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Experimentation Test of Cognitive Behavioral Therapy Techniques on Recovery Motivation for Drug Addicts

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Abstract: Conceptually, Cognitive Behavior Therapy is a pattern of human thought formed from a series of interrelated Stimulus-Cognition-Response processes, in which cognitive processes cause a person to feel and act. Since the CBT technique was carried out at LRKM Mitra Husada, specific measurements have never been carried out to see its effect on changes in the self-esteem of the clients who were given the intervention. This study aims to analyze the effect of cognitive behavioural therapy on the self-esteem of methamphetamine users at LRKM Mitra Husada, Foundation of Mitra Husada, South Sulawesi. This study used the Quasi Experiment method with the research design used being the Pretest-Posttest with Control Group Design, using two groups, namely the intervention group that was given the Cognitive Behavioral Therapy Counseling treatment and the control group that was only given a brochure. The results of this study found that there was an effect of Cognitive Behavioral Therapy (CBT) counselling interventions on the self-esteem of methamphetamine users, where the average pretest result was 1.61 and 2.67 post-test with a significance value of 0.000 (p <0.05); There was no effect of giving brochures on the self-esteem of methamphetamine users, where the average pretest result was 1.78 and 1.94 posttest with a significance value of 0.257 (p> 0.05); While the results of the comparative test between the intervention group and the control group found that there was no significant difference in the effect on the control group before and after being given the brochure (p-value 0.257) but found differences in the effect on the intervention group before and after being given CBT counselling (p-value 0.000).
Keywords: Cbt, Motivation, Recovery, Addicts, Drugs.

1. INTRODUCTION

Drug use disorders are a serious health problem with a significant burden on affected individuals and their families. In addition, this disruption also incurs significant costs to society including lost productivity, security challenges, crime, increased healthcare costs, and a myriad of other negative social consequences (United Nations, 2016). The United Nations Office on Drugs and Crime (UNODC) the world body that deals with narcotics issues records that at least 271 million people worldwide or 5.5% of the total global populations of the world's population with an age range between 15 to 64

years have consumed drugs. The number of drug users who are addicted and need treatment has increased by 13% or around 35 million people. Of these, only 1 (one) out of 7 (seven) drug users get access to therapy and rehabilitation services each year (United Nations Office on Drugs and Crime (UNODC), 2020).

The National Narcotics Agency as the leading sector in handling narcotics problems in Indonesia notes that the narcotics problem in Indonesia is still in a condition that requires continuous high attention and vigilance from all elements of the Indonesian nation. Based on research results, the National Narcotics

Agency in collaboration with the Center for Community and Cultural Research of the Indonesian Institute of Sciences found a lifetime prevalence of drug abuse (lifetime prevalence), namely those who have used drugs at least once in their lifetime, as much as 2.40%, or around 240 out of 10,000 Indonesian residents aged 15-64 years or the equivalent of approximately 4.5 million people. Meanwhile, the prevalence rate for the last year of use was 1.80% or 180 out of 10,000 Indonesians aged 15-64 years or the equivalent of approximately 3.4 million people (Badan Narkotika Nasional, 2020). The Research Center for Data and Information on the National Narcotics Agency of the Republic of Indonesia in collaboration with the Ministry of Health and the Ministry of Social Affairs reported that based on the 2018 national survey of drug abuse and illicit trafficking conducted in 13 provinces in Indonesia, stated the prevalence of drug abuse in Indonesia among students and college students is 3.2 per cent or the equivalent of 2,297,492 people out of 15,440,000 people, then in the working group it is 2.1 per cent or the equivalent of 1,514,037 people out of 74,030,000 people (Puslitdatin Badan Narkotika Nasional, 2018).

The results of research by the National Narcotics Agency and the Research and Development Agency of the Ministry of Health in collaboration with Atmajaya Catholic University in 2019 regarding the impact of drug abusers commented that of the 602 abusers of Narcotics, Psychotropics and Prohibited Drugs studied, it was seen that 93.2% were methamphetamine abusers, 68.3% were marijuana abusers, 53.2% were Amphetamine Type Stimulants (ATS) abusers and the rest were drug abusers. Drug abuse is a mental illness in modern society, it can be said that drug abuse is a chronic disease because it can repeatedly relapse and until now there has not been found a universally satisfying response, both in terms of prevention, therapy, and rehabilitation (Irianto *et al.,* 2019). Another survey found that using rehabilitation services from 13 provinces which were carried out by a national survey, South Sulawesi was in 6th (sixth) place, namely 885 patients (Badan Narkotika Nasional, 2019).

Damage to a person's mental health is influenced by various factors including self-esteem, resilience, belief in personal values, supportive relationships, society, and a healthy social and economic environment (Hidalgo *et al.,* 2010). One factor that is closely related to a person's mental health is self-esteem (Desmita, 2012). Ghufron & Suminta (2017), said that self-esteem is a self-assessment that a person makes of himself based on his relationship with other people. Feelings of self-worth refer to the evaluations that the individual makes and usually maintains regarding himself, this expresses an attitude of agreement or disagreement and indicates the degree to which the individual believes himself to be capable, important, successful and valuable.

