International Journal of Science and Research (IJSR)
ISSN: 2319-7064
ResearchGate Impact Factor (2018): 0.28 | SJIF (2018): 7.426

Use of Psycho-Educative and Supportive Therapies for Improving Coping Mechanisms of Families of Drug Rehabilitation Patients in Mental Hospital Banda Aceh

T. Alamsyah[1], Said Usman[2], Dewi Marianthi[3], Asniah Syamsuddin[4]

[1, 3,4]Health Polytechnic Aceh, Department of Nursing, Banda Aceh 23245, Indonesia

[2]Medicine Faculty, Universitas Syiah Kuala, Banda Aceh 23245, Indonesia

Abstract: ***In 2014, there were 80,179 drug abusers in Aceh, with a prevalence of 3.5%, making it the third highest percentage ranked area in Indonesia for drug abusers after Jakarta and Yogyakarta. Family interventions, especially in the group format has proven to be effective in fulfilling the needs for information for families and to increase their coping capacity when a family member is being treated in a drug rehabilitation facility. The purpose of this research was to study the use of the psycho-educative therapy method and the supportive therapy method and to find any differences between them for improving the coping mechanisms of families. of drug addicts in a rehabilitation program in the BLU Mental Hospital in Aceh. This research used a comparative design method with two groups, one group used the Psycho-education Therapy Treatment Method and the other group used the Supportive Therapy (ST) Treatment Method; both groups used modules prepared by the researcher. The populations for this research were the drug rehabilitation clients of the Aceh Government Mental Hospital. The interventions used were the Psycho-education and the Supportive therapy treatments and the variable was the Coping Mechanisms of Families' of Drug Rehabilitation patients. The results of the research were analyzed descriptively and inferentially (bivariate and multivariate). The results from the research showed that the difference between the coping mechanisms of families of drug rehabilitation clients before and after supportive therapy was significant (P = 0.0001) and that there was no significant difference in the coping mechanisms of families of drug rehabilitation clients between psycho-educative therapy and supportive therapy (P = 0.094). The families of drug rehabilitation patients, both those in the psycho-education group and those in the supportive therapy groups are advised to continually support and co-ordinate group therapy activities so that they will improve their understanding and will be able to overcome their problems together.***

Keywords: Coping Mechanisms, Family, Narcotic/Drug Rehabilitation Patients, Psycho-education Therapy, Supportive Therapy

1. Background

Drugs include narcotics, psychotropic and other addictive substances.[1] Drugs include medicines, materials or substances (but not including norma; food or drinks) that are drunk, sipped, inhaled, swallowed or injected which influence a person especially the operation of the brain (ie., the central nervous system) and often results in addiction. As a result, the operation of the brain changes (increasing or decreasing in activity) so also, there are changes in other vital organs (heart, blood circulation, breathing and others.[2] Some people use drugs to cope with stress, often with a medical doctor's prescription. However, if the use continues (and increases) so that it has a bad effect on life, work or social life or mental behaviour, then that person is abusing drugs.[3] Usage which greatly increases in quantity and frequency and cannot be self-controlled is called addiction.[4]

The United Nations Office on Drugs and Crime (2015) estimated that, in 2012, from a total of 246 million drug addicts, 27.4% or 66 million were using illegal drugs.[3] While in 2013, it was estimated that from a total of 246 million drug addicts, 27.4% or 67 million people were using illegal drugs. Although the figures were stable, the use of drugs in the whole world is still very high, especially the loss of life due to taking drugs[5]. It is estimated that 187,100 people lost their lives in 2013 due to taking drugs. There are many risk factors causing this, including the spread of infectious diseases like HIV and hepatitis C plus drug overdoses cause high death rates amongst People Who Inject Drugs (PWID).[6]

It is estimated that the total number of drug abusers in Indonesia in 2014 was between 3.8 and 4.1 million people: Thus between 2.10% and 2.25% of the whole population was at risk of becoming drug addicts[4]. This is an increase when compared with 2008 with only 1.9% (BNN, 2014). The National Narcotics Body (BNN) manages 1,593 rehabilitation centres which have provided rehab programs for 38,427 drug addicts throughout Indonesia in 2014. This figure has increased greatly from the year before when only 1,123 addicts and drug abusers were rehabilitated.

