

USAL: A Counseling Innovation for Teenage Depression

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Abstract: This study aimed to determine the effectiveness of USAL which stands for U — *Unawa* (Case Conceptualization), S — *Salita ng Diyos* (Word of God), A — *AralingTakda* (Homework) and L — L.U.H.A. (Life Lessons using Heart and Hand Activities) as an innovative counseling approach in the treatment of teenage depression. It involved a multiple case study of six female adolescent clients with varying levels of depression and levels of SQ (spiritual quotient). The clients were administered the Reynolds Adolescent Depression Scale (RADS) and Spiritual Quotient Questionnaire (SQQ) before the application of treatment. The same test questionnaires were answered by the clients after immersing themselves in the process of USAL.

Findings showed that all six female adolescent clients showed significant improvements on the level of depression and SQ. It was also found out that the highest score among the cases was Negative Self Evaluation followed by Dysphoric Mood while on the level of SQ the lowest was Purpose in Life followed by Tolerance. All clients experienced improvement in all the levels of depression while their SQ was strengthened. The study concludes that USAL is applicable in the treatment of varying levels of depression and in increasing the level of SQ.

Key words: counselling, depression, adolescent, spiritual quotient

1. Introduction

Depression is one of the most common but most misunderstood term being used by people when they feel sad or blue. “I am depressed” is an expression one would commonly hear from people suffering from loneliness or emptiness. Mateo (2017) reported that “more than 3.29 million people in the Philippines are living with depression and an almost equal number of individuals are suffering from anxiety”. This reality enables the Department of Health and World Health Organization – Philippines (WHO-Philippines) to appeal on the people, and civic society to use multi-media platforms to engage people in a serious discussion to understand what really is depression and other mental health problems affecting Filipinos.

The Senate Committee on Health (2013) reported that many people in the Philippines have a different view about depression. Most Filipinos consider extreme sadness is not a sickness and is something that one eventually overcome as time goes by resulting to people not reporting depressive episodes because of embarrassment to look for help. Further, the report states that “depression has been the number one cause of suicide, accounting for about

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90 percent of the total cases.” Other cases included alcohol and substance addiction, and neglected cases of mental disorders including bipolar disorder, schizophrenia and others.

Teenagers also have a different way of handling depression. Most often teenagers do not communicate their true feelings because they feel they can eventually deal with it. Delinquency, boredom, and deviancy can be a defense used by teenagers to cover up depression and loneliness (Triche et al., 2002). Castillo (2017) expresses that the condition is difficult to notice with teenagers because unlike depressed adults marked by deep sadness, adolescents tend to become more irritable, angry and always wanted to be alone which adults think are just part of growing up.

The present study was conducted to help alleviate the symptoms of teenage depression by using USAL as a counseling approach, rooted on the Filipinos’ deep sense of spirituality and belief in God. “USAL” can be defined as a brief prayer or utterance used by Filipinos in times of trouble, emergency, or in deep gratitude for God’s everyday blessings. During emergency usal can be heard as “Diyos ko! Hwag nyo kaming pabayaan” (My God! Don’t forsake us). In times of trouble “Iligtas nyo po kami Panginoon.” (Save us Oh Lord!) In everyday lives “Salamat Panginoon sa mga biyaya mo,” (Thank you Lord for all Your blessings) are common utterances or “usal” coming from the Filipino faith.

The study of Batara (2015) revealed that Filipino adolescents are highly spiritual and they value being “maka-Diyos” as they try to understand themselves and their role in their families and communities. Filipinos value being “maka-Diyos” and rely on God’s provision during difficult and hard times. The high sense of spirituality of Filipinos can be a tool in alleviating stress and prevent mental illness if done regularly like praying and reading the Word of God (Batara, 2015). The study of Casino (2010) referred to this dependence on God as the “bahala na” attitude of Filipinos when facing hardships in life.

This study also wanted to determine if strengthening one’s spiritual intelligence can help in addressing teenage depression. Using USAL can help strengthen the teenager’s spiritual intelligence so that they will be able to face life challenges in a positive and effective way and not succumbing to depression. It also sought to investigate the causes of depression and to find out if alleviating the cause can help to expedite the recovery of the teenager suffering from depression.

2. Statement of the Problem

The study determined the effect of USAL in helping teenage clients who were experiencing varying levels of depression and low level on one of the areas of Spiritual Quotient (SQ). Specifically, this study attempted to answer the following questions:

- 1) What is the level of depression before and after applying USAL among the cases?
- 2) What is the level of spiritual quotient before and after the intervention?
- 3) What processes in USAL facilitated the alleviation of the levels of depression in the cases in the study?

3. Conceptual Framework

The three frameworks wherein “USAL” was conceptualized, are cognitive behavior therapy, ISNAG Apayao ritual and spiritual counseling. USAL’s innovative features are the spirituality of Filipinos that combines prayers and Word of God as key concepts of the approach.

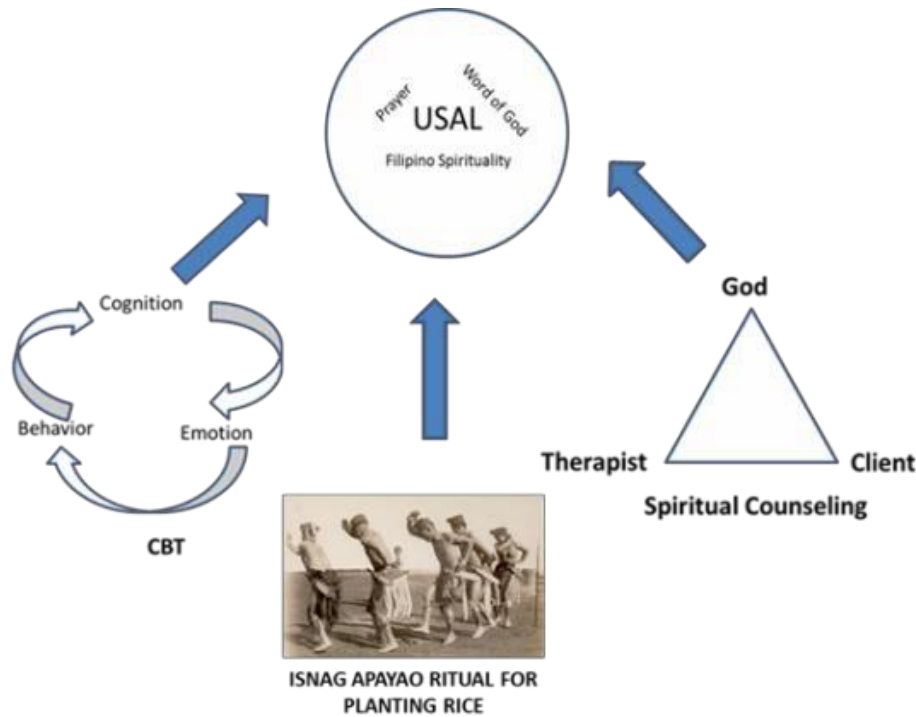


Figure 1 Framework of USAL. Cognitive Behavior Therapy, ISNAG Apayao and Spiritual Counseling as the Three Inspirations Behind USAL.

4. Methodology

4.1 Research Design

The study utilized multiple case study research design to uncover causes, ethology, and the effect of USAL to treat teen depression. The case study design according to Yin (2009) “is an empirical inquiry that investigates a contemporary phenomenon within real-life context especially when the boundaries between phenomenon and context are not clearly evident”.

4.2 Population and Sampling

Purposive sampling was utilized in the study since participants were chosen based on the set criteria for the study. Participants were teenagers ranging from 16 to 21 years old and experiencing varying levels of depression.

4.3 Participants of the Study

The study is a multiple case study of six female adolescents who were experiencing depression in varying levels and achieved low scores in one of the areas of spiritual quotient, whose ages ranged from 16 to 21 years old. Participants came from referrals of the Guidance and Counseling Office in a higher educational institution in Cavite. The participants had undergone the intake procedure which included an interview with the participant and their guardian, test administration of Reynolds Adolescent Depression Scale 2nd edition (RADS 2) and Spiritual Quotient Questionnaire. Participation was voluntary and anonymity was maintained.

4.4 Research Instruments

The researcher utilized two standardized tests to gather relevant data for the study, Reynolds Adolescent

Depression Scale 2nd Edition (RADS 2) while Spiritual Quotient Questionnaire (SQQ) was purchased via online system.

4.4.1 Reynolds Adolescent Depression Scale 2nd Edition (RADS 2)

The RADS 2 was developed by William Reynolds to measure teenage depression. The RADS 2 subscales were Dysphoric Mood (DM), Negative Self-Evaluation (NS), Somatic Complaints (SC) and Anhedonia/Negative Affect (AN).

Table 1 Descriptions of Clinical Severity Levels of Depression Associated with RADS2 Depression Total T Scores

T Score Range	% tile rank range	Raw score range	Clinical Description/Interpretation
< 61	1–84	30–75	Normal range
61–64	86–92	76–81	Mild clinical depression range
65–69	93–97	82–88	Moderate clinical depression range
≥ 70	97+	89–120	Severe clinical depression range

* Reynolds Adolescent Depression Scale (RADS-2) Copyright©1987, 2002, 2013 by PAR.

4.4.2 Use of the RADS-2 Cutoff Score

A primary use of the RADS-2 is the clinical evaluation of depressive symptoms in adolescents. Although not a diagnostic measure, the RADS-2 provides valuable clinical information on depression in adolescents. Similar to the original RADS Professional Manual, a cutoff score on the RADS-2 may be used to judge the clinical severity of depressive symptoms endorsements by clients (RADS-2 Manual).

4.5 Spiritual Quotient Questionnaire (SQQ)

The SQQ was conceptualized by the extensive study of Mary Smith (2012). This test measures the individual's spiritual quotient in terms of beliefs and religious practices, worship place attendance, observance of religious rituals, tolerance of others' faith, purpose in life and prayer.

4.6 Data Gathering Procedure

In utilizing the multiple case study design, the researcher used several sources of data. Interviews, diaries, reflections every activity, drawing analysis, and observations were directly gathered from the participants.

A letter of permission was solicited from the school director which allowed the researcher to conduct sessions with the students. A letter of consent from the parents was given since the participants were adolescents and belonging to the age range of 16–21 years old. An assent form was provided to inform the participants on the extent of their participation in the study. The participants were oriented on the whole process of the counseling journey and participated voluntarily on the whole duration of the counseling sessions. Ethical considerations were followed to be able to protect the rights of the participants of the study.

Assessment using USAL was utilized. The researcher evaluated the client's "unawa" (thought content); "sintoma" (Symptoms); "asal" (Behaviour); "luha" (Emotions). During the therapy sessions USAL was used to help alleviate the depression levels of the client. Unawa (Case Conceptualization); "Salita ng Diyos" (Word of God); "Araling Takda" (Homework) and L.U.H.A. (Life Lessons using Heart and Hand Activities) are the interventions that were applied to better help the client. Sessions included prayer, meditation, quiet time, drawing and literary analysis. The activities not only aimed to alleviate the levels of depression but also to strengthen one's spiritual intelligence.

5. Results and Discussion

The results and discussion present the scores of the six clients on Reynold's Adolescent Depression Scale (RADS 2) and Spiritual Quotient Questionnaire (SQQ) before and after applying USAL as an innovative counselling approach.

5.1 Level of Depression

Table 2 and Table 3 revealed that the six clients experienced depression from mild to severe levels based on the results of the Reynold's Adolescent Depression Scale (RADS). Client 4 and Client 5 experienced moderate levels of depression. Client 2, Client 3 and Client 6 experienced severe depression while Client 1 experienced mild depression level. After USAL, all clients experienced normal levels of depression except for Client 3 from severe to mild level.

Table 2 RADS 2 T-Scores and Verbal Interpretation of Client 1, Client 2 and Client 3 Before and After USAL

RADS 2 Subscales	Client 1				Client 2				Client 3			
	Before USAL		After USAL		Before USAL		After USAL		Before USAL		After USAL	
	T-score	INT	T-score	INT	T-score	INT	T-score	INT	T-score	INT	T-score	INT
Dysphoric Mood (DM)	61	Mild	37	Normal	74	severe	43	Normal	74	Severe	59	Normal
Anhedonia/Negative affect (AN)	48	Normal	44	Normal	61	Mild	42	Normal	67	Moderate	57	Normal
Negative Self-evaluation (NS)	70	Severe	40	Normal	79	Severe	29	Normal	81	Severe	72	Severe
Somatic Complaints (SC)	54	Normal	40	Normal	65	Moderate	33	Normal	67	Moderate	49	Normal
Depression Levels	61	Mild	41	Normal	76	Severe	35	Normal	80	Severe	62	Mild
Critical Items					Loneliness, Social withdrawal, Self injurious, self-deprecation, self-reproach		Critical items already addressed.		Loneliness, Social withdrawal, Self injurious, self-deprecation, self-reproach		All critical items achieved normal levels except self-reproach	

Table 3 RADS 2 T Scores and Verbal Interpretation of Client 4, Client 5 and Client 6 Before and After USAL

RADS 2 Subscales	Client 4				Client 5				Client 6			
	Before USAL		After USAL		Before USAL		After USAL		Before USAL		After USAL	
	T-score	INT	T-score	INT	T-score	INT	T-score	INT	T-score	INT	T-score	INT
Dysphoric Mood (DM)	67	Moderate	55	Normal	72	Severe	41	Normal	71	Severe	65	Moderate
Anhedonia/Negative affect (AN)	61	Mild	50	Normal	57	Normal	48	Normal	59	Normal	55	Normal
Negative Self-evaluation (NS)	68	Moderate	48	Normal	58	Normal	44	Normal	73	Severe	51	Normal
Somatic Complaints (SC)	60	Normal	54	Normal	60	Normal	40	Normal	70	Severe	56	Normal
Depression Levels	63	Moderate	52	Normal	66	Moderate	41	Normal	74	Severe	60	Normal
Critical Items	Loneliness, Social withdrawal, Self injurious, self-deprecation, self-reproach		Critical items already addressed		Loneliness		Critical item already addressed		Loneliness, Social Withdrawal, Self reproach		Critical items already addressed	

It was observed that clients with severe levels of depression tended to have more critical items that needed to be addressed. Common items included loneliness, social withdrawal, and self-reproach. Among the subscales Negative Self Evaluation scored highest among clients. This subscale evaluates negative feelings about oneself which includes low self-worth, self-denigration and thoughts of self-harm. After USAL most of the critical items were gone, and the clients were able to live a normal life after managing their depression

Six sessions were determined as effective as the levels of depression decreased to a manageable degree. Client 2 with severe level of depression needed to undergo eight sessions before the severe level decreased to normal level. Client 3 also with severe level of depression, underwent six session of USAL reached mild level while Client 6 only had six sessions of USAL but was able to acquire normal depression level.

The six clients experienced Negative Self Evaluation and expressed negative views about themselves. Three of them had thoughts of self-harm. When adolescents do not seek help and refused to confide to parents or concerned adults, suppressed emotions can develop that may lead to self-harm (RADS2).

5.2 Level of Spiritual Quotient

Table 4 and Table 5 showed that Client 1, Client 2, Client 3, Client 4 and Client 6 experienced increased level of SQ (spiritual quotient) after USAL while Client 5 maintained the level of her SQ (spiritual quotient). Client 3, Client 4 and Client 5 had low levels of SQ before USAL but achieved average level of SQ after the intervention. Client 1 and Client 2 had average levels of SQ before USAL but achieved high levels after USAL. Client 5 on the other hand, had high level of SQ but scored low on Purpose in Life and Tolerance before USAL. Client 5 maintained the said level and already obtained high score on Purpose in Life after undergoing the process of USAL.

The lowest score among the ten scales was the purpose in life wherein all respondents scored low. This result means that all clients had no clear life goals and did not find life meaningful and purposeful. The second lowest score is tolerance. Five clients obtained low scores which means that most clients were not open minded towards people and with those of other faiths.

Table 4 SQQ Scores and Verbal Interpretation of Client 1, Client 2 and Client 3 Before and After USAL

Areas in SQ	Client 1				Client 2				Client 3			
	Before USAL		After USAL		Before USAL		After USAL		Before USAL		After USAL	
	%	INT	%	INT	%	INT	%	INT	%	INT	%	INT
Worship Place	80	High	80	High	30	Low	80	High	20	Low	40	Average
Centrality	80	High	60	Average	80	High	90	High	40	Average	30	Low
Practices	80	High	80	High	40	Average	30	Low	30	Low	50	Average
Coping	60	Average	60	High	70	High	90	High	70	High	90	High
Prayer	50	Average	50	Average	60	Average	90	High	50	Average	50	Average
Living Out	50	Average	60	Average	30	Low	60	Average	20	Low	20	Low
Religious Concepts	40	Average	40	Average	90	High	90	High	40	Average	70	High
Experiences	40	Average	50	High	80	High	70	High	30	Low	30	Low
Purpose	20	Low	40	Average	10	Low	70	High	10	Low	20	Low
Tolerance	10	Low	50	Average	30	Low	30	Low	30	Low	80	High
SQ	60	Average	70	High	50	Average	90	High	20	Low	40	Average

Table 5 SQQ Scores and Verbal Interpretation of Client 4, Client 5 and Client 6 Before and After USAL

Areas in SQ	Client 4				Client 5				Client 6			
	Before USAL		After USAL		Before USAL		After USAL		Before USAL		After USAL	
	%	INT	%	INT	%	INT	%	INT	%	INT	%	INT
Worship Place	30	Low	80	High	80	High	80	High	20	Low	40	Average
Centrality	10	Low	50	Average	80	High	80	High	10	Low	40	Average
Practices	30	Low	60	Average	60	High	60	High	10	Low	30	Low
Coping	40	Average	50	Average	90	High	90	High	10	Low	40	Average
Prayer	60	Average	60	Average	80	High	90	High	10	Low	50	Average
Living Out	10	Low	40	Average	90	High	70	High	20	Low	10	Low
Religious Concepts	30	Low	40	Average	90	High	90	High	10	Low	40	Average
Experiences	10	Low	40	Average	60	Average	70	High	10	Low	70	High
Purpose	10	Low	30	Low	20	Low	70	High	10	Low	10	Low
Tolerance	30	Low	10	Low	10	Low	10	Low	60	Average	80	High
SQ	10	Low	50	Average	70	High	80	High	10	Low	40	Average

After USAL, Client 1, Client 2 and Client 5 had improved scores on this area and were able to realize what they wanted to do in life. They saw their worth as an individual and became aware on the things they need to overcome to achieve their purpose in life. Client 3, Client 4, and Client 6 on the other hand, although scored low in this area, continue to explore their options to determine their goals and dreams in life.

5.3 Process of USAL

The processes of USAL which helped alleviate the levels of depression and increase the level of SQ were the “Ako at ang Aking Universe” (Me and My Universe) as the initial activity and form part of the assessment, application of Christian Music, “Araling Takda” (Homework), Life Lessons using Heart and Hand Activities (LUHA), and applying spiritual truths using “Salita ng Diyos” (Word of God).

“Ako at ang Aking Universe” (Me and My Universe) as an initial activity was helpful in building rapport with the client and in assessing their four important areas. All clients did the activity and responded very well during the discussion on their universe.

The application of Christian music elicited a positive response from the clients. Client 6 expressed that she never had a spiritual experience throughout her life and it was the first time she realized that songs can be meaningful and can elicit positive thoughts and feelings.

Utilization of the Word of God during counselling sessions aid the client in self-understanding and in combatting the effects of depression. The Word of God also helped in allowing the clients to have an experience with God and how He can help them in time of need. Bible stories include the story of Elijah (story on depression), A Little Man with a Big Problem (story of Zaccheus), story of Peter, Joseph the Dreamer, Woman with an Alabaster Box and Woman with an Issue of Blood.

“Araling Takda” (Homework) allowed the clients to respond on the sessions conducted and reflect on their lives. Five of the clients did their homework diligently while one client skipped homework because of pressures at home. Araling Takda includes reflections, monitoring TV shows and client’s feelings, “dagdag bawas concept,” on monitoring the client’s behaviour and thought content, quiet time schedule,

Life Lessons using Heart and Hand Activities (LUHA) were positively participated by the six clients. They

found the activities important in the alleviation of the levels of depression. Five of the clients expressed the longing to have L.U.H.A. time with their loved ones while one client admitted that having this time with her family would never happen. L.U.H.A. activities include, the Rocks of our Lives, relaxation techniques, My Replica (clay activity), Spiritual journey, My Dream World (paper tearing and cutting), guessing game, visual imagery, creative work.

6. Conclusions

After careful analysis of the findings of this study, it is concluded that USAL is applicable to treat Filipino female teenage clients with varying levels of depression. The findings from the six clients revealed significant changes in the levels of depression and levels of spiritual quotient. The number of sessions depends on the severity of the levels of depression and on individual differences.

USAL as a counseling approach was effective in strengthening spiritual quotient (SQ) of the six female adolescent clients. Purpose and life and tolerance were scored low by the six clients. After intervention, the scores on these two scales significantly improved. The six clients also improved on worship place, practices, experiences and religious concepts. Some of the clients also improved on coping and prayer although these two scales already received high scores before the intervention.

7. Recommendations

Based on the findings the following recommendations are offered:

- 1) USAL as a spiritual counselling approach can be used by counsellors in schools and universities in the Philippines to help students who are experiencing depression. It can also be adopted by professional counsellors especially those who are inclined to use spiritual approach in their practice.
- 2) The number of sessions may be increased from 7 to 10 sessions depending on the severity of the depression to give ample time for self-discovery and processing of the activities.
- 3) Other activities using the hand coupled with valuable lessons in life can be integrated during the counselling sessions. Utilization of Bible Stories during counselling is highly encouraged.
- 4) It is also recommended that further studies be conducted not only on depression but other psychological problems that can be addressed by USAL. This approach can be applied for loneliness, mood swings, low self-esteem, negative self-evaluation, self-injurious tendencies and suicidal ideation.
- 5) A study on the male population can be done so as with other faiths to determine the applicability of USAL as an approach.
- 6) It is also recommended for parents, families, and schools to be more vigilant to identifying adolescents suffering from depression. Quality time in the family is needed since five clients experienced difficulty inside the home. Schools should also be vigilant in addressing bullying incidents, information campaign that classmates should not play with the emotions of another which may lead to depression.
- 7) Before employing USAL in the counselling technique or any other technique, training and caution must be done by counsellors. Workshops and seminars can be conducted for this purpose.
- 8) It is also recommended that USAL be adopted by clergies, pastors, spiritual ministers as they conduct spiritual counselling sessions with clients and members of the church. Some clients feel that they are not part of the church community and they seldom go to spiritual leaders in making important decisions.

Proper training and workshops can be done so that they can fully utilize the approach.

- 9) Counselors should also be involved in the process by allowing themselves to join in the activities using L.U.H.A. (Life Lessons using Heart and Hand Activities). Since Filipino adolescent clients tend to be more self-conscious, joining them in activities allowed them to open up and express their feelings which they cannot do in formal conversations.
- 10) Relapse prevention program may be done to be able to monitor the progress of clients. Follow up is needed especially for clients who still had critical items and mild level of depression. Clients who achieved normal level of depression should also be monitored to note on their progress. The length of the sessions can be prolonged especially for clients with severe levels of depression and those who have low or lacking in their spirituality.
- 11) Further studies can be conducted among males as to why they are not inclined to participate in activities which are spiritual in nature.

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