As the leading sector for the Prevention and Eradication of Drug Abuse and Trafficking in South Sulawesi Province, the Provincial National Narcotics Agency of South Sulawesi is obliged to collect data and provide technical capacity building to Institutions Recipient of Compulsory Reporting in South Sulawesi Province. Data from the National Narcotics Agency of South Sulawesi Province for the LRKM Mitra Husada service managed by the Mitra Husada Foundation, the number of drug abusers served since 2018 was 125 people, in 2019 there were 102 people, then in 2020 it greatly decreased due to the incident pandemic Corona Virus (COVID) to 45 people. Finally, since 2022, 76 people have served outpatient visits.

Rehabilitation services at LRKM Mitra Husada are carried out on an ongoing basis to achieve the goal of increasing the self-care, self-efficacy, and self-esteem of clients so that they can recover, be productive, and function socially which is commonly referred to as the jargon of 100% Life. Outpatient counselling is carried out using several techniques such as basic/general counselling, Motivational Interviewing (MI), and cognitive behaviour therapy (CBT). Basic Counseling Techniques and Motivational Interviewing (MI) has been carried out by rehabilitation services since 2015, but CBT techniques have only been carried out since 2018. Cognitive Behavior Therapy has the concept that human thought patterns are formed from a series of Stimulus-Cognition-Response interrelated processes, which are the cognitive processes that cause a person to feel and act. So according presentation to Putranto (2016), psychopathology of mental and behavioural disorders is caused by irrational thoughts and cognitive distortions of human thinking.

Since the CBT technique was carried out at LRKM Mitra Husada, specific measurements have never been carried out to see its effect on changes in the self-esteem of clients who were given the intervention therefore this study aims to analyze the Effect of Cognitive Behavioral Therapy on the Self Esteem of Methamphetamine Users at LRKM Mitra Husada.

2. METHODS
2.1 Research Approach
This study used the Quasi Experiment method with the research design used being the Pretest-Posttest with Control Group Design, using two groups, namely the intervention group that was given Cognitive Behavioral Therapy Counseling treatment and the control group that was only given a brochure. This study was initiated by administering a questionnaire (pretest) to both groups, then after the researcher gave the intervention again measurements were taken using the same questionnaire (posttest). The questionnaire given was the Rosenberg Self-Esteem Scale (RSES) questionnaire. RSES is a measurement tool developed

by Rosenberg (1965). This research design can be described as follows:

Table 1: Research Design

Group	Pre-test	Experiment	Post-test
Intervention Group	O_1	X	O_2
Control Group	O_3	-	O_4

Information

X: Treatment in the experimental group
O_1: Pre-test in the experimental group
O_2: Post-test in the experimental group
O_3: Pre-test in the control group
O_4: Post-test in the control group

2.2 Location and Time of Research

Location this research will be conducted at LRKM Mitra Husada South Sulawesi, while the time of this research will be carried out in September - November 2022.

2.3 Data Types and Sources

The data source is the subject from which the data is obtained which serves as a source for compiling a correct statement (Moleong, 2018). The type of data used in this study is a data sheet questionnaire of respondents who have been validated. The source of data consists of primary data and secondary data. Primary data was obtained from methamphetamine users who were being rehabilitated, while secondary data was obtained through LRKM Mitra Husada Rehabilitation Records.

2.4 Method of collecting data

Data collection techniques are the most strategic steps in research because the main purpose of research is to collect data (Sugiyono, 2019). Primary data was obtained using questionnaires and direct observation of respondents, while secondary data was obtained through medical records at LRKM Mitra Husada.

The research instrument used in this study is a list of questions and statements based on the Self Esteem Measurement Instrument, namely RSES. RSES is the most widely used measurement tool to measure self-esteem in general (Wyland & Shaffer, 2019). RSES is a measuring tool that is a self-administered questionnaire that measures self-esteem on a Likert scale of one to four, with a score range between 0-30. Half of the items are positive expressions, and the other half are negative expressions. The higher the score, the more it represents high self-esteem. Conversely, the lower the score, the more it represents low self-esteem. Internal consistency in RSES is 0.87 and is proven valid and reliable (Sarandria, 2012).

2.5 Population and Sample

The populations in this study were all drug abusers who underwent outpatient rehabilitation at LRKM Mitra Husada during the study period, from August to August. November 2022 as many as 60 people. Meanwhile, the sample is part of the population to be studied or a portion of the characteristics owned and determined by the researcher (Arikunto, 2019). And to determine the minimum number of samples that need to be taken in conducting research, the Federer formula can be used, namely $(n-1)X (t-1) \geq 15$. Where n is: Estimated number of samples and t: is 2 (treated group), thus, the number of samples in this study was 9 samples multiplied by 2 to 18 samples.

2.6 Data Processing and Analysis Methods

Data will be processed using Microsoft Excel software and Statistical Product and Service Solution Software (SPSS 26.0). Research data processing uses four stages in data processing that must be passed, namely: editing, coding, entry, and cleaning (Sugiyono, 2019). After all the data has been collected and processed, the next step is to analyze the data, where data analysis techniques in quantitative research use statistics (Sugiyono, 2019). As for the data analysis techniques in this study, namely: 1) univariate analysis is an analysis performed on each variable from the research results and 2) Bivariate analysis is an analysis performed on two variables that are suspected to be related or influence each other.

