Psychology, Society, and Culture

The Relationship between Solution Focused Therapy, Basic Needs Deprivation and Depressive Symptoms: Case Study

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ABSTRACT

This case study examines the relationship between depression and basic needs deprivation, while also evaluating the effectiveness of short-term Solution-Focused Brief Therapy (SFBT). Participants met criteria for severe depressive symptoms, assessed through clinical interviews and the PHQ-9 questionnaire (≥15 points). The study utilized the Basic Needs Scale, based on William Glasser's Choice Theory (Glasser,1998), to measure five fundamental needs: survival, love and belonging, power and control, freedom, and fun. Participants rated their need satisfaction on a 10-point scale before and after a five-session SFBT intervention. Therapy followed the Solution-Focused Art Gallery model (George, Iveson, & Ratner, 1999) and the Solution-focused therapy Plus model (Hjerth, 2008). Sessions were conducted both online and in person. Results were analyzed to assess symptom improvement and changes in need satisfaction. Findings provide promising preliminary evidence for the effectiveness of SFBT in addressing depression, though further research with larger samples is needed for generalization.

Keywords: Depression, SFBT, brief-therapy, case study, basic needs

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INTRODUCTION

Depression is one of the leading mental health problems worldwide. According to the World Health Organization, 3.8% of the world's population suffers from depression, and the rate of depression among adults is 5% (Depressive disorder and genetics, 2023). It is important to note that, according to various data, depression is the second most common mental disorder after anxiety disorders. According to the global distribution of the disease -The global distribution of the disease burden, which refers to the impact of the disease on quality of life and includes premature mortality, shows that depression is increasing every year and, while in 2019 it was in second place in the global burden of disease data, according to 2021 data, depression is already in first place (Ritchie, Roser, 2024).

Depression is often accompanied by suicidal thoughts and behavior, which may manifest in various forms of self-harm. Along with the deterioration of quality of life and loss of hope, the risks of suicide as a result of depression are a very real and serious problem. For example, in the 15-29 age group, suicide is in fourth place among the causes of death.

Depression is particularly challenging to treat because symptoms such as demotivation, hopelessness, fatigue, and isolation often hinder engagement in therapy. In many cases, the client lacks the resources to work towards the desired outcome. Clients may expect rapid improvement and prematurely discontinue therapy when immediate change is not evident. Negative cognitive bias, discouraging beliefs, and pervasive feelings of hopelessness often reinforce this tendency.

Along with reducing therapy time, it is also important to identify factors and methods that contribute to the fight against depression and that most help the client manage this condition. Explanation of solution-focused brief therapy (SFBT) sessions used in the case:

The depression case study used five sessions of short-term therapy. Each session was held once a week for five consecutive weeks. New techniques were added to each session. The first and last sessions were 1 hour long, and the following sessions (2, 3, 4) were 30-40 minutes long. Appropriate questionnaires and tests (pre- and post-test) were used in the first and last sessions. It was important that all of the listed points were used in sequence during the respective therapy session (although modifications were made if necessary). During the session, due to the specifics of the research, notes were taken on each of the main subpoints of the relevant session. The 5-day protocol used all the basic SF techniques, focusing on identifying existing strengths, resources, and strategies to address deficiencies, and on developing a detailed picture of the desired future. The client's ineffective coping strategies were identified and replaced with new, effective ones.

METHODS

Selection

Non-probability sampling was used. Participants were included if they expressed interest in short-term therapy and presented with clinically severe depressive symptoms. Only indi-

viduals between the ages of 18 and 50 whose main complaint was depression were able to participate in the study. Participants with severe or very severe depression were deliberately chosen to explore the potential of Solution-Focused Brief Therapy (SFBT) in addressing complex and acute clinical cases. In such cases, clients often experience significant demotivation, hopelessness, and emotional paralysis, which can lead to early dropout from therapy. As a result, achieving rapid, observable results is not only clinically beneficial but often essential for client engagement and recovery. In addition, the Depression Questionnaire (PHQ-9) was used during the selection process, according to which only individuals with severe depression and very severe depression were able to participate in the study, which required a minimum total score of 15.

Instruments

To assess depression, the Depression Questionnaire - PHQ-9 was used, which covers such manifestations and symptoms of depression as:

1. Loss of interest and decreased pleasure
2. Mood swings
3. Changes in sleep patterns
4. Decreased energy
5. Appetite changes
6. Decreased self-esteem
7. Concentration difficulties
8. Slowing of movement and speech
9. Suicidal thoughts

The symptoms described are also found in the diagnostic manual: hopelessness, depressed mood, loss of interest, lack of energy, sleep changes, decreased concentration, changes in eating patterns, suicidal thoughts, and isolation. At least five of these symptoms must persist for at least two weeks (American Psychiatric Association, 2013).

This questionnaire identifies the following levels of depression:

1. 0-4 points - no depression is present
2. 5-9 - points - mild depression
3. 10-14 - points - moderate depression
4. 15-19 - Score - Severe depression
5. 20-27 - points - very severe depression

Because this scale covers all the main manifestations and symptoms of major depression/clinical depression, and because its validity is confirmed by research (Zhang, Wang, 2020), ac-

cording to which this indicator is 88% and has a history of widespread use. In this study, the PHQ-9 questionnaire and a clinical interview will be used to assess depression.

The Basic Needs Scale (see Appendix 1) will be used to assess the level of basic need satisfaction and the presence of deficits. The scale has been approved by the William Glasser Institute Committee, the creator of choice theory and reality therapy, and can be used for depression research.

This scale examines five basic needs:

1. Survival
2. Love and belonging
3. Power and control
4. Freedom
5. Entertainment

The scale ranges from 1 (need not entirely met) to 10 (need completely met).

The scale is not a clinical assessment tool and was used only in a therapeutic and research context; its purpose is to identify the need that is most deficient in cases of depression.

Research objectives:

1. Describe the relationship between the lack of basic needs and symptoms of depression.
2. Describe how the Basic Needs Scale score and depression symptoms changed after
3. 5 sessions of SFBT therapy.
4. To determine the effectiveness of SFBT short-term therapy and the dynamics of the course of depression.
5. Identify effective strategies and methods for overcoming depression.

Hypothesis

As is known, managing depression in a short period of time is quite a complex process, and it takes a long time to eliminate it completely. Problem-focused approaches to managing depression first look for the causes of depression, then plan the direction in which therapy should go. Identifying causal factors and determining appropriate interventions often requires considerable time, yet for individuals experiencing depressive symptoms or a clinical diagnosis, achieving early positive change is critical for sustaining engagement and therapeutic momentum. This is especially important, since depression is usually accompanied by demotivation, lack of energy, and loss of hope, which increases the risk of treatment discontinuation. In addition, it is known that some people with depression have suicidal thoughts and/or behavior, in which case rapid positive change plays an important role.

Based on the factors described above, it is likely that problem-oriented, focused approaches

to dealing with depression devote valuable time to a less important issue and increase the risks of disengagement from therapy or worsening the client's condition. Since the therapeutic method used in the study is solution-focused rather than problem-focused, the therapeutic dynamics are likely to be positive from the shortest possible time after the start of therapy.

The study also focuses on the deficit of basic needs during depression. Since people with depression usually experience social deprivation, isolation, as well as demotivation and decreased energy, it is assumed that they cannot satisfy at least one of the basic needs and experience a deficit. Moreover, if the deficit in basic needs is eliminated, depressive state and symptoms will likely improve. Therefore, the hypotheses of the research hypothesis are as follows:

1. People with depression experience significant unmet basic needs. (There is a positive, strong correlation between depression and a lack of basic needs
2. After five sessions of solution-focused brief therapy, the depression scale score will decrease dramatically.
3. After therapeutic intervention, symptoms of depression decrease as a result of the elimination of basic needs.

Variables

1. Independent variable - Solution-focused brief therapy
2. Dependent variables - depression
3. Mediating variable - basic needs
4. Additional variables include the therapeutic environment, duration and severity of depression, methods used by the therapist, physiological health of the subjects, and other extratherapeutic factors.

Typical SFBT session used for the research

Explanation of Solution-Focused Brief Therapy (SFBT):

SFBT is a goal-oriented therapeutic approach that focuses on solutions rather than problems. "For an individual practitioner's approach to be known as 'Solution Focused' it will be built around a common core of ideas, developed by Steve de Shazar, Insoo Kim Berg and their close colleagues in the 1980s" (UKASFP, 2024). By emphasizing the client's strengths and resources, SFBT encourages individuals to envision a preferred future and identify actionable steps to achieve it. Characterized by brevity and collaboration, SFBT typically consists of a limited number of sessions. The therapist and client collaborate to develop solutions, fostering a positive outlook and emphasizing achievable objectives. This approach effectively empowers individuals to overcome challenges, including those associated with depression.

Typical session

Establishing Rapport and Brief Problem Exploration

The client briefly describes the problem, supported by questionnaire data. (PHQ-9 Depression Scale and the Needs Scale). This phase will mainly focus on building rapport with the client. The problem will be validated, and preliminary reflections may be offered to support rapport-building.

Defining Significance

Questions will be asked to explore what the issue means to the client:

"What does this mean to you?"

"Why is this important to you?"

Best Expectations from Therapy

The client will be asked about their expectations from therapy:

"What do you expect from therapy?"

"Where and how would you like to notice change?"

"What would you like instead of the problem?"

Defining the Desired Future/Goal

The client will define their vision of the future:

"What would you like your future to look like?"

"What do you want to change or be different?"

The goal will be realistic and measurable.

Identifying Small Signs of Progress

The client will reflect on small indicators that they are moving towards their desired future or goal:

"What small behaviors, feelings, or signs would indicate positive progress?"

"What would signal to you that you are achieving your desired goal?"

"What would VIPs (Very Important People in your life) notice?"

Coping Strategies

Discussion about how the client is currently coping with their challenges:

"How do you manage to deal with this?"

"What has been helpful for you?"

"What would VIPs say about when you seem to feel better?"

Describing Positive Exceptions

Exploration of episodes when the problem was absent or less intense:

"Can you recall moments when the problem was not present?"

"When did you feel energetic or good? What was different then?"

Miracle Question

A detailed exploration of what life would look like without the problem:

"Imagine a miracle happened overnight, and the problem disappeared. How would your life be

different?"

"What would you notice? What would others (VIPs) notice?"

Detailed descriptions of behaviors, situations, and emotions will be discussed.

Scaling

Assessing the client's current state on a scale:

"On a scale of 0 to 10, how are you feeling today?"

"Why this score and not a lower one?"

"What is your desired score on the scale?"

"What would that score mean for you?"

"What would help you move up by one point? What resources do you need?"

"How would VIPs evaluate your progress?"

Summarization and Positive Feedback

Summarizing the session and providing positive feedback to the client about their progress or strengths.

Agreeing on Homework

Agreement on a task for the client and therapist to focus on during the session:

What can you do to move up by one point?"

Observe any pleasant episodes or situations in their life when they feel slightly better or good.

Reflect on episodes they would wish to happen again or continue.

Pay attention to what they notice during these moments.

RESULTS

Three of the cases (Cases N2, 4, 5) are clinical, face-to-face meetings, and three (Cases N1, 3, 6) are online therapy meetings. No significant difference in effectiveness was observed between clinical/face-to-face meetings and online sessions, and both approaches led to positive changes in the regulation of depressive symptoms and in addressing deficits in basic needs.

According to the depression scale score, as shown in Figure 2, there is a marked decrease between the initial and final scores in all six cases. It is important to note that in all six cases the initial score of depression was severe (15-19 points) or very severe (20-27 points), while the final scores ranged between 11 and 2 points. Case N5 has 11 points (average); in all other cases, the final score shows mild depression or no depression at all.

Regarding unmet needs, all six cases demonstrated substantial deficits, though the deficit was less pronounced in Case 4. A consistent pattern emerged in which two needs stood out as the most significantly unmet:

1. Survival-safety need deficit
2. Lack of entertainment and recreation needs

Clients mainly referred to two factors in the lack of survival requirements:

1. The living environment around them and current events
2. Physical, physiological condition

In terms of entertainment and relaxation, most clients considered:

1. Various types of activities (walking, reading books, exercising, watching a movie, taking care of yourself, making food, waking up early, etc.)
2. Socialization (spending time with family members, communicating with friends, colleagues)

Additionally, in most cases, a deficit in control-power seeking was evident, mainly manifested in an inability to recognize one's own resources and a loss of control over circumstances.

Between sessions, through fairly simple behaviors/activities that clients would think of themselves, the deficit described above was significantly reduced. In this regard, the most rapid improvement was observed in perceived need satisfaction for survival/safety. It was revealed that in the case of depression, the most difficult need to be satisfied is the need for entertainment-relief.

None of the cases involved questions aimed at uncovering the problem's root causes or exploring the problem itself; nevertheless, symptom reduction and problem resolution were successfully achieved in all six cases. This also emphasizes the validity of the solution-focused approach theory. Partial identification of the problem and the need deficit was done indirectly, through solution-focused questions, for example, through the Miracle question.

In the Miracle question (de Shazer, 1988, as cited in de Shazer et al., 2007), when the client describes his desired future, he details what he would do if there were no current problems in his life. When he says, for example, that I would be able to sleep better, have more energy and motivation, do my work more efficiently, meet a friend after work, here the client clearly sees what his life could be like without the problem, although the therapist also sees the problems that are currently present, in this example: sleep disorders, lack of energy and work capacity, demotivation, isolation, desocialization, etc. In addition to these two types of information, this technique also enables us to identify behaviors that will help the client achieve their desired future and overcome the problem. This is done again by gathering different types of activities from the detailed description. For example, a client often says: "I would not sleep until late in the morning and would get up early; I would walk a little instead of taking public transportation; I would talk to employees during breaks and have coffee with them, etc." These are activities the client can perform even when he faces various problems or symptoms in his life. In the behaviors listed by the client, he sees for himself how many things he can do differently, that he actually has a choice and is not just a victim of symptoms and emotions. When asked about the next step, he chooses the simplest activity from the listed activities that will help him feel better before the next visit.

In addition, the Plus model was specifically selected for cases of depression. This involves working with the client step by step, identifying the most important aspects of hope and motivation in the context of depression, and gradually moving away from a victim role by focusing on behavior and the future. At the initial stage, a so-called rapport is established, which is facilitated by listening to the client's context (what they want to hear, distinguishing tests, and explaining the general course of therapy). However, if this does not evolve into a problem-focused conversation, the next question is soon asked: "How can this session be/benefit the therapist?" This question, in addition to clarifying the therapeutic order, also helps establish rapport and build a therapeutic alliance (Norcross, 2011).

In the same model, the following questions prompt the client to reflect on existing resources and strengths, on episodes in his life when the problem was either overcome or not a problem at all, and on the social environment that is important to him. This, after establishing a therapeutic alliance and defining goals (the desired future), strengthens the client's confidence that they already possess certain resources and qualities to cope with the problem, thereby helping restore hope and motivation.

Towards the end of the session, the miracle question shows the client in detail what his life would be like without the problem, which also has a positive impact on motivation. As well as the activities that would help with this. This is followed by the scale question, which has two primary meanings:

1. Assess the current situation and show the client again that he already has sufficient resources ("Why is this score a four and not lower? What makes it a 4")
2. Orient the client on behaviors and activities between sessions that will help achieve the desired result step by step ("How can these four consecutive sessions become a little more, for example, 4.5 or 5? What would help you?")

Thus, SFBT therapy acts on such key factors as: hope, motivation, behavior orientation, focus on the future, leaving the role of the victim and taking responsibility, orientation on strengths, and resources. This ultimately gives a quick therapeutic result, as shown in the cases, a sharp therapeutic change becomes visible from the third session.

According to the cases, the main reason for positive changes, in addition to the motivational factors described above, is the client's orientation towards behavior that can be practiced between sessions. According to the Miracle question in the cases, if there were no problems, the clients would perform various activities (which were also part of the tasks between sessions). These activities, which the client had a deficit in and their partial and gradual implementation would help improve the condition, were:

1. Physical activity (walking, exercise)
2. Waking up early in the morning
3. Preparing and serving breakfast in peace
4. Mental activities (learning new things, reading a book)
5. Spending quality time in the evening (in some cases at home, but not on the phone, but taking care of the stable or watching a movie or communicating with family members, in some cases meeting friends outside the home)
6. Socialization (spending time with friends, colleagues, family members)
7. Allocating more free time for yourself

This is a list of activities that are present in all cases at the initial stage; these are the factors that clients mention that they would do if there were no problem. However, during each session it becomes clear that with small and simple steps, despite the presence of a problem, it is still possible to carry out the activities described above (which should be adjusted to the individual resources, abilities and goals of the client) and that one such activity can have a ripple effect, both in terms of improving other activities and posture, or a droplet effect, as is called in solution- focused therapy, a "ripple effect".

During the sessions, the basic needs model of choice theory also played an important role in shifting attention from the problem to other, more important factors. This was one additional way in which, after overcoming the lack of motivation and hope, the client could, after

the behavioral intervention, completely shift his attention from the symptom, as something that happened to him, to the basic need deficiency, which he could identify and eliminate. Both the orientation on behavior and the orientation on basic needs are important factors in maintaining and improving the positive change achieved in each session. In this way, when a symptom appears in the client's life, he will not start looking for causes in deep physical processes. He will not feel helpless that it happened to him. He cannot change anything or claim to be a victim of circumstances. However, he will try to easily and quickly identify the cause among the five required deficiencies and eliminate it in a simple, step-by-step manner.