In 2014, there were 80,179 drug abusers in Aceh; the prevalency of 3.5% was the third highest in Indonesia after Jakarta and Yogyakarta. The total number of cases of using illegal drugs rose from 943 cases in 2014 to 1.170 cases in 2015 and the total number of drug addicts that need rehabilitation in Aceh was estimated as 6,000 to 7,000 people[4]

Drugs are clearly dangerous for whoever abuses or misuses them. Various negative effects, both physical and psycho-logical clearly make the Drug Abuser or Drug Addict (DA) suffer. As well as that, the negative effects are felt by the family of the DA. Looked at from various aspects, the

psychological aspects are clearly felt by the family. The family suffers the same as the DA[9]. Feelings of sadness, shame, disappointment and other feelings run wild and create distress within the family. Members of the family of the DA at some point can exhibit attitudes the same as the DA himself[10]. They too can become paranoid and show other symptoms. Another thing that clearly occurs in some families is denial, denial that their child or family member has become a drug addict with pros and contras within the family[11]. This can happen because, the child that has become an addict has, since very young, never shown any unusual behavior before. This condition can lead to destructive coping mechanisms within the family[12].

Family intervention , especially within a group format, has been proven to be effective to provide information needed by the family and to improve their ability for coping especially when the family member is being treated in drug rehabilitation[13].A study of families of drug addicts in rehabilitation in China by Chien (2008) showed that using pscycho-education and mutual support group therapy interventions resulted in positive improvements in the coping mechanisms of families of Drug Rehabilitation Patients (DRP) [5].

The purpose of this research was to find out if there was a difference between the results from the psycho-educative methods and the supportive therapy methods for improving the coping mechanisms of families of DRP at the Aceh Government BLU Mental Hospital.

2. Method

This research used a comparative study design, comparing the psycho-educative method with the supportive therapy for improving the coping mechanisms of families of clients undergoing drug rehabilitation at the Aceh Government BLU Mental Hospital (RSJ).

The sample for this research was divided into two large groups; the first group was the families of drug rehab. patients who received psycho-education therapy while the second group received the supportive therapy treatment. Each group had 120 people and each was further divided into 4 sub-groups of 30 (ie. 4 sub-groups per therapy). To collect the data,. a questionnaire with 30 questions and a Likert Scale was used to measure the coping mechanisms of families of DRP. Univariant and bivariant analysis of the data was done (with paired t-tests and independent t-tests)

3. Results

Table 1, that follows, shows that from the 120 in the Psycho-education therapy group, 56 (47%) were middle-aged (30 to 45 years old) and the same number had high school as their highest level of education.

Table 1: Characteristics of the Respondents.

No	Characteristics	Psychoeduc'n Group		Supportive Group	
		№	%	№.	%
Age					
1	Young Adult	24	20	64	53
2	Middle Aged	56	47	48	40
3	Elderly	40	33	8	7
Highest Level of Schooling Completed					
1	Tertiary	16	13	44	37
2	High School	56	47	44	37
3	Middle School	48	40	24	20
4	Primary School	0	0	8	7

Then from the 120 in the supportive therapy group, 64 (53%) were young adults and both tertiary and high school graduates had 44 (37%) people.

Table 2: Coping Mechanism of Families in the Psycho-education Therapy Group Pre & Post Treatment..

No	Coping Mechanism	Pre Test		Post Test	
		№	%	№	%
1	Adaptive	20	17	68	57
2	Maladaptive	100	83	52	43
Totals		120	100	120	100

Table 2, above, shows that the pre-treatment coping mechanisms of families of drug rehabilitation patients in the psychotherapy therapy group were predominantly maladaptive with 100 (83%) people that way. Whilst post treatment the majority 68 (57%) had become adaptive.

Table 3: Coping Mechanism of Families in the Supportive Therapy Group

No	Coping Mechanism	Pre Test		Post Test	
		№	%	No	%
1	Adaptive	8	7	40	33
2	Maladaptive	112	93	80	67
Totals		120	100	120	100

Table 3, above, shows that the pre treatment coping mechanism of the families in the supportive therapy group was predominantly maladaptive with 112 (93%) from the group in that condition. Then, after the treatment the majority 80 (67%) of the group were still maladaptive but the adaptive group had increased 5-fold to 40 (33%) people.

Table 4: Difference in Coping Mechanisms of Families in the Psycho-education Therapy Group

№	Measurement	Mean	Mean Difference	α	P Value
1	Pre Test	77	9	0,05	0,0001
2	Post Test	86			

Table 4, shows that the value of the coping mechanism of the families of the drug rehabