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Observed & Experiential Integration (OEI) Therapy for Adolescent Girls with Depression

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Abstract

Depression is a significant concern among female adolescents, necessitating effective therapeutic interventions. This study investigates the efficacy of Observed Experiential Integration (OEI) therapy in reducing depression levels among female adolescents. The research involves site selection, securing permissions, adapting measurement tools (BDI-II), modifying the OEI module, and selecting qualified therapists and observers. After implementing informed consent procedures, initial BDI-II assessments were conducted, followed by OEI therapy sessions. One week later, post-treatment assessments and a follow-up were used to evaluate the outcomes. This study employed a mixed-methods quantitative research approach with a quasi-single experimental design with pretest experimental and control groups, as well as posttest design, which is used to evaluate the effect of a treatment on a single case. Findings reveal notable reductions in depression levels post-OEI therapy. For instance, subject AIN's score decreased from 28 (moderate depression) in the pretest to 7 (minimal) in the follow-up. Subject LA's score dropped from 27 (moderate) in the pretest to 5 (minimal) in the follow-up. These results demonstrate the therapy's effectiveness in alleviating depression among female adolescents. This research provides valuable insights into the potential of OEI therapy as an effective intervention for adolescent female depression. However, limitations, including the small sample size, should be considered. Future research should explore broader populations and extended therapy durations. In conclusion, OEI therapy holds promise as a means of reducing depression among female adolescents and warrants further investigation.

Keywords: depression, observed & experiential integration, teenage girl

Abstrak

Depresi merupakan kekhawatiran yang signifikan di kalangan remaja perempuan sehingga memerlukan intervensi terapeutik yang efektif. Penelitian ini menyelidiki kemanjuran terapi Observed Experiential Integration (OEI) dalam mengurangi tingkat depresi di kalangan remaja perempuan. Penelitian ini melibatkan pemilihan lokasi, mendapatkan izin, mengadaptasi alat pengukuran (BDI-II), memodifikasi modul OEI, dan memilih terapis dan pengamat yang berkualifikasi. Setelah menerapkan prosedur informed consent, penilaian awal BDI-II dilakukan, diikuti dengan sesi terapi OEI. Satu minggu kemudian, penilaian pasca perawatan dan tindak lanjut digunakan untuk mengevaluasi hasilnya. Penelitian ini menggunakan pendekatan penelitian kuantitatif metode campuran dengan desain eksperimen kuasi tunggal dengan kelompok eksperimen pretest dan kelompok kontrol, serta desain posttest yang digunakan untuk mengevaluasi pengaruh suatu perlakuan terhadap satu kasus. Temuan menunjukkan adanya penurunan signifikan pada tingkat depresi pasca terapi OEI. Misalnya, skor AIN subjek menurun dari 28 (depresi sedang) pada pretest menjadi 7 (minimal) pada follow-up. Skor subjek LA turun dari 27 (sedang) pada pretest menjadi 5 (minimal) pada follow-up. Hasil ini menunjukkan efektivitas terapi dalam

mengurangi depresi di kalangan remaja perempuan. Penelitian ini memberikan wawasan berharga mengenai potensi terapi OEI sebagai intervensi efektif untuk depresi remaja perempuan. Namun keterbatasan, termasuk ukuran sampel yang kecil, harus dipertimbangkan. Penelitian di masa depan harus mengeksplorasi populasi yang lebih luas dan durasi terapi yang lebih lama. Kesimpulannya, terapi OEI menjanjikan sebagai cara untuk mengurangi depresi di kalangan remaja perempuan dan memerlukan penyelidikan lebih lanjut.

Kata kunci: *depresi, gadis remaja,* observed & experiential integration

Introduction

Each individual will have problems related to developmental tasks at every stage of development. People who cannot complete their developmental tasks will face obstacles in their future life. According to (Hurlock, 2006), adolescence is considered a period of storm and stress. Lack of understanding and affection can lead to stress and depression among adolescents. Behavioral symptoms of depression include stopping activities, avoiding social situations, and seeking constant companionship. Biological symptoms may also occur, such as sleep problems, decreased appetite, and decreased sexual interest (Gilbet et al., 2013). Statistics show that most individuals will experience some form of depression. Depression is predicted to increase rapidly and become the highest mental health issue of the 21st century (Rosenvald et al., 2007).

Depression has been a prevalent issue in Indonesia for some time. In 2007, the Chairman of the Indonesian Medical Association (IDI) announced the results of a survey conducted by the Indonesian Association of Psychiatrists (PDSKJI), which showed that 94% of Indonesians of various ages and regions had experienced depression, from mild to severe. Common symptoms in the survey included an individual's tendency to avoid and refuse to work (Taufiqurrahman, 2007).

The increasing phenomenon of depression in Indonesia has drawn researchers' attention to investigate it more in-depth. One area of focus is depression among teenagers. Teenagers undergo rapid physical changes with highly intensive intellectual development, which strengthens their interest in the outside world. During this time, they no longer want to be considered children but have not yet entirely left their childish behavior patterns. They often feel lonely, uncertain, unstable, dissatisfied, and frequently experience disappointment. Researchers have found that 16-year-olds experience the highest level of stressors compared to other age groups (67.9%), followed by 15-year-olds (63.9%) and 17-year-olds (56.8%) (Asmika, 2008).

According to Steinberg in Santrok (2011), Adolescent girls have the hormone oxytocin, while boys do not. This causes adolescent girls to have a higher interest in interpersonal relationships. The high intensity of connecting with others makes adolescent girls more dependent on those they see as providing social support. As a result, adolescent girls are more sensitive to rejection by others and quickly feel dissatisfied with interpersonal relationships, which is believed to be a risk factor for the onset of depressive symptoms. Depression is a condition marked by loss of interest, joy, and decreased energy, leading to increased fatigue and decreased activity (Maslim, 2022). Depression in teenagers is not always characterized by sadness, and it can also manifest as feelings of boredom, easily being disturbed, and an inability to experience pleasure (Papalia, 2009). Individuals who experience depression can be recognized by changes in their emotional state, including being tearful or crying, increased irritability, anxiety, or loss of patience (Nevid et al., 2005). Those who do not understand the connection between their thoughts and feelings may experience even higher levels of depression. Adolescents with depression may exhibit symptoms such as persistent sadness, social withdrawal, daydreaming in class or at home, decreased or increased appetite, difficulty sleeping or oversleeping, tiredness, lethargy or lack of energy, low self-esteem, difficulty concentrating, and difficulty making decisions. In addition, feelings of hopelessness, decreased motivation, lack of initiative, and hypo or hyperactivity can also be symptoms of depression that significantly disrupt the lives of adolescents themselves and their environment (Jiwo, 2012).

The researcher conducted observations and interviews before proceeding with further interventions. From the interviews with the counselors at *Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta*, information was obtained that among the adolescent girls, some had difficulty concentrating on daily

activities, had trouble sleeping, lost their appetite, and felt quickly tired. Based on this information, the researcher felt the need to follow up on the issue of depression experienced by the adolescent girls at *Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta*. If left untreated, it could have a negative impact on their future. For example, they may not be able to attend the classes offered at BPRSW, such as sewing, cooking, and beauty classes. If these teens cannot attend these classes, they will not have any certified skills to use for work after leaving *Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta*.

According to Purwanti in Kurniawan (2011), the text emphasizes the importance of preparing teenagers to become a resilient and productive younger generation by promoting their mental health, creativity, fighting spirit, innovation, and productivity. If not prevented or handled, depression can have significant negative impacts on teenagers, such as suicidal tendencies, drug abuse, lack of focus in learning, sleep disorders, changes in appetite, and other related problems (Kurniawan, 2011). Referring to the theory above, researchers focus more on immediate follow-up to the problem of depression experienced by teenagers in the *Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta*.

According to Davis and Katzman (1997), depression can be minimized through various methods such as counseling, psychotherapy, and medications. However, using medications to treat depression in children is still controversial. Some therapies to reduce depression include family therapy, cognitive behavioral therapy (CBT), and others. (Weersing & Weisz, 2002), hypnotherapy (Needleman, 2009), eye movement desensitization, reprocessing, or EMDR (Connor & Butterfield, 2003). Some therapies use the client's cognitive function to reduce depression symptoms. EMDR combines eye movements, trauma, recall, and verification (Connor & Butterfield, 2003). The primary technique of EMDR involves movements, which can vary with particular objects or sound movements.

According to Bradshaw et al. (2011), The EMDR technique was developed to produce Observed and Experiential Integration (OEI) therapy. Observed & Experiential Integration (OEI) is a therapy that uses eye movement techniques based on neuropsychological principles, a combination of neurology and psychology. Goldstein et al. researched OEI therapy and found that it effectively reduces symptoms of depression and anxiety (Brigita, 2010). EMDR technique was further developed to create Observed & Experiential Integration (OEI) therapy.

