Effectiveness Evaluation of Psychotherapy Based on Cognitive Behavior Therapy

Xuying Xiang
School of Psychology of Shandong Normal University, Jinan, Shandong, 250014, China

Keywords: Cognitive behavioral therapy, Psychotherapy, Efficacy evaluation

Abstract: Cognitive-behavioral therapy is a treatment that corrects abnormal behavior by changing poor cognition. Whether or not to evaluate the effects of psychological counseling and treatment has been a subject of controversy among scholars, and it is also the direction of efforts of various psychological counseling and treatment schools. This article selects 120 students with certain psychological distress in a university as the tutoring group, and randomly selects 90 students from 3 classes in the school as a control group for comparative research. Self-rating scale for psychological symptoms (SCL-90), self consistency and congruence scale (SCCS), Anxiety self-rating scale (SAS), and depression self-rating scale (SDC) were tested before and after intervention. The research results show that there is statistical significance in each index difference between the pre-test and post-test of the intervention group, there is statistical significance in the difference between the pre-test counseling group and the control group, and there is no statistical significance in the difference between the post-test counseling group and the control group. This shows that cognitive behavioral therapy can achieve good results in psychological crisis intervention in colleges and universities, improving college students' cognitive level, Emotional adjustment and promoting the development of interpersonal skills.

1. Introduction
Cognitive behavioral correction is a new direction that has emerged in American behavioral therapists since the mid-1970s. It is a new group of psychotherapy developed to address the shortcomings of classical behavioral therapy [1]. It differs from perceptual perception in that perception is the reflection of the human brain on the individual attributes of objective things, perception is the reflection of the human brain on the individual attributes of objective things, and cognition is the reflection of the information meaning of the human brain on objective things [2]. Cognitive behavioral therapy theory holds that the direct cause of individual emotional disorder and crisis is individual cognition and evaluation of events. A person's emotional and behavioral defects are caused by his cognitive defects. Once the cognition is corrected and changed, the emotional and behavioral defects will be improved accordingly and the crisis will be relieved [3]. Cognitive behavioral therapy holds that cognitive process is the intermediary between individual behavior and emotion, and the purpose of correcting bad behavior can be achieved by learning to change incorrect cognition. This paper uses cognitive-behavioral therapy to correct college students' cognitive mode and carries out negative Emotional adjustment to explore the application effect of cognitive-behavioral therapy in college students' psychological crisis intervention.

2. Objects and Methods
2.1 Object
Cognitive psychology believes that a person's understanding or explanation of life events (i.e. cognitive evaluation) can affect his attitude, emotion and produce corresponding behavioral responses [4]. In a university, 120 students with certain psychological problems were selected as the research objects, and 11 counseling groups were organized from different angles such as freshmen's adaptation, interpersonal communication, examination anxiety, career planning, etc. for nearly one
year's mental health education and group psychological counseling. In addition, 90 students from 3 classes in the school were randomly selected as the control group for the research.

2.2 Method

Before and after psychological counseling, psychological tests were performed on the counseling group and the control group. The test scales included SCL-90, Self consistency and congruence scale (SCCS), and anxiety self-rating scale (SAS). The emotional adjustment group also conducted a separate Self- Before and after the intervention of rating depression scale (SDS). Both the counseling group and the control group received regular mental health education and organized several large-scale lectures. Cognitive psychology believes that some people's abnormal behaviors are actually caused by wrong cognitive evaluation. Therefore, by learning to change a person's unreasonable cognitive evaluation, one's attitude, emotion and abnormal behaviors will be changed [5]. The treatment method mainly corrects these pathological cognition through reasoning, questioning and dispute. The first is cognitive analysis, which allows patients to record specific major maladjusted cognition and list in detail the reasons for supporting and opposing these cognition. In fact, some automatic ideas are probably unrealistic or dysfunctional, but some people cannot calm down and think about the authenticity or validity of these ideas. According to the cognitive behavioral therapy model, the group counseling process is designed, and the activities are organized in the order of “emotional experience-cognitive construction-behavioral training-feedback adjustment” [6]. The group activities are divided into 8 times, once a week, once for 2-4 hours, and some group members give individual counseling 3-8 times.

