

Behavioral Activation Therapy to Reduce Withdrawal Behavior in Schizophrenia Patients

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ABSTRACT

This study was motivated by observations on a subject who was a man with schizophrenia who was in a mental hospital ward. The subject had withdrawn behavior and did not want to mingle with friends there. If the subject's withdrawn behavior is not handled, it will hinder the subject's treatment because the subject does not want to do anything other than lie in bed and stay in the corner of the room. The purpose of this study was to reduce withdrawn behavior by increasing the subject's involvement in daily activities. This study used an experimental design in the form of a single-subject study. The data collection technique used in this study was to measure behavior to assess whether the subject was involved in scheduled activities. Data analysis used a monitoring sheet to see behavior before and after the intervention. The results showed that the Behavioral Activation Therapy (BAT) technique given was quite successful, as seen from the subject who was willing to do several scheduled activities so that it could reduce withdrawn behavior.

Keywords: Schizophrenia, Withdrawn, Behavioral Activation Therapy (BAT)

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INTRODUCTION

Mental health is one of the crucial aspects in global health development. The World Health Organization (WHO) reports that approximately 1 in 8 people in the world suffer from a mental disorder at some point in their lives. Among the various mental disorders, schizophrenia is one condition that requires special attention because of its wide impact, both on individuals and their surroundings (WHO, 2022). In Indonesia, the prevalence of schizophrenia reaches 7 per 1,000 population. Data shows that many patients experience limitations in living their daily lives due to withdrawal behavior that is not adequately handled. This indicates the need for an effective intervention approach to improve social participation and quality of life for patients (Kementerian Kesehatan RI, 2021).

Schizophrenia is a chronic psychotic disorder, characterized by acute episodes involving a break with reality, manifested by features such as delusions, hallucinations,

illogical thinking, disorganized speech, bizarre behavior such as catatonia, and negative symptoms such as flat emotions or withdrawal (American Psychiatric Association, 2013). Meanwhile, the definition of schizophrenia according to PPDGJ-III (Guidelines for Classification and Diagnosis of Mental Disorders) is a description of a syndrome with a wide variety of causes (many of which are still unknown) and a wide course of the disease (not always chronic or "deteriorating"), as well as a number of consequences that depend on the balance of genetic, physical and socio-cultural influences (Maslim, 2019). This disorder is characterized by positive symptoms such as hallucinations and delusions, as well as negative symptoms such as apathy, anhedonia, and social withdrawal (Tandon et al., 2009). In addition, individuals who experience schizophrenia have negative symptoms, one of which is withdrawn behavior. Negative symptoms are often more difficult to overcome than positive symptoms because they are less responsive to pharmacological therapy (Fusar-Poli et al., 2015). As a result, patients with negative symptoms have a high risk of experiencing social isolation, decreased quality of life, and increased burden on family and society (Millan et al., 2014).

In this case, a subject was found to have schizophrenia disorder with symptoms of visual hallucinations of seeing grandmothers, auditory hallucinations of hearing grandmothers whispering their names, avoiding people, liking to be alone, going berserk or getting angry, destroying things, having difficulty interacting with the surrounding environment, talking to himself, laughing to himself, being confused. Based on interviews, observations, and several tests that have been conducted, the subject has a feeling of wanting to avoid new experiences so that he is indifferent to the outside world and closes himself off from the environment. The subject experiences periods of silence, lack of activity, and does not have a daily routine in his daily life. If left unchecked, this can worsen the subject's condition. Therefore, appropriate intervention is needed in handling this case.

Behavioral Activation Therapy (BAT) is a psychosocial approach that has been proven effective in treating negative symptoms in various mental disorders, including depression and schizophrenia (Lejuez et al., 2011). This approach focuses on reactivating meaningful behaviors to reduce negative symptoms and increase the patient's social engagement (Kanter et al., 2012). Previous studies have shown that BAT can help schizophrenia patients reduce social isolation, increase daily activities, and improve interpersonal relationships, including research conducted by Mahardika (2021) which found that behavioral activation therapy with a strategy of shaping activity scheduling and providing positive reinforcement has been shown to reduce withdrawal behavior in schizophrenia patients as seen from the increase in the subjects' daily activities. Although not all activities were carried out by the subjects, there was an increase in daily activities with various activities such as bathing, praying, feeding livestock, and watering plants.. Another study conducted by (Maulida & Prabowo, 2023) findings that behavioral activation therapy was able to reduce maladaptive behavior, namely pacing, and successfully increased the subject's purposeful activities, where the subject was a schizoaffective patient. The sessions conducted in this study were to form a schedule that

would be carried out by the subject every day in order to form the expected behavior. Scheduling was carried out with different levels of difficulty for each session with the aim of getting the subject used to the activities to be carried out. *Behavioral activation therapy can also reduce the symptoms of anhedonia in schizophrenia patients* (Andayani & Zulfiana, 2021). Anhedonia symptoms are behaviors of losing pleasure in doing daily activities that used to be enjoyable or made them happy. The results of the study showed an increase in daily activities carried out by the subjects every day.

Based on several studies, it can be concluded that behavioral activation therapy has been proven to be able to reduce sedentary behavior in schizophrenia patients. Behavioral activation therapy can be done by scheduling activities and providing positive reinforcement to strengthen behavior.

METHOD

The assessment methods used in this study were observation, interviews, screening, and several psychological test tools on one of the patients at the Indonesian Mental Hospital. The patient with the initials AR is 27 years old. Observations were conducted with the aim of determining the physical condition or state, communication methods, psychomotor, social relationships, and symptoms of disorders experienced by the subject. Interviews were conducted with the subject with the aim of exploring data on the symptoms in the subject, causative factors, internal complaints (physical, psychological, social), the subject's life history, and other information from the subject related to the problems they experienced. Not only that, interviews with the family and ward nurses were conducted with the aim of exploring data on family background, development and education, relationships with siblings and parents, medical history and external complaints related to schizophrenia disorders. Screening of diagnostic test tools was conducted as supporting data using the SRQ-20 to identify problems experienced by the subject before establishing a diagnosis and conducting psychological tests. Psychological tests conducted in this study include personality tests, namely (BAUM, DAP, HTP) and SSCT which are used to determine the dynamics of the subject's personality, way of thinking about something, and to detect psychological disorders or problems with their family. Another psychological test is the WWQ which is used to determine pathological tendencies or clinical conditions possessed by the subject. An intelligence test is also used, namely the SPM which is used to determine the subject's intelligence capacity.

FINDING AND DISCUSSION

The subject's intelligence ability is classified as grade V with a score of 19, meaning that intellectual capacity is below average or indicates intellectual development disorders. The subject can understand some simple instructions, but in dealing with more complex tasks or problems, the subject experiences significant difficulties. The subject needs intensive guidance and very simple explanations to be able to understand certain situations or complete daily tasks. The subject avoids interaction with others, considers

friendships unimportant, and prefers to be alone. This behavior occurred after the subject experienced an incident of being cheated by a car driver who took all his belongings at the port and was belittled by his friends while in college. This is in line with the results of the graphic test that has been carried out, namely the subject has a feeling of wanting to avoid new experiences so that he is indifferent to the outside world and closes himself off from the environment, this causes the subject to have a tendency to have obstacles in social relationships. Also in line with the results of the WWQ test where the subject has indications of experiencing obstacles in social interaction, tends to avoid social relationships, and is less interested in social interaction. The subject also shows high suspicion, selfish behavior, and excessive sensitivity.

The research to be conducted is using Behavioral Activation Therapy (BAT) with the aim of reducing withdrawal behavior by increasing subject involvement in daily activities. Researchers see changes in withdrawal behavior through activities that subjects have done during therapy sessions. The target of the study is that after 7 intervention sessions, it is expected that subjects can be involved in daily activities and carry out various useful activities after returning home from treatment at a mental hospital. These behaviors include activities that are the subject's habits before the disorder occurs. The intervention sessions consist of session 1 (building rapport and introduction contracts), session 2 (psychoeducation), session 3 (activation strategies and goal setting), session 4 (activity scheduling exercises for 5 days, activity monitoring exercises and addressing barriers to activation), session 5 (continued activity scheduling for one week, continued activity monitoring and addressing barriers to activation), session 6 (evaluation and termination), session 7 (follow up).

Table 1: Results Table

No	Intervention Target	Behavior Before Intervention	Behavior After Intervention	Success/Failure	Number of Activities successfully completed
1	Morning shower	Don't want to take a morning shower	Don't want to take a morning shower	Failed	0
2	Eat and take medicine in the morning	Want to take medicine but still reminded	Take the initiative to take your own medicine	Succeed	7
3	Exercising	Don't want to exercise	Want to exercise	Succeed	1
4	Have a short chat with	Avoiding chatting with family	Want to chat with family	Succeed	1

	family (1-3 minutes)				
5	Cleaning the house	Lazy to clean the house	Want to to clean the house	Succeed	2
6	Watering the plants	Lazy to water the plants	Lazy to water the plants	Failed	0
7	Afternoon shower	Don't want to take an afternoon shower	Want to take an afternoon shower	Succeed	4
8	Short walks around the house (5-10 minutes)	Not willing to take a short walk around the house	Want to take a short walk around the house	Succeed	1
9	Praying	Don't want to pray	Don't want to pray	Failed	0

Before the intervention, the subject had withdrawn behavior, this can be seen from the subject's behavior while in the ward, namely staying in bed for a long time (2-4 hours), not joining friends in the ward's living room, not wanting to do gymnastics several times, sitting in the corner of the field alone after finishing morning gymnastics, rarely taking a shower, not chatting with friends, and not praying. These are characteristics of individuals who withdraw. After the behavioral activation therapy intervention, the subject can reduce withdrawn behavior by increasing the subject's involvement in daily activities such as bathing, eating and taking medicine, exercising, chatting with family, cleaning the house, listening to music, and walking around the house.

DISCUSSION

Overall, the intervention given was quite successful. The subject was quite cooperative and willing to follow the series of assessments and interventions given, although in certain assessments the subject did it by lying down on the bed. After being given an intervention in the form of activation behavioral therapy by scheduling various activities and providing positive reinforcement in the form of praise and giving the subject's favorite fruit which would be given when the subject succeeded in doing several activities on the planned activity schedule, the subject's involvement in daily activities increased, this made the subject's withdrawn behavior decrease quite a bit. The subject carried out several useful activities such as taking an afternoon bath, eating and taking medicine, exercising, chatting with family, cleaning the house and walking around the

house. Where before the intervention was carried out, the subject liked to stay in the room and the back warehouse of the house not doing any activities.

There were no significant difficulties encountered in the course of the activation behavioral therapy intervention. The family helped in filling out the worksheet by checking the activities that the subject had done. The family also provided positive reinforcement in the form of praise and gave the subject fruits that he liked when the subject succeeded in doing several scheduled activities. Several activities that had not been done by the subject were overcome with several strategies that would be carried out so that the subject would be willing to do these activities in the future.

The researcher interviewed the subject and family to find out the condition of the subject after the intervention. Follow-up was conducted approximately 7 days after the intervention, the subject was still carrying out several activities that had been scheduled, namely eating and taking medicine, exercising, chatting with family, cleaning the house, and taking an afternoon shower. The subject also said that currently the subject often exercises, namely cycling every afternoon around the neighboring village. The subject is no longer alone and sleeps in the warehouse anymore and chooses to sleep in his bedroom. The subject also still routinely takes medication. However, to eat and take medicine, the subject still has to be reminded by the subject's older sibling. The subject also still does not want to take a morning shower and only takes a shower in the afternoon, and the subject still does not want to pray.

CONCLUSION

The subject's intelligence ability is classified as grade V with a score of 19, meaning that intellectual capacity is below average or indicates intellectual development disorders. The client avoids interaction with others, considers friendships unimportant, and prefers to be alone. The subject has a feeling of wanting to avoid new experiences so that he is indifferent to the outside world and closes himself off from the environment, this causes the subject to have a tendency to have obstacles in social relationships. The traumatic experience of being deceived and belittled by the subject's friends makes the subject experience this condition.

The subject had withdrawn behavior before the intervention. This behavior was seen from the subject who liked to be alone both in the ward and at home, the subject did not do any activities and preferred to be quiet, and the subject did not want to be spoken to. In overcoming withdrawn behavior, behavioral activation therapy intervention was given with the aim of reducing withdrawn behavior by increasing the subject's involvement in daily activities. The results of the intervention showed that the subject

could reduce withdrawn behavior by increasing the subject's involvement in daily activities.

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