The previous research conducted by Brigita Anggadewi in 2010 with the title "Observed & Experiential Integration (OEI) for Reducing Post-Traumatic Stress Disorder (PTSD) Symptoms in Female Victims of Domestic Violence (DV)" showed that the hypothesis was accepted, where OEI can reduce post-traumatic stress symptoms in female victims of DV ($t = 39.0$; $p = .001$). Another study by Sharry et al. (Radiani, 2017) on several students who experienced depression showed that Cognitive Behavioral Therapy (CBT) training was effective in reducing depression in students who had learning difficulties. This study involved 80 students, 40 in the control group and 40 in the experimental group. The results showed a significant difference in the level of depression in students before and after receiving CBT therapy, with $t = 2.675$ and $p < .01$. According to Davis and Katzman (1997), depression can be minimized through various methods such as counseling, psychotherapy, and medication use for treating depression in children remains controversial. Some types of therapy for reducing depression include family therapy, cognitive behavioral therapy or CBT (Weersing & Weisz, 2002), hypnotherapy (Needleman, 2009), and eye movement desensitization and reprocessing or EMDR (Davidson et al., 2003). These therapies utilize the client's cognitive function to reduce depressive symptoms. EMDR combines eye movements, trauma, memory recall, and verbalization (Davidson et al., 2003). The primary technique of EMDR involves varying eye movements along with particular objects or sounds. Bradshaw et al. (2011) further developed this EMDR technique, leading to the emergence of Observed & Experiential Integration (OEI) therapy.

Observed & Experiential Integration (OEI) is a therapy that utilizes eye movement techniques. This therapy is based on the principles of neuropsychology, which combines neurology and psychology. Research conducted by Goldstein et al. (Anggadewi & Hadriami, 2014). They demonstrated that subjects who performed eye movements while thinking about disturbing memories experienced automatic physical relaxation responses. This finding indicates that humans have internal physiological mechanisms that activate emotional healing when accessed and regulated appropriately. The combination of these factors is based on the understanding that an individual's psychological condition can affect their physical state and vice versa. OEI therapy utilizes eye movement techniques based on

neuropsychological principles, which combine neurology and psychology. Research conducted by Goldstein et al. demonstrated that individuals who engaged in eye movements while reflecting on distressing memories experienced an automatic physical relaxation response. This discovery suggests humans possess an internal physiological mechanism that triggers emotional healing when accessed and regulated effectively. The integration of these two elements is founded on the understanding that an individual's psychological well-being can influence their physical state and vice versa.

The goal of OEI therapy is to transform a perception of re-experiencing to a tendency of avoidance into a memory of the past that does not have a significant impact. The therapy aims to reduce hyperarousal and avoidance symptoms while increasing calming responses (Bradshaw et al., 2011). The three main goals of OEI therapy are achieved through eye movements. The rationale behind OEI therapy is that both eyes have a direct connection to both hemispheres in the brain. Part of the visual information captured by the eyes is transmitted to the ipsilateral part of the brain, while the other part is transmitted to the contralateral part. The image of an event is captured through the eyes and delivered from one part to another. In a specific event, the image is integrated by only one part through one or both eyes. In an average person, the transmission to both parts of the brain sends a balanced signal (Bradshaw et al., 2011). When someone is experiencing depression, there is an excess of signals on one side of the brain (either the right or left). The excess signals on one side cause a person to become more sensitive and reactive. These excess signals need to be redirected to the other side to enable emotional control in the client. The redirection or unification in OEI is called integration. Integration of both eye pathways can occur by moving one or both eyes for a certain amount of time, allowing the excess signal to be directed to the non-excess side of the brain. The technique used in OEI activates the patient's emotions through the brain stem, which is directly related to the eyes. Therefore, with OEI therapy, there is integration of cortical function. With the integration of cortical function, the subject understands the event that caused their depression (Bradshaw et al., 2011).

In summary, when a depressive event occurs, even though the event has passed, the perception of the event (such as what was seen and felt) can trap the client with those feelings. This perception is often unresolved with talk therapy alone. OEI therapy aims to transform the experience of re-experiencing into remembering, reducing hyperarousal and avoidance symptoms, and enhancing calming responses (McMahon et al., 2020). These three main goals of OEI therapy are achieved through eye movement techniques. The rationale behind OEI therapy is based on neuropsychological principles, which combine neurology and psychology. Research conducted by Goldstein et al. (Anggadewi & Hadriami, 2014), demonstrated that subjects who engaged in eye movements while thinking about disturbing memories experienced an automatic physical relaxation response. This finding suggests that humans possess an internal physiological mechanism that activates emotional healing when accessed and regulated appropriately. The combination of these factors is grounded in the understanding that an individual's psychological state can influence their physical well-being and vice versa. During OEI therapy, the objective is to integrate the functions of both brain hemispheres by utilizing eye movements. Each eye is directly connected to its respective hemisphere. Visual information captured by the eyes is transmitted to the ipsilateral part of the brain, while some information is sent to the contralateral part. The brain integrates the visual representations of events captured by the eyes and transfers them between different brain regions. In certain situations, these representations are integrated within a single hemisphere through one or both eyes. In individuals without abnormalities, the transmission of signals to both hemispheres is balanced (McMahon et al., 2020).

