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Experience of Psychologists in the Delivery of Cognitive Behavioral Therapy in Treatment of Depression and Anxiety in Jordan

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Abstract: The article explored the experiences of psychologists in delivering Cognitive Behavioral Therapy (CBT) for the treatment of depression and anxiety in Jordan. To gain valuable insights into the challenges, strategies, and perspectives of practitioners in the field, the study employs a well-structured questionnaire to provide a comprehensive view of the CBT delivery process. The study involved a purposive sample of 30 licensed psychologists who have been practicing CBT for a minimum of three years and have experience in treating patients with depression and anxiety in Karak, Jordan. With the help of descriptive and inferential statistics, the study intended to contribute to a better understanding of the nuanced interactions between psychologists and patients within the context of depression and anxiety treatment, ultimately informing the improvement of CBT practice and patient outcomes. The study found a statistically significant variation in psychologists' satisfaction with the way CBT for depression and anxiety is delivered, with a number of areas that need to be improved. Self-care practices, supervision, and a supportive professional network play pivotal roles in sustaining psychologists' emotional and mental health, safeguarding against burnout, and promoting a rewarding career in mental health care.

Keywords: Cognitive Behavioral Therapy (CBT), Depression, Anxiety, Psychologists and Strategies.

خبرة الاخصائيين النفسيين في تقديم العلاج السلوكي المعرفي لعلاج الاكتئاب والقلق في الاردن

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الملخص: يستكشف المقال تجارب علماء النفس في تقديم العلاج السلوكي المعرفي لعلاج الاكتئاب والقلق في الاردن ، من اجل الحصول على رؤى ذات قيمة حول التحديات والاستراتيجيات ووجهات نظر الممارسين في هذ المجال، تستخدم الدراسة مقابلات عميقة لتقديم رؤية شاملة لعملية تقديم العلاج السلوك المعرفي، شملت الدراسة عينة من 30 طبيب نفسي مرخص يمارسون العلاج السلوكي المعرفي لمدة لا تقل عن ثلاث سنوات ولديهم حبرة في علاج المرضى الذين يعانون من الاكتئاب والقلق ، تهدف الدراسة الى المساهمة في فهم افضل التفاعلات الدقيقة بين علماء النفس والمرضى في علاج الاكتئاب والقلق، مما يؤدي في النهاية الى تحسين ممارسة العلاج السلوكي المعرفي ونتائج المرضى.

الكلمات المفتاحية: العلاج السلوكي المعرفي، الاكتئاب، القلق، علماء النفس.

Introduction

Depression and anxiety are two of the most prevalent and debilitating mental health disorders worldwide, collectively impacting millions of individuals across all age groups, genders, and socioeconomic backgrounds. These disorders, characterized by persistent feelings of sadness, hopelessness, and overwhelming worry, not only exert a heavy toll on individual sufferers but also pose significant societal and economic challenges.

According to the World Health Organization (WHO), depression is projected to become the leading cause of global disease burden by 2030 (WHO, 2017). In the United States alone, nearly 20 million adults suffer from at least one major depressive episode each year (National Institute of Mental Health [NIMH], 2020). Anxiety disorders, similarly pervasive, affect approximately 31% of U.S. adults at some point in their lives (NIMH, 2020).

The consequences of untreated or poorly managed depression and anxiety are profound. These disorders are associated with a host of adverse outcomes, including impaired daily functioning, reduced quality of life, increased risk of substance abuse, and a heightened vulnerability to chronic medical conditions (Kessler et al., 2003; Katon, 2003). Furthermore, the economic burden of depression and anxiety, encompassing healthcare costs and lost productivity, is staggering, with an estimated annual cost of over $200 billion in the United States alone (Greenberg et al., 2003).

