The Effect of Cognitive Behavior Therapy (CBT) to Increase Self-Efficacy in Preventing Relapse on Amphetamine Abuse Rehabilitation at Yayasan Bersama Kita Pulih, at Lido, Sukabumi

Hapsari Noor Safitri[1] Anastasia Sri Maryatmi[1*]

[1]Master Program of Psychology Professional (PSMPP), Universitas Persada YAI, Jakarta, Indonesia
[*]Corresponding author. Email: anastasia.maryatmi@gmail.com

ABSTRACT

This study aims to discover the effect of Cognitive Behavioral Therapy to increase self-efficacy in preventing relapse in amphetamine rehabilitant users at Yayasan Bersama Kita Pulih, Lido. Researchers gave treatment in the form of providing training using CBT to 5 rehabilitators, while 5 other rehabilitators who became the control group were not given any treatment. By using the Wilxocon test results table, H0 is rejected and Ha is accepted, the hypothesis put forward at the beginning of the study which states that "there is an effect of cognitive behavior therapy (CBT) to increase self-efficacy in preventing relapse in the rehabilitation of amphetamine users at Yayasan Bersama Kita Pulih" has been proven by using non-parametric statistical Wilcoxon test.

Keywords: Self-Efficacy, Cognitive Behavioral Therapy, Drug Abuse, Amphetamine

1. INTRODUCTION

Drug abuse (Narcotics, Psychotropics, and other Addictive Substances) in Indonesia is currently still something that is urgent and complex. Abuse is still widespread and has even become a good trend for teenagers and is still a major problem that needs attention because this deviation is not in stated with the norms prevailing in Indonesian society. NAPZA (Narcotics, Psychotropics, and other Addictive Substances) will affect the body, especially the brain or central nervous system, causing physical, psychological, and social functioning disorders and causing people to consume drugs. become addicted and dependent.

Amphetamine has many stimulant effects including increasing activity and arousal, reducing fatigue, improving mood, increasing concentration, suppressing appetite, and decreasing the desire to sleep. Amphetamines also affect other body organs related to the hypothalamus, such as increased thirst, sleepiness or hunger. So do not be surprised if the use of this drug can also produce feelings of euphoria because dopamine is associated with pleasure, movement, and attention. Seevers [1] said that every pleasant experience when using drugs will serve as continued positive reinforcement. It can be postponed (for a while) the anxiety they experience from not having their needs met, when using drugs, will make them feel prosperous (optimal state of well being).

According to UNODC [2] the stages of handling efforts can be adjusted according to the level of use of the addictive substance. In the presentation it was stated that in the contemplation stage, there was a point where drug abusers thought of changing their lifestyle for the better. This can be handled by bringing up reasons to change and strengthening self-efficacy (self-ability) to change. Ibrahim and Kumar [3] in their research found that there are three important factors that play a role in the emergence of relapse: low self-efficacy, lack of social support from the surrounding environment, lack of social support from family members. In Psychotherapy there are many ways that can be applied to increase self-efficacy, one of which is Cognitive Behavior Therapy (CBT).

1.1. Self-Efficacy

Self-efficacy is a feeling, a person's assessment of the abilities and competencies possessed to complete the tasks assigned to him. Self-efficacy is a person's evaluation of his capability or potential to perform a task, achieve goals, or overcome obstacles [4]. Perceived self-efficacy is defined as a person's belief about their ability to produce increased performance that will affect various events that will also affect their lives. The dimension of Self Efficacy according to Bandura [5] states that there are three dimensions, namely Magnitude (degree of task difficulty), Generality (one's belief in one's abilities can differ in terms

of generalization), and Strength (level of strength or stability of a person against his beliefs).