However, in individuals experiencing depression, signals are imbalanced in one hemisphere of the brain (either right or left). This signal imbalance leads to increased sensitivity and reactivity. To help an individual regain emotional control, it is necessary to redirect the excessive signals to the other hemisphere. This signal redirection or integration process is referred to as integration within OEI therapy. The two eye pathways can be integrated by moving one or both eyes in specific patterns or directions within a designated time frame (McMahon et al., 2020). By doing so, the excess signals can be directed to the hemisphere not experiencing signal imbalance. The technique used in OEI therapy involves activating the patient's emotions through the small part of the brain directly connected to the eyes, facilitating cortical function integration. Through this integration of cortical function, subjects gain a deeper understanding of the events contributing to their depressive state (Bradshaw, 2002). OEI

therapy aims to transform the perception of a depressive event from re-experiencing and avoidance to less impactful remembering. Despite the passage of time, the client remains trapped in the feelings associated with the event, which are often unresolved through talk therapy alone. However, counseling still plays a role in the OEI process. After undergoing OEI therapy, clients' minds become more open to new information, and they may feel the need to express things they have been holding back to find peace. Empathy displayed by the therapist during the counseling process can enhance the client's trust and comfort, ultimately aiding in achieving therapy goals (Bradshaw et al., 2011).

Depressive cases often encounter difficulties in expressing their feelings or recounting their experiences, causing the resolution of the depression to stagnate or even disappear. The OEI technique utilized in this study aims to integrate the neurobiological systems of the brain that influence the subject's psychological state through eye movement, thereby eliminating the need for explicit expression of feelings or experiences unless desired by the subject. However, one limitation of OEI therapy is its inapplicability to patients with severe visual impairments, as the core mechanism of OEI therapy relies on eye movement. Despite this drawback, OEI therapy also possesses advantages that make it appealing for application in subjects with depressive symptoms, particularly compared to other therapies such as EMDR. These advantages include (a) transforming the perception from re-experiencing to remembering, reducing avoidance tendencies; (b) reducing hyperarousal and avoidance symptoms; (c) enhancing calming responses; and (d) prioritizing the subject's emotions during therapy and employing techniques to alleviate discomfort and potential side effects like dizziness or nausea (Anggadewi & Hadriami, 2014). Based on the factors as mentioned above, the research problem formulated in this study is whether OEI therapy can reduce depressive symptoms in adolescent females at the Women's Social Rehabilitation Center (BPRSW). The current interview and observation conducted by the researcher with the Head and Counselors at BPRSW revealed that the therapy employed thus far to alleviate depressive symptoms in depressed patients solely relies on medication, with no specific therapy implemented to address the symptoms of depression. In conclusion, the research problem posed in this study is whether OEI therapy can effectively reduce depressive symptoms in adolescent females at BPRSW.

Methods

Appropriate conclusion drawing is determined by the research methods used. The research methods in this chapter include the identification of variables and operational definitions of research variables, research subjects, experimental design, manipulation of independent variables, data collection methods, and data analysis techniques.

In this study, two key variables are under consideration:

Depression is an emotional condition characterized by extreme sadness, feelings of worthlessness and guilt, withdrawal from others, sleep disturbances, loss of appetite, diminished interest in sex, and a lack of pleasure or enjoyment in usual activities. Additionally, it may involve the presence of suicidal thoughts. Depression can also lead to psychomotor manifestations such as decreased enthusiasm, spirit, and activity (Wills, 2021).

The level of depression will be assessed using the BDI-II (Beck Depression Inventory-II) scale, as adapted by Ginting et al. (2013). This scale comprises 21 categories, encompassing emotions like sadness, pessimism, past failures, loss of pleasure, guilt feelings, self-punishment, self-dislike, self-blame, suicidal ideation, crying, agitation, loss of interest, doubt, feelings of worthlessness, loss of energy, changes in sleep patterns, irritability, changes in appetite, difficulty concentrating, fatigue, and loss of interest in sex. A higher BDI-II score indicates a higher level of depression in the subject, while a lower score suggests a lower level of perceived depression.

Observed and Experiential Integration (OEI) is a therapeutic approach that employs eye movement techniques to achieve several goals: (1) transforming perceptions from reliving and avoidance to a more balanced state, (2) reducing the excessive influence of memories, and (3) mitigating symptoms associated with heightened emotions, arousal, and avoidance behaviors, thereby promoting a sense of calm (Anggadewi & Hadriami, 2014).

