

Cognitive Behavior Therapy to Reduce Irrational Beliefs in Schizophrenia Patients

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ABSTRACT

This study was motivated by the observation of a late adult who experienced schizophrenia. A person experiencing schizophrenia is required to take antipsychotic medication to reduce the positive and negative symptoms experienced, so they are expected to be compliant in taking the prescribed medication. The subjects in this study have shown irrational thoughts regarding the use of medication. The purpose of this study is to change the irrational thoughts that clients have related to the use of medication and the impact they have. This study used an experimental design in the form of single subject research with an A-B-A design. The data collection technique used in this study was to conduct behavioral measurements to assess whether the subject showed behavior in medication compliance. Data analysis used graphical techniques. The results show that the Cognitive Behavior Therapy (CBT) technique given is quite successful so that it can reduce irrational thoughts and bring up medication compliance behavior.

Keywords: *Schizophrenia, Medication Compliance, Cognitive Behavior Therapy*

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INTRODUCTION

Schizophrenia is a psychotic disorder that can cause psychiatric symptoms, such as difficulties in thinking, emotions, perceptions, and the onset of deviant behavior. The main symptoms that can be seen if a person experiences schizophrenia are waham (wrong beliefs), delusions (incorrect views), and hallucinations (perception without any sensory stimulation) (Pairan, et al.; 2018). Schizophrenia is a mental disorder that can affect the functioning of individuals regarding how to think, communicate, manage emotions, and behave (Samsara, 2020). There are several types of schizophrenia based on the diagnostic guidelines for hebephrenic schizophrenia according to the Guidelines for Classification and Diagnosis of Mental Disorders III (PPDGJ-III) such as catatonic, hebephrenic, paranoid schizophrenia, unspecified schizophrenia, residual schizophrenia, post-schizophrenic depression, and schizophrenia simplex.

A person who has symptoms of schizophrenia can be seen according to the symptoms that appear, the symptoms are divided into two, namely negative and

positive. Negative symptoms are a lack of expressing emotions, loss of motivation to do activities, withdrawal from the environment, flat or dull affect, and lack of ability to take care of themselves (Nevid et al., 2018) while positive symptoms are delusions, delusions, hallucinations, thoughts and speech that cannot be well organized.

The cause of schizophrenia is not yet known exactly, but there are several known triggering factors such as genetic, familial, psychosocial, and premorbid personality factors. Genetic factors can be one of the causes of schizophrenia because when a family member who has a biological relationship and has or is suffering from schizophrenia, it will be higher to have the same risk of developing a mental disorder (Tomb, 2004). In addition, family factors are very important in the increase in schizophrenic patients. This can be known when there is a triggering stressor that appears in the family environment such as a cold or tense relationship between the two parents, both parents rarely at home and no time to be with the children, both parents separating or divorced, the death of one or both parents, poor communication between parents and children such as expressing emotions excessively with an impatient attitude, hostile, short-tempered, harsh, rude, critical and authoritarian, and low socioeconomic status (Chandra, 2005).

Psychosocial factors such as poor interpersonal relationships with others can affect individuals so that they cannot find their own identity and can cause something wrong with reality so that they withdraw from social relationships (Isaacs, 2005). Premorbid personality is a deviation of a person before suffering from mental disorders such as inability to express emotions, having excessive suspicion, considering everyone an enemy, as well as a schizoid personality, which is cold emotions, less able to be warm and friendly to others and always alone. (Chandra, 2005).

When a person has been diagnosed with schizophrenia disorder, there is a single treatment that can reduce the positive and negative symptoms experienced, namely the use of antipsychotic medication that are consumed regularly according to the dose of medication that has been given so that it is expected to be obedient in taking the medication that has been prescribed. Compliance is a condition that can be created through a series of behavioral processes so that it shows the values of obedience, order, independence, obedience and order so that it can obey rules or discipline. Compliance can also be known as obedience when a person follows the clinical recommendations of the treating doctor. Adherence to treatment is the extent to which an individual's behavior can be in accordance with the instructions given by medical personnel regarding the condition of the disease and how to treat it (Hamidah, 2019). Compliance is a behavior used to comply with suggestions or procedures given by doctors about the use of medication through a consultation process between patients and patients with doctors as medical service providers (Setiyana, 2021).