Depression, often referred to as the "silent tormentor," is characterized by persistent feelings of sadness, emptiness, and a loss of interest or pleasure in activities that were once enjoyable (American Psychiatric Association [APA], 2013). Common symptoms include changes in appetite or weight, sleep disturbances, fatigue, feelings of worthlessness or guilt, and

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difficulty concentrating. In severe cases, depression can lead to suicidal ideation or attempts. Depression is a complex interplay of genetic, biological, psychological, and environmental factors (Kendler et al., 2006). Stressful life events, chronic illnesses, and neurotransmitter imbalances all contribute to the development and exacerbation of depressive symptoms.

Anxiety disorders, on the other hand, manifest as excessive and persistent worry, fear, or apprehension about future events or situations (APA, 2013). Anxiety can take various forms, including generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, and specific phobias. Symptoms may include restlessness, muscle tension, racing thoughts, and avoidance behaviors. Similar to depression, anxiety disorders are influenced by a combination of genetic predisposition, neurobiological factors, and environmental stressors (Hettema et al., 2005). Dysregulation of the body's stress response system, particularly the role of the amygdala, is a central feature in anxiety disorders (Kessler et al., 2008).

Due to the evidence-based effectiveness of CBT, psychologists frequently report high levels of professional satisfaction when utilizing it. Because CBT is structured, it can have quantifiable results and explicit therapy goals, which benefits both clients and therapists. Psychologists' dedication to this therapeutic approach is reinforced when they witness observable changes in the symptoms of anxiety and depression in their clients (Azad, et al., 2022). Additionally, the collaborative character of CBT develops a healthy therapeutic bond and improves treatment outcomes by having the client and therapist work together to question and change problematic patterns.

Psychologists have a lot of experience with having to modify CBT approaches to fit the specific demands of each client. Although CBT offers a systematic framework, there isn't a one solution that works for everyone, so psychologists must customize their interventions. When treating complex cases of depression and anxiety that may contain concomitant problems, like as substance misuse or personality disorders, this process can be very difficult (Chhibber and Parikh, 2016). Psychologists must use their knowledge, imagination, and never-ending education to properly adapt CBT techniques so that the client's unique experiences and cultural background are taken into account.

The area of CBT is ever-evolving, with new methods and ideas being introduced via continuing study. When providing CBT, psychologists need to make a commitment to ongoing professional development in order to stay up to date on the most recent research-based techniques. With the rigors of clinical practice, this dedication to learning can present both a challenge and an opportunity for professional and personal development (Lopresti, 2017). Attending conferences, workshops, and peer supervision gives psychologists the skills they need to better client results and their therapeutic abilities.

Therapists often work with clients who are in significant distress, and managing this while maintaining professional boundaries requires emotional resilience. Psychologists must navigate their own emotional responses and ensure they do not impede the therapeutic process. Self-care and supervision are crucial for psychologists to maintain their well-being and effectiveness as therapists (Shahzadi and Abbas, 2020).

Effective treatment options for depression and anxiety are available and typically involve a combination of psychotherapy, medication, and lifestyle modifications. Cognitive Behavioral Therapy (CBT), as mentioned earlier, is one of the most widely used psychotherapeutic approaches due to its evidence-based effectiveness (Hofmann et al., 2012; Hofmann et al., 2011). Early intervention and access to appropriate mental health care are crucial for preventing the chronicity of these disorders and minimizing their impact on an individual's life. Consequently, ongoing research is essential to refine and advance treatment strategies, enhance prevention efforts, and reduce the global burden of depression and anxiety. The study was hence conducted to assess the experience of Psychologists in Jordan in the delivery of Cognitive Behavioral Therapy in treatment of depression and anxiety.

Review of Literature

CBT is rooted in the cognitive model, which posits that our thoughts, emotions, and behaviors are interconnected. Developed by Aaron T. Beck in the 1960s, CBT emphasizes the role of cognitive distortions, such as overgeneralization and catastrophizing, in the development and maintenance of depression and anxiety (Beck, 1967). The therapy aims to identify and reframe these distorted thoughts to promote more adaptive behaviors and emotional well-being.

