Behavioral Activation Therapy to Reduce Withdrawal Behavior in Schizophrenia Patients

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ABSTRACT

This study was based on observations of a male patient with schizophrenia who was staying in a mental hospital. The patient displayed withdrawn behavior and tended to avoid interacting with other patients in the ward. If left untreated, this pattern of behavior could interfere with the patient's recovery, as he showed no interest in doing anything except lying in bed and staying in the corner of the room. The purpose of this study was to reduce the patient's withdrawn behavior by increasing his involvement in daily structured activities. This research applied an experimental approach using a single-subject design. Data were collected by observing the patient's participation in scheduled therapeutic activities. A behavior monitoring sheet was used to compare the subject's behavior before and after the intervention. The results showed that Behavioral Activation Therapy (BAT) was quite effective. After the intervention, the patient began engaging in more activities, which contributed to a noticeable reduction in his withdrawn behavior.

Keywords: Schizophrenia, Withdrawn, Behavioral Activation Therapy (BAT)

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INTRODUCTION

Mental health is a vital part of public health that has gained increasing global attention in recent years. According to the World Health Organization (WHO), around one in eight people worldwide experience mental health disorders during their lifetime. Among these conditions, schizophrenia stands out as one of the most complex and impactful, affecting not only the individual but also their families and communities (WHO, 2022). In Indonesia, schizophrenia affects approximately 7 out of every 1,000 people, with many patients facing challenges in managing daily routines due to persistent social withdrawal and lack of adequate support (Ministry of Health, 2021).

Schizophrenia is recognized as a chronic psychiatric disorder that includes episodes of losing touch with reality, often marked by symptoms such as hallucinations, delusions, disorganized speech, catatonic behavior, and emotional flatness (American Psychiatric Association, 2013). According to the Indonesian classification system PPDGJ-III, schizophrenia refers to a syndrome with multiple possible causes many of which remain

unclear and a diverse clinical course, which may or may not be chronic. The manifestation of schizophrenia is shaped by genetic, biological, and socio-cultural factors (Maslim, 2019).

Negative symptoms, such as lack of motivation, reduced emotional expression, and social withdrawal, often present greater challenges than positive symptoms, as they tend to be less responsive to medication (Poli, 2015). Social withdrawal in particular can lead to reduced functioning, isolation, and added burden on caregivers (Millan et al., 2014). Therefore, exploring effective interventions to address negative symptoms like withdrawal behavior is essential for improving the quality of life and social inclusion of individuals living with schizophrenia.

In this case, a subject reported frequently experiencing headaches, particularly on the right side of the head, which felt as if nails were being driven into it. In addition to the head, the subject also described occasional chest pain that felt similar like being pierced by nails. The subject mentioned that he often heard voices calling his name, and sometimes felt as though someone was trying to talk to him. These experiences typically occurred in the late afternoon and at night. The subject also reported frequent physical fatigue, which led to a lack of motivation to carry out daily activities. As a result, the client tended to stay at home and remained withdrawn from social interactions.

Behavioral Activation Therapy (BAT) is treatment that has gained increasing attention in the field of clinical psychology. When applied, behavioral activation therapy has been found to be as effective as other, more complex treatments for depression, such as Cognitive Behavioral Therapy (CBT) (Jacobson et al., 1996). Behavioral activation therapy is a structured behavioral approach that focuses on increasing engagement in positive and meaningful activities, particularly in areas of life that hold social importance. The aim is to enhance an individual's opportunities to experience positive reinforcement from their environment, which in turn can improve mood, thinking patterns, and overall quality of life.

Behavioral activation therapy encourages individuals to participate in more enjoyable or purposeful activities, thereby increasing the likelihood of emotional improvement and positive changes in thoughts and mood. In behavioral activation therapy, there is a process known as shaping, which involves reinforcing behaviors that are repeated consistently. These reinforced behaviors contribute to the development of healthy behavioral patterns (Turner & Leach, 2012).

Several studies have shown that Behavioral Activation Therapy (BAT) is effective in reducing sedentary behavior among individuals with schizophrenia. This therapy works by planning daily activities and giving positive rewards to support good behavior. Besides reducing inactivity, it can also improve motivation, daily routines, and emotional health by helping patients become more involved in meaningful activities.

METHOD

The assessment methods in this study included observation, interviews, screening, and several psychological test instruments. The patient initials SW, 32 year old at the Indonesian Mental Hospital. Observations aimed to assess the subject physical condition, communication style, psychomotor behavior, social interactions, and symptoms of mental

disorders. Interviews with the subject were conducted to gather information about presenting symptoms, contributing factors, internal complaints (physical, psychological, and social), life history, and other relevant issues. Additional interviews with the subject family and nurses were carried out to explore the subject family background, developmental and educational history, relationships with parents and siblings, medical history, and external complaints associated with schizophrenia.

Screening was conducted using the SRQ-20 as a preliminary diagnostic tool to identify potential mental health issues prior to confirming the diagnosis and administering psychological assessments. The psychological tests used included personality assessments such as BAUM, DAP, HTP and SSCT, which helped reveal the subject personality dynamics, cognitive patterns, and potential psychological or familial issues. WWQ test was administered to identify any pathological or clinical tendencies. Additionally, SPM intelligence test was used to evaluate the subject cognitive abilities.