It is generally known that when a schizophrenia fails to consume medication regularly, it tends to recur, so compliance with medication consumption is an important thing to do so as not to experience recurrence in patients with mental disorders (Pardede, 2021). The non-compliance with taking medication is shown in behavior that tends to throw away medication and does not comply with taking medication so that it recurs and

is required to be treated at one of the mental hospitals in Indonesia. Non-compliance in taking medication occurs because of irrational thinking that he has such as the belief that the medication will make him sick with kidney disease and die in the world, so this is one of the goals of cognitive *behavior therapy* to reduce the irrational thinking that the client has.

Cognitive Behavior Therapy or CBT is one of the approaches or techniques used in counseling based on understanding or conceptualizing the beliefs and behavior patterns that individuals have (Beck, 2011). This will help the therapist in changing the cognition by modifying thoughts and beliefs to produce lasting emotional and behavioral changes. Therefore, CBT is a counseling approach that focuses on deviant cognitive changes related to events that harm oneself both psychologically and physically (Saphira, 2020). Beck (2011) said that there are three cognitive levels possessed by individuals, namely: *core beliefs*, dysfunctional assumptions, and negative automatic thoughts. According to Aaron T. Beck, Cognitive Behavioral Therapy (CBT) is a counseling approach designed to solve an individual's current problems by changing their mindset or restructuring their cognitive and behavioral disorders. The counseling process is based on an understanding of the individual's core beliefs and behavioral patterns.

METHOD

The assessment methods used in this study are observation, interviews, *screening*, and several psychological test kits on one of the patients in the Indonesian psychiatric hospital. The patient has the initials RR who is 56 years old. Observation is carried out with the aim of finding out the physical condition or state, way of communicating, psychomotor, social relationships, and symptoms of disorders experienced by the client. Interviews are conducted with clients with the aim of digging up data about the symptoms that exist in the client, causative factors, internal complaints (physical, psychological, social), client life history, and other information from the client related to the problems he experiences. Not only that, interviews with families and ward nurses were conducted with the aim of digging up data on family background, development and education, relationships with relatives and parents, health history and external complaints related to schizophrenia disorder. *Screening* of diagnostic test tools is carried out as supporting data using SRQ-20 to identify problems experienced by clients before establishing diagnosis and administering psychological tests.

The psychological tests carried out in this study include personality tests, namely (BAUM, DAP, HTP) and SSCT which are used with the aim of finding out the personality dynamics of interpersonal and extrapersonal relationships so that they can reveal clinical symptoms that can be projected from the test results. Other psychological tests are WWQ which is used to find out the pathological tendencies or clinical conditions that the client has and the WAIS psychological test which is used to find out the client's intelligence capacity and the mental decline he or she experiences.

FINDING AND DISCUSSION

Based on the results of several assessments that have been carried out, it is known that the client has an average level of intelligence with a value of FIQ = 107, OIQ = 110, VIQ = 113, PIQ = 99 according to individuals of the same age. Despite having good interests and cognitive abilities, the client experienced a decline in intellectual function which led to a decrease in cognitive and mental function (MD LOSS of 23.6%) so that the behavior shown was not in accordance with the client's actual level of intelligence. There are characteristics of schizophrenia in the test results and the results of the client's images. The characteristics that can be interpreted from the results of the image are schizoid. The schizoid tendency of clients is not having interest in interacting with other people who are warm, avoiding social relationships, feeling suspicious of others, and unstable emotions when in a social environment. The client also has neurotic symptoms so there are indications of illogical anxiety (easy anxiety) and feelings of guilt.

This study was conducted with the aim of changing the irrational thinking that the client has related to the use of medication and the impact they have so that clients will not be afraid to take medication or throw away the medication that has been prescribed. Thoughts that clients have include fear of taking medication because it can damage the kidneys, saying that medication are toxic to the body, and when taking medication can cause death. This is because the irrational thoughts they have have an impact on non-compliance in taking medicine. This research was conducted for 10 sessions using Cognitive Behavior Therapy (CBT) techniques to help in changing the cognition by modifying thoughts and beliefs in order to produce lasting emotional and behavioral changes.

