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**[A PREMIEM RESEARCH ARTICALES ARE INVITED FROM THE | MEDICAL-HEALTH
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IJSKSRP is an NGO non government organization which was started in 1997 august 6th it is registered under the Karnataka societies registration act 1960 which was legal binding by the Indian societies registration act 1860 Which was monitor by the government of India constitution .

The society registered body is consisting by the Prof.Dr. Shivalingaiah Mallappa. During post doctoral degree program 1996-1997-98 in Jnanabharathi campus BUB. Bangalore.560056. initially constitute with 9 member of classmates. those who are all discussed and finalised in the name of Suvarna Karnataka Institute of Studies and Research Center[R]. Irrespective of cast creed color and religious with un bonding of geographical area across the globally establishment it aims and objectives of the activities. Thane came to the native district of Tumkur Madhugiri Taluk Nittarahalli village given communication/contact address for register address to the district registrar office Tumkur. Prepared by-law for legal registration with 9 executive body members for the various programs are sorted which are like health education economic social cultural religious development where has reach to the unreachable area of underprivileged people in the globally.

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ORIGINAL RESEARCH ARTICLE

EFFECT OF COGNITIVE SYMPTOM MANAGEMENT AND REHABILITATION HERAPY IN THE MANAGEMENT OF ANXIETY AMONG OCD COLLEGE STUDENTS

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ABSTRACT

The word “Anxiety” is derived from the Latin word “Anxious,” which means “to choke”. Anxiety is defined as a cognitive-affective response, characterized by physiological arousal and apprehension regarding a potentially negative outcome that the individual perceives as impending. The aim of the present study is to find out the effect of cognitive symptoms and rehabilitation therapy in the management of anxiety among college students. Anxiety impairs the academic

performance of college students. Once it is identified at an early stage, college students can be helped to overcome anxiety through intervention. The objective of the present study is to find out the effect of Cognitive Symptom Management and Rehabilitation Therapy in the management of anxiety symptoms among college students and to find out the gender differences, if any, between boys and girls, in the management of anxiety symptoms after intervention. Spileberger uses State - Trait Anxiety Index to assess the level of anxiety among students. 120 high-anxiety college students

are allotted randomly to control and experimental groups, 60 in each group, 30 boys and 30 girls, for the final study. Experimental group is exposed to Cognitive Symptom Management and Rehabilitation Therapy. The results show that there is an extremely significant difference ($p > .0001$) existing in the performance. The experimental group is lower ($p > .0001$) than the control group. Experimental girls are faster than the control boys in the management of anxiety after intervention. Of all the methods, Cognitive Symptom Management and Rehabilitation Therapy is successful in the management of anxiety symptoms among college students

KEYWORDS: Anxiety, Cognitive Symptom Management and Rehabilitation Therapy, college students, boys and girls

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INTRODUCTION

A healthy mind rests only in a healthy body". Individual's happiness in life depends upon good health, vigour and vitality. Without health is misery - a virtual death.

"If wealth is lost, nothing is lost. If health is lost, something is lost. If character is lost, everything is lost. Health, happiness and peace of mind are those assets and treasures that cannot be purchased. To a sick individual, body becomes a burdensome prison. A healthy person can meet the struggles, dangers and difficulties of life bravely. Life is struggle for existence and in the world there is survival of the fittest. Healthy individuals with courage, stamina, vigor and vitality can be successful in the battle of life. It is great delight to meet an individual, who is physically fit, mentally sound and morally high.

OCD is an anxiety condition that plagues a person with unwanted thoughts or images. College students with OCD have unreasonable anxiety that disrupts their daily activities. OCD may worry about

contamination or fear that OCD will suddenly become violent and hurt themselves or others. OCD develops repetitive and ritualised actions to cope with these anxieties. These actions are such as counting, locking and re-locking doors, lining up objects, hand-washing or skin picking. Those with OCD can get so involved in those behaviors that they are unable to focus on their tasks or function normally.

The word "Anxiety" is derived from the Latin word "Anxious," which means "to choke". Anxiety is defined as a cognitive-affective response, characterized by physiological arousal and apprehension regarding a potentially negative outcome that the individual perceives as impending. Anxiety is defined as a "series of symptoms, which arise from faulty adaptation to the stresses and strains of life". Anxiety is defined as "a future oriented emotion" characterised by perceptions of uncontrolled and unpredictability over potentially aversive events and a rapid shift

in attention to the focus of potentially dangerous events or one's own affective response to these events.