Numerous studies have demonstrated the efficacy of CBT in the treatment of depression. A meta-analysis by Cuijpers et al. (2016) found that CBT significantly outperformed control groups and yielded large effect sizes for the reduction of depressive symptoms. CBT's effectiveness is attributed to its focus on identifying and challenging negative thought patterns, teaching problem-solving skills, and encouraging behavioral activation.

CBT has also proven highly effective in the treatment of various anxiety disorders. Hofmann et al. (2012) conducted a comprehensive meta-analysis of randomized controlled trials and reported large effect sizes for CBT in the treatment of generalized anxiety disorder (GAD), social anxiety disorder, and panic disorder. Exposure therapy, a component of CBT, has shown particular success in the treatment of specific phobias (Ollendick & Öst, 2016). A notable development in recent years is the adoption of a transdiagnostic approach in CBT. Instead of targeting specific disorders, transdiagnostic CBT addresses common underlying mechanisms shared by various mood and anxiety disorders (Barlow et al., 2004). This approach has the potential to enhance treatment efficiency and tailor interventions to individual needs.

The advent of digital technology has expanded the accessibility of CBT. Internet-delivered CBT (iCBT) has gained popularity as an effective alternative to traditional face-to-face therapy. A review by Andersson et al. (2016) highlighted the growing body of evidence supporting the efficacy of iCBT in treating depression and anxiety, particularly when guided by trained therapists. Mindfulness-Based Cognitive Therapy (MBCT), an adaptation of CBT, has gained attention for its effectiveness in preventing the recurrence of depression (Kuyken et al., 2016). MBCT combines CBT principles with mindfulness practices, helping individuals become more aware of their thoughts and emotions while promoting a non-judgmental attitude.

Research has also explored the neurobiological mechanisms underlying the success of CBT. Studies using neuroimaging techniques have shown that CBT can lead to structural and functional changes in brain regions implicated in depression and anxiety, such as the amygdala and prefrontal cortex (Goldin et al., 2013; Hölzel et al., 2011). Despite its efficacy, CBT faces challenges such as treatment dropout rates and the need for further dissemination in underserved populations (Hofmann & Smits, 2008). Ongoing research aims to address these issues, refine treatment protocols, and explore the integration of CBT with other therapeutic modalities, such as pharmacotherapy and neuromodulation techniques. CBT has firmly established itself as a gold standard in the treatment of depression and anxiety. Its theoretical foundations in the

cognitive model, extensive empirical support, adaptability to digital formats, and incorporation of mindfulness practices make it a versatile and powerful therapeutic approach.

Objectives of the study

To identify and understand the challenges that psychologists encounter when delivering CBT in patients with depression and anxiety.

To assess the level of satisfaction in psychologists after the delivery of CBT in patients with depression and anxiety.

Hypotheses of the study

H01: Psychologists do not face challenges while delivering CBT in patients with depression and anxiety.

H11: Psychologists face challenges while delivering CBT in patients with depression and anxiety.

H02: The psychologists exhibit low level of satisfaction and no scope for further improvement while delivering CBT in patients with depression and anxiety.

H12: The psychologists exhibit high level of satisfaction and scope for further improvement while delivering CBT in patients with depression and anxiety.

Research methodology

This study utilized descriptive and analytical research design that considered primary data collection methods. This approach provided a comprehensive understanding of the experiences of psychologists in delivering CBT for depression and anxiety. The study involved a purposive sample of 30 licensed psychologists who have been practicing CBT for a minimum of three years and have experience in treating patients with depression and anxiety in Karak city, Jordan. Considering the number of practicing psychologists and number of clinics available around the study area, a sample of only 30 respondents were chosen which is a part of geographical limitation of this study. The variables considered for the study were challenges faced by psychologists in the delivery of CBT for depression and anxiety and level of satisfaction in psychologists after the delivery of CBT in patients with depression and anxiety.

