

The Use of Cognitive Behavioral Therapy to Improve the Self-Esteem of Person with Schizophrenia: A Case Report

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Abstract: *This case report aims to demonstrate one therapy which improves self-esteem someone with schizophrenia by using Cognitive Behavioral Therapy. Schizophrenia is one of the main disorders that distract someone to function normally. From the results of the assessment by using interviews, observations, TAT, graphics (DAP, BAUM,), the SSCT and WAIS can be explained that the patient diagnosed schizophrenia is an individual with schizophrenia with low self-esteem problems. It is based on the emergence of traumatic experiences in childhood relating to the father figure as well as a traumatic experience with his environment, resulting in the individual having several cognitive distortions. Cognitive Behavioral Therapy (CBT) is an approach expected to help the client to replace negative thoughts about him with more rational thinking as well as Assisting clients in the effort to increase self-esteem in the future. CBT therapy involved four weekly 60 minutes sessions using Self Esteem Scale. The result of this study is Cognitive Behavioral Therapy (CBT) is effective in improving the self-esteem of patients with schizophrenia. After the end of four weekly sessions, the patient showed the positive side from several items of self-esteem that change into positive sides.*

Keywords: *schizophrenia, self-esteem, cognitive behavioral therapy (CBT)*

Introduction

Schizophrenia is a mental disorder characterized by positive symptoms such as chaotic talks, delusions, hallucinations, cognitive disorders, and perceptions, and other symptoms. The symptoms of schizophrenia will cause schizophrenia patients to experience a decline in function or inability to live their lives, severely hampered by their productivity, and almost disconnected from their relationship with others (Kobori, Sato, Katsukura, & Harada, 2003).

The prevalence of schizophrenia in Indonesia is 0.3 – 1 percent and usually arises at the age of 18 – 45 years, but some are early. Schizophrenia is a considerable mental disorder experienced in Indonesia, where about 99% of patients in Indonesian mental hospitals are schizophrenia (Goh & Agius, 2010). Schizophrenia is a psychotic disorder characterized by a major disorder in the mind or emotions, and impaired thoughts, where various thoughts are not logically interconnected; False perception and attention; Inappropriate; and various disorders of bizarre activity.

The healing of clients with schizophrenia is also variegated, according to the severity as well as the symptoms characteristic. People with schizophrenia can be treated in a mental hospital if their symptoms can cause difficulties for them with others, for example, when they conduct aggression or self-injury behavior. There are some negative effects for someone diagnosed with schizophrenia. One is the decline of individual ability in dealing with others (Goh & Agius, 2010). There is a decline in self-function that affects the declining social function of daily life that affects the low individual self-esteem, this is due to aspects of

cognition related to social stress experience implicates the evaluation of a person concerning him (Kobori et al., 2003).

Cognitive Behavioral Therapy, in some studies, was previously found to be a fairly effective technique in relating to self-esteem issues in schizophrenia clients. The client in the therapy also qualified CBT, which is positive symptoms of delusions and hallucinations that could control the client. So that the target to be treated is not a positive symptom of the client but rather about the problem of distortion cognitive that the client has, that is related to the negative assessment of her and the client's perception of how the environment sees it.

Method

The assessment uses interviews, observations, TAT, graphics (DAP, BAUM,), the SSCT, and WAIS to determine that an individual suffers schizophrenia with low self-esteem problems. CBT therapy involved four-week therapies with 60 minutes per session using the Self Esteem Scale.

Intervention

The method of intervention to be performed is cognitive-behavioral therapy. Cognitive Behavioral Therapy (CBT) is a therapy that emphasizes the process of recognizing the & of changing negative thoughts as well as the maladaptive belief system of the client gradually (Gregory, 2010). According to Beck, through these activities individuals can learn to identify and modify their distorted beliefs: their basic understanding of themselves, their worlds, and others. This deviant belief affects the processing of their information and brings out their distorted minds. Be

sure to use Socrates' question process to clients to help clients evaluate and respond to their automated thoughts and beliefs. Clients are also invited to engage in their own evaluation process. The client's handling begins with cognitive restructuring and continued with Behavior therapy using Behavioral Experiment techniques (Morrison, 2009).