2.7 Experiment Stages

The treatment given to the experimental group was in the form of psychoeducation using the Cognitive Behavioral Therapy (CBT) approach which consisted of five sessions, each session lasting 60 minutes. In each session, subjects are given assignments or worksheets as a form of evaluation of their thoughts. The first session deals with Assessment and initial diagnosis with the aim that the subject can recognize problems and their cognitive distortions (Knowledge and Thoughts) so that problem formulations are found and analyze the relationship between events, thoughts and behaviour which is commonly called Functional Analysis.

The second session is Cognitive therapy about how the subject identifies negative thoughts and automatic thoughts. In this session, the subject will be given an understanding of triggers and cravings. The third session is the stage of behaviour therapy, the subject is asked to commit personally to a positive-negative consequence for the progress of the learning process obtained. The fourth session is an evaluation of cognitive and behavioral therapy which is commonly referred to as follow-up behavioral intervention. The subject will be invited to do a Self Talk which functions to strengthen the intervention that has been carried out before by suggesting oneself so that it will bring up adaptive behaviour including continuing to carry out the

daily activity schedule that has been prepared previously. The fifth session is about the prevention of relapse, and understanding substance refusal skills such as responding quickly, good eye contact, responding

with clear and firm words, and leaving the place. After understanding, the client is given the task of practising through role-play with the therapist.

Table 2: Experimental Design

Session 1	
Material	**Assessment**
Objective	1. Gain a commitment to make a change. 2. Gain an understanding of Self Esteem and the impact of substance use. 3. Knowing the cognitive distortions (Knowledge and Thoughts) that the subject has. 4. Describe the formulation of the problem and the therapy that will be carried out.
Activities and Time	1. Introduction and rapport building: 10 minutes 2. Providing material on Self Esteem, CBT and Education on the impact of Substance Use: 30 Minutes 3. Assessment: 20 minutes
Session 2	
Material	**Trigger Cognitive Therapy and Addiction**
Objective	1. Understand the subject's thoughts about the originator and the feeling of addiction to the substance. 2. Explain that wrong beliefs or thoughts have a close relationship between emotions and behaviour. 3. Obtain a commitment to make modifications.
Activities and Time	1. Giving material about negative thoughts, Triggers, and Craving: 20 minutes 2. Explanation of the thoughtful notes and instructions for filling in the thought notes worksheet: 40 minutes
Session 2	
Material	**Behavior Therapy**
Objective	1. Plan self-improvement time. 2. Finding possible low-risk activities from substance use. 3. Learn how to process emotions and self-esteem. 4. Establish commitment.
Activities and Time	1. Identify daily activities and thoughts about yourself with socratic dialogue: 20 minutes 2. Explain the function of the behavior log and instructions for filling in the daily activity schedule worksheet: 35 minutes 3. Commitment: 5 minutes
Session 4	
Material	**Evaluation of Cognitive and Behavioral Therapy**
Objective	1. Provide support and enthusiasm for the progress of respondents. 2. Strengthen the confidence to stay focused on the main problem.
Activities and Time	1. Evaluate the schedule of daily activities that have been carried out in the previous session: 30 minutes 2. Conduct follow-up interventions using Self Talk: 30 minutes
Session 5	
Material	**Relapse Prevention and Substance Rejection**
Tujuan	1. Teach techniques to reject substances that involve thoughts, feelings, and actions. 2. Increase the subject's self-esteem and self-confidence. 3. Reflection on therapeutic experience. 4. Knowing the change score after therapy.
Activities and Time	1. Role play skills in rejecting substances such as responding quickly, good eye contact, responding with clear and firm words, and leaving the place: 35 Minutes 2. Filling in the Self-Reflection Sheet: 15 minutes 3. Post-test: 10 minutes

3. RESULTS

3.1 Univariate Analysis

3.1.1 *Characteristics of Respondents*

Table 3: Distribution of Respondents by Gender, Age, Last Education, Marital Status, and Occupation

Characteristics of Respondents	Intervention		Control	
	N	%	N	%
Gender				
Man	15	83.3	16	88.9
Woman	3	16.7	2	11.1
Age				
Late Youth (15-24)	12	66.7	11	61.1
Early Mature (25-34)	6	33.3	6	33.3
Middle Adult (35-44)	0	0	1	5.6
Last Education				
Graduated from elementary school	1	5.6	2	11.1
Middle school graduate	4	22.2	6	33.3
Graduated from high school	11	61.1	9	50.0
Completed Diploma/Bachelor's Degree	2	11.1	1	5.6
Marital Status				
Not married yet	13	72.2	15	83.3
Marry	4	22.2	3	16.7
Widower widow	1	5.6	0	0
Occupation				
Doesn't work	5	27.8	7	38.9
Student	8	44.4	5	27.8
Self-employed	5	27.8	6	33.3
Amount	18	100.0	18	100.0

Source: Primary Data, 2021

Based on table 3 shows that the sex characteristics were dominated by 15 respondents (83.3%) of men and 3 respondents (16.7%) of women, as well as in the control group where there were 16 male respondents (88.9 %) and women as many as 2 respondents (11.1%). As for the characteristics of respondents using methamphetamine based on age, both groups are occupied by the age of 15-24 years as the highest number. Likewise the level of education, of both the intervention group and the control group. The highest education was at the high school level. For marital status, both the intervention group and the control group had the most unmarried status as a characteristic. As for the characteristics of the work in the intervention group, there were 5 respondents (27.8%) each who did not work and were self-employed and 8 students (4.4%) while in the control group as self-employed there were 6 respondents (33, 3%), not working as many as 7 respondents (38.9%), and finally as students as many as 5 respondents (27.8%).