It is important to remember that the ongoing processes in the country, namely the political crisis, mass violence, and the country's change in European course, which clients also described during the sessions, likely had a significant impact on the course of the cases.

Finally, regarding the research hypotheses, it can be said that:

1. In all six cases of severe and very severe depression, several deficiencies in basic needs are observed, which confirms the first hypothesis of the study.
2. After five, and in some cases, four sessions of short-term therapy, a sharp change in depression scores is evident, both on a subjective and objective level, thus confirming the second hypothesis of the study.
3. There was also a significant difference in terms of eliminating basic needs. In each case, the decrease in the depression rate had a positive effect on the elimination of the deficit in basic needs, and, conversely, the elimination of the deficit in basic needs had a positive effect on the depression rate.

From these cases, it can be said that:

1. Detailed identification of the problem is not necessary to achieve a therapeutic outcome.
2. Small changes significantly change the overall picture.
3. Behavioral orientation is an effective tool for dealing with emotional states.
4. A variety of negative symptoms appear during a sharp and chronic lack of basic needs.
5. When the deficiency of basic needs is eliminated, negative symptoms decrease.
6. 5 sessions of short-term therapy significantly reduce the intensity of depressive symptoms, which has a positive impact on the client's functioning and emotional state.
7. During the course of solution-focused short-term therapy, no significant difference in effectiveness was observed between face-to-face and online sessions.
8. Miracle question is one of the important and effective tools that provides a detailed picture of the client's desired future (to some extent a goal), and at the same time is an effective means of motivating the client. It provides a list of various activities that would help the client achieve positive changes.

9. Exploring positive exception episodes, strengths, and resources provides important information for managing and improving the situation, and any client, no matter how severe the situation or problem, has similar episodes and resources.
10. Focusing on the desired future and the behavior that will achieve it has a positive impact on therapeutic outcomes, both in terms of effective management of symptoms and complaints, as well as rapid results.

DISCUSSION

This study provides important insights into managing severe depressive symptoms, where early therapeutic change is clinically significant. At the same time, it is the first attempt to integrate Choice Theory into the therapeutic process alongside short-term therapeutic techniques. It also appears to be the first study in Georgia in which solution-focused short-term therapy was used in the management of depression, as well as the first to apply a basic needs assessment instrument in such cases.

Nevertheless, it is necessary to conduct the existing research on a larger scale, since a case study (in minor cases) does not allow generalization of the results or theoretical and practical conclusions. Although the Basic Needs Scale was approved for therapeutic use by the Glasser Institute, it has not yet undergone formal psychometric validation (e.g., reliability, construct validity). Future research should focus on standardizing and validating this instrument for broader application. It is also worth considering that, in these cases, the clients themselves desired therapy, meaning they recognized the problem and were ready to work to overcome it. In clinical practice, some clients experience symptoms so intensely or have such limited insight that they do not seek help. In this regard, it would be important for future studies to include clients who are hospitalized, in an acute clinical state, or who have a history of repeated suicide attempts. The basic needs instrument was used only to inform the therapeutic process and to describe individual cases. However, if standardized, it could be used for broader quantitative research.

CONCLUSION

These cases illustrate one of the key assumptions, “The kind of problems people bring to psychotherapists PERSIST only if they are maintained by ongoing current behavior of the patient and others with whom he interacts” (Weakland, Fisch, 1974), and that for rapid relief of depressive symptoms, it is important to:

1. Focus on the future, not the problem and/or the past.
2. Clearly identify and leverage current resources and strengths.
3. *Examine episodes in which depressive symptoms were absent or less severe.*
4. Clearly define the desired future, what the client’s life would be like without the problem, and what would be different.

5. Focus on behavior, small and simple activities that will help the client improve their condition.
6. Orientation toward identifying unmet basic needs as a potential source of symptomatology and exploring ways to address these deficits.

These are six basic recommendations that, according to this study, can significantly reduce the symptoms and course of depression quickly and effectively.

Ethics Approval and Conflict of Interest

This study was conducted in accordance with relevant ethical standards. The authors declare that there are no financial, personal, professional, or institutional conflicts of interest that could have influenced the design, conduct, interpretation, or publication of this work.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

George, E., Iveson, C., & Ratner, H. (1999). *Problem to solution: Brief therapy with individuals and families* (Rev. ed.). Brief Therapy Press.

Glasser, W. (1998). *Choice theory*. HarperCollins.

Hjerth, M. (2008, October). *Microtools* [Conference presentation]. SOLWorld Annual Conference, Cologne, Germany.