OEI therapy pursues these objectives primarily through the use of eye movements. According to Bradshaw (Anggadewi & Hadriami, 2014), OEI therapy activates the patient's emotions by involving the cerebellum, directly connecting to the eyesTop of Form. In OEI therapy, there are two sessions conducted. The initial session explains the dynamics of integrating one eye, checking the dominant eye, and checking transference. The therapy session includes asking the subject about their condition over the past seven days, selecting a target behavior, switching, checking for side effects and the need for a release point if necessary, glitch work, checking for side effects and the need for a release point if necessary, sweeps, and closing (relaxation). One therapy session lasts approximately 90 minutes.

The subjects selected for this study are female adolescents aged 14 to 21. They were screened and assessed using the Beck Depression Inventory-II (BDI-II) with a reference score range of 20 to 28, indicating a state of moderate depression. This score range was chosen to evaluate the effectiveness of Observed Experiential Integration (OEI) therapy in reducing depression levels, as severe depression cases are typically treated with antidepressant medications.

After conducting interviews with the authorities at Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta, 22 adolescent girls from this facility were chosen to complete the BDI-II scale. Based on the screening and BDI-II test results, four female adolescents at Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta were identified as having a moderate level of depression (scoring between 20-28). Initially, there were four subjects selected to receive the OEI therapy intervention. However, during the therapy sessions, two of them did not complete the entire course of treatment. They either left or fled from the Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta (the therapy setting) and did not return due to their discomfort in that environment. Furthermore, one of the subjects was already on antidepressant medication, which hindered their effective participation in the therapy sessions. Consequently, only two individuals were suitable and willing to receive the OEI therapy treatment or intervention. The intervention employed in this study was Observed Experiential Integration (OEI) therapy, This study focused on evaluating the impact of OEI therapy in reducing depression levels among female adolescents at BPRSW, followed by an experimental research design. In this design, the researcher manipulated the independent variable to assess its effects on behavior, cognition, and emotions through the dependent variable (Latipun, 2006).

The manipulation of the independent variable in this study involved implementing the OEI therapy intervention within the experimental group. The OEI therapy intervention program was developed following the specific objectives outlined in the OEI therapy intervention module. OEI therapy was conducted in two sessions, each comprising several stages, with each session lasting approximately 90 minutes.

The OEI therapy intervention is the sole manipulation the researcher provides to the experimental group subjects. OEI therapy is administered in two sessions with several stages, each lasting approximately ± 90 minutes. The techniques utilized in the therapy are based on the stages and processes of OEI therapy as outlined by Bradshaw (Brigita, 2010). Most therapy techniques employ a cognitive-behavioral approach, with a particular emphasis on eye movements. This therapy is rooted in the principles of neuropsychology, which combine the fields of neurology and psychology. Research conducted by Goldstein et al. (Anggadewi & Hadriami, 2014). has demonstrated that subjects who engage in eye movements while contemplating distressing memories experience an automatic physical relaxation response.

These findings suggest that humans possess internal physiological mechanisms that activate emotional healing when accessed and regulated appropriately. The integration of these two factors is predicated on the understanding that an individual's psychological state can influence their physical well-being, and conversely, their physical state can impact their psychological well-being. Visual events are captured through the eyes and transmitted from one region to another. During specific events, visual representations are integrated by one region alone, facilitated by one or both eyes. In individuals without impairments, the transmission to these two brain regions facilitates balanced signaling.

Intervention Procedures OEI Therapy

OEI Therapy Intervention: The OEI therapy intervention is provided in stages designed according to the subjects' conditions, divided into two sessions, and concluded with relaxation as a closure. The overall therapy activities are explained as follows:

Before starting the therapy session, there is an introductory session where the therapist initiates introductions, builds rapport, reiterates the therapy explanation, and asks the subjects to fill out a worksheet provided. The aim is to help the subjects understand the issues they are facing and sort through them, enabling them to identify the core issues that make them uncomfortable. Next, the subjects are asked to write down the things that make them uncomfortable due to depression, starting from the least to the most uncomfortable (the heaviest). The therapist's introduction and rapport building are crucial because OEI therapy relies on the subject's trust and confidence in the therapist, allowing the subject to openly share all the events that contribute to their depression without hesitation and enabling them to follow instructions effectively, thus maximizing the therapy's goals. The therapist introduces their name, age, occupation, and other relevant information in a manner that builds trust with the subject. The therapist provides a clear and concise explanation of the therapy procedures. Then, the therapist shows the worksheet before starting the therapy session. The aim is to help the subject understand the issues they are facing and sort through them, enabling them to identify the core issues that make them uncomfortable. Next, the subjects are asked to write down the things that make them uncomfortable due to depression, starting from the least to the most uncomfortable (the heaviest).

Four subjects were initially selected for the OEI therapy intervention, but during the therapy, two subjects failed to complete the therapy sessions. They ran away from BPRSW and did not return. The reasons for their escape were discomfort at BPRSW, and one subject had already started taking antidepressant medication, making it difficult for them to participate in the therapy sessions actively. Therefore, there were only two subjects who were willing and suitable for the OEI therapy intervention.

