptyline as a treatment for tension headaches caused an average 33% reduction in headache activity. On the other hand, if the drugs for prevention and treatment of pain, effectiveness, and no adverse effects were completely without exception, there was no longer any reason for the study. But now, understanding and changing attitudes and behavior is essential component in the care of those who suffer from headaches. In contrast, the neglect of these aspects, headache is the main reason for treatment failure. Cognitive-behavioral programs for patient education, self-regulation skills (eg, relaxation and coping skills training and pain) is a common and standard

medical therapy to meet the psychological, behavioral and lifestyle of patients with headache to remove (Holroyd, et al, 2001).

From the late (1970) Psychological treatment of headache, is taken into consideration. The general logic of the application, the methods of cognitive - behavioral therapy in the treatment of headaches, the observed gradient of coping with the stress of everyday life that can be set up, aggravating or treatment of the headache and the inability to add to the confusion, with severe headache, originate considered. On the other hand Gachel and Tork (1947) and Dobson and Craig (1996) believe that pain is a complex phenomenon and subjective to each person in a manner unique experiences and ways of knowing, individual beliefs about pain assessment and ways of coping with it, he, his experience in the role. One of the most important cognitive structures in this area, we believe that patient self-efficacy, the ability of the controller can be a headache. Study of French et al(2000) showed that patients believe in their ability to prevent headaches predicts the rate of disability caused by headaches. Powerlessness in the face of continuing headache can result in headaches and feeling helpless in the face of negative mood states and depression provide.

In the expression of cognitive - behavioral therapy, it is believed that the therapist cannot, however, alter the conditions of life of the patient, the patient's attitude about life events and stress, but may be due to change it. Therefore, it helps to idealistic standards and review procedures for dealing with incidents, less self-critical and to find new solutions to their problems.

Scientific studies and systematic investigations, preference of cognitive-behavioral intervention effects on other common medical practices medicine confirm (Rolingz Gatchel, Rollings, 2008). Cognitive-behavioral interventions on

a wide range of behavioral changes related to pain, function, feel, performance, and other factors in the control of pain and improve the positive impact (Reid, Otism, Barry, Kerns, 2003).

Cognitive-behavioral techniques over time have significant credibility and effectiveness of the interventions consistently bring acceptable results (Turner, Holtzman, Mancl, 2007).

The problem of pain, debilitating headaches addition, adverse effects on all aspects of life include social functioning and family influences. (Solomon, Skobieranda & Gragg, 2000), the impact of migraine on other family members such relations with wife, children and other family members will be displayed. Tension headaches and cognitive impairments in social functioning in individuals with cause (Solomon, Skobieranda, & Gragg, 1993).

Holroyd & Penzien (1994) Cognitive Intervention also aims to 1) identify stressful situations that cause or aggravate headaches and more effective strategies for dealing with the ester, 2) to deal effectively with the pain and the turbulence of associated with headache and 3) reducing negative psychological consequences of headaches, such as depression and disability is known.

Studies Holroyd et al (2001) have also pointed these methods in the treatment of headaches. Moreover, in recent years to reduce the economic costs and savings in time and cost-intensive forms of treatment.

Such therapy touch therapist and therapy group reduced their effectiveness has been confirmed that spread is (Tobin et al, 1988). Depression has also been studied in different types of headaches. Lance, Goadsby (2000) in a study of migraine sufferers, these people, 14 times higher than in normal individuals at risk for major depression, respectively. Lance and Curran (Silberstein, Lipton & Goadsby, 1988) one-third of

patients with tension headache were reported to have symptoms of depression.

Some causes of migraines include anxiety, stress, anxiety, menstrual, contraceptive pill, eyes glow in bright light, physical effort, lack of sleep, full sleep, certain foods, alcohol, water or temperature changes, smells nasty, being in long exposure (Haghighi, Mehrabi zadeh,2002).