1.2. Relapse

The definition of relapse according to UNODC [7] is a process that is formed in the minds of former drug abusers into an irresistible desire to return to consuming illegal drugs. The characteristics that indicate that a person achieves relapse are as follows: (a) Periodically begin to think about the "pleasure" felt when using drugs; (b) Fear of inner well-being, loss of confidence in coping with problems without medication; (c) Feel lonely; (d) Feeling frustrated and irritable; (e) Being impatient (impatient). Sometimes former drug abusers feel that after quitting drugs life becomes easier, whereas to achieve things towards success everyone needs to learn from the bottom. This triggers former abusers to think about using drugs again to overcome frustration over their impatience in achieving something; (f)Feeling useless. Punishing an addict in a relapse recovery will only create a reluctance to ask for help. None of the addicts consciously planned their relapse. When their relapse occurs, it is usually followed by feelings of regret, anger, failure, etc. [6]. For this reason, high self-efficacy is needed from rehabilitators who are in recovery to be able to quickly get up and get out of the problems they face in real life.

1.3. Cognitive Behavioral Therapy

CBT therapy aims to correct clients' distortions or deformation and help them learn to discriminate and be more realistic in processing reality testing information that affects behavior [9]. In current therapy theory, the nature and function of information processing is the key to understanding maladaptive behavior and the process of positive therapy. The goal of Cognitive-Behavior counseling is to invite clients to confront false thoughts and emotions by presenting evidence that contradicts their beliefs about the problem at hand. Counselors are expected to be able to help counselees to find dogmatic beliefs in themselves and try hard to reduce them [10].

Techniques commonly used by experts in Cognitive Behavior Therapy (CBT) are: Organize irrational beliefs; Bibliotherapy, accepts the internal emotional state as something interesting rather than something scary; Reiterate the use of various self-statements in role play with the counselor; Try using different self-statements in real situations; Measuring feelings, for example by measuring feelings of anxiety experienced at this time on a scale of 0-100; Stop thinking. Clients learn to stop negative thoughts and turn them into positive thoughts; Desensitization systematic. Replacement of fear and anxiety responses with relaxation responses by presenting problems repeatedly and sequentially from the heaviest to the mildest fear responses to reduce the counselee's emotional intensity; Social skills training. Train the counselee to be able to adapt himself to his social environment; Assertiveness skill training or skills training

in order to act decisively; Home assignment. Practicing new behavior and cognitive strategies between counseling sessions; In vivo exposure. Resolve the situation that is causing the problem by entering into the situation; Covert conditioning, hidden conditioning efforts by emphasizing the psychological processes that occur within the individual. Its role in controlling behavior is based on imagination, feeling and perception.

In this study, researchers used techniques to organize irrational beliefs, stop thoughts, In Vivo Exposure, home assignments, and terminations to increase self-efficacy in research subjects.

1.4. Hypothesis

Based on the description above, several hypotheses can be put forward to be proven in this study, namely: (1) Ha. Working Hypothesis: "There is an effect of giving Cognitive Behavior Therapy (CBT) in increasing Self Efficacy to prevent relapse in amphetamine user rehabilitation at Yayasan Bersama Kita Pulih."; (2) H0. Hypothesis 0: "There is no effect of Cognitive Behavior Therapy (CBT) in increasing Self Efficacy to prevent relapse in amphetamine user rehabilitation at Yayasan Bersama Kita Pulih."

2. RESEARCH METHODS

Using the designs of multiple baseline cross subjects using the A-B-A-B designs, according to Sunanto [10] in the A-B-A-B designs there is a stronger control over the independent variables than the A-B-A designs. Therefore, the internal validity is increased so that the results of the study showing a functional relationship between the dependent and independent variables are more convincing. By comparing the two baseline conditions before and after the intervention, the belief that there is an intervention effect is more convincing, by comparing the two baseline conditions before (A1) and after the intervention (A2), the intervention effect will be more convincing.

At first the target behavior was measured at the baseline condition (A1), then measured at the intervention condition (B1), after that the measurements were repeated at the baseline condition with different behavioral targets (A2) and intervention (B2) on the same subject. Multiple baseline designs A-B-A-B can be described as follows.