FINDING AND DISCUSSION

Based on the assessment results, the subject general intelligence falls within the borderline category, with an IQ score of 70. This indicates that the subject is capable of understanding instructions; however, he must be delivered repeatedly using simple and easily understood language. The subject also requires encouragement from others to initiate actions. Assistance is still needed when explaining certain matters, as the subject demonstrates limited judgment abilities. Additionally, the subject shows impairments in memory, problem solving, and language use, although they remain attentive to specific details.

Subject exhibits characteristics associated with schizoid traits, such as withdrawal from social interactions and detachment from their surroundings. Furthermore, the subject tends to feel hopeless, impatient, and easily anxious. Emotionally, the subject experiences significant anxiety, emotional instability, and a tendency to withdraw from social engagement. Subject also report feelings of worthlessness and difficulty in making realistic decisions. The subject struggles with interpersonal relationships, particularly in the workplace, which contributes to uncertainty about the future and a lack of self confidence in making decisions about their next steps.

This research to be conducted is using Behavioral Activation Therapy (BAT) with goal of reducing withdrawal behavior by encouraging greater involvement of the subject in daily activities. Changes in the subject withdrawal behavior will be observed through the activities they engage in during the therapy sessions. The expected outcome after 7 intervention sessions is that the subject will be able to participate in daily routines and carry out various beneficial activities after being discharged from the mental hospital. These activities include routines the subject was accustomed to before the onset of the disorder.

The intervention will consist of 7 sessions: 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

oneweek, continued activity monitoring and addressing barriers to activation), session 6 (evaluation and termination), session 7 (follow up).

Table 1: Result 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	Cleaning the bedroom	Don't want to clean the bed	Don't want to clean the bed	Failed	0
4	Sweep the yard	Doesn't want to sweep the yard because he is not enthusiastic	Already willing to sweep the yard even though still asked to help	Succeed	3
5	Talking	Doesn't want to talk even when someone tries to start a conversation	Want to talk even if only answer with short responses	Succeed	6
6	Afternoon shower	Want to take a shower even though still being told to	Take the initiative to take a shower by himself	Succeed	7
7	Farming	Doesn't want to help his father to farming	Want to plant plants without asking for help again	Succeed	7
8	Listening to music	Just daydreaming	Want to listen to music he likes	Succeed	3
9	Short walks around the	Not willing to take a short walk	Want to take a short walk	Succeed	3

	house (5-10 minutes)	around the house	around the house		
10	Eat and take medicine in the afternoon	Want to take medicine but still reminded	Take the initiative to take your own medicine	Succeed	7

Before the intervention using behavioral activation therapy was conducted, the subject was unwilling to engage in daily activities. The subject spent most of the time in bed, lying down. The subject also withdrew from the surrounding environment and refused to socialize with people in their residential area. After behavioral activation therapy intervention, the subject can reduce withdrawn behavior by increasing the subject involvement in daily activities such as eat and take medicine, sweap the yard, talking, afternoon shower, farming, listening to music and short walk around the house.

DISCUSSION

Overall, the intervention provided was quite successful. The subject was willing to participate in a assessments and was cooperative during the implementation of the intervention. After receiving behavioral activation therapy, which involved assigning the subject daily activity schedules and providing positive reinforcement such as praise from family members when the subject engaged in certain activities. The subject became more willing to carry out daily routines, and the withdrawal behavior significantly decreased. The subject was no longer staying at home. Activities performed included showering, eating and taking medication, gardening, sweeping the yard, and walking around the house. Prior to the intervention, the subject refused to engage in any activities at home, spending the entire day sleeping and remaining inactive.

No significant difficulties were encountered during the implementation of behavioral activation therapy, as the subject family was highly supportive of the subject recovery and return to previous functioning. The family also assisted by checking off items on the activity worksheet whenever the subject completed scheduled tasks. Subject provided praise and encouragement, even though the subject occasionally still needed reminders to remain active and involved in daily activities.

CONCLUSION

According to the results of the WAIS, the subject intelligence ability is classified borderline category. The subject is capable of understanding instructions; however, he need to be given repeatedly using simple and easily understood language. The subject still requires encouragement from others to engage in activities. Without external motivation, the subject tends to be passive and spends most of their time sleeping in their room without doing anything. This suggests that the subject may have difficulty initiating actions independently or motivating themselves without assistance. The subject is also a quiet

individual and does not engage much in social interaction and withdraw from their social environment.

Before the intervention, the subject tended to behave withdrawn, did not want to do daily activities, appeared quiet and spent most of the time sleeping in his room. The subject also avoided crowds and did not socialize with people around him. In overcoming this behavior, behavioral activation therapy intervention was given for the subject withdrawn behavior, so that the subject could increase his participation in daily activities. The results of this intervention showed that the subject had done several daily activities. Although sometimes the subject still had to be reminded by his family to do several activities. This suggests that the intervention helped the subject more active and involved in more positive activities in his life.

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