3. Result

The key point of cognitive behavioral therapy lies in “cognitive reconstruction”. That is, through learning to identify and change those dysfunctional unrealistic ideas. This process of reconstruction should be practiced repeatedly, especially through learning in daily life to master cognitive adjustment skills. Then, guide patients to analyze it deeply. “Delimitation” and “centrifugation” procedures are often adopted. Delimitation is to let patients learn to distinguish between subjective imagination and objective reality. Centrifugation, in order to allow patients to eliminate causal relationship, not to live in the surrounding environment irrelevant phenomenon involved in themselves. After the study group counseling ended, the Emotional adjustment group, other counseling groups and the control group conducted post-test at the same time. The results are shown in Tables 1 and 2.

<table>
<thead>
<tr>
<th>Group</th>
<th>The number of</th>
<th>Forced state</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Hostile</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>Pre-test 120</td>
<td>20.341</td>
<td>23.356</td>
<td>17.226</td>
<td>10.331</td>
<td>10.922</td>
</tr>
</tbody>
</table>

People usually don't think about whether their own automatic ideas are correct or valid. As a result, those dysfunctional automatic thoughts will affect their emotions and behaviors. Scholars began to systematize cognitive therapy so that the theory and practice of cognitive therapy can be more widely applied to other diseases [7]. From the aspect of psychotherapy, whether the patient's personality has improved, whether he has become more active and mature, whether he has the willpower to deal with difficulties and can adapt to the situation more skillfully, etc., may be the focus of treatment and evaluation. In the pretest, the difference between the counseling group and the control group in all SCL-90 indexes was statistically significant. After nearly one year's counseling, there was no significant difference between the counseling group and the control group in all indexes of SCL-90. The therapeutic target has operability and can be directly evaluated. Cognitive behavioral therapy works directly on symptoms, reduces pain, reevaluates ideas, and
promotes the occurrence of helpful behaviors. From the front and back tests of the counseling group itself, except somatization, hostility and other three indicators did not significantly improve, the other indicators were significantly improved.

Table 2 Comparison of Scores of Various Factors Before and after Sccs and Sas Counseling between the Counseling Group and the Control Group($\bar{x}$)

<table>
<thead>
<tr>
<th>Group</th>
<th>The number of</th>
<th>The disharmony between self and experience</th>
<th>Self-flexibility</th>
<th>Self-rigidity</th>
<th>Total anxiety score(SAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling group</td>
<td>Pre-test</td>
<td>120</td>
<td>44.556</td>
<td>45.825</td>
<td>19.238</td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>120</td>
<td>41.086</td>
<td>47.116</td>
<td>18.156</td>
</tr>
<tr>
<td>Control group</td>
<td>Pre-test</td>
<td>90</td>
<td>42.951</td>
<td>45.107</td>
<td>19.258</td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>90</td>
<td>39.128</td>
<td>42.971</td>
<td>19.479</td>
</tr>
</tbody>
</table>

Cognitive changes can promote behavioral adjustments. On the contrary, changes in behavior can also affect cognitive changes [8]. For example, a person may think that he or she has no social skills and is distressed by this. He or she thinks that if he or she talks with others, they will definitely not be interested in his or her topic, so he or she is afraid to actively communicate with others. In SCCS pretest, the dissonance between self and experience in the counseling group was significantly higher than that in the control group, and the flexibility of self was significantly lower than that in the control group. In the post-test, although the discordant score between self and experience of the counseling group is still higher than that of the control group, the difference is not statistically significant. In terms of self flexibility, the counseling group has been significantly higher than that of the control group. The essence of psychotherapy lies in grasping the key of knowledge and belief, carrying out persuasion and education in a targeted way, and changing irrational belief into rational belief. To solve psychological problems, one needs to change one's mind from “irrational” to “rational” and avoid the self-accusation and pessimistic attitude of patients in the treatment process. The patients should approach the patients in a natural way and establish a mutual trust relationship. However, the therapist who has no curative effect is often too pessimistic, regardless of the patient's mistakes and shortcomings, and seems to be a “strict teacher” in treatment, and holds a passive and negative attitude. In the post-test of the counseling group, each index is better than the pre-test, and the disharmony between self and experience reaches statistical level.

From the perspective of treatment methods and procedures, cognitive therapy has certain “standardized” characteristics in treatment objectives, time arrangement, treatment procedures, evaluation tools, etc., and the treatment process has “reproducibility”. In SAS pretest, anxiety of counseling group was significantly higher than that of control group. In the post-test, the anxiety of the counseling group was lower than that of the control group. The anxiety level of the counseling group was significantly lower than its pre-test level. However, gestalt tendency tries to protect trauma-related information in activated memory so as to achieve integration with pre-stored models, thus leading to the collapse of psychological defense mechanism and prompting trauma information to re-enter the consciousness level. Its manifestations are flashbacks, nightmares, etc. Cognitive and conscious emotional self-regulation will directly affect the electrochemical power of the brain [9], and cognitive reappraisal can selectively change the working mode of the brain and the reaction mode to emotional stimulation [10]. The Emotional adjustment team also conducted SDS tests before and after counseling. The results showed that after group counseling, the depression scores of the 6 students all decreased.

4. Discuss

Through the application of cognitive behavioral therapy in group counseling, the mental health of the group members before and after the intervention has been significantly improved, which has
achieved good results in improving college students' cognitive level, relieving depression, adjusting emotions, and promoting the development of interpersonal skills. The attitude of the therapist directly enters the interactive process of treatment and is conveyed to the patient in the process of mutual communication and communication, causing the patient to treat the therapist and the psychotherapy itself to generate a series of attitude responses, of which the most important thing is the trust and trust in the therapist. For some specific disorders, the treatment response rate of cognitive behavioral therapy is not satisfactory enough. Researchers need to explore the causes leading to no response to treatment and develop more targeted treatment strategies. Promoting the perfection of cognitive function. Group counseling on the understanding and revision of automatic thinking and core beliefs is, in fact, to develop a multi-angle way of thinking and learn to look at the environment and life positively and comprehensively. In the group, the students change the original absolute expression into an acceptable objective expression by recognizing themselves, opening themselves up and reshaping themselves. At this time, the memories, thoughts and appearances of traumatic experiences cannot be integrated with the current schema, which makes some psychological defense mechanisms work, represses traumatic information into unconsciousness, and individuals experience a period of numbness and denial of facts. At this time, a therapeutic relationship is established between the two parties, thus supporting the patients to accept the influence of other factors and produce changes.

The members of the group can express their painful and disappointed feelings with words in the group, which can ease their emotions and obviously improve their depressive symptoms. The effect evaluation in the later stage of treatment is mainly about the change of personality performance. Personality has become more mature and can effectively apply appropriate methods to deal with and cope with setbacks and difficulties, such as changing the attitude of life and the basic view of life, as well as the understanding and understanding of oneself. Through group activities, students who thought that they would be looked down upon if they took the initiative to communicate with their classmates learned communication skills and applied them to real life and study. They took the initiative to communicate with their classmates to resolve the original estrangement between the two sides. In the communication, the students have increased their self-confidence, adapted to the environment, and gradually felt safe at school, in class and at home. In the treatment process, attention must be paid to the negative effects of patients' psychological motivation for failure, inner conflicts, decline in the application ability of psychological defense mechanisms for emotional anxiety, secondary benefits and dependence on the therapist on the treatment effect. It is still a long-term process to realize and correct negative automatic thinking and core beliefs in the group. Some students in the group will continue to receive individual counseling to face with them the puzzles in study and life, consolidate new core beliefs and adjust negative automatic thinking. Cognitive behavioral therapy should be regarded as one of the most important achievements, if not the most important achievement, in the treatment of mental diseases.

The evaluation time for therapeutic effect depends on the purpose, content and basis of the evaluation. For different therapeutic methods, the evaluation time may also change when the same content is evaluated. The classroom teaching integration of group psychological counseling and mental health education carried out by cognitive behavioral therapy has deepened and strengthened the effect of crisis intervention. In tutoring, college students have suffered a lot during their growth, but they are willing to accept help and have the ability to solve their own problems through cognitive and behavioral levels. After experiencing trauma, a fear network is formed in memory, which is composed of the following information: stimulation information of trauma events; Cognitive, behavioral and physiological response information of trauma; Information linking stimulus and response. In the future, if routine monitoring and treatment can be carried out, the therapist will be given feedback on the deterioration trend of patients during treatment, and the effect model of this meeting will be verified by assisting the therapist to select intervention means to adjust expectations, strengthen treatment alliance, adjust treatment plan, etc.
5. Conclusion

Psychotherapy is one of the effective medical interventions, which can improve or eliminate the symptoms of patients, improve the adaptation level of patients, and promote their personality growth and development. The curative effect of psychotherapy is not easy to evaluate and is affected by many factors. However, cognitive behavioral therapy has made exploration and achieved valuable research results, laying a foundation for the sustainable development of cognitive behavioral therapy. In the process of evaluating the effect of psychotherapy, it is necessary to evaluate it from many aspects and dimensions according to certain evaluation criteria, taking into account the relevant influencing factors in the process of psychotherapy. Cognitive behavioral therapy provides a solid theoretical basis and effective implementation mode for colleges and universities to carry out psychological crisis intervention.

References