After the introduction session, the therapy continues with the following stages:

1. Dominant Eye Check: The therapist performs a test to determine the subject's dominant eye. By aligning the finger parallel to an object, the subject's eyes are covered alternately while focusing on the distance between the object and the finger. The dominant eye is determined by the finger that is closest to the object. The purpose of the dominant eye check is to identify the eye that captures visual traumatic events causing the subject's depression, allowing the focus of symptom reduction on the dominant eye. After the dominant eye check, the subject is asked to look upward on both the right and left sides alternately using a homemade paper telescope. The subject is also asked to indicate which eye provides clearer vision when looking to the right or left. Once the dominant eye is identified, the therapist asks the subject to cover the dominant eye with their palm and inquires about the emotions that arise when the dominant eye is covered and when it is opened.
2. Transference Check: This stage aims to reduce any potential transference between the subject and the therapist, ensuring the smooth progress of the therapy without any disturbances related to the therapist. The transference check technique is similar to the switching technique, which involves opening and closing the eyes alternately. However, the focus is on the therapist's movements, which vary from a distant position to a closer position relative to the subject. The subject is asked to pay attention to any changes observed in the therapist, such as size (big-small), height (tall-short), brightness (dark-light), and the feelings that arise in the subject. The duration of the transference check process depends on the transference experienced by the subject, typically around 15-20 minutes.
3. Switching Process: The subject is instructed to focus on a fixed point approximately 1 meter away. Then, the subject is asked to close their right alternately and left eyes while observing the emotional feelings and physical reactions that arise. The purpose of the switching process is to alleviate the discomfort associated with specific events that have contributed to the subject's depression. The duration of this process varies depending on the subject's condition, usually around 20-25 minutes.

4. Glitch Work: During this stage, the therapist identifies small eye movements (glitches) and works to resolve them. The time required for this process depends on the subject's condition, typically around 10-15 minutes.
5. Sweeping Process: The sweeping process aims to reduce glitches, and the subject is asked to close one eye and follow the therapist's finger, which is placed at a distance of approximately 10-15 cm from the subject's ear, moving towards the nose in an alternating manner. The therapist incorporates various movements such as pulling backward, to the right, to the left, and so on. The duration of this process also depends on the subject's condition, typically lasting around 20-25 minutes, with intermittent relaxation or release points. It's important for the subject to note that during the sweeping process, if any discomfort arises or physical symptoms such as nausea and dizziness occur, they should immediately inform the therapist. Refreshment and Self-Calming Session: The therapy process can be intense and draining, so it is important to incorporate refreshment and self-calming sessions after each treatment. The techniques that can be used in this session include diaphragmatic breathing, butterflies, and grounding.
    a. Diaphragmatic Breathing: Before proceeding to grounding, diaphragmatic breathing is performed. Here is a guide for practicing diaphragmatic breathing:

    "*Place one hand on your abdomen and the other hand on your chest. Close your eyes and take a deep breath, noticing how much your hands expand. The goal of this breathing exercise is to have the hand on the abdomen expand more than the hand on the chest. While continuing to breathe, it is beneficial for the subject to count each breath. Do this exercise in 5 sets for 5 to 10 minutes, focusing on long and deep breaths. As you inhale, silently say to yourself 'inhaling calmness,' and as you exhale, silently say 'releasing tension*.'"

    b. Grounding Technique: In the grounding technique, there are three aspects involved: focusing on sensations, postural movements (Cook's Hook-Ups and Cross-Crawl). These movements are based on the concept that the right brain controls the left side of the body, and the left brain controls the right side of the body. When both sides are balanced, a sense of calmness can be achieved.
        1) Focusing on Sensations: Focusing on sensations is intended to train concentration on one sensation at a time, such as:

        Hearing: Can the subject hear the sound of air flowing? It would be helpful if the subject closes their eyes and concentrates, although they can also keep their eyes open if they feel more comfortable. Try not to pay attention to all the sensations that arise and focus solely on hearing. Think only about what is happening "in the present moment" without worrying about the past or future, just the here and now. (a) Sight: Look around the room and identify colors, objects, or people that bring the most calmness and comfort to the subject. Focus on those specific aspects and ignore any distractions that may arise. (b)Touch: Touch the chair and table near the subject, feel the temperature and texture of the furniture. Concentrate all your energy on observing what your hands are touching at that moment. Feel the sensation of the floor beneath your feet and your sitting position on the chair. Stand up and take a walk around the room. (c)Taste: Some individuals may experience taste disruptions. They may prefer to have a preferred food item such as candy or chewing gum. Concentrate on the taste sensation while consuming that food item. (d)Smell: Try inhaling aromatherapy scents and find the aroma that brings a sense of calm, energy, and peace to the subject.