Symptoms of anxiety include feeling of threat, excessive worry, tremors, twitchy sensations and nervousness, aching and sore muscles, restlessness, sleeping difficulties, inability to concentrate, irritability, feeling of uneasiness characterized by irritability, palpitations, dry mouth, tension and feeling of impending doom. Anxiety disorders are such as panic disorders, Social anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder

Students in schools are facing more emotional, social and behavioural problems. There has been a great concern regarding the mental wellbeing of the students. Students in developed countries are likely to face more difficulties because of poor socioeconomic backgrounds(Turki Alotaibi, 2015).

Anxiety, among students before examinations, helps them to prepare well.

Anxiety at workplace, before a presentation, is instrumental in helping to gather data and make a lucid presentation. But when anxiety becomes overwhelming and disturbs day-to-day life and affects the logic and reasoning abilities, then it becomes a disorder, which needs to be addressed immediately (Anbarau & Dr Chandramohan, 2014).

College students have anxiety about exams, which represent the final step before graduation and starting a working life. Individuals react to anxiety differently. The stressors are not the same for all. Anxiety is also accompanied by other problems such as stress, mood disorders, depression, change in eating habits and timings, poor appetite, suicidal tendencies, substance abuse, guilt proneness, losing interest in activities, which is perceived as interesting and fun earlier. Ignoring anxiety leads to great distress for the individual. It causes uneasiness, stress, anger, frustration and

irritation.. It leads to low self-esteem, forgetfulness, resentment, aggression, inability to focus and the individual feels loss of control over self. Individuals with anxiety usually complain of anger, lack of confidence, guilt, throwing temper-tantrums, inability to express clearly, repetitive thoughts and feeling of impending doom.

serious and it increases the risk for many physical ailments such as brain stroke, gastrointestinal problems, high levels of bad cholesterol, immune suppression and premature ageing; psychological problems such as confusion, poor concentration and memory, impotency and insomnia.. Regular practice of cognitive symptom management and rehabilitation therapy appears to modulate the stress response system.

Anxiety and stress are interrelated. Stress is defined as “any sudden change in the day-to-day life demands certain adjustive changes in our behaviour paradigm our body and mind undergo stress. These changes are called as stress (Selye, 1974). The basic cause of anxiety is stress. Stress gives rise to distress, which manifest in the form of psychosomatic disorders or anxiety disorders. As life is full of pressures and tensions, there is no way to avoid stress. A prolonged stress can cause damage to the mind and body. Learning to overcome the effect of stress may help an individual to live a longer and healthier life. The consequences of long term stress can be

Anxiety disorders are prevalent in 5-8% of total population. 25% of the people visiting psychiatric clinics are suffering from anxiety disorders. It is a common ailment among adolescents (Vamin and Helsley, 2007; Seismore and Oakland, 2007; ADAA, 2014). According to the National Mental Health Survey of India, in the year 2015 – 2016, the prevalence of mental disorders in the age group 13-17 years is 7.3%. It is equal in both genders. About 9.8 million of young Indians aged between 13-17 years are in need of active intervention. Prevalence of mental disorder was nearly

twice (13.5%) as much in urban metros as compared to rural (6.9%) areas.

A recent study conducted at Himachal Pradesh on 15-24 years revealed that adolescents suffered from a wide range of mental health problems such as depression (6.9%, anxiety (15.5%), tobacco (7.6%), alcohol addiction (7.2%), Suicidal ideation (5.5%). They require urgent intervention for their problems. The fact is that these problems interfere in their growth, development, education and day-to-day social interactions. Early identification and intervention may bring happiness in their life (Anbarasu and Dr Chandramohan, 2015). Anxiety and depression levels in the community are considered as an important indicator for mental health. According to Anxiety Disorders Association of America (2014), anxiety disorders are most common mental illness in the United States of America (USA), affecting 40% of the adults among the age group of 18 and above. People with anxiety disorders are 3 – 5 times more likely go to the doctor and 6

times more likely to be hospitalised for psychiatric disorders. Anxiety disorders are number one mental health problem in USA, surpassing even depression in numbers. Women suffer from anxiety and stress almost twice as much as men. It is the common health issue facing by seniors. Anxiety disorders cost USA \$42 billion a year. Anxiety disorder cost USA workplace \$46.6 billion annually; 88% of this figure is from lost productivity.