3.1.2 *Characteristics of Variables*

Self-esteem levels of methamphetamine users at LRKM Mitra Husada in the intervention and control groups were divided into 3 categories, namely high, medium and low. The determination of the category was carried out based on an assessment of the results of filling out the Rosenberg Self-Esteem Scale (RSES) questionnaire with the following results:

Table 4: Self-Esteem Distribution of Methamphetamine Users Based on Pre and Post-Test Results

Variable	Pre-Test				Post-Test			
	Intervention		Control		Intervention		Control	
	N	%	N	%	N	%	N	%
Self-Esteem								
Low	8	44.4	8	44.4	0	0	5	27.8
Currently	9	50.0	6	33.3	6	33.3	9	50.0
Tall	1	5.6	4	22.2	12	66.7	4	22.2
Total	**18**	**100.0**	**18**	**100.0**	**18**	**100.0**	**18**	**100.0**

Source: Primary Data, 2021

Table 4 shows that the frequency distribution of respondents using methamphetamine who accessed outpatient rehabilitation services at LRKM Mitra Husada based on the characteristics of respondents in the intervention group before being given Cognitive Behavioral Therapy (CBT) had a low level of self-esteem with 8 respondents (44.4%), the medium category was 9 respondents (50%), and the high category was 1 respondent (5.6%). Then after being given Cognitive Behavioral Therapy (CBT) intervention, the level of self-esteem increased to a moderate category of 6 respondents (33.3%) and a high category of 12 respondents (66.7%). The analysis of the characteristics of respondents based on self-esteem can be described as follows:

Table 5: Self-Esteem Distribution of Methamphetamine Users Based on Gender, Age and Marital Status

Variabel	Intervention						Control					
	Low		Currently		Tall		Low		Currently		Tall	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender												
Man	73	46,7	7	46,7	1	6,7	6	37,5	6	37,5	4	25,0
Woman	13	33,3	23	66,7	0	0.0	2	100	0	0,0	0	0,0
Age												
15-24	63	50,0	5	41,7	1	5,6	3	27,3	7	63,6	1	9,1
25-34	23	33,3	4	66,7	0	0.0	1	16,7	2	33,3	3	50,0
35-44	0	0.0	0	0,0	0	0,0	1	100	0	0,0	0	0,0
Marital Status												
Not married yet	4	30,8	8	61,5	0	0,0	8	53,3	4	26,7	3	20,0
Marry	43	100	0	0,0	0	0,0	0	0,0	2	66,7	1	33,3
Widower/widow	0	0.0	1	100	0	0,0	0	0,0	0	0,0	0	0,0
Total	**81**	**44,4**	**9**	**50,0**	**0**	**0,0**	**8**	**44,4**	**6**	**33,3**	**4**	**22,2**

Source: Primary Data, 2021

Table 5 above shows that in the Intervention Group, there were male respondents with low self-esteem and moderate levels, respectively 7 respondents (46.7%), and 1 respondent (6.7%) with high self-esteem. For female respondents with low self-esteem, there were 1 respondent (33.3%) and 2 respondents (66.7%). Meanwhile, in the control group, there were male respondents with low and medium self-esteem, 6 respondents (37.5%), and 4 respondents (25.0%) with high self-esteem. For female respondents, there were 2 respondents (100%) with low self-esteem category. The dominant age of respondents both in the intervention group and the control group was 15-24 years. For the intervention group aged 15-24 years, there were 6 respondents (50.0%) with low self-esteem, 5 respondents (41.7%) with moderate self-esteem, and 1 respondent (5.6%) with high self-esteem. Whereas for the control group at the age of 15-24 years, there were 3 respondents (27.3%) with low Self Esteem, 7 respondents (63.6%) with moderate Self Esteem, and 1 respondent (9.1%) with Self Esteem tall. Meanwhile, the respondents are dominated by the unmarried category. In the Intervention group, there were 4 respondents (30.8%) who were unmarried with low self-esteem and 8 respondents (61.5%) with moderate self-esteem. For unmarried respondents in the control group, there were 8 respondents (53.3%) in the low self-esteem category, 4 respondents (26.7%) in the moderate self-esteem category, and 3 respondents (20.0%) in the high self-esteem category.

3.2 Bivariate Analysis
3.2.1 Normality test

Table 4: Normality test results for the intervention and control groups of methamphetamine users.