Anxiety and stress may affect the process of creating headaches but not always be a cause or other emotional factors contribute to the cause of the headaches. In fact, in many cases there are physical changes causes mild to severe headaches and the headache is severe, possible association with pulsating headache, nausea or presentations. More legionnaires of violence, it is also likely to be more sensitive to light masking of severe headaches (Haghighi, Mehrabi zadeh,2002) .Depression and migraine have significant relationship between the incidence of Kerman Medical University (Ayat Elahi and Chraghian, 2005).

Dehghan, Neshat doost, Molavi, Nilforoushzadeh, (2009) of research has examined the effectiveness of cognitive behavioral therapy, stress management, anxiety and depression in women with alopecia showed that anxiety and depression scores in the experimental group is significantly higher than the group witness declined.

Sajjadi nezhad,Mohamadi.Taghavi and Ashj Zadh (2008) investigated the effect of therapy on depression and feelings of disability caused by headaches in patients with migraine and tension-type headache showed that cognitive-behavioral group therapy significantly reduces disability and depression in patients with headache, respectively.

Ranjbar, Ashktorab and Dadgari (2010) in Handbook of research investigating the effectiveness of cognitive-behavioral group therapy on depression showed that with these training levels of depression than the control group who had not fallen

pilot. In addition, the follow-up test results showed no significant difference exists between the Two Groups. On the other hand, given that teachers work due to special circumstances may also due to the pressures caused by the problems in education, school management and leadership practices of managers or problems arising from the conflict and role ambiguity and family problems, teachers can develop stress and stress affect a person's mental health. Teachers are dealing with people growing and impressionable and adolescents who are heavily influenced by rewarding providers' authorities, forced visitor, punitive or statutory authority and expertise are important so that indirectly affect the generality of teachers, behavior, and approach and judged.

So any investment in a broad understanding of mental health, especially the health teacher she somehow will help to improve education of future generations (Bakhtiar Pour 2003).

Teacher's personality and mental and physical health are importance. Close contact with the students and teachers who influence them. They play an important role in the mental health parity objectives with regard to the purpose of education and mental health of people both healthy and prosperous is useful. Need for such studies in education are important. If teachers identify mental and physical health and mental health programs to improve the academic performance also improved, it reduces the rate of decline in academic education will help the economy. According to teachers play important role in students' mental health is more important than other social classes. Considering that chronic tension headaches due to pain and reduced function and reduces their job productivity and increasing health care costs on individuals and society, it seems that tension Headache is a major health problem and finding ways to control and treat this problem could be very important. And we're looking for in this study whether cognitive -

behavioral therapy, stress management, anxiety and depression, migraine affects teachers?

Materials and Methods

The study was a quasi-experimental. The study used a pretest and posttest for the experimental group and a control group. In this project, the independent variable is presented and a control group not provided. The study population consisted of all teachers in 2014Ghouchan was living with migraine sample consisted of 30 patients who were using selective sampling and tested for 14 sessions of 50 minutes each were exposed to the independent variable. Instruments include:

Measures of depression, anxiety and stress (DASS-21): This scale is a set of three self-report scales for assessing affective states of depression, anxiety and stress by Laoibond was built in 1995. Reliability and validity of the questionnaire by Samani and Jokar (2007) examined the retest reliability for depression, anxiety and stress, respectively 80/0, 76/0 and 0.77 and Cronbach's alpha for depression, anxiety and stress respectively 0.81, 0.74 and 78/0 reported. Each subscale of the DASS-21 consists of 7 questions that the final score of each question relating to the scores obtained (Table 1). Any question from zero (not at all about me is not true) to 3 (in my case applicable) will be grading. Since the DASS-21 short form of the original scale (42 items), the final score for each subscale should be two-fold. After referring to Table 1, we can determine the severity of symptoms (Samani and Jokar, 2007).

ANCOVA was used to analyze the data.