PURPOSE OF THE STUDY

Psychopharmacology and psychotherapy are the two important treatment methods used extensively for the treatment of mental illness. The effectiveness of these therapeutic techniques is more. Usage of psychotic drugs has a lot of side effects, such as weight gain, dull head, laziness and, diabetes. Students in college are facing more mental, behavioural, social and other psychological problems due to academic pressure. Anxiety symptoms are serious health problems that affect a

large number of students in colleges. There has been a great concern regarding the mental wellbeing of the students.

Cognitive Symptom Management and Rehabilitation Therapy brings awareness of the interrelationship between the emotional, mental, and physical level. The well-established approach to healing mental illness is Cognitive Symptom Management and Rehabilitation Therapy, for the treatment of mental illness, particularly in the reduction of anxiety symptoms. The aim of the present study is to find out the effect of Cognitive Symptom Management and Rehabilitation Therapy in the management of anxiety symptoms among college students. Anxiety impairs the academic performance of college students. The objective of the present study is to find out the effect of Cognitive Symptom Management and Rehabilitation Therapy in the management of anxiety symptoms among college students and to find out the gender differences, if any,

between boys and girls, in the management of anxiety symptoms after intervention. The present study is an attempt in this direction.

COGNITIVE SYMPTOMS MANAGEMENT AND REHABILITATION THERAPY

The Cognitive Symptoms Management and Rehabilitation Therapy used in this study consists of psycho-education, regarding anxiety disorder and strategies for improving the disorder. The following table lists the treatment domains targeted for intervention and Cognitive Symptom Management and Rehabilitation Therapy strategies used to improve the impaired behavioural functions in the experimental group.

List of targeted domains and Cognitive Symptom Management and Rehabilitation Therapy strategies exposed to experimental group

SYMPTOM OF OCD	COGNITIVE MANAGEMENT REHABILITATION STRATEGIES	SYMPTOM OF OCD
Anxiety	feelings of threat, loss of sense of well-being, which may have reason or no reason; excessive worry – exaggerated concern; tremor, twitchy, shaky and nervous feeling, tense, aching and sore muscles; restlessness and easy fatigueability.	
Management	Psychoeducation, use of routines, lifestyle modification, relaxation techniques	

Relaxation strategies / tension reduction techniques - Tension leads to anxiety and, in turn, cognitive difficulties and vice versa. Tension reduction techniques give the body of the feeling of relaxation and train it to remain relaxed . It also helps to overcome obsession and compulsion symptoms and enhances good sleep to break this cycle.

Muscle relaxation - Participants are asked to lie down on bed in a comfortable and quite place in the college campus without any distractions.They are taught to relax

each and every muscle group by giving auto suggestions

Breathing exercise - concentrate on how the air is going inside to your body and how it is coming out from the body. When the air is coming out, the lungs and stomach go inside.. Whenever you breath in lungs and stomach swell in size. Concentrate on how the breathing is taking place in the body. Now you are going to concentrate on the tip of the nose. The air going inside the nose contains oxygen will be cool and pleasant. The air coming out .from nose contains carbon dioxide will be hot and unpleasant. Concentrate on the tip of the nose and feel the changes.

Mental imagery - Participants are asked to imaginethe happiest events from the past life to alter the negative thoughts. The participants are exposed to guided mental imagery such as going for morning walk or evening walk along with family members, seaside appealing beach, counting backward

numbers from 100 to 1 and continuing further, till the negative thoughts disappear.

Mindfulness - The participants are educated about the handling techniques of thoughts and feelings. They are advised to pay attention to and observe their present thoughts and feelings., let them come into consciousness and let them go as if they are just thinking through various examples from their day - to - day life activities.

Grounding technique (Directing attention to something in the person's environment)- The participants are instructed to observe and describe objects in the room by their physical properties without snatching their opinions to the objects in their mind. In due course, they are asked to do abdominal breathing

OCD patients are often reluctant to participate in anxiety treatment. Motivational interviewing can be useful to encourage patients to participate in the Cognitive Symptom Management and Rehabilitation Therapy. Cognitive Symptom

Management and Rehabilitation Therapy is a type of psycho-therapeutic treatment that helps OCD patients learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behaviour and emotions. Cognitive Symptom Management and Rehabilitation Therapy focuses on changing the automatic negative thoughts that can contribute to and worsen emotional difficulties, depression and anxiety. These spontaneous negative thoughts have a detrimental influence on mood.

Review of worldwide literature reveals that Cognitive Symptom Management and Rehabilitation Therapy is useful in the management of anxiety symptoms among college students (Nikpor, et al., 2021; Abirgu, et al., 20220; Nikhil Chaudhary, 2019; Leslie, et al., 2019; Pesaribu & Zarfiel, 2019; Hamidi, et al., 2019; Farsinejad et al., 2019; Whisker, et al., 2017; Cooper, et al., 2017), Twamley, 2014, Mayo - Wilson, 2013, Koehler, et al. 2012; Cicerone, et al., 2005, Shailaja, et

al., 2009, Mukundan, 1996, Pershad & Verma, 1990).

HYPOTHESIS

The following hypothesis are formulated after reviewing worldwide literature:

(HA) Cognitive Symptom Management and Rehabilitation Therapy is effective in the management of anxiety symptoms among college students

(HA) Boys are better than girls in the management of anxiety symptoms through Cognitive Symptom Management and Rehabilitation Therapy.

TOOL FOR THE TESTING

College students are exposed to the State - Trait Anxiety Index. Scale. Short details of the psychological tests are given below:

State Trait Anxiety Index - Spielberger (1979), University of South Florida, has developed State-Trait Anxiety Index to assess State and Trait anxiety of an individual. This test has two forms such as

STAI - State Anxiety Index - it has 20 feelings to assess immediate feelings at the time of taking test. It is transitional, situational and also called as surface anxiety. For example, fear of examination, medical examination of the patient, facing the interview. There are 20 statements and it usually takes 10 minutes to complete the testing.

STAI - Trait anxiety, which has 20 feelings to assess the feelings for the past two years life events. It is inborn, inherited and also called as source anxiety. The State anxiety, even if it is high, there is no problem. Altering the situation / environment, anxiety can be kept under control. On the other hand, if trait anxiety is high, the patient is neurotic, he / she needs treatment. There are 20 statements and it usually takes 10 minutes to complete the testing.

Scoring : One mark is given for each feelings selected. Total score constitutes the raw score for that particular anxiety. Items

numbered 1,2, 5, 8, 10, 11, 15, 16, 19 and 20 are reverse scoring items. These statements are given in brackets on the answer sheet. Remaining statements such as 3, 4, 6, 7, 9, 12, 13, 17, and 18 are scored as it is. Similarly, the items numbered 21, 23, 26, 27, 30, 33, 34, 36 and 39 are scored reverse. These items are given in brackets on the answer sheet. Remaining items such as 22, 24, 25, 28, 29, 31, 32, 35, 37, 38 and 40 are scored as it is. The minimum raw score for this test is 20 and 80 is the maximum. Norms are available for high school and college students, medical and psychiatric patients, young prison inmates and normal adults in 3 age groups such as 19-39, 40- 49, 50-59, males and females separately. Raw scores will be converted into Percentile rank, using the manual supplied by the author. Percentile rank below 50 are free from anxiety disorder symptoms. More than 50 Percentile rank shows signs of anxiety disorder.