		Kolmogorov- Smirnov		*Shapiro-wilk*	
		df	*Sig.*	*df*	*Sig.*
Pre	Intervention	18	.000	18	.000
	Control	18	.001	18	.001
Post	Intervention	18	.000	18	.000
	Control	18	.003	18	.003

Source: Primary Data, 2021

To determine whether the data collected is normally distributed or not, a normality test is performed via the Kolmogorov-Smirnov test. Table 4 shows the p-value for the intervention group and the control group has a p-value <0.05, meaning that the results of the pretest and posttest data are not normally distributed. Furthermore, because the sample used was < 50, it was followed by the Shapiro-Wilk test where the p-value for the intervention group and the control group had a p-value < 0.05, meaning that the results of

the two pretest and post-test groups were equally distributed abnormally based on the Shapiro-Wilk test. Based on the normality test, it is known that the data is not normally distributed, so the Wilcoxon test is carried out with the results of the p-value for the pretest <0.05 and posttest <0.05 so that the data is said to meet the Wilcoxon test.

3.2.2 Wilcoxon test

Table 5: Comparison Test Results of Control and Intervention Groups on Methamphetamine Users.

Uji-Wilcoxon					
	Mean	Sd	Se	P-value	N
Pre Control	1.78	0.808	0.191	0,257	18
Post Control	1.94	0.725	0.171		18
Pre Intervension	1.61	0.608	0.143	0,000	18
Post Intervention	2.67	0.485	0.114		18

Source: Primary Data, 2021

Table 5 above shows the results of the statistical test (Wilcoxon Signed Rank Test) which compares the results of the pre and post-tests in the control group, where in this study the mean value of the control group before being given the brochure was 1.78 with a standard deviation of 0.808 and after being given the brochure the value the mean changed to 1.94 with a standard deviation of 0.725. The p.value obtained is 0.257 which is greater than the α value of 0.05 so Ha is rejected H0 is accepted or it can be concluded that there is no effect before and after being given the Brochure on the control group. Table 5 above also shows the results of the statistical test (Wilcoxon Signed Rank Test) which compares the pre-and post-test results in the intervention group, where in this study the mean self-esteem value of the intervention group before being given CBT was 1.61 with a standard deviation of 0.608 and after being given CBT the mean value changed to 2.67 with a standard deviation of 0.485. The p.value obtained was 0.000, which is less than the α value of 0.05, so it can be concluded that there was an effect before and after being given CBT in the group of methamphetamine users who were intervened.

Table 6: Comparison Test Results of Pre and Post Control Group and Pre and Post Methamphetamine Users Intervention Group

Test-Wilcoxon					
	Mean	Sd	Se	P-value	N
Pre Control	1.78	0.808	0.191	0,467	18
Pre Intervention	1.61	0.608	0.143		18
Post Control	1.94	0.725	0.171	0,003	18
Post Intervention	2.67	0.484	0.114		18

Source: Primary Data, 2021

Table 6 above shows the results of the comparative test before the intervention group and the control group were given treatment. Where in this study the average control group before being given the brochure had a mean value of 1.78 with a standard deviation of 0.808 and the intervention group before

being given CBT had a mean value of 1.61 with a standard deviation of 0.608. Statistical test results (Wilcoxon Signed Rank Test) obtained p.value = 0.467. This value is greater than the α value of 0.05 so it can be concluded that there was no effect before being given CBT in the intervention and control groups. Table 6 above also shows a significant difference between the self-esteem of the control group and the intervention group of methamphetamine users after being given CBT, where in this study it was found that the average value of the control group after giving the brochure was a mean value of 1.94 with a standard deviation of 0.725 and the intervention group after being given CBT the mean value was 2.67 with a standard deviation of 0.484 so it can be concluded that there was a significant difference in self-esteem before and after being given the CBT intervention and there was no difference in self-esteem before and after being given the brochure to methamphetamine users LRKM Mitra Husada.

4. DISCUSSION

The results of data processing in Table 3 explain that drug abuse respondents were dominated by men between 83% - 88.9% whereas the 36 respondents were dominated by the late adolescent age category, namely between 15-24 years. This is because the age development phase tends to have a very large curiosity, puberty, mood swings that go up and down, and a high enough curiosity. This is by research conducted by the National Narcotics Agency and the Center for Social and Cultural Research-Indonesian Institute of Sciences, 2018, that men have a higher level of exposure to drugs than women. In line with this, the World Drugs Reports 2018, published by the United Nations Office on Drugs and Crime (UNODC), was cited by Karminingtyas *et al.*, (2020), in the Indonesian Journal of Community Empowerment (IJCE), states that as many as 275 million people in the world or 5.6% of the world's population (age 15-64 years) have used drugs. Meanwhile in Indonesia, the National Narcotics Agency as the vocal point in the field of Prevention and Eradication of Drug Abuse and Illicit Trafficking pocketed drug abuse rates in 2017 of 3,376,115 people in the age range 10-59 years.

In another study, it was found that the majority of teenagers who used drugs were male. Adolescent boys, tend to experience changes in a negative direction because parents consider men to be more independent than women so that men are more free to interact outside the environment (Priescisila & Mahmudah, 2016). Unmarried methamphetamine user respondents were dominated by the two groups as much as 72.2% - 83.3%, this is because the sense of responsibility towards oneself is still low, the concept of self-maturity is not yet stable and a negative social environment is one of the factors trigger. According to the National Narcotics Agency quoted by Anwar (2017), methamphetamine, in Detikhealth, is the second biggest killer drug in Indonesia after putaw. Methamphetamine

can trigger a high level of dependence because it reacts quickly to the human nervous system.