        2) Cook's Hook-Ups: While sitting in a chair, extend both arms forward with the backs of the right and left hands facing each other. Then, cross the wrists over each other and pull them towards the chest. Maintain this position while sitting comfortably and focus on breathing.
        3) Cross-Crawl: Cross the right elbow with the left knee and alternate with crossing the left elbow with the right knee.

c. Butterflies

The Butterflies technique can be used in the midst of therapy when the subject feels uncomfortable, unsettled, or restless. If these feelings persist, the subject can perform this technique while engaging in sweeping. The technique involves crossing the hands until they touch the opposite shoulders (right hand touching the left shoulder, and left hand touching the right shoulder), then tapping them rhythmically while taking deep breaths. At-home therapy sessions: After going through a therapy session, it is expected that the subject continues therapy independently until the next meeting. Personal therapy that the subject can do at home includes: (1) Performing a dominant eye check. (2)Engaging in switching when the subject experiences discomfort due to recalling depressive events or when sudden emotional or psychological symptoms arise as a result of the experienced depression. (3)Employing refreshing techniques such as Butterflies or grounding when necessary to help the subject feel calm and comfortable. In addition to engaging in personal therapy, it is recommended that the subject keeps a daily journal to track the progress of their personal therapy activities.

d. The administration of the BDI-II scale as a posttest is conducted after the subjects in the experimental group receive the OEI therapy intervention. The posttest is carried out to measure the reduction in the subjects' level of depression in the single experimental group, which will be compared between the pre-therapy BDI-II scores and the post-therapy BDI-II scores.

The administration of the BDI-II scale as a follow-up is conducted one week after the OEI therapy intervention. The measurement is performed to assess the effectiveness of the OEI therapy in reducing depression in the research subjects. The follow-up is provided to the single experimental group after one week of the OEI therapy intervention.

Results and Discussion

The experimental design used in this study is a one-group pretest-posttest design (repeated measures design). It is an experimental design that involves only one group of subjects (single-case) and measures are taken before and after the administration of the treatment to the subjects (Latipun, 2006). The research intervention in this study involves observed experiential integration (OEI) therapy, consisting of two therapy sessions with several stages and a total duration of approximately ± 90 minutes per session. The research design can be seen in **Table 1.**, the research design, as shown below:

Table 1 Research Design

Pretest	Independen	Posttest
Y1	X	Y2

Note:
Y1: BDI-II score at pretest
Y2: BDI-II score at posttest
X: Treatment in the form of observed experiential integration therapy

Based on the research results, the data description of the study is as follows:

Table 2 Description of mean depression scores at pretest, posttest, and follow-up

Subjek	*Pretest*	*Postest*	*Follow up*
AIN	28	19	7
LA	27	16	5
Score	27.50	17.50	6.00

From **Table 2.,** it can be seen that before receiving the observed experiential integration (OEI) therapy intervention, the average depression score of the two subjects was 27.50. After receiving the OEI therapy intervention or posttest, the average depression score of the two subjects was 17.50. The average depression score of the two subjects during follow-up was 6.00.

Based on the depression scores on the pretest, posttest, and follow-up, it can be seen from the chart above that for subject AIN, the depression score on the pretest was 28, categorized as moderate, and after receiving the OEI therapy intervention, the depression score decreased to 19, categorized as low. After a week of measurement (follow-up), the depression score decreased to 7, categorized as minimal. For subject LA, the depression score on the pretest was 27, categorized as moderate, and after receiving the OEI therapy intervention, the depression score decreased to 16, categorized as low. After a week of measurement (follow-up), the depression score decreased to 5, categorized as minimal. It can be concluded that there was a decrease in depression scores for AIN and LA after receiving the OEI therapy intervention. Based on the follow-up results and interviews obtained from the subjects, it was found that the subjects experienced a decrease in depression after receiving OEI therapy. Subject AIN felt more relieved, calmer, able to cope with emotional pressure without crying anymore, and more enthusiastic. As for subject LA, she stated that she felt calmer, much healthier, able to sleep soundly without difficulty, more enthusiastic about her daily activities, and can control her emotions when facing her friends. Both subjects could carry out their daily activities well, such as subject AIN, who started to feel motivated in caring for her child and was willing to attend special classes at *Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta*. The results of previous observations and interviews revealed the condition of subject AIN in dealing with painful events. It was observed that subject AIN exhibited difficulties in coping with painful events. The interviews provided insights into the emotional responses and behavioral patterns displayed by subject AIN when faced with such situations. These findings indicate that subject AIN may require additional support or interventions to develop effective coping strategies for dealing with painful events. Further analysis and exploration of these observations and interviews could provide valuable information for understanding the specific challenges faced by subject AIN and inform the development of targeted interventions. Subject AIN often cried every day, had a decreased appetite, was quickly lost in thought, and felt hurt and disappointed towards her ex-boyfriend, who did not take responsibility for her pregnancy. After undergoing Observed and Experiential Integration (OEI) therapy intervention, it was found that there was a decrease in depression scores. Prior to treatment, AIN's depression score was 28, which decreased to 19 after treatment and further decreased to a score of 7 in the minimal category during the follow-up. In the case of subject LA, the depression level score during the pretest was 27 in the moderate category. After receiving OEI therapy intervention, the depression level score decreased to 16 in the low category. A week later, the depression level score during follow-up decreased further to 5 in the minimal category. This is a significant improvement because prior to treatment, subject LA had trouble sleeping, a decreased appetite, and was constantly reminded of her deceased sibling. She lamented her fate because her parents had divorced, and she had not been able to accept the situation. However, after receiving treatment, LA informed the researcher that she had been able to come to terms with her sibling's passing and had started to actively participate in the activities at the *Balai Perlindungan dan Rehabilitasi Sosial Wanita Yogyakarta Hall*.

