

Support Group Therapy as an Alternative to Reduce Stress in Caregiver ODGJ Lombok Earthquake Victims

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Abstract- Psychological problems due to the earthquake in Lombok still leave various problems. One of them is increasing number of sufferers of mental disorders or is called people with mental disorders (Orang Dengan Gangguan Jiwa/ODGJ). Psychological problems experienced by ODGJ are quite severe, so that it causes stress felt by the ODGJ caregiver. Caregiver is someone who provides assistance to people who experience disabilities due to illnesses and limitations. This study aims to see whether the Support Group Therapy is able to reduce the stress experienced by ODGJ caregivers. The design of this study used a time series design using one group of subjects without a control group. Subject selection is done by matching, namely by determining the subject criteria used. Wilcoxon test analysis results show a critical Z value between -1.96 and 1.96, and a p-value significance value of 0.018 (<0.05) which shows a very significant difference in scores in the posttest and pretest, which means that support group therapy is performed in this group effective for reducing stress on ODGJ caregivers.

Keywords: support group therapy, stress, caregiver, Lombok earthquake

I. INTRODUCTION

The Meteorology Climatology and Geophysics Agency (BMKG) noted that there were 814 aftershocks, and 33 of them were felt with considerable force that had occurred in Lombok on August 23, 2018 (BMKG Head, DwikoritaKarnawati, Jakarta. Compass.com Sunday (19/8/2018)). Not only do material losses, earthquakes and other natural disasters also affect the mental health of survivors. A survey shows that after a disaster, most of the affected population still have normal psychological reaction, that is around 15-20% will experience mild or moderate mental disorders that refer to PTSD conditions, while 3-4% will experience severe disorders such as psychosis,

severe depression and high anxiety (WHO, 2013). Research conducted by Dwidiyanti et al (2018) shows the results that earthquake natural disasters experienced by the people of the Lombok region of West Nusa Tenggara not only have an impact on physical conditions and the environment but also has an impact on the psychological condition of earthquake victims such as the presence of neurosis, psychotic symptoms and PTSD (Dwidiyanti et al, 2018).

Government, social services and non-governmental organizations immediately provide assistance in the form of psychological services due to the many victims who experience psychological problems such as depression and stress even to schizophrenia. Psychological services provided to victims is 'Psychotropic' command post that was established to help with psychiatric problems experienced by earthquake victims living in refugee camps. The national humanitarian agency Indonesian Red Crescent (Bulan Sabit Merah Indonesia/BSMI) also provided psychological services to refugees which would be carried out for one month to help cure various problems that occur in the context of health problems to the mental health.

But psychological problems happen in Lombok up to this day are still not finished. Psychological disorders and severe depression suffered by people with mental disorders, hereinafter referred to as ODGJ, never finished. Treatment and health services continue to be provided up to this day, which then creates new problems that is stress occurred to caregivers of people with mental disorders, or so-called ODGJ. Psychological problems of people with mental disorders are quite severe problems. This is not only felt by people with mental disorders themselves but also by their families.

The family (caregiver) has very important role as efforts to improve the health of the disaster victim. Caregiver is someone who provides assistance to

people who experience disabilities and need help because of illnesses and limitations (Sukmarini, 2009). The function of the caregiver is caring for clients who suffer from an illness including providing food, bringing clients to health services, and providing emotional support, affection and attention (Tantono et.al, 2006). Caregiver also helps clients in making decisions or at the final stage of the disease, this caregiver is in charge of making decisions for his clients. Family caregiver is a very important advisor and is needed by clients (Tantono et.al, 2006).

The family is always confronted with the behavior of ODGJ patients who spend enough time, energy and thoughts. This often affects the family (caregiver) becoming vulnerable to psychological problems. Caregiver complains problems encountered in serving family members who experience ODGJ (People with Mental Disorders). Caregiver complains of experiencing stress so as to interfere with cognitive namely reduced concentration, memory, attention and ability to make decisions. Continued exposure to stress on the caregiver can cause health problems. Poor stress cannot be overcome by caregivers can increase caregivers' risk of being depressed.

Caregiver burden is defined as mental pressures or burdens that arise on people caring for ODGJ. Caregiver burden is divided into two, namely subjective load and objective load. The subjective burden of caregiver is the psychological response experienced by caregiver as a result of its role in caring for clients with illness. While the objective burden of caregiver is the practical problems experienced by caregivers, such as financial problems, disruption to physical health, problems at work, and social activities (Sukmarini, 2009). There are 3 factors of caregiver burden namely the effect on personal life and social caregiver, psychological burden and guilt. Caregiver must give a certain amount of time energy and money. This task often feels unpleasant, causes psychological stress and is physically tiring. Psychological burdens felt by caregivers include shame, anger, tension, stress, fatigue, and uncertainty (Louw Anneke, 2009). The responsibility of the caregiver who is exposed to stress every day results in the importance of therapy to minimize stress so that he is able to live happily. The relatively large number of families experiencing stress makes anxiety so that it requires no further.