The intervention target in Cognitive Behavioral Therapy (CBT) to be performed is to provide cognitive therapy in the form of cognitive restructuring and behavior therapy in the form of behavioral therapy so that the client is able to change its property distortion slightly, a rational belief in the price of him.

The design of cognitive behavioral therapy is as follows:

1. First session

Building Rapport and replenishment Informed Consent and psychoeducation. Target in this session is to be intertwined between client and therapist so that clients can comfortably follow the therapeutic process. The client's who perceived comfort can support the success of the therapeutic process.

2. Second session

- Verifying client condition and conducting a pre-test. Target in this session is the therapist can ensure that the condition of the client will be considered by the therapist to develop and implement the therapeutic process. A pretest will be carried out by the therapist to get an idea of how social anxiety the client experienced.

- Conducting cognitive restructuring.

Changing negative thinking to more positive and rational thinking.

- Providing insights, awarding tasks, and ensuring follow-up tasks.

The therapeutic process is more meaningful to the client.

3. Third session

- Accompanying the client to do relaxation.

For clients to attach conditions of relax and situations that are troubled, the relaxing conditions that they felt at the time of relaxation become provision, especially when they face anxious situations.

- Implementing Behavioral Experiment Phase 1.

Giving skill to the client to face other people and no longer act ignorance. Safety behavior is implemented.

- Implementing Behavioral Experiment Phase 2.

Giving skill to the client to face other people and no longer act ignorance. Safety behavior is implemented.

4. The fourth session

- Implementing termination

- Discussing the client's progress through Post-Test and follow-up plans. For the therapist, it is to get a

picture of the client's current condition and to see therapeutic effectiveness.

Intervention Result

The results of a client's self-esteem are evaluated based on changes in self-scaling results before and after the therapy is administered. In addition to the evaluation of the negative thoughts and habituation of the self-designed, personal talk with the client becomes a self-evaluation of the distortion of the client whether it has been reduced or not. From the results of the assessment regarding self-esteem, the client always thinks that he is a failed self, he is a bad person, his family does not love him, and some other negative thoughts. The client's distortion is strong enough to affect his daily life. It is seen from the results of the scale showing that the client has low self-esteem. The implementation of interventions using CBT aims to give the client an understanding of the presence of cognitive distortions that exist within him, also to provide habituation to the client to change his behavior, so the expectation of the client's self-esteem will gradually change in a better direction. Therapy begins with cognitive restructuring techniques. Clients are invited to identify negative thinking so that they are trained to produce more rational thoughts. With the help of therapists, the client is able to identify some of his/her negative thoughts. Some of the negative thoughts identified when the cognitive restructuring stage are:

1 My environment is bad and not religious.

2 My family is irregular.

3 I always feel sick in the whole body.

4 I don't want to find friends because I am ugly.

5 All my friends make fun of me.

6 I am not able to face this world.

7 I am in Dzolimi as small as many people.

8 My father did not love me.

9 My family has never been in good cooperation to support me.

10 Many people are pretending to be good against me.

11 My mind is weak.

12 My body is big, but my age is not.

13 I'm not willing to live like a person.

14 I have mental retardation.

15 I feel wrong about why I live in this world.

16 The Lord has tested me exceedingly heavy and is always heavy.

17 I am destined without a friend.

18 I feel myself strange.

19 My weight is too much and makes me ugly.

20 I have many potentials but many things globalises me.

21 I don't have the future.

22 I wish after death, I will not be judged.

23 If I were an animal, it would be so much fun.

Here is the time schedule of therapy and the outcome of each session:

1. Friday, 16 August 2019

Activities (Session 1 to Session 3)

Session 1 – building rapport and changing Informed Consent

Session 2 – Client condition authentication and Pre-Test using a self-esteem scale.