Discussion

This study set out to examine the effectiveness of Observed Experiential Integration (OEI) therapy in alleviating moderate depression among adolescent females. A series of preparatory measures were undertaken, including site selection, securing permissions, adapting the measurement tool (BDI-II), modifying the OEI module, and selecting therapists and observers. The research was subsequently implemented through an informed consent procedure, an initial evaluation employing the BDI-II, and the application of OEI therapy. The data generated from these therapy sessions were evaluated through post-treatment assessments and a follow-up conducted one week after therapy. The findings of this study seamlessly align with the initial research objectives, which sought to explore alternative therapeutic approaches for addressing depression in the specific demographic of adolescent females with moderate depression. The research outcomes notably suggest that OEI therapy holds promise as an effective means of reducing depression levels in this demographic. This interpretation underscores the potential of OEI therapy as a viable therapeutic choice for adolescent females grappling with moderate depression. This therapy's emphasis on identifying the dominant eye, symptom reduction,

and providing relaxation techniques contributes to its success in this context. It is essential to highlight that the results of this research are in sync with earlier studies, which have also indicated that OEI therapy can effectively alleviate depression levels in individuals dealing with various emotional challenges. This alignment bolsters the credibility of this research's findings. An essential aspect of this discussion pertains to the ethical dimensions of this research. This includes the ethical gathering and utilization of data, the importance of obtaining informed consent from participants, and the selection of competent and certified therapists and observers. The positive results of this research validate an approach that places a strong emphasis on ethics within the realm of clinical research. Despite the promising outcomes, it is imperative to acknowledge certain limitations within this research, such as the relatively small sample size. Subsequent studies with more extensive and diverse samples may be necessary to corroborate and generalize these findings. Furthermore, this research exclusively focused on adolescent females with moderate depression, making it essential to exercise caution when applying these findings to other demographic groups. Future research endeavors should explore broader populations and consider additional variables that could potentially influence the effectiveness of OEI therapy.

In sum, this research significantly enriches our understanding of the potential utility of OEI therapy in addressing moderate depression among adolescent females. These favorable findings lay the groundwork for further research initiatives and have the potential to significantly enhance the quality of life for those experiencing moderate depression.

Conclusion

Based on the research findings, after undergoing OEI therapy, there are differences between the Pretest, Posttest, and follow-up stages. Based on the depression scores in the pretest, posttest, and follow-up, it is known from the figure above that in subject AIN, during the pretest, the depression level score was 28, categorized as moderate. After receiving the OEI therapy intervention, the depression level score decreased to 19, categorized as low depression. After a measurement one week later (follow-up), the depression level score further decreased to 7, categorized as minimal. In subject LA, during the pretest, the depression level score was 27, categorized as moderate. After receiving the OEI therapy intervention, the depression level score decreased to 16, categorized as low depression. After a measurement one week later (follow-up), the depression level score was 5, categorized as minimal. These scores indicate a lower level of depression after undergoing the OEI therapy intervention. Therefore, it can be concluded that OEI therapy is effective in reducing depression in female adolescents.

This research is expected to be considered in efforts to reduce depression in female adolescents at BPRSW. The researcher is also aware of the limitations in the implementation of this research. Furthermore, the researcher provides suggestions for consideration for improvements in further research. Further research is recommended to increase the duration of therapy at each stage in order to enhance the acquisition of field data. Additionally, research using more than two subjects, considering the limitations encountered in the field, is also recommended to provide more objective and comprehensive research results.

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