Shazer, S. (2007). *More than miracles*. Routledge.

Major depression and genetics. (2023). Stanford Medicine. https://med.stanford.edu/depressiongenetics/mddandgenes.html

World Health Organization. (2023). *Depressive disorder*. https://www.who.int/news-room/fact-sheets/detail/depression

Zhang, Y., Xu, Y., Wang, T., et al. (2020). The reliability and validity of PHQ-9 in patients with major depressive disorder in a psychiatric hospital. *National Center for Biotechnology Information*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525967/

UK Association for Solution Focused Practice UKASFP. (2024). *Solution focused principles*. https://members.ukasfp.org/page/sfprinciples

Ritchie, H., & Roser, M. (2024). *Burden of disease from each category of mental illness, World*. Our World in Data. https://ourworldindata.org/grapher/burden-disease-from-each-mental-illnesstr

Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). Oxford University Press.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution. W. W. Norton & Company.*

APPENDIX

Basic Needs Scale

Instructions: For each of the following statements, rate how true they are for you on a scale from 1 to 10, where 1 means "Not at all true" and 10 means "Absolutely true."

Not at all true 1 – 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Absolutely true

1. Survival Needs:

- I feel physically safe and secure in my environment.
- I have access to adequate food, shelter, and healthcare.
- I feel healthy and have the energy to engage in daily activities.

Average Survival Needs Rating:

2. Love and Belonging Needs:

- I have close, supportive relationships with family and friends.
- I feel connected to a community or group.
- I experience a sense of belonging and acceptance from others.

Average Love and Belonging Needs Rating:

3. Power Needs:

- I feel competent and capable in my personal and professional life.
- I have control over important aspects of my life.
- I experience a sense of achievement and recognition for my efforts.

Average Power Needs Rating:

4. Freedom Needs:

- I have the freedom to make choices and decisions about my life.

- I feel free to express my thoughts, feelings, and opinions.
- I have opportunities to pursue my interests and goals.

Average Freedom Needs Rating:

5. Fun Needs:

- I regularly engage in activities that bring me joy and pleasure.
- I have opportunities to relax and enjoy myself.
- I experience laughter and playfulness in my daily life.

Average Fun Needs Rating:

Overall Needs Assessment:

- Survival Needs Average:
- Love and Belonging Needs Average:
- Power Needs Average:
- Freedom Needs Average:
- Fun Needs Average:

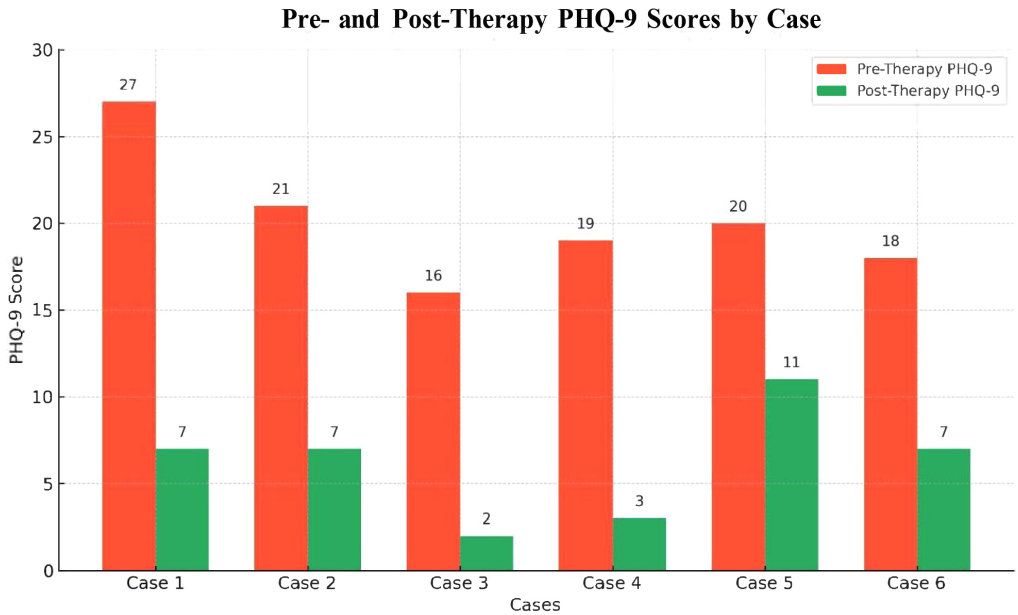

Figure 2. *PHQ-9 scores by case*