4.1.1 Characteristics of Research Variables

This study aims to determine the effect of CBT Counseling technique intervention compared to giving brochures on the Self Esteem of outpatient clients of LRKM Mitra Husada. In both the intervention group and the control group, all respondents were methamphetamine users or commonly known as methamphetamine. The tool for testing is a self-esteem questionnaire from the Rosenberg Self-Esteem Scale, commonly known as the RSES. Before treatment in the two groups, previously each group was given a self-esteem questionnaire as a pretest. After getting the results from the pretest, the next step is to provide treatment to the intervention group in the form of Cognitive Behavioral Therapy with counselling techniques where the process of implementing this counselling is carried out for five meeting sessions, once a week with a duration of 60 minutes in one meeting and for groups the control was given a brochure then two weeks later a post-test was given. In the fifth or final counselling session, the intervention group was also given another posttest with the same questionnaire.

4.1.2 The Influence of Brochures on Self Esteem

Based on the results of data processing in the control group who were given brochures, it was found that the average (mean) score of self-esteem before and after giving brochures showed a p-value of $0.257 > 0.05$ which means that there was no effect on self-esteem by giving brochures. According to the Big Indonesian Dictionary, a brochure is a written information medium on an issue that is arranged in a systemic or printed manner and only consists of a few pages and is folded without binding or printed leaflets containing brief information. Brochures are a form of health promotion media. The utilization of dissemination of information and education using brochures is very popular in health literacy. Health Literacy is the ability to obtain, process and understand basic information about health and the services needed to make the right health decisions (Setyawan, 2018).

The results of this study are in line with research conducted by Nahdalipa *et al.*, (2021), that there is no effect of giving brochures on the self-efficacy of drug abusers at the Primary Adi Pradana Clinic of the South Sulawesi Provincial National Narcotics Agency. However, it is different from what was found by Pratiwi & Aji (2021), which stated that there was a significant difference in knowledge before and after giving brochures about gastritis treatment to the knowledge of residents in Muktiharko Village, Pati Regency. Pusparina *et al.*, (2019), also obtained research results which stated that there was an effect of providing information through brochures on adolescent knowledge about narcotics at Public Junior High School 5 Banjarbaru.

Based on the five levels of prevention, are further grouped into three stages where health promotion and special protection are included in primary level prevention, then the early diagnosis, treatment, and limitation of disability are included in secondary level prevention, and finally, rehabilitation is included in tertiary level prevention. Therefore the researcher assumes that in terms of disseminating information related to primary and secondary level prevention in terms of promoting health in general and specifically in terms of substance use, brochures may be quite effective. However, if it is in the tertiary prevention (rehabilitative) category, it can be said that it is no longer suitable. This is because brochures are included to increase knowledge with one-way communication procedures so that there is no feedback. Meanwhile, clients who are doing therapy require feedback and interaction with a therapist or counsellor regarding their substance use.

4.1.3 The Effect of Cognitive Behavioral Therapy on Self Esteem

Based on the results of the Wilcoxon Signed Rank Test, the assumed significance value is $0.000 < 0.005$. This shows that there is a significant difference between the average pretest and posttest results. This means that it can be concluded that there is a significant effect on increasing self-esteem through a series of Cognitive Behavior Therapy sessions for methamphetamine users at LRKM Mitra Husada. The research results from Apriani *et al.*, (2018), found that counselling was considered quite effective in changing the behaviour of disabled students in a positive, healthy and dynamic direction, there was a future life plan with a clear program, positive attitude changes occurred, namely starting to self-correct, already thinking realistic and confident. Clients who come to visit to get drug rehabilitation services at the Adi Pradana Pratama Clinic before being given CBT interventions in the form of counselling vary widely. Some of them said they were unsure about their decision to stop using drugs, some others said they came to visit because of family pressure and felt they had no problem with their substance/drug use, but some revealed that they were very willing to follow the entire series of rehabilitation stages until finished program.

Respondents who abuse narcotics and drugs (drugs) will go through a screening stage or screening test with the Alcohol, Smoking Substance Involvement Screening Test (WHO ASSIST V.3), which consists of eight questions to determine the level of risk of substance use, followed by an analysis of motivational interviewing to see the change in the behaviour of the respondent at which stage. This is based on the theory from Prochaska & Nocross (2002), which states that there are six stages of change that individuals will go

through. In going through these stages, not all individuals go through smoothly, often when they have advanced to the next stage then they go back to the previous stage. This condition is closely related to various factors both from within the individual and external or the environment.