In this study, to test the level of self-efficacy in amphetamine user rehabilitation at Yayasan Bersama Kita Pulih using the General Self Efficacy (GSE) scale by comparing the results of the pretest and posttest, then the data analysis technique used non-parametric statistics with the Wilcoxon test. Followed by an evaluation of the results of the development of the intervention with Cognitive Behavior Therapy (CBT) to overcome the increase from the impact of negative behavior into positive behavior.
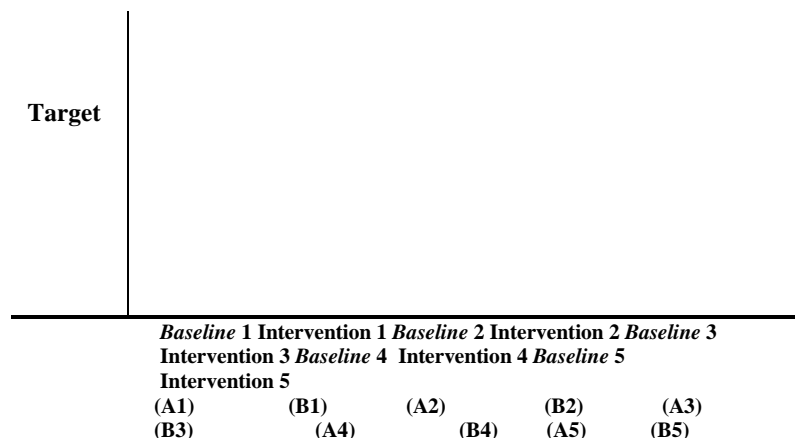
Target

Baseline 1 Intervention 1 *Baseline* 2 **Intervention** 2 *Baseline* 3
Intervention 3 *Baseline* 4 **Intervention** 4 *Baseline* 5
Intervention 5

(A1)	(B1)	(A2)	(B2)	(A3)
(B3)	(A4)	(B4)	(A5)	(B5)

Figure 1 Designs Multiple Baseline A-B-A-B

The description of the image above is as follows:

Baseline 1 (A1): maintain good relations with the experimental group (KE)

Intervention 1 (B1): experimental group (KE) was given psychological intervention Cognitive Behavior Therapy (CBT)

Baseline 2 (A2): Understanding the reality therapy process in the experimental group (KE) Intervention 2 (B2): the experimental group (KE) was given the psychological intervention of Cognitive Behavior Therapy (CBT) and so on

Table 1 Pre-Test & Post-Test Only Control Design

KE	Y1	X	Y2
KK	Y1	-	Y2
KK	Y1	~X	Y3

Information:
KE : Experimental Group
KK : Control Group
Y1 : *Pretest*
X : Treatment
~X : Without Treatment
Y2 : Post-Test, Evaluation, follow-up
Y3 : Post-Test and given psychoeducation about relapse

A total of 10 people (5 experiments and 5 controls), the subject criteria used to achieve research objectives and maintain content validity in this study are as follows: Male gender, Ages 19-35 years, have low Self Efficacy; Willing to be a respondent and willing to be involved in the therapy process; Currently undergoing rehabilitation at Yayasan Bersama Kita Pulih.

Data collection techniques used the SPM Test (Standard Progressive Matrices), 16PF Test (Sixteen Personality Factor), Graphic Test (BAUM, DAP and HTP).

The intervention was carried out in May 2021 at Yayasan Bersama Kita Pulih. The stages of the intervention process are as follows: Intervention 1: Building report cards; Intervention 2: Exploring past experiences, motivation to follow treatment; Identify and analyze problems.; Make details of the problem; Rearrange deviant beliefs / reorganize irrational beliefs; Stop negative thoughts and turn them into positive thoughts; Provide homework assignments with attention to new behavior and cognitive strategies between counseling sessions; In Vivo Exposure: Resolve situations that cause problems by entering into those situations. Confrontation about the feared thing (activity or situation); Evaluation; Termination.

2.1. Post-Test Result

The score of the experimental group's GSE scale answer (KE) after the intervention was 358 then divided by 5 subjects of the experimental group (KE) so that the total average score obtained was 72 included in the category of high self-efficacy.

