# Application of Cognitive Behavioural Therapy and Family Psychoeducation in Suicide Risk Clients with Stuart Adaptation Stress Model Approach: A Case Study

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# Application of Cognitive Behavioural Therapy and Family Psychoeducation in Suicide Risk Clients with Stuart Adaptation Stress Model Approach: A Case Study

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**Abstract:- Suicide is one of the symptoms of mental disorders and is the leading cause of death of schizophrenic clients with the largest number of deaths. Suicide prevention efforts can be done Cognitive Behavioural Therapy given to clients, while for caregivers given Family Psychoeducation. This case report was applied to 4 suicide risk clients at Abepura Psychiatric Hospital by providing management of service (MOS) training with the provision of suicide risk nursing training, so as to apply CBT and FPE properly. The application of both therapies is carried out with the theoretical approach of Stuart's adaptation stress model. The case in this report is a case of suicide risk that all clients are male, mostly mature, working and unmarried, the highest level of junior high school education. Most schizophrenic clients are paranoid with inappropriate appearance, incoherent speaking, restless, hopeless, unstable, no eye contact, loss of association, easy switching, and memory impairment. Caregivers are dominated by women and client mothers, with the most elementary school education levels. Some are widowed, not working and the time spans to care for clients for three years. It was concluded that there was an increase in the family's ability to care for clients after being given CBT and FPE, as well as stuart's stress accable model appropriately applied to client caregivers with a risk of suicide.**

***Keywords:-*** *Cognitive Behavioural Therapy, Family Psycho Education, suicide risk, stress adaptation model.*

## I. INTRODUCTION

Suicide is one of the symptoms of mental disorders that appears especially in high-risk groups, including people with personality disorders, eating disorders, depression and anxiety, stressful life experiences, poverty, and a family history suicide (Wood, Bellis, Mathieson, et al. & Foster, 2016). Suicide is the leading cause of death of schizophrenic clients(Duran, Fumado, & Ruiz, 2017). Research shows that 22.59% of people with mental disorders injure themselves and 10% of them attempt suicide (Mewton& Andrews 2016; Polek, et al 2019). 78 % prevalence of suicidal people (Mathew, et al, 2018); In Sweden, 178 mentally ill patients died by suicide and 1,242 attempted suicide(Reutfors (2019).

In Indonesia, suicide attempts also occur and an estimated 10 thousand people per year and 1 year die from it (Ministry of Health, 2019). The main contributor to suicide is depression (Riskesdas, 2020).

Suicide prevention can be done through therapy for clients who are at risk of suicide and the client's family as caregivers. The form of specialist therapy that can be given to clients at risk of suicide is Cognitive Behavioral Therapy (CBT), while the client's family as caregiver is FPE.

CBT aims to make clients aware and able to evaluate their experiences and problems and can find the right effort as a solution (Corey 2014); . a combination of cognitive and behavioral therapies that have an influence on treating mood disorders and anxiety (Chambless &Ollendick 2001); emphasizes therapeutic interventions aimed at reducing disruptive and maladaptive behavior by developing cognitive processes (Bono & Amendola, 2015); Cognitive therapy (CT) is a development by altering internal messages (Byrne, 2014).

The purpose of CBT is to make clients aware of and evaluate their experiences and problems from different perspectives, namely positive, negative, neutral, so that they get the right conclusions and solutions to their problems (Corey 2014). CBT is a combination of cognitive and behavioral therapy that has the effect of overcoming mood and anxiety disorders (Chambless &Ollendick 2001), thus emphasizing therapeutic interventions that aim to reduce disruptive and maladaptive behavior by developing cognitive processes (Bono & Amendola, 2015).

This therapy is a development of Cognitive therapy (CT) which only focuses on the client's cognitive, including how to develop rational thinking patterns, engage in realistic testing and reshape behavior by changing internal messages (Byrne, 2014). CBT is superior to CT in terms of the breadth of time, the ability to encourage self-help skills, focus on problems, is inductive, and requires clients to practice skills in their environment through homework given (Corey 2014). CBT is influential in helping individuals identify cognitive patterns and thoughts and emotions related to behavior (Wenzel & Hyman, 2015).

Family Psychoeducation (FPE) is used to provide information and skills to caring families so that they can express emotions and avoid mistreatment of clients at risk of suicide (Sin, et al, 2017). According to Mulia, Keliat, &Wardani (2017) FPE can be carried out in six sessions. The benefits of FPE provide mental health information, how to make treatment decisions, carry out the task of monitoring family health, and check up on health services (Maglaya, 2009). Meanwhile, the goal of FPE is to increase the ability and knowledge of families in caring for members who are indicated to be at risk of suicide (Dewi, Daulima, &Wardani, 2019).

Family Psychoeducation is recommended to improve the ability of families to care for people with mental disorders through health education (Suhron, 2017) and to help families take medical action and access health services (Ngoc, Weiss, &Trung, 2016). FPE is also effective in reducing the burden on families and achieving maximum healing outcomes more cost-effectively (McFarlane, et al, 2014).