The six stages of change are 1) Pre-contemplation. Individuals do not understand that their behaviour causes problems, even though they have received feedback from various parties. Individuals feel that their drug use does not cause problems for them; 2) Contemplation. Individuals have started to understand that their drug use is already causing problems, but they are still hesitant (ambivalence) to stop using it; 3) Preparation. At this stage the individual has decided to change, they have prepared themselves to do something. The therapist needs to encourage the individual to carry out his plans with realistic recommendations. 4) Action. The individual has made a change plan. In this stage, the therapist and those closest to them need to provide support and reinforcement so that they can maintain their behaviour. 5) Maintenance. At this stage the individual has maintained the change, the conditions are comfortable, but they still have to get supervision and it takes great effort to be able to maintain this phase.

Clients who can continue the CBT Intervention are only clients who already have insight and or are in the action phase. This is in line with what Sarandria (2012), cited from Clemente and Scott, who stated that the basis for the process of behaviour change is represented by several examples: cognitive, affective, behavioural, and environmental which affect change and can be seen as a whole. CBT is based on the social learning theory model of human behaviour which explains substance addiction as a principle of learning and habituation functions. CBT in people with substance use disorders is a form of interview therapy that is used to teach, explore, and support individuals on how to reduce or stop the adverse effects of substance use (Putranto, 2016).

Session I of the intervention group was held on the 2nd week of September 2022. The intervention was given through individual counselling techniques to 3-4 respondents per day. This session begins with the researcher building rapport with the respondent then conducting an assessment to see cognitive distortions (Knowledge and Thoughts) that the subject has and then continuing with providing education about Self Esteem, CBT and Education on the impact of Substance Use. After being given some material, the client is given an assignment to identify the problem being faced and its influence on thoughts, feelings, and behaviour. Wilding & Milne (2013), states that the first step in solving a problem is knowing the problem by identifying it. Problem identification in Cognitive Behavior Therapy can be done using a problem map in which there is an

overview of the causes of the problem, what is thought, and what behaviour maintains the problem in the individual. When the problem can be identified and recognized by the individual, then goals are set that will produce changes that can generate optimism. As for setting goals, several things must be considered, namely: Specific, measurable, achievable, realistic, and have a time limit (Sari *et al*., 2020).

According to Corey (2016), the cognitive restructuring technique is one of the techniques used in the cognitive behavioural therapy approach, this technique directs rational thoughts more and helps counselees in finding self-defeating thoughts and looking for rational alternatives so that counselees can learn to deal with situations where they are the cause of a problem. The central technique in cognitive behavioural counselling is to teach individuals how to improve themselves by replacing old beliefs and behaviours with new, better behaviours as stated by Erford (2016), where cognitive restructuring techniques are one of the techniques that allow counsellors and counselees to work together. in recognizing the irrational thoughts of the counselee.

The very important thing to do at the beginning of the session is to build rapport. Rapport is a good relationship between the counsellor and counselling by showing optimal cooperation (Wibowo, 2018). In rapport, there is a condition of mutual understanding, and recognition of common goals and a close relationship is created to foster mutual trust. The main purpose of rapport is to bridge the counsellor-client relationship, an attitude of acceptance and a deep interest in the client and his problems. Communication between the counsellor and the client will be easier if a good relationship (rapport) has been formed. The rapport that is formed will be one of the keys to the success of the given intervention process.

In Session I the researchers found that most of the respondents felt worthless or had low self-esteem because they thought that they were already addicted and had heard a lot that addiction could not be cured. What clients don't know is that while addiction can't be cured, it can be reversed. In general, being healed and recovering have the same meaning, namely the state of being healthy again. The difference is that cure is used for non-recurring diseases. Meanwhile, addiction is a chronic and recurrent disease. This means that the disease will reappear if efforts are not made to maintain a recovered condition (Badan Narkotika Nasional, 2015).

In the second intervention session, participants were given an understanding of negative thoughts and automatic thoughts that usually arise in methamphetamine addicts or users, known as triggers and cravings, then participants were given assignments to fill out a thought note worksheet with the aim that

participants were able to identify triggers and craving. According to the Deputi Biding Rehabilitasi BNN (2017), the triggers commonly found in methamphetamine users are divided into two, namely internal triggers and external triggers. These internal triggers arise from within the client including feelings and emotional conditions. These external triggers come from environments connected to past drug use, such as specific people, places, things, periods, or events.

Meanwhile, Craving is a term that is often used among drug users to describe the condition of feeling addicted or having a strong desire or urgent need to use drugs. Triggers that cannot be controlled will encourage craving (Munaa, 2023). Therefore, if methamphetamine users know and can exercise self-control over the triggers and cravings they feel, this will increase their sense of self-worth for having successfully gone through the process and maintained the recovery of the substance. The next step after identifying things or factors that can trigger relapse and increase self-esteem is to carry out a Socratic dialogue in the form of self-talk.

Self-talk needs to be done by someone with psychological problems. If an event increases emotion directly and automatically, then at the same event, the same emotion will appear for everyone who experienced the event. People can react differently to the same event. For example, people who have terminal illnesses, they can give different emotional reactions. Some feel very beaten, some can deal with it rationally. So, it's not just events that determine emotions, there is 'something else'. This is where the CBT function puts forward this 'something else' as cognition, namely a person's interpretation of an event or situation. If two people react differently because they see an event in different ways, and if one person reacts unusually, this is because he has thoughts or beliefs about the event. This belief needs to be grown where one of the methods is to do self-talk.