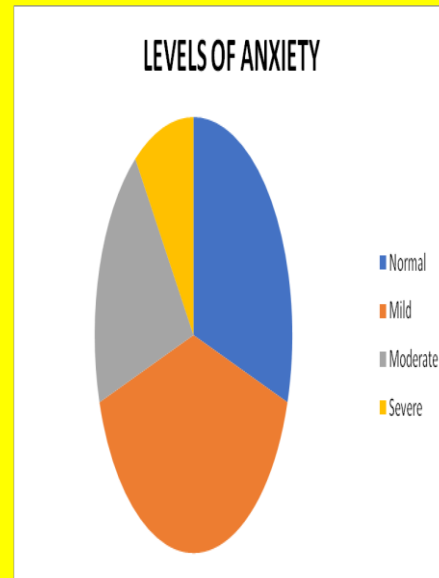
SAMPLING DESIGN

500 college students, aged 18 - 23 years, studying at various colleges around Qwalior, are chosen for the present study. To match the group in experimental design, State Trait Anxiety Index is used to assess the level of anxiety among college students. 500 college students, suffering from OCD are given the State - Trait Anxiety Index. Out of 500 college students, 120 high anxiety college students are allotted randomly to control and experimental groups, 60 in each group, 30 boys and 30 girls, for the final study.

RESEARCH DESIGN

This study is conducted using Matched Group Design. This research is an experimental research study. This test involves matched group research design principles for testing the hypothesis. The area of study for the experimental intervention is colleges premises, around Chennai. The research is carried out in three phases. In phase one, preliminary formalities and administration of the test is done. In the second phase, intervention in the form of

Cognitive Symptom Management and Rehabilitation Therapy is given. In the third phase, post test, i.e., one month after cognitive symptom management rehabilitation therapy and follow-up are taken care of.



STATISTICS

The data is analysed through SPSS, Version 21, to test the hypothesis and draw the conclusions.

RESULTS AND DISCUSSION

Table 1

Frequency distribution during Pilot Study (n=500)

LEVELS OF ANXIETY		
Levels	Number	Percentage (%)
Normal	150	30
Mild	200	40
Moderate	100	20
Severe	50	10

Figure 1: Frequency distribution during Pilot Study

Table 1 and Figure 1 Pie graph show the frequency distribution of samples during the Pilot study. 500 college students are able to understand and complete all the statements in the questionnaire. Out of 500 students, 150 (30%) students are normal and asymptomatic, 200 (40%) students have mild anxiety, 100 (20%) students have moderate anxiety and 50 (10%) students have severe symptoms of anxiety. Out of 200 mild anxiety college students, 120 students are allotted randomly to control and experimental groups, for the

present study. 60 in each group, with 30 boys and 30 girls,

Table 2

STATE - TRAIT ANXIETY INDEX		
PARAMETERS	CONTROL	EXPERIMENTAL
State anxiety (PR)	65	0.63
Trait anxiety (PR)	66	0.33

Sample Characteristics(n=120)

CONTROL		EXPERIMENTAL	
BOYS	GIRLS	BOYS	GIRLS

Parameters	Sum of Squares	df	Mean Square	F-Value	P-Value
Pretest	1274.1	1	1274.1	0.00	1.00
Posttest	6165.998	1	6165.998	3578.17	<.001
Follow-up	5946.914	1	5946.914	3766.15	<.001
	30	30	30	30	

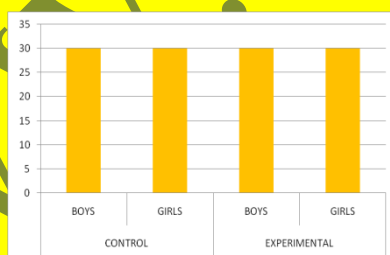


Figure 2 : Sample characteristics

Table 2 and Figure 2 Phi graph show Sample characteristics. The group is made

up of 60, thirty boys and 30 girls in the control, are matched with the experimental group of 60, thirty boys and 30 girls, on the dependent variable with anxiety symptoms.

The findings of the study are discussed in Tables 3-8 and Figures 3 and 4.

Table 3

Mean State - Trait Anxiety Index percentile rank of control (n=60) Vs. experimental (n=60) group over three phases of testing

Table 4

ANOVA: Mean State - Trait Anxiety Index Trait anxiety Percentile rank of control (n=60) Vs. experimental group (n=60) over three phases of training