Table 1: Irrational Belief

NO	Irrational Belief Before Treatment	Irrational Belief After Treatment
1	Medications can make it cause kidney disease or death	Knowing the positive impact that medication do not always make kidney pain
2	Medication are toxic to the body	Knowing that medicine is not a poison because it can cure various diseases

Based on table 1, it is known that before the provision of therapy the client has irrational thoughts and beliefs related to the use or consumption of drugs such as drugs can cause kidney damage, drugs are considered a poison for the body, and if drugs are consumed in large quantities will cause rapid death. These beliefs make the client feel fearful, anxious, reject, and stop every time they take the medicine prescribed by the doctor. If the client continues to have these thoughts and behaviors, it can have a negative impact on his health, where the client will continue to experience relapses and can bring up positive or negative symptoms of schizophrenia experienced.

Based on this, there are interventions that can be used, namely Cognitive Behavior Therapy (CBT). CBT is a therapy that focuses on changing irrational or maladaptive thought patterns and behaviors into rational ones. In this therapeutic process, clients are encouraged to

identify their irrational thoughts by realizing that irrational thoughts about drugs that always cause kidney pain, are toxic to the body, and are dangerous if consumed too much are not based on accurate facts but are cognitive distortions. Furthermore, clients are invited to test these beliefs through proving facts such as tracing medical information that shows that if drugs are consumed according to the doctor's recommendations, it will definitely help in every healing process. This therapy also teaches clients to replace these negative thoughts with beliefs that are more rational and supportive of their health, such as understanding that medicines prescribed by doctors have been tested to be safe if used as directed.

Through CBT, clients can change these thoughts and begin to see that medicine is no longer something dangerous, but as a means to cure all the diseases they experience according to the results of Table 1. Not only that, the training process for behavior change regarding drug consumption must also be carried out gradually by monitoring its implementation using a drug journal so that the changes experienced can be seen.

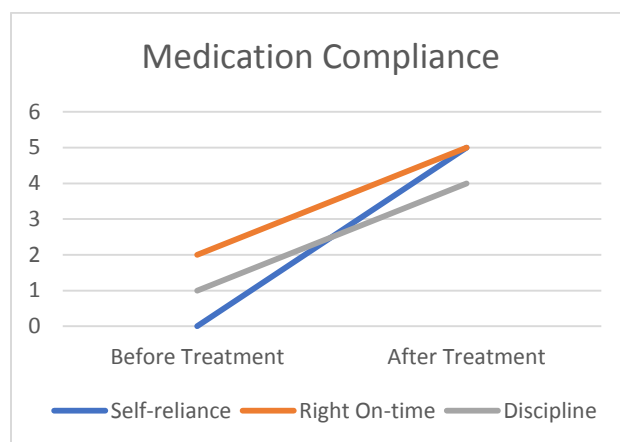


Figure 1: Medication Compliance

The results of the irrational thinking that the client has can make him become disobedient in taking medication. Based on Figure 1, it is known that previously the client was less independent in taking medication so it was necessary to be reminded first by calling the client's name, or the nurse would approach him, but after the intervention the client was able to take medication independently without help from other people even though sometimes it still needed to be reminded by the family. Clients also previously tended not to be on time or exceed the recommended time limit when taking medication such as being in bed or in the bathroom so that the medication consumed exceeded the time limit, but after the intervention the client was able to take medication on time because the client and family made an alarm as a reminder to take medication immediately. Not only that, before the intervention the client tends to lack discipline in taking medication such as the medication given is not taken immediately so that it must always be waited and checked by the nurse, but after the intervention the client is able to directly take the medicine when it is time without having to wait to be checked even though the client still has to be monitored by the family.

CONCLUSION

Based on data Cognitive Behavior Therapy (CBT) intervention provided was quite successful. The client is very cooperative and willing to follow a series of assessments to interventions provided by practitioners. The client has the ability and understanding of the importance of taking medication. Before the intervention was carried out, the client tended to feel healthy so that the client reduced the dose of medication given by not taking it, discarding or hiding the medicine. The client also stated that this behavior arose because the client felt that medication could damage the kidneys, were toxic to the body, made him die so that this made the client relapse or relapse after 4 years. After providing the intervention, the client was able to change irrational thinking to rational and the client could bring up the behavior of taking medication in his daily life. The client's irrational beliefs were successfully reduced through making thought records, using 7 columns to identify and reduce the client's irrational thinking. Evaluation of intervention activities in this case, namely, it is necessary to teach clients to do other activities, so that the medication used can work optimally.

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