Table 1. Questionnaire subscales and questions (DASS-21)

Subscales	Items
Depression	3-5-10-13-16-17-21
Anxiety	2-4-7-9-15-19-20

Table 2. Severity Questionnaire subscales (DASS-21)

High	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Low	10-13	8-9	15-18
	14-20	10-14	19-25

Results

Table 4. Analysis of covariance

variable	Sum of square	df	Mean of square	F	Sig.	Effect size	Power of test
Pre-test	0.041	1	0.041	0.007	0.94	0.0001	0.05
Groups	48.98	1	48.98	7.78	0.01	0.201	0.77
Error	182.65	27	0.29				
Total	235.22	29					

The results table shows significant differences between subjects in the experimental group and the control group ($df(27, 1) = 0.007, p > 0.05$) in the presence of test, not a test, the subjects in the two groups. Test and control group $f(27,1) = 78.7, p < 0.01$) there is a significant difference. With 99% confidence we can conclude that cognitive - behavioral therapy, stress management, anxiety migraine affects teachers and the effectiveness of cognitive - behavioral therapy for anxiety and stress management is 0. 21.

Table 5. Analysis of covariance

variable	Sum of square	Df	Mean of square	F	Sig.	Effect size	Power of test
Pre-test	2.34	1	2.34	0.33	0.57	0.01	0.09
Groups	54.77	1	54.77	7.70	0.01	0.20	0.76
Error	206.41	27	7.12				
Total	263.28	29					

The results table shows significant differences between subjects in the experimental group and the control group ($f(27,1)(p > 0.05)$) in the presence of depression is not a pre-test and post-test in depression between the two groups of subjects test and control group $f(27,1)$, ($p < 0.01$) there is a significant difference. With 99% confidence we can conclude that cognitive - behavioral therapy on depression, stress management, migraine affects teachers. The effect of cognitive - behavioral therapy, stress management, depression is 20/0. The hypothesis was proven.

Discussion and conclusions

The purpose of this study the efficacy of cognitive - behavioral therapy, stress management, anxiety and depression, migraine teachers, results showed that:

Cognitive - behavioral stress management reduces anxiety, migraine were teachers. Research findings show the effectiveness of cognitive behavioral therapy, stress management, reducing anxiety and depression in patients with alopecia (Dehghan, Neshat doost, Molavi, Nilforoushzadeh, (2009), patients with IBS (Blanchard, 2007).

Several studies show a high level of anxiety in patients with migraine, but on the contrary, is very limited information on the results of psychological treatment.

Using cognitive strategies manage stress and inadequacy, irrational thoughts that trigger anxiety and depression are identified, the patient towards understanding the role of these thoughts. Participation try to replace them with rational thoughts, and with the help of behavioral strategies such as relaxation can be reduced anxiety and distress in. Training an effective relaxation technique that allows one to recognize the physical symptoms of stress that this result is consistent with the following findings:

Danaei sage, Dehghani Firoozabadi, Sharif zadeh (2013) in a study entitled The Impact of Stress Management, Cognitive - Behavioral Therapy on Depression, anxiety and head pain control in women with migraine showed that stress management techniques of cognitive - behavioral depression and anxiety significantly decreased the number of migraine headaches. In explaining the effectiveness of cognitive-behavioral therapy on depression in patients with migraine headaches can be paraphrased as teachers who patients with stress management training find problems, what are the strategies to deal with these problems as they learn? This leads to increased self-esteem and psychological adequacy of these patients. Individuals with the capacity and capabilities of their therapy were more life becomes more resistant and resilient to stress that eventually can lead to anxiety and depression. Also explain how this method of training necessary to evaluate content presented in this session looks cognitive skills such as problem solving combat negative thoughts, rational thinking and distraction techniques, increase mental health and behavioral skills training such as relaxation, increased physical planning activities to be enjoyable. This trend is an increase in mental health, depression and anxiety involved. It is proposed to study other diseases, including patients with other disorders and physical illnesses such as cancer, cardiovascular disease, kidney disease, patients with MS and used.

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