Table 2 *Post-Test* GSE Scale Score Experimental Team (KE) After Treatment

Subject	Post-Test	Description
Subject 1 (F)	69	High Self-Efficacy
Subject 2 (M)	64	High Self-Efficacy
Subject 3 (AD)	77	High Self-Efficacy
Subject 4 (IZ)	79	High Self-Efficacy
Subject 5 (U)	69	High Self-Efficacy
∑ = **total score : 5**	**358 : 5**	
Average score	**72**	High Self-Efficacy

The control group (KK) GSE answer score after the intervention was 166 then divided by 5 control group (KK) subjects so that the total average score obtained was 33.2, which was included in the low self-efficacy category.

Table 3 *Post-Test* GSE Scale Score Control Group (KK) without Intervention

Subject	Post-Test Score	Description
Subject 1 (J)	17	Low Self-Efficacy
Subject 2 (N)	34	Low Self-Efficacy
Subject 3 (No)	39	Low Self-Efficacy
Subject 4 (Ni)	32	Low Self-Efficacy
Subject 5 (S)	42	Low Self-Efficacy
∑ = total : 5	**166 : 5**	
Average	**33,2**	**Low Self-Efficacy**

Table 4. GSE Score Scale Before and After Treatment Experimental Group (KE)

Subject	Pre-Test Score	Post-Test Score
Subject 1 (F)	37	69
Subject 2 (M)	24	64
Subject 3 (AD)	32	77
Subject 4 (IZ)	34	79
Subject 5 (U)	24	69

Average Pre test 30 Low Self-Efficacy
Average Post Test 72 Self-Efficacy is high

Table 5. GSE Score Scale Before and After Treatment Control Group (KK)

Subject	Pre-Test Score	Post-Test Score
Subject 1 (J)	17	17
Subject 2 (N)	19	34
Subject 3 (O)	37	39
Subject 4 (P)	27	32
Subject 5 (S)	22	42

Average Pre-Test 24 Low Self-Efficacy
Average Post-Test 33 Low Self-Efficacy

3. CONCLUSION

There is a significant effect of applying cognitive behavior therapy (CBT) in increasing self-efficacy in amphetamine user rehabilitation at Yayasan Bersama Kita Pulih.

The results of the application of cognitive behavior therapy (CBT) in increasing Self Efficacy in amphetamine user rehabilitation at Yayasan Bersama Kita Pulih from 5 research subjects before being given low self-efficacy interventions so that negative behaviors emerged such as irrational thinking, doubting, loss of confidence, easy to give up , weak commitment, easily influenced and do not dare to face challenges. However, after the intervention of high self-efficacy and positive effects of behavior emerged, they became rational, confident, confident, not easy to give up, strongly committed, not easily influenced and brave to face challenges.

REFERENCES

[1] Kahfi A.S & Rosdiana, D (2013). *"Religiousness Islami" dan "Self-Regulation" Pada Pengguna Narkoba.* Mimbar, 29, 77-84.

[2] United Nation Office on Drugs and Crime (2016). *Responses to annual report questionnaire.*

[3] Ibrahim, et al. (2011). *Self-Efficacy and Relapsed Addiction Tendency: An Empirical Study.* Kuala Lumpur: Universiti Kebangsaan Malaysia

[4] Schultz, D.P., & Schultz, S.E. (1994). *Psychology anda Work Today: An Introduction to Industrial and Organizational Psychology (6th Ed.).* New York: MacMillan Publishing Company.

[5] Alwisol. (2004). *Psikologi Kepribadian*. Malang: Universitas Muhammadiyah Malang.

[6] Setyawati. (2015). Buku seri Bahaya Narkoba Penyalahgunaan Narkoba (Jilid 2). Surakarta: PT. Tita Asih Jaya.

[7] Nelson-Jones. (2014). *Nelson-Jones' Theory and Practice of Counselling and Psychotherapy.* New York: Sage Publishing

[8] Oemarjoedi, A. Kasandra. (2003). Pendekatan Cognitive Behavior dalam Psikoterapi. Jakarta: Kreativ Media.

[9] McLeod, J. (2006). *Pengantar Konseling: Teori dan Studi Kasus.* Kencana Prenada Media Group, Jakarta.

[10] Sunanto, et al. (2005). *Pengantar Penelitian Dengan Subyek Tunggal.* Tsukuba: University of Tsukuba.