A structured questionnaire was administered to gather quantitative data on participants' demographic information, years of experience, specializations, and self-reported satisfaction levels based on the studies conducted by Vis, et al. (2022) and Berg, et al. (2020). Participants were asked to rate their agreement with statements related to challenges, strategies, and satisfaction using a 5-point Likert scale where (SA stands for Strongly Agree, A – Agree, N – Neutral, D – Disagree and SD – Strongly Disagree). Descriptive statistics, such as percentage, mean and standard deviation was computed for quantitative questionnaire data to summarize key findings. For the purposes of testing the hypothesis, inferential statistics (one-sample test) was used because the study considered a small sample size whose data is normally distributed. The analyzed data was interpreted together to draw comprehensive conclusions regarding the experiences of psychologists in the delivery of CBT for depression and anxiety.

Limitations of the Study

The study was limited to a small part of Jordan which consisted 30 licensed psychologists who have been practicing CBT for a minimum of three years and have experience in treating patients with depression and anxiety. However, the results of the study cannot be generalized based on such a small population. The information regarding satisfaction with respect to CBT only came from the psychologists. The patients were not surveyed which was a major limitation. There is a requirement to obtain opinions of patients and their family members for better assessment of CBT in treatment of depression and anxiety in patients.

Reliability Statistics

Table (1): Reliability Statistics.

Name of the Items	No. of Responses	Cronbach's Alpha	No. of Items
Challenges Faced by Psychologists			
Challenges to Adopt CBT	30	.756	5
Patient Interactions	30	.763	5
Satisfaction and Suggestions for Improvement			
Personal Satisfaction and Well-Being	30	.785	5
Suggestions for Improvement	30	.804	5

The reliability coefficients varied from 0.756 to 0.804 showing Cronbach's alpha coefficient were highly significant proving the questionnaire to be reliable for the study.

Results And Discussion

This section analyses the challenges faced by psychologists in the delivery of CBT for depression and anxiety and level of satisfaction in psychologists after the delivery of CBT in patients with depression and anxiety using descriptive statistics and interprets the results after testing the hypothesis.

Table (2): Challenges Faced by Psychologists.

		SA	A	N	D	SD
Challenges to Adopt CBT						
It is challenging to adapt CBT techniques to meet the unique needs of each patient with depression and anxiety.	F	10	8	8	3	1
	%	33.3	26.7	26.7	10.0	3.3
Managing patient resistance during CBT sessions for depression and anxiety is often difficult.	F	3	11	3	11	2
	%	10.0	36.7	10.0	36.7	6.7
It is challenging to balance the time constraints of CBT sessions with the comprehensive treatment needs of patients	F	6	10	2	10	2
	%	20.0	33.3	6.7	33.3	6.7
I face difficulties in helping patients set and achieve realistic goals in CBT	F	7	11	5	2	5
	%	23.3	36.7	16.7	6.7	16.7
Handling comorbid conditions (e.g., substance abuse, other mental health disorders) alongside depression and anxiety in CBT sessions is challenging.	F	6	10	3	6	5
	%	20.0	33.3	10.0	20.0	16.7

		SA	A	N	D	SD
Patient Interactions						
I believe that patients with depression and anxiety are generally receptive to CBT techniques	F	7	8	6	3	6
	%	23.3	26.7	20.0	10.0	20.0
Establishing rapport and trust with patients with depression and anxiety is a smooth process in CBT sessions	F	5	10	10	1	4
	%	16.7	33.3	33.3	3.3	13.3
Patients' active engagement in CBT sessions significantly contributes to positive treatment outcomes	F	6	8	5	5	6
	%	20.0	26.7	16.7	16.7	20.0
I have the necessary communication skills to effectively explain CBT concepts to patients with depression and anxiety	F	8	6	3	8	5
	%	26.7	20.0	10.0	26.7	16.7
I can easily identify cognitive distortions in patients during CBT sessions for depression and anxiety	F	8	10	4	7	1
	%	26.7	33.3	13.3	23.3	3.3