The implementation of cognitive behavioral therapy and family psychoeducation is given using a theoretical approach that can help solve the problems of clients with suicide risk as a whole. Stuart's model of adaptation stress can be the basis for this achievement. This model is used as a nursing care approach through the assessment process to the overall intervention. The Stress adaptation model by Stuart can provide an overview of the nursing care process through aspects of predisposition, precipitation, assessment of stressors, sources of coping and coping mechanisms (Stuart, 2015).

The results of a preliminary survey at Abepura Mental Hospital were obtained by 4 clients who had a risk of suicide. According to the results of interviews with nurses and doctors, CBT and FPE have never been done, so the authors applied both of these therapies to suicide risk clients. The application of both therapies is carried out with a stress adaptation model theory approach by Stuart and his family as the perpetrators of his treatment.

The study was conducted using a modified suicide ideation scale instrument on the Columbia-Suicide Severity Rating Scale (C-SSRS) by Posner, et al (2011) with open-ended questions to determine the factors that influence suicidal ideation. This instrument is a question using the Triage method which consists of 6 key questions with two types of answer options (yes/no) which detects the risk of suicide based on the priority color of the questions. The results of the detection of suicide risk include: high, medium, low, and very low risk. This instrument has been tested for validity and reliability in Indonesia by Pratiwi&Undarwati (2014).

## II. CASE ILLUSTRATION

### *A. Implementation of Management of Service (MOS) by Providing Suicide Risk Nursing Training for All Nurses in Abepura Mental Hospital*

Management as a process of getting work done through other people (Gilles, 1989). The form of nursing management that is currently being developed and is the only form of nursing service management that has shown optimal results in nursing services in Indonesia is a service with a professional nursing practice model approach.

The implementation of MOS activities was initiated by the author with assessment, planning, implementation and evaluation. Providing mental nursing training on nursing care with a diagnosis of suicide risk to nurses in the Abepura Mental Hospital. This is in line with the hospital's accreditation. The author provides mental nursing care training on the diagnosis of suicide risk, preceded by a pre-test on nurses about suicide risk nursing care. After the training, a post-test was held with the aim that the room nurse was able to master the suicide risk nursing care that had been given.

The results of the training provided to nurses showed an increase in nurses' knowledge about: assessment, planning, implementation and evaluation of suicide risk. Another result is the identification of the implementation of MOS in suicide risk nursing training for nurses in the Abepura Mental Hospital.

### *B. Implementation of Mental Nursing Care for Patients Under Management*

a) Characteristics of Clients in
Characteristics of clients with suicide risk in the Abepura Mental Hospital based on the results of the assessment of age, gender, education, occupation, and work status showed that most of the clients were in the adult age range (25-60 years). The client's education level is mostly junior high school (75%). Clients who are cared for are working (50%), unmarried status (75%), widower status of 1 client (25%), BPJS Insurance users are 4 clients (100%), and parent caregivers are 4 clients (100%).

### *C. Factors Causing Clients to Enter Hospital in the Abepura Mental Hospital*

a) Predisposition and predipitation Factors
Biological factors are predisposing factors for clients with a history of previous mental disorders and drug withdrawals as many as 3 clients (75%). While the predipitation factor for clients suicide risk in the Abepura Mental Hospital showed that the most drug withdrawal, namely 3 clients (75%), unpleasant experiences dan family conflict 4 client (100%).

b) Client's Mental Status
Mental status showed the most that the appearance of the client did not match as many as 4 clients (100%), incoherent speech 3 clients (75%), restless motor activity 3 clients (75%), nature of feeling hopeless 4 clients (100%). Furthermore, labile affect 3 clients (75%), auditory perception 2 clients (50%), thought processes lost associations 3 clients (75%), easy switching concentration, ability to assess significant impairment, level of Confused consciousness and memory impaired memory currently are all clients (100%).

*D. Nursing Actions on Suicide Risk Clients The nursing actions given to the 5 clients with the risk of suicide were, nurses' actions, CBT and FPE.*

a) Signs and symptoms in a Suicide Risk Client
The following are the signs and symptoms that appear before and after the nurse's nursing action and the specialist's nurse, CogniteveBehavior Therapy. The most common cognitive signs and symptoms before nursing action were expressing suicidal ideation, the most common affective signs and symptoms were labile affect, the most physiological signs and symptoms were not being able to sleep, behavioral signs and symptoms that most attempted suicide, symptoms on social self-locking and after receiving generalist action and cognitive behavior therapy can reduce the signs and symptoms of the risk of suicide.

b) Generalist Nursing and CBT Measures on Clients at Suicide Risk
The nursing actions that have been given to the 5 clients with a risk of suicide are, nursing actions for nurses, Cogniteve Behavior Therapy, which shows that the 4 clients are at risk of suicide after generalist nurses and CBT were performed. Generalist measures, and CBT increased the ability of 4 clients to risk suicide.

c) Nursing Actions on the Family
Nursing actions that have been given to 4 families who care for clients at risk of suicide through generalist therapy and FPE therapy. The results showed that 4 families were at risk of suicide after four meetings with generalist and FPE actions.

d) Changes in Family Ability to Care for Clients After being given TKN and FPE
The ability of the family after being given nursing actions by nurses and FPE. Changes in the ability of the 4 families who cared for clients at risk of suicide before and after giving nursing actions and FPE showed that from 4 clients who were treated with suicide risk getting generalist measures and FPE could increase the ability of the 4 families at risk of suicide.

e) Overview of Implementation and Results of CBT and FPE Pemberian
The implementation and results of giving CBT and FPE on suicide risk show that the therapy is well applied to suicide risk clients and caregivers.

## III. DISCUSSION

*A. Characteristics of Families Caring for Clients at Risk of Suicide*

Most of the families who care for clients at risk of suicide in the Abepura Mental Hospital, are women (75%) and the mother of the client. The results of research by Nair, et al (2018) concluded that women's families showed more of their role in treating clients with mental disorders physically, emotionally, and socially. Talwar &Matheiken, (2015) explained that as many as 62% of clients with schizophrenia in India are female. Meanwhile, Leimkuhler&Wiesheu (2018) revealed that women are family members who have a better ability to care for sick family members.

The average age of families caring for clients is in the adult age range, which is 46 years. Adulthood is at the establishment of adequate knowledge, abilities, and skills as Sharma, Chakrabarti, & Grover 2016) stated that the most age that experienced mental disorders clients was adulthood.

The level of family education in this study is the most finished elementary school which indicates that the family does not have adequate education. Formal education influences a person to receive and understand information related to stress control and emotional problems determines ease of receiving (Chorwe-sungani, Namelo, Chiona, &Nyirongo, 2015; Stuart et al. (2016). This indicates that the higher a person's education, the easier his ability to obtain information and knowledge.

*B. Implementation of Management Of Service by Providing Nursing Training on Suicide Risk to All Nurses in the Abepura Mental Hospital*

Before the implementation of MOS nurses are given training so as to be able to master and apply the nursing care clients at risk of suicide. Yunus (2018) concluded that the improvement of the quality of service provided is in line with the proficiency of both attention and communication. What was disclosed requires hospitals to monitor and train nurses and other health workers (Yunus, 2018; Widodo, et all, 2020).

*C. Provision of CBT and FPE in Caring for Suicide Risk ients*

The results of the evaluation of the implementation of CBT showed that most of the families gave a positive response. Family members who follow CBT think that CBT makes it easier to identify unpleasant experiences and generate negative automatic thoughts and negative behaviors into positive ones. This is in line with the results of research by Wenzel & Hyman (2015) which states that CBT is influential in helping individuals identify cognitive patterns and thoughts and emotions related to behavior.

In addition, FPE also showed good results evidenced by family responses after an evaluation of the therapy sessions given. They revealed that getting information about mental health problems can give them consideration in decision-making on the treatment and treatment of family members who are at risk of suicide. What the researchers obtained above is in accordance with the research of Chan, Lee & Chan, (2017); Dewi, Daulima, &Wardani (2019). FPE improves the ability and knowledge of families in caring for suicide risk clients (Maglaya, 2009; Dewi, Daulima, &Wardani (2019); Can make it easier for families to take preventive, promotive and implementative measures to handle clients with the risk of suicide (Chan, Lee & Chan, 2017).

The results of the intervention showed that most of the families given the therapy revealed that they could manage stress. The stress management provided is with deep breath relaxation techniques. Stress management has a positive impact because the family is able to control emotions towards the client's suicide risk which ultimately also has an impact on the client's recovery. Sin, et al (2017) explained that FPE shows high optimal results and is proven to also reduce burden, stress, and improve the ability of families to provide care.

*D. Giving CBT and FPE in Caring for Clients with Suicide Risk Using the Stuart Adaptation Stress Model Theory Approach*

The provision of CBT and FPE with the assessment of problems and factors that affect the client's suicidal ideation first the gi[23] action becomes more focused, namely in accordance with the needs of the family. The risk factors for suicide of most clients are psychological factors, namely negative self-concept, and unpleasant experiences while social factors are economic, conflict with the families of 4 clients. Winahayu, Hamid, 7 Daulima (2019) revealed that the application of Stuart's adaptation stress model can reduce signs and symptoms of mental disorders in cogiative, affective, physiological, behavioral, and social aspects and improve adaptive ability in dealing with events that cause violent behavior.

## IV. CONCLUSION

Cognitive behavioural therapy and family psychoeducation in suicide risk clients with the approach of the stuart adaptation stress model is proven to provide an increase in the ability of families and nurses in handling clients of suicide risk.

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