Session 3 – Implementing cognitive restructuring

Results: Based on the pre-test on self-esteem filled by the client, it indicates that the client has a lot of appropriate items.

2. Tuesday, 20 August 2019

Activity: Session 4 – Providing insights, awarding tasks, and ensuring follow-up tasks.

Results: After evaluating the negative thinking and doing the Socratic dialogue process and creating a self-talk list, the client finally understands that during this time, he is thinking too much about others who are not necessarily right, and it should not be done by the client.

3. Tuesday, 20 August 2019

Activities: Relaxation and Behavioral Experiment

Session 1 – Teaching and assisting clients to do relaxation.

Session 2 – Implementing Behavioral Experiment First Stage.

Clients contact and chat with him

Filling client's Blanko and containing therapist (behavioral experiment activity, self-esteem scale, & result)

Results: Relaxation on the client needed a long time to relax. The client had cried and revealed that he was a failed man. So the therapist invited the client to recall the insight he had after restructuring.

Results

The results of the assessment found that several factors cause the client to experience schizophrenia disorder. When the journey of a client's life is taken backward, some client experiences occur and are effective on the client. If reviewed from a client's history journey, there are several factors why clients have schizophrenia disorders. When the journey of the client's life was taken backward, some client experiences occurred and were internalized negatively. According to Beck, a person experiencing interference is when he tends to experience information processing failures, such as exaggerating small problems and overgeneralizing a rejection into a belief. These thoughts, negative schemes, and cognitive errors are what cause a distraction to occur. This view considers that what we think will affect what we feel, the way we

behave, and our attitude toward the environment (Westbrook, 2007).

Conclusion

CBT therapy was running pretty well during the intervention. In addition to the support of the family, cognitive behavioral therapy gave a fairly positive change about the client to be able to help them to think more rational. Behavioral cognitive theory as a cornerstone of why clients who experience schizophrenia experience low self-esteem. The formation of cognitive distortions, according to Beck, relies on how one processes thoughts about an event (Thomas et al., 2018).

Aaron T. Beck saw that an individual's experiences resulted in cognition or thought. This cognition relates to the scheme, which is the fundamental beliefs that continue to evolve from the beginning of life to create our judgment on the world and determine our emotional state and behavior. Beck believed that disturbances were created from negative attitudes as well as distorted thoughts. In the cognitive theory of Beck is a "Single Tri Cognitive," that is the view of why a disorder occurs. i.e. (a) negative views of oneself, (b) negative views of others, (c) negative views of the future (Knight et al., 2006). The above three views are considered to make why one can be impaired. A person experiencing interference tends to experience information processing failures, such as exaggerating small problems and overgeneralizing a rejection of the belief. These thoughts, negative schemes and cognitive errors are what cause a cognitive to occur. This view considers that what we think will affect what we feel, the way we behave, and our attitudes toward the environment (Candida et al., 2016).

Some cognitive deviations (cognitive distortions) are formulated like the all or nothing principle, which is where the state of the Dimanakita sees all things in black and white categories. Overgeneralization illustrates a thorough conclusion of everything based on a single occurrence (Holton & Holton, 2015). Beck argues that the mindset of people experiencing interference is characterized by a negative perspective on oneself, others and their environment. Beck stated that these negative thoughts were the result of a bias in the processing of information that ultimately resulted in a biased conclusion (Thomas et al., 2018).

In addition, Cognitive Behavioral Therapy is quite capable of the help of schizophrenia in increasing self-esteem as an individual. The role of the family in providing supervision, direction and support are important things that support the success of interventions. Through cognitive behavioral therapy, patients are expected to begin to have more rational thought and reduce vulnerability to relapse. This intervention does not exclude the consumption of drugs

and medical examinations that remain to be done by the client regularly.

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