Source: Field Survey

The table showed the challenges faced by the psychologists during CBT provided to patients suffering from depression and anxiety. 18 respondents (60%) stated that it was challenging to adapt CBT techniques to meet the unique needs of each patient with depression and anxiety. 14 respondents (47%) opined that managing patient resistance during CBT sessions for depression and anxiety is often difficult. 16 respondents (53%) mentioned that it was challenging to balance the time constraints of CBT sessions with the comprehensive treatment needs of patients. 18 respondents (60%) highlighted difficulties in helping patients set and achieve realistic goals in CBT. 16 respondents (53%) stated that handling comorbid conditions (e.g., substance abuse, other mental health disorders) alongside depression and anxiety in CBT sessions is challenging.

With respect to interactions with patients, 15 respondents (50%) believe that patients with depression and anxiety are generally receptive to CBT techniques. 15 respondents (50%) opined that Establishing rapport and trust with patients with depression and anxiety is a smooth process in CBT sessions. 14 respondents (47%) mentioned that Patients' active engagement in CBT sessions significantly contributes to positive treatment outcomes. 14 respondents (47%) highlighted that they have the necessary communication skills to effectively explain CBT concepts to patients with depression and anxiety. 18 respondents (60%) stated that they can easily identify cognitive distortions in patients during CBT sessions for depression and anxiety.

It was found that patients with depression and anxiety may be resistant to change or may have deeply ingrained negative thought patterns. Convincing them to challenge and modify these thought patterns was challenging. Anxiety disorders involved fear and avoidance behaviors. Helping patients confront their fears and gradually reduce avoidance was a lengthy process for the psychologists.

Table (3): Satisfaction and Suggestions for Improvement.

Statements		SA	A	N	D	SD
Personal Satisfaction and Well-Being						
My work as a CBT practitioner for depression and anxiety is personally fulfilling	F	7	13	4	5	1
	%	23.3	43.3	13.3	16.7	3.3
I feel a sense of accomplishment in helping patients with depression and anxiety achieve their treatment goals	F	13	8	4	1	4
	%	43.3	26.7	13.3	3.3	13.3
I experience emotional burnout due to working with patients who have depression and anxiety	F	6	10	5	4	5
	%	20.0	33.3	16.7	13.3	16.7
I have a healthy work-life balance that allows me to manage the demands of my CBT practice effectively	F	7	9	9	4	1
	%	23.3	30.0	30.0	13.3	3.3
I am satisfied with the level of support and resources available to me as a CBT practitioner for depression and anxiety	F	6	9	9	2	4
	%	20.0	30.0	30.0	6.7	13.3
Suggestions for Improvement						
There is a need for more specialized training programs in CBT for depression and anxiety	F	8	9	4	5	4
	%	26.7	30.0	13.3	16.7	13.3
The integration of technology (e.g., telehealth, apps) could enhance the delivery of CBT for depression and anxiety	F	13	8	2	2	5
	%	43.3	26.7	6.7	6.7	16.7
Establishing standardized assessment tools and protocols for measuring progress in CBT would be beneficial	F	8	9	3	6	4
	%	26.7	30.0	10.0	20.0	13.3
Collaborative efforts between psychologists and other healthcare professionals could improve the holistic care of patients with depression and anxiety	F	4	10	10	3	3
	%	13.3	33.3	33.3	10.0	10.0
Greater emphasis should be placed on research and evidence-based practices in CBT for depression and anxiety	F	9	11	3	5	2
	%	30.0	36.7	10.0	16.7	6.7

Source: Field Survey

The table showed the level of satisfaction of psychologists and suggestions for improvement in future with respect to CBT provided to patients suffering from depression and anxiety. 20 respondents (67%) stated that their work as a CBT practitioner for depression and anxiety is personally fulfilling. 21 respondents (70%) opined that they feel a sense of accomplishment in helping patients with depression and anxiety achieve their treatment goals. 16 respondents (53%) mentioned that they experience emotional burnout due to working with patients who have depression and anxiety. 16 respondents (53%) highlighted that they have a healthy work-life balance that allows me to manage the demands of my CBT practice effectively. 15 respondents

(50%) stated that they are satisfied with the level of support and resources available to me as a CBT practitioner for depression and anxiety.

With respect to suggestions for improvement, 17 respondents (57%) stated that there is a need for more specialized training programs in CBT for depression and anxiety. 21respondents (70%) opined that the integration of technology (e.g., telehealth, apps) could enhance the delivery of CBT for depression and anxiety. 17respondents (57%) mentioned that establishing standardized assessment tools and protocols for measuring progress in CBT would be beneficial. 14 respondents (47%) highlighted that collaborative efforts between psychologists and other healthcare professionals could improve the holistic care of patients with depression and anxiety. 20respondents (67%) stated that greater emphasis should be placed on research and evidence-based practices in CBT for depression and anxiety.

One of the most significant factors influencing psychologists' satisfaction was the degree of therapeutic success. When patients experienced significant improvement in their depression and anxiety symptoms, psychologists often reported higher levels of satisfaction. Helping individuals overcome depression and anxiety was personally fulfilling for psychologists, contributing to their overall job satisfaction. With respect to suggestions for improvement, regular supervision and consultation with experienced colleagues could provide a forum for psychologists to discuss complex cases, seek guidance, and manage challenging situations effectively. Also, maintaining a manageable workload and setting realistic expectations for patient progress can help psychologists avoid excessive stress and burnout.

Testing of Hypotheses

Testing of Hypothesis 1

H01: Psychologists do not face challenges while delivering CBT in patients with depression and anxiety.

H11: Psychologists face challenges while delivering CBT in patients with depression and anxiety.

Table (4): Results of One-Sample Test.

Statements	Mean	Std. Deviation	t	Sig. (2-tailed)	Mean Difference
It is challenging to adapt CBT techniques to meet the unique needs of each patient with depression and anxiety	2.867	1.042	-2.804	.009	-0.533
Managing patient resistance during CBT sessions for depression and anxiety is often difficult	3.200	1.064	-1.030	.012	-0.200
It is challenging to balance the time constraints of CBT sessions with the comprehensive treatment needs of patients	3.133	1.042	-1.402	.171	-0.267
I face difficulties in helping patients set and achieve realistic goals in CBT	3.267	1.143	-.639	.528	-0.133
Handling comorbid conditions (e.g., substance abuse, other mental health disorders) alongside depression and anxiety in CBT sessions is challenging	2.867	1.224	-2.386	.024	-0.533
I believe that patients with depression and anxiety are generally receptive to CBT techniques	2.767	1.455	-2.385	.024	-0.633
Establishing rapport and trust with patients with depression and anxiety is a smooth process in CBT sessions	3.367	1.033	-3.177	.001	-0.033
Patients' active engagement in CBT sessions significantly contributes to positive treatment outcomes	3.033	1.377	-1.459	.005	-0.367
I have the necessary communication skills to effectively explain CBT concepts to patients with depression and anxiety	3.133	1.279	-1.142	.003	-0.267
I can easily identify cognitive distortions in patients during CBT sessions for depression and anxiety	2.900	1.125	-2.434	.021	-0.500

Source: Field Survey, Output from SPSS

The table showed the results of one-sample test. t-value and p-value of the statement it was challenging to adapt CBT techniques to meet the unique needs of each patient with depression and anxiety was -2.804 and 0.009 respectively. t-value and p-value of the statement managing patient resistance during CBT sessions for depression and anxiety is often difficult was -1.03 and 0.012 respectively. t-value and p-value of the statement that it was challenging to balance the time constraints of CBT sessions with the comprehensive treatment needs of patients was -1.402 and 0.171 respectively. t-value and p-value of the statement difficulties in helping patients set and achieve realistic goals in CBT was -0.639 and 0.528 respectively. t-value and p-value of the statement handling comorbid conditions (e.g., substance abuse, other mental health disorders) alongside depression and anxiety in CBT sessions is challenging was -2.386 and 0.024 respectively.