The research results of Kurnilla (2016) about the level of stress in caregiver patients with mental disorders showed that of 23 respondents, 16 respondents or 69.6% experienced mild stress, 2 respondents or 8.7% experienced moderate stress and 5 respondents or 21.7% are normal. Furthermore Dr. Suryo DharmonoSpKJ (K) said that Caregiver People with Mental Disorders (ODGJ), prone to experience mild mental disorders such as depression, frustration, or stress. To reduce this risk, it is necessary to have

time for caregivers on a weekly basis. As expressed by caregiver must have a time lag in treating the patient. That is, they do not constantly spend their time accompanying ODGJ. (<https://health.detik.com/berita-detikhealth/d-3036733/caregiver-rentan-alami-gangguan-jiwa-begini-cara-overcome->). Dr. Suryo Dharmono, a psychiatrist, also added that caregivers or nurses who are affected by mental disorders are also prone to mental illness or stress. Extra patience and sincerity are needed to care for people with mental disorders so that caregivers can maintain their condition. Suryo also recommends that caregivers actively organize, especially organizations between caregivers. So that caregivers have time to share with fellow and professional people who can later help them to balance roles, as well as minimize the pressures and depression faced when caring for caregivers ([https://www.cnnindonesia.com/gaya-hife/20151006130510-255-83117 / nurse-patient-mental-disorders-susceptible-natural-mental-disorders-anyway](https://www.cnnindonesia.com/gaya-hife/20151006130510-255-83117/nurse-patient-mental-disorders-susceptible-natural-mental-disorders-anyway)).

Yustinus Harry Nugroho, one of the caregivers who became chairman of the Laras Jiwa Society, which is a family association of Yogyakarta Grhasia Mental Hospital patients, added that families are often still difficult to accept the existence of family members who have mental disorders. So he acknowledged that as family from ODGJ also needed a place to share, in which home does not provide all of the support (<https://health.detik.com/berita-detikhealth/d-3321164/caregiver-agi-orang-orang-with-soul-disorder-also-need-friends-sharing-you-know>).

Based on the explanation above, support group therapy is one of the therapies that can be used to improve psychological abilities and improve psychological problems. Support group is a therapy that is carried out using groups that have relatively similar problems by sharing information about problems encountered and solutions that need to be done as well as the process of mutual learning and strengthening (Seligman &Marhsak, 1990). According to Seligman & Marhsak, (1990) support group therapy is a means to share and support among caregivers, Increase caregiver solidarity to help each other provide solutions related to ODGJ treatment, be able to increase caregiver coping with problems experienced during accompanying ODGJ, and be able to reduce stress experienced by caregivers while accompanying ODGJ and caregivers can become ODGJ caregiver role models for each other.

Support group therapy has proven to be quite effective based on a previous study conducted in Yogyakarta in 2016 on the ODGJ caregiver in the Ngemplak District area, Sleman Regency, Yogyakarta. Based on the results of the study which show that effective support group therapy is used for ODGJ caregivers, researchers are interested in using

this therapy to reduce stress on caregivers for earthquake victims in Lombok. The difference between this study and previous studies is the difference in location and population of caregivers used.

II. METHOD

The study was conducted on the island of Lombok in the province of West Nusa Tenggara. This study uses a quasi-experimental design. Quasi-experimental design form used is time-series design. The design of this study uses only one group, so it does not require a control group (Sugiono, 2016). The population that the researchers used was the caregiver ODGJ who resided in the North Lombok area and was categorized as a caregiver from ODGJ due to the Lombok earthquake. Furthermore, the selection of subjects is determined by predetermined matching (purposive sampling). The criterion is to have an ODGJ family where the mental disorder experienced is caused by the earthquake disaster. The number of subjects from this study was initially 10 caregivers, but 7 people took part in the intervention program. So it was concluded that the number of subjects from this study were 7 people who were caregivers of ODGJ due to the Lombok earthquake that resided in North Lombok. The general picture of the subject in terms of gender consists of 6 women and 1 man. It can be concluded that the caregiver subject with the most female sex has an intervention program. The age depiction of the subject is the middle age range (30-45 years). Based on the subject's educational background, it is known that subjects with an educational background are elementary (3 people), junior high (2 people), high school (1 person) and Bachelor (1 person). The family relationships between subjects with ODGJ are 3 mothers of ODGJs, 1 parent-in-law of ODGJ, 1 husband of ODGJ, and 1 brother of ODGJ and 1 wife of ODGJ. Time-lapse of caregivers with ODGJ are 5 people for 4 months and 2 people for 2 months (brother and parents-in-law of ODGJ).

Data collection techniques used in the form of: Observation is used to obtain data and information related to the implementation of support group therapy and also to control the effect of each intervention given; Interviews were conducted on the subject namely caregivers and the environment that is around the subject; Interviews with subjects were carried out by following the structure of the questions in the interview guidelines compiled by the researcher. In this study, interviews were conducted twice, namely before and after the implementation of the intervention; Dissemination of SUD (Subjective Unit Discomfort) This process is carried out to get information about what is felt before and after conducting support group therapy; and Documentation, the results of the data from the documentation the researcher will use as consideration material to measure the level of success

of the support group therapy interventions implemented.

The research instrument used was in the form of SUD (Subjective Unit Discomfort) and a support group therapy module that researchers developed based on the approach used in support group therapy interventions. Before being treated, the experimental group was first asked to choose a SUD (Subjective Unit Discomfort) in the form of short questions about physical and psychological reactions when experiencing stress while accompanying patients and three open-ended questions that required verbal answers by the participants. This was done because given the condition of participants who were dominated by middle age and still in stressed conditions facing various pressures. The SUD (Subjective Unit Discomfort) score regarding the heavy burden of accompanying ODGJ prior to the administration of intervention material. The SUD (Subjective Unit Discomfort) score by having a range of scale provisions from 1 to 10. The number 1 represents mild sense of the burden faced and the number 10 represents very heavy sense of dealing with the patient. The companion is asked to choose one of the specified scale ranges. After selecting, then the experimental group was given treatment using a supportive therapy group. Likewise, after the intervention is completed, the SUD (Posttest) is measured again.

Table 1. Workflow chart of quasi-experiment:

Pre-test	Perlakuan	Post-test
O₁	X	O₂

Notes:

O₁ : pretest point before treatment

X : treatment using intervention of *support therapy group*

O₂ : posttest point after treatment

There are several stages of research in this group, namely in the form of the implementation of the pretest, the implementation of interventions, and the implementation of the posttest.

Data analysis method used is nonparametric Wilcoxon analysis, which is data analysis that distinguishes two data from two tests or data that includes the results of the posttest and pretest to find out the differences after being treated. Analysis was also carried out with the help of the Statistical Product And Service Solution (SPSS) program 15.0.

III. DISCUSSION

Intervention treatment in the form of support group therapy in caregivers ODGJ (schizophrenia) went well. The purpose of this group intervention can be realized, that is this group intervention can be a place to express emotions, to realize solidarity among

family ODGJ (schizophrenia), to realize an atmosphere of mutual support, to provide mutual solution to problems related to handling schizophrenia patients, and to change the coping of group participants towards all problems experienced when accompanying schizophrenia patients. The purpose of this intervention is in accordance with previous research, namely the effect of group supportive therapy on the burden and mechanism of family coping in treating schizophrenic patients (Liyarovitasari, 2017). The results show that there are significant differences in coping burden and mechanism between the intervention and control groups after supportive therapy has been given.

The expected benefits of this group intervention are also realized like the participants became more enthusiastic in accompanying the patient, they gained additional knowledge, experience from this group intervention and could learn from group members, guides and presenters about all matters related to schizophrenia disorders. They feel not alone any more, feel accepted in the group, and feel that other people (other participants) also face similar problems with them. The benefits are also felt by the subjects in research on the effect of supportive group therapy on caregiver burden on wives who acted as primary caregivers for stroke patients in Dr.Sardjito General Hospital Yogyakarta (Suprobo, 2014). Another benefit is that participants can help each other, provide support, convince, give advice, and provide feedback (altruism).

Group participants become more intimate, can increase self-esteem through group acceptance (feel themselves accepted, have a group), and group participants can accept their conditions as ODGJ family. These benefits are consistent with the results obtained in Support group therapy to develop the potential resilience of adolescents from single-parent families in the city of Malang (Salis and Djudyah, 2011). Supported group therapy makes the subject able to develop so as to be able to realize his feelings and awareness by recognizing strengths and weaknesses.

The SUD results obtained from before the intervention (Pretest), after the intervention (Posttest) and follow-up (as follow up) areas in table 2 as follows:

Table 2. Pre-Post - Follow Up of SUD Caregivers

Nama	USD		
	PreTest	PostTest	Follow Up
ND	8	3	5
DJ	5	2	3
Y	2	1	1
SN	7	3	4
W	8	5	3
PD	8	6	2
K	6	4	2

The table 2 shows that the posttest (after the intervention) in each caregiver is lower than the pretest (before the intervention is given). Although at the follow-up there were some people who experienced an increase in SUD but not too high compared to the number at the pretest (before the intervention was given). Based on the SUD results, it can be concluded that there is a decrease in stress felt by the caregiver. Furthermore, the SUD results were analyzed using SPSS.

Based on data processing using Wilcoxon test to compare between two groups of interconnected data namely posttest and pretest, it is known from the Ranks table that there are 7 participants with posttest scores greater than pretest scores. From the Test Statistics table above the Z value is -2.375, if the significance level is 0.05 and uses a two-tailed test. The critical Z value is between -1.96 and 1.96, which means there is a very significant difference in scores on the posttest and pretest. Likewise, with the p-value significance value of 0.018 (<0.05), which means there is a significant difference in scores between the posttest and the pretest. So, the conclusion is there is a significant difference in scores on the post-test with the pretest.

IV. CONCLUSIONS

This group intervention in the form of support group therapy can be stated as an effective form of intervention to reduce stress on ODGJ caregivers. There were significant changes from before, the process, and after the intervention. This can be seen from the objectives achieved and the benefits felt by participants after undergoing the intervention. ODGJ families who participated felt a lot of benefits, experiences, and knowledge, especially feelings of being accepted, not alone, and giving positive support to each other making expectations of ODGJ families increase.

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