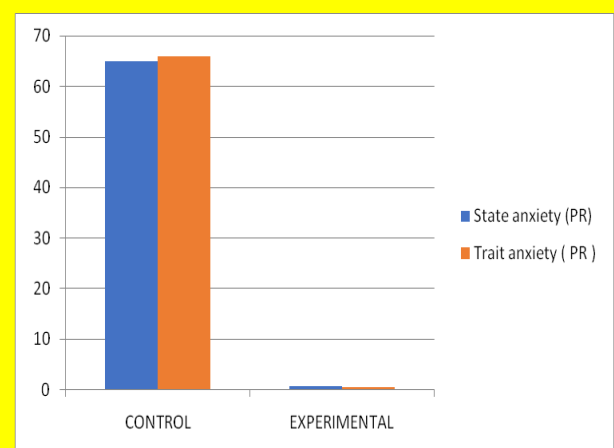


Figure 3: *Mean State - Trait Anxiety Index Trait anxiety Percentile Rank of control Vs. experimental college students over three phases of training*

Tables 3 and 4 and Figure 3 Bar diagram show Mean State - Trait Anxiety index Trait anxiety Percentile Rank scores of control Vs. experimental college students over three phases of training. It is seen from the table that control and experimental groups are high on Trait anxiety Percentile rank during pretest. Calculated F - Value (0) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both groups of students are suffering from anxiety symptoms.

Posttest and follow-up analysis reveal that the experimental colleges students are low on Trait anxiety symptoms, compared to the pretest. Calculated Posttest F- Value (3578.89) and Follow - up F - Value (3766.36) are higher than the tabular

value, hence, there is an extremely significant difference ($p > .0001$) existing in the performance. Experimental college students are lower ($p > .0001$) than the control group on Trait anxiety symptoms.

Experimental colleges students are faster ($p > .0001$) than the control group in the management of Trait anxiety symptoms after intervention.

With intervention, the experimental college students are lower than the control group on Trait anxiety symptoms. This may be due to regular practice of cognitive symptoms management and rehabilitation therapy. They are capable of controlling their negative, bitter past unpleasant events and remain emotionally well balanced.

Experimental group students are lower ($p < .0001$) than the control group on Trait anxiety symptoms after intervention. College students are free from the Trait anxiety symptoms and psychologically wellbeing after intervention.

Hypothesis stated “Ha Cognitive behaviour therapy is effective in the management of

COMPARISON OF GENDER DIFFERENCES		
FACTORS	CONTROL	EXPERIMENTAL
Males State Percentile Rank	65	0.63
Females State Percentile Rank	65	0.63
Males Trait Percentile Rank	65	0.50
Females Trait Percentile Rank	65	0.50

Trait anxiety symptoms among college students” is accepted. In fact, cognitive symptom management and rehabilitation therapy helps college students in the

Parameter	Sum of Squares	df	Mean Square	F Value	P Value
Pretest	22.5193	129	22.03	0.3	N
Posttest	13.117	129	13.25	3	<.00
Follow-up	6.133	129	6.28	1	<.00

management of anxiety symptoms.

Findings of the present study is corroborated with the research findings of Nikpor, et al., (2021), Abirgu, et al., (20220), Nikhil Chaudhary (2019), Leslie,

et al., (2019), Pesaribu & Zarfiel (2019), Hamidi, et al., (2019), Farsinejad et al., (2019), Whisker, et al., (2017), Cicerone, et al., (2005), Cooper, et al., (2017), Twamley (2014), Mayo - Wilson (2013), Koehler, et al. (2012), Shailaja, et al., (2009), Mukundan (1996), Pershad & Verma, (1990).

COMPARISON OF GENDER DIFFERENCES

Table 7

Comparison of Mean State - Trait Anxiety index r/percentile rank of control male (n=30) Vs.experimental females (n=30)

Table 8

ANOVA : Mean State Anxiety Percentile Rankcontrol boys (n=30) Vs. experimental girls (n=30) over three phases of training

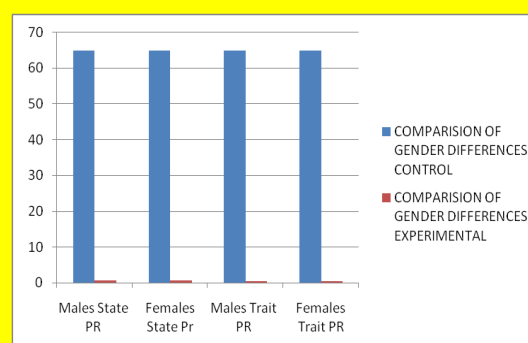


Figure 4 : *Comparison of Gender difference:*

Mean State and Trait Percentile Rank of control boys Vs. experimental girls

Tables 8 and Figure 6 Bar diagram show Mean State - Trait Anxiety Index Trait anxiety Percentile Rank of control boys Vs. experimental girls over three phases of training. It is seen from the table that control boys and experimental girls are high on Trait anxiety symptoms during pretest. Hence, the sample selected for the study is a homogeneous sample.

Posttest and follow-up analysis reveal that experimental females are low on Trait anxiety symptoms, compared to the control boys. Calculated Posttest F- Value (34.25) and Follow - up F - Value (14.1) are higher than the tabular value, hence, there is an extremely significant difference ($p > .0001$) existing in the performance. Experimental girls are faster ($p > 0.0001$) than the control boys in the management of Trait anxiety symptoms after intervention.

With intervention, the experimental group is lower ($p < .0001$) than the control group on Trait anxiety Percentile Rank. This may be due to regular practice of cognitive symptom management and rehabilitation therapy. They are capable of controlling their negative thoughts, free from anger and remain emotionally well balanced. Experimental group girls are lower ($p < 0.001$) than the control boys on Trait anxiety symptoms after intervention.

With intervention, the experimental females are lower ($p < 0.001$) than the control boys on Trait anxiety symptoms. This may be due to regular practice of cognitive symptom management and rehabilitation therapy. Experimental girls are faster ($p > 0.001$) than the control boys in the management of Trait anxiety symptoms after intervention.

Hypothesis stated "Ha Boys are faster than girls in the management of Trait anxiety

symptoms through cognitive symptom management and rehabilitation therapy” is rejected. In fact, girls are faster than boys in the management of Trait anxiety symptoms after intervention. Girls are lower than boys in the management of anxiety symptoms.

SUMMARY AND CONCLUSIONS

This study is intended to explore the extent to which Cognitive symptom management and rehabilitation therapy facilitates college students to reduce anxiety symptoms and enhance psychological well-being. Anxiety is experienced by everybody in different situations in day-to-day life. A minimum level of anxiety is required for operational efficiency of students. Once, it exceeds the limit, it affects the psychological wellbeing. College students face problems of anxiety, lack of attention and concentration. Practicing Cognitive symptom management and rehabilitation therapy regularly balances the biochemical changes taking place in the

brain, which helps to alleviate the ill-effects of anxiety symptoms.

FINDINGS OF THE STUDY

The findings of this investigation indicates that the Cognitive symptom management and rehabilitation therapy aims at mitigating anxiety symptoms and enhancing psychological wellbeing among college students is successful in achieving its perceived intent. The anxiety symptoms of experimental group is significantly reduced in response to the intervention from the pretest phase to the post test phase. There is a marginal increase in the performance of the sports personnel subsequent to withdrawal of the intervention after six months at the follow- up phase. The students can sustain the psychological well-being even for a long duration after intervention. Significant differences are observed are reported and discussed. The experimental group registered a significant reduction in the level of anxiety symptoms after the intervention. Experimental girls are better than the control boys in the

management of anxiety symptoms. Cognitive symptom management and rehabilitation therapy has facilitated the college students to alleviate the ill-effects of anxiety symptoms. Further, it also enhances the level of psychological wellbeing experienced by the college students. Based on the results of the study and key findings, it will be appropriate to arrive at reasonable conclusions regarding the effects of the intervention on the level of anxiety symptoms among college students.

CONCLUSIONS

From the findings, it can be concluded that:

- Experimental group college students overcome the ill-effects of anxiety symptoms after practicing Cognitive symptom management and rehabilitation therapy
- Improvements are much higher in the experimental group than the control group college students
- Experimental group girls are better than the control group boys

- Sustenance of psychological wellbeing is noticed among experimental group boys and girls. Cognitive symptom management and rehabilitation therapy is the best method of therapeutic intervention for the sustenance of psychological well-being for longer duration among college students, indicating that real learning takes place
- Cognitive symptom management and rehabilitation therapy enables positive outlook and positive emotional state as assessed through psychological test
- Of all the techniques, practicing Cognitive symptom management and rehabilitation therapy is one of the best therapeutic techniques, in the management of psychiatric problems. It is a less time-consuming and more economical way of maintaining psychological well-being among college students

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