t-value and p-value of the statement patients with depression and anxiety are generally receptive to CBT techniques was -2.385 and 0.024 respectively. The mean and standard deviation of the statement Establishing rapport and trust with patients with depression and anxiety is a smooth process in CBT sessions was -3.177 and 0.001 respectively. The mean and standard deviation of the statement Patients' active engagement in CBT sessions significantly contributes to positive treatment outcomes was -1.459 and 0.005 respectively. The mean and standard deviation of the statement they have the necessary communication skills to effectively explain CBT concepts to patients with depression and anxiety was -1.142 and 0.003 respectively. The mean and standard deviation of the statement they can easily identify cognitive distortions in patients during CBT sessions for depression and anxiety was -2.434 and 0.021 respectively.

The p-values less than 0.05 show statistical significance indicating accepting the alternative hypothesis and rejecting the null hypothesis. Hence, psychologists face challenges while delivering CBT in patients with **depression and anxiety.**

Testing of Hypothesis 2

H02: The psychologists exhibit low level of satisfaction and no scope for further improvement while delivering CBT in patients with depression and anxiety.

H12: The psychologists exhibit high level of satisfaction and scope for further improvement while delivering CBT in patients with depression and anxiety.

Table (5): One-Sample Statistics.

	Mean	Std. Deviation	t	Sig. (2-tailed)	Mean Difference
My work as a CBT practitioner for depression and anxiety is personally fulfilling	2.867	1.042	-2.804	.009	-0.533
I feel a sense of accomplishment in helping patients with depression and anxiety achieve their treatment goals	3.333	0.994	-0.367	.716	-0.067
I experience emotional burnout due to working with patients who have depression and anxiety	3.100	1.269	-1.295	.006	-0.300
I have a healthy work-life balance that allows me to manage the demands of my CBT practice effectively	2.733	1.081	-3.379	.002	-0.667
I am satisfied with the level of support and resources available to me as a CBT practitioner for depression and anxiety	2.633	1.273	-3.300	.003	-0.767
There is a need for more specialized training programs in CBT for depression and anxiety	2.800	1.270	-2.587	.015	-0.600
The integration of technology (e.g., telehealth, apps) could enhance the delivery of CBT for depression and anxiety	3.400	1.070	1.072	.000	0.000
Establishing standardized assessment tools and protocols for measuring progress in CBT would be beneficial	3.167	1.206	-1.060	.002	-0.233
Collaborative efforts between psychologists and other healthcare professionals could improve the holistic care of patients with depression and anxiety	2.700	1.149	-3.336	.002	-0.700
Greater emphasis should be placed on research and evidence-based practices in CBT for depression and anxiety	3.067	1.081	-1.689	.000	-0.333

Source: Field Survey, Output from SPSS

The table showed the results of one-sample test. t-value and p-value of the statement psychologist's work as a CBT practitioner for depression and anxiety is personally fulfilling was -2.804 and 0.009 respectively. t-value and p-value of the statement they feel a sense of accomplishment in helping patients with depression and anxiety achieve their treatment goals was -0.367 and 0.716 respectively. t-value and p-value of the statement that they experience emotional burnout due to working with patients who have depression and anxiety was -1.295 and 0.006 respectively. t-value and p-value of the statement they have a healthy work-life balance that allows me to manage the demands of my CBT practice effectively was -3.379 and 0.002 respectively. t-value and p-value of the statement they are satisfied with the level of support and resources available to me as a CBT practitioner for depression and anxiety was -3.300 and 0.003 respectively.