The next step is to plan self-improvement time by finding possible low-risk activities from substance use. The third and fourth intervention sessions focused on planning and evaluating the respondent's self-improvement time. In the 3rd session, respondents were asked to make and write down a schedule of their daily activities and in the 4th session, respondents were asked to evaluate the implementation of the daily activity schedule they had made. In the National Narcotics Agency's Psychosocial Intervention module, 2018, it is said that if someone starts the recovery process at the hospital, then he will have a structured schedule to help stop using substances. However, because the respondent is an outpatient client, the client must try to independently make a structured schedule to help support his recovery.

Unplanned living makes them vulnerable to entering high-risk situations and easy-to-use drugs, so clients must create a daily schedule. Daily schedules are created to optimize clients' time in low-risk, non-trigger situations, and reduce their time in high-risk situations. Scheduling is difficult and tedious, but an important part of the recovery process. People who use drugs do not schedule their time. Scheduling time will help the client to survive abstinence. The schedule that is made, of course, must also be written down so that it is easy to revise. Usually, someone makes a schedule when rational thoughts in the brain are being controlled so that clients will then do what they think must be done (Michiko, 2016).

In the fifth intervention session, respondents were given an understanding of relapse prevention and taught about substance rejection techniques. Broadly speaking, Relapse Prevention is CBT behaviour therapy with a focus on the maintenance stage of the addictive behaviour change cycle with two goals, namely preventing the initial relapse after a commitment to change behaviour is announced and preventing each lapse that occurs from mild so it doesn't get worse. In this session, clients are given education about substance refusal skills such as responding quickly, good eye contact, responding with clear and firm words, and leaving the place. After that, the client was asked to practice through role-play with the researcher.

CBT is a collaborative project between therapist and client. Both are active participants. The therapist knows effective ways to solve problems, while the client has the advantage of having a lot of experience in experiencing the problem itself. Structured CBT requires the therapist to work with the client to maintain structure in each session. CBT therapists actively bond with clients and may talk more than therapists in other types of therapy. The most frequent triggering situation for relapse is when a friend or dealer offers a substance. Most substance users cannot say "no" so often ineffective ways of refusing make them reuse substances.

In this session, respondents were also invited to do self-talk which serves to strengthen interventions that have been carried out previously by self-suggestion so that it will bring up adaptive behaviour. Followed by the relapse prevention stage using self-reflection sheets as a form of self-help, namely to see the changes obtained after the therapy process and to reveal the subject's potential to prevent negative thoughts from arising. In the final stage at the end of the session, the researcher gave a posttest to find out the effectiveness of the CBT that had been given.

The results of this study prove the theory put forward by Mruk (2006), which states that the cognitive approach is the most empirical approach to producing intervention methods for self-esteem. The techniques in

it can increase self-esteem in various ways. First, the therapist interrupts the association between negative thoughts, feelings and individual behaviour, which can maintain low self-esteem. Second, make individuals feel they have strengths and abilities. Third, practising new habits to form a better relationship between thoughts, experiences, and actions.

Cognitive Behavioral strategies are perhaps the most common strategies in cognitive restructuring to address problems with self-esteem in individuals of all ages. Changes in self-esteem can occur when individuals experience cognitive interventions designed to restructure their self-evaluation process (Sarandria, 2012). The results of this study indicate that the provision of Cognitive Behavioral Therapy (CBT) is considered effective in increasing a methamphetamine user's sense of self-worth who is in the process of recovering to return to productive and social functioning. The process of giving Cognitive Behavior Therapy not only helps respondents in increasing their self-esteem but also the techniques can be applied when the subject experiences problems later and can apply them independently.

5. CONCLUSION

Based on the results of the research and discussion, it can be concluded that the research was conducted on 36 respondents consisting of 18 respondents in the intervention group and 18 respondents in the control group regarding the effect of cognitive behavioral therapy (CBT) on the self-esteem of methamphetamine users in LRKM Mitra Husada, the conclusions are as follows 1) There is an effect of providing cognitive behavioral therapy (CBT) counseling interventions on the self-esteem of methamphetamine users, where the average pretest and posttest results are 1.61 and 2.67 with a significance value of 0.000 (p <0.05); 2) There is no effect of giving brochures on the self-esteem of methamphetamine users, where the average pretest result is 1.78 and 1.94 posttest with a significance value of 0.257 (p> 0.05); 3) Based on the results of the comparative test between the intervention group and the control group it was found that there was no significant difference in the effect on the control group before and after being given the brochure (p value 0.257) but found a difference in the effect on the intervention group before and after being given CBT counseling (p value 0.000).

6. RECOMMENDATIONS

This study recommends: 1) Policymakers at the South Sulawesi Provincial National Narcotics Agency, especially in the field of rehabilitation, to be able to measure client self-esteem as a basis for improving the application of the CBT counselling method; 2) Addiction counsellors use brochures as a means of information to provide a more detailed explanation as a follow-up in creating understanding and awareness for clients; 3) Policies are needed to increase the quantity and quality of CBT methods in rehabilitation for clients who use methamphetamine; 4) It is hoped that further researchers will examine using other experimental designs to obtain more meaningful test comparison results.

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