

# The Role of the Cognitive Behavioral Therapeutic Intervention in the Social-professional Reintegration of the Unemployed People

ELENA NICOLETA BORDEA, ANGELO PELLEGRINI\*

Carol Davila University of Medicine and Pharmacy, 37 Dionisie Lupu Str., 020021, Bucharest, Romania

*The unemployment, especially the repeated and long-term unemployment, can cause in time, stress vulnerability, negative cognition regarding to oneself, world and future. The destructive consequences of the unemployment lend quite well, as a form of therapeutic intervention, to a cognitive behavioral approach which has the purpose of a faster social and occupational reintegration and the increase of the life quality of the unemployed persons. The objective was to prove the positive influence of the cognitive behavioral therapeutic intervention regarding the level of social-professional reintegration of the unemployed. Participants included in the survey were 432 people (224 women and 208 men) from the urban area, being unemployed, selected using the method of simple random sampling, divided through stratified randomization in two groups. A cognitive behavioral therapeutic intervention was applied to the experimental group and no therapeutic intervention was applied to the witnessing group. It has been observed that there are significant differences between the initial unemployment condition and the final unemployment condition, in which a part of the unemployed were reintegrated socially-professionally after 6 months after the cognitive behavioral therapeutic intervention. The experimental group (to which therapy was applied) experienced a reintegration degree double (36.57%) comparing to the witnessing group (19.44%) where no therapeutic intervention was performed. The cognitive behavioral therapeutic intervention increased the degree of the social-professional reintegration of the unemployed.*

**Keywords:** unemployed people, cognitive behavioral therapy, social-professional reintegration

The unemployment represents an important professional stress factor. The unemployment can cause mental anguish through financial hardship, loose of control, stress, loose of social support, and other latent functions related to employment (Mikael Skarlund et al., 2012) [1].

The unemployment, especially the repeated and long-term unemployment can cause in time, stress vulnerability, negative cognition regarding to oneself, world and future [2].

The destructive consequences of the unemployment lend quite well, as a form of therapeutic intervention, to a cognitive behavioral approach [3-5].

Applying the cognitive behavioral therapy has the purpose of a faster social occupational reintegration and the increase of the quality of life of the unemployed people.

*The objective* was to prove the positive influence of the cognitive behavioral therapeutic intervention regarding the level of social-professional reintegration of the unemployed.

## Experimental part

### Materials and methods

The participants included in the study were persons aged 20 to 61 years, from urban area, being unemployed, selected using the method of simple random sampling, based on volunteering, expressed free consent, after a psychiatric interview and some inclusion and exclusion criterias.

Inclusion criterias:

- unemployed people from urban area, at least one month since they became unemployed.
- men and women,
- age: 20-65 years,
- education: without secondary education, with secondary education and with higher education.

Exclusion criterias: unemployed people

- previously or during the selection interview diagnosed with severe mental disorders,

- addicted to alcohol, drugs or other psychotropic substances,

- with severe somatic disorders and somatic disorders that can influence the mental condition,

- that do not provide correct and complete information.

The selection of the participants and therapeutic intervention were performed in 3 stages, within a six months period.

The study included 432 people, 224 women and 208 men.

The study group was divided in two lots through stratified randomization: an experimental lot, to which a cognitive behavioral therapeutic intervention was applied and a witnessing lot to which no therapeutic intervention was applied. The experimental group included 104 men and 112 women, and the witnessing group, 104 men and 112 women.

Some persons gave up due to various reasons (they moved to a different place, they gained employment, they did not have time, etc.)

In the end the groups that took part in the study were as following: the experimental group of 102 men and 106 women and the witnessing group of 98 men and 102 women.

The groups of subjects included in the study were comparable from all points of view, the only difference being the therapeutic intervention utilised in the study.

The independent variables used were the age and gender.

The dependent variable: the degree social-professional reintegration.

The following research instruments were applied to both groups:

\* email: [pellegrini.angelo@gmail.com](mailto:pellegrini.angelo@gmail.com); Phone: 0722 588 455

- a psychiatric interview in order to notice whether there are important mental disorders that require a special attention [6,7].

- a cognitive behavioral therapeutic intervention based on a stress-level evaluation, anxiety and depression performed in a previous survey by applying DASS-21R scale.

The DASS-21R [8,9] scale is a set of three scales of self-evaluation, each scale having seven items, developed to evaluate the negative emotional conditions of depression, anxiety and stress, experienced in the last week.

The DASS-21R scale represents the short version of DASS questionnaire (Lovibond & Lovibond) with 42 items, translated for the Romanian population by Adela Pere and Monica Albu. This questionnaire can be used for research purpose and in clinical context. The target population is the non-clinic population older than 17 years old. The administration forms are: individually or in groups, the paper-pencil version. The average time of taking the test is around 10 min.

Purpose: the main function of the DASS test is to evaluate the severeness of the central symptoms of depression, anxiety and stress. The discrimination capacity between the three conditions related to depression, anxiety and stress is useful for the researchers who are concerned with the nature, etiology and mechanisms of the emotional disorders.

The differences between the normal persons who experience depression, anxiety and stress conditions, and those with clinical disorders who experience this kind of conditions are rather differences in intensity of the conditions experienced.

In these situations, DASS is not directly involved in a strict diagnosis such as the ones postulated in the classification systems such as: DSM (Diagnostic and Statistical Manual of Mental Disorder) [10] and ICD (The International Classification of Diseases) [11].

The 21 items of DASS-21R are presented to the evaluated persons by random, using a scale of four points, with the answers [8,9]:

0 = did not apply to me at all - NEVER

1 = applied to me to some degree, or some of the time - SOMETIMES

2 = applied to me to a considerable degree, or a good part of time- OFTEN

3 = applied to me very much, or most of the time - ALMOST ALWAYS

For each of the statements the subject has to circle the number that indicates best his/her situation in previous week. There are no correct or wrong answers and you should pick a statement in a short time. The total score for each of the DASS scales is obtained by summing up the scores of the seven items of each scale.

In the present study we have used the short version of the scales known as DASS-21R. The items have been selected in such a way as to represent all the subscales and the total score to be turned into the score of the original version of DASS scales by multiplying with two. When DASS 21 is being quoted, the total for each scale has to be multiplied by two each time before it is registered.

The interpretation of the scores [8,9]

The DASS scores should not be used as a single criteria when clinical decisions are being made.

The depression scale:

0-9 = normal, 10-13 = mild, 14-20 = moderate, 21-27 = severe, 28+ = extremely severe

The anxiety scale:

0-7 = normal, 8-9 = mild, 10-14 = moderate, 15-19 = severe, 20+ = extremely severe

The stress scale:

0-14 = normal, 15-18 = mild, 19-25 = moderate, 26-33 = severe, 34+ = extremely severe

The therapeutic intervention has been carried out through a stress management programme based on a cognitive behavioral approach, comprised of six individually sessions of one hour each, or six group sessions of two hours [12-14].

The six therapy meetings included:

1. Learning relaxation techniques and leading a healthy lifestyle

2. Cognitive strategies for managing the stress

3. Communication techniques

4. Problem solving and stress management techniques

5. Coping with stress (coping techniques)

6. Generalization of stress management techniques for daily situations

The statistical analysis of the information was done using SPSS software, utilizing the hi-square test, in order to analyze the difference between unemployed people regarding the degree of the professional reintegration.

Using the statistical technique of donor-receiver imputation of the closest neighbour, the missing cases were treated because of the abandoning, in order to preserve the number of unemployed people from the groups.

## Results and discussions

The degree of social-professional reintegration was tested for the two groups of unemployed people.

Table 1 and table 2, which show the level of social-professional reintegration, we can notice that the experimental group (to which therapy was applied) experienced a reintegration degree double (36.57%) comparing to the witnessing group (19.44%) where no therapeutic intervention was performed.

**Table 1**

THE LEVEL OF PROFESSIONAL REINTEGRATION FOR THE UNEMPLOYED EXPERIMENTAL GROUP

Reintegration	Value
No	63.43%
Yes	36.57%

**Table 2**

THE LEVEL OF PROFESSIONAL REINTEGRATION FOR THE UNEMPLOYED WITNESSING GROUP

Reintegration	Value
No	80.56%
Yes	19.44%

The Null hypothesis (H0) is chequered versus the alternative hypothesis (H1).

H0: there are no significant differences between the initial condition of unemployed person and the final condition (unemployed or employed)

H1: there are significant differences between the initial condition of unemployed person and the final condition (unemployed or employed).

According to Bratu [15], the non-parametric tests, such as the hi-square test, apply when at least one of the variables is qualitative or when you do not know the distribution of the variables. In our case, the two variables are binary, so qualitative, the usage of non-parametric tests being necessary, such as the hi-square test.

Following the statistical analysis it has been observed that there are significant differences between the initial condition of unemployed person and the final condition, in which a part of the unemployed people were reintegrated socially-professionally after 6 months since the cognitive behavioral therapeutic intervention.

Therefore, according to the hi-square test (the empirical level is 0, less than 0.05, which implies the rejection of the

**Table 3**  
DIFFERENCE BETWEEN UNEMPLOYED  
PEOPLE REGARDING THE DEGREE  
OF PROFESSIONAL REINTEGRATION

	Employment after 6 months
Hi-square	15.574
Freedom degrees	1
Asymptotically significance	.000

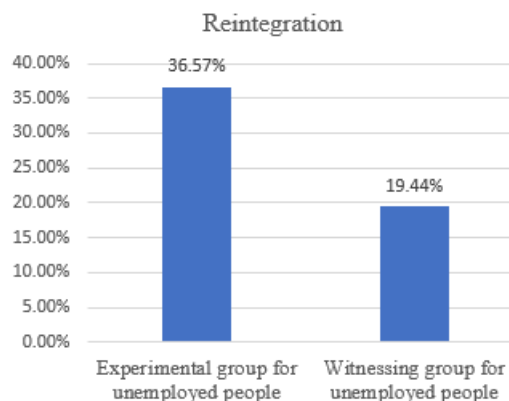


Fig.1 Difference between unemployed regarding the professional reintegration

null hypothesis), we can conclude that the cognitive behavioral therapeutic intervention increased the degree of the social-professional reintegration (table 3, fig. 1).

### Conclusions

The cognitive behavioral therapeutic intervention increased the degree of the social-professional reintegration of the unemployed people. The experimental group (to which therapy was applied) experienced a reintegration degree double (36.57%) comparing to the witnessing group (19.44%) where no therapeutical intervention was performed.

### References:

- 1.SKARLUND, M., AHS, A., WESTERLING, R., Health-related and social factors predicting non-reemployment amongst newly unemployed, BMC Public Health, 2012, 12:893 la <http://www.biomedcentral.com/content/pdf/1471-2458-12-893.pdf>
- 2.MONTGOMERY, S.M., COOK, D.G., BARTLEY, M.J., WADSWORTH, M.E., Unemployment pre- dates symptoms of depression and anxiety resulting in medical consultation in young men. Int. J. Epidemiol. (1999) 28 (1): 95-100.
- 3.BACIU, C., (1996), Modele ale răspunsului la stresul pierderii locului de munca, in Starea societății românești/ Starea sociologiei după 10 ani de tranziție, in Badescu, I.; Zamfir, C.; Zamfir, E. (Eds.), Bucuresti: Ed. Expert, pp. 474-481
- 4.BACIU, C., (2003), Somajul ca sursa de stres în viața cotidiană, Studia Universitatis Sociologia, Anul XLVIII, vol. 1-2, pp. 133-149
- 5.RUS M., (2009) Asistența socială a somerilor, Suport de curs

- 6.SADOCK, B.J., SADOCK, V.A., Manual de buzunar de psihiatrie clinică; trad. Lucian C. Alexandrescu- Ed. a 3-a, rev.-Bucuresti:Editura Medicală, 2009; pp.13-29
- 7.GEORGESCU M., Psihiatrie, Ed. Naional, 2004; pp.17-36
- 8.LOVIBOND, S.H. and LOVIBOND, P.F.(1995), Manual for the Depression Anxiety & Stress Scales (2-nd Ed.) Sydney: Psychology Foundation
- 9.LOVIBOND, S.H., LOVIBOND, P.F. DASS Manual pentru scalele de depresie, anxietate și stres. Adaptarea și standardizarea pe populația din România: A.Perte, M.Albu -Cluj-Napoca: Editura ASCR; 2011
- 10.\*\*\* ASOCIAȚIA PSIHIATRICA AMERICANA, Manual de diagnostic și statistică a tulburărilor mintale, Ed a 4-a Revizuită (DSM-IV-TR), Asociația Psihiatrilor Liberi din România, Bucuresti, 2003
- 11.\*\*\* ICD-10, WHO, Clasificarea tulburărilor mintale și de comportament. Simptomatologie și diagnostic clinic, Ed. All, Bucuresti, 1998
- 12.HOLDEVICI, I., Tratat de psihoterapie cognitiv-comportamentală, ed. Trei, Bucuresti, 2009
- 13.HOLDEVICI, I., Gandirea pozitivă. Ghid practic de psihoterapie rațional-emoțională și cognitiv-comportamentală, Editura Dual Tech, București, 2000.
- 14.GEORGESCU, M., Introducere în consilierea psihologică, Ed.Fundatiei Romania de Maine, 2004, Bucuresti
- 15.BRATU, M., (2012), Strategies to Improve the Accuracy of Macroeconomic Forecasts in USA, LAP LAMBERT Academic Publishing, ISBN-10: 3848403196, ISBN-13: 978-3848403196 (INTERNATIONAL PUBLISHING HOUSE FROM GERMANY) <http://www.amazon.com/Strategies-Improve-Accuracy-Macroeconomic-Forecasts/dp/3848403196>

Manuscript received: 3.03.2018