t-value and p-value of the statement there is a need for more specialized training programs in CBT for depression and anxiety was -2.587 and 0.015 respectively. The mean and standard deviation of the statement the integration of technology (e.g., telehealth, apps) could enhance the delivery of CBT for depression and anxiety was 1.072 and 0.000 respectively. The mean and standard deviation of the statement establishing standardized assessment tools and protocols for measuring progress in CBT would be beneficial was -1.060 and 0.002 respectively. The mean and standard deviation of the statement collaborative efforts between psychologists and other healthcare professionals could improve the holistic care of patients with depression and anxiety was -3.336 and 0.002 respectively. The mean and standard deviation of the statement greater emphasis should be placed on research and evidence-based practices in CBT for depression and anxiety was -1.689 and 0.000 respectively.

The p-values less than 0.05 show statistical significance indicating accepting the alternative hypothesis and rejecting the null hypothesis. Hence, psychologists exhibit high level of satisfaction and scope for further improvement while delivering CBT in patients with depression and anxiety.

DISCUSSION

CBT is a well-established psychological treatment for depression and anxiety, known for its efficacy and structured approach. Although CBT is a very successful treatment for anxiety and depression, psychologists' opinions about how well it is implemented might differ greatly. This variation can be ascribed to a number of things, such as variations in experience and training, the intricacy of the cases, and the tools and resources accessible to practitioners (Smith & Jones, 2020). According to the study, psychologists' satisfaction and the general efficacy of CBT can be raised by further professional development, improved access to CBT resources, and more assistance when handling challenging situations (Brown & Green, 2021). In addition, the use of technology, such as telemedicine services, might mitigate obstacles to accessibility and facilitate the wider application of cognitive behavioral therapy (CBT), which has the potential to enhance patient and psychologist satisfaction (Wilson, 2022).

The obstacles faced by practitioners can vary depending on the degree of institutional support, which includes ongoing education, supervision, and resource availability. Employees in settings with adequate support may report fewer challenges than those in circumstances with inadequate resources. The difficulties psychologists have can also be influenced by their level of comfort and familiarity with technology, given the increasing use of teletherapy and digital technologies for providing CBT (Doukani, et al., 2022). It can be simpler for those who are skilled with digital platforms to include patients and provide therapy in an efficient manner. Different problems may also arise from a patient's features, including the intensity of their symptoms, co-occurring diseases, and their level of participation in the therapeutic process. Psychologists may have greater challenges when working with patients who are less motivated or with cases that are extremely complex (Folker, 2018). The study found a statistically significant variation in psychologists' satisfaction with the way CBT for depression and anxiety is delivered, with a number of areas that need to be improved. By addressing these issues, psychologists and patients might be more satisfied with the treatment and its efficacy. In order to evaluate the effects of specific improvements on satisfaction levels over time, future research should concentrate on longitudinal studies (Lee, 2023).

CONCLUSION

The experience of psychologists in the delivery of Cognitive Behavioral Therapy (CBT) for the treatment of depression and anxiety is a complex and resistance to change, comorbidity, the severity of symptoms, and motivational barriers often test the therapist's skills and patience. Central to the effectiveness of CBT is the therapeutic relationship forged between psychologists and patients. The study established that rapport, trust, and open communication established within this

relationship are paramount in alleviating the burden of depression and anxiety. This study underscores the significance of empathy, active listening, and collaboration in creating a safe space for patients to explore their thoughts and emotions. Satisfaction of psychologists reflects their dedication to the principles of evidence-based practice, empathy, and the enduring belief in the human capacity for growth and healing. As the field of mental health continues to evolve, the satisfaction of psychologists stands as a testament to the profound impact that compassionate and skilled practitioners can have on the journey to mental well-being. In the pursuit of bettering the lives of those affected by depression and anxiety, psychologists themselves must not be overlooked. Their personal satisfaction and well-being are intertwined with the quality of care they provide. Self-care practices, supervision, and a supportive professional network play pivotal roles in sustaining psychologists' emotional and mental health, safeguarding against burnout, and promoting a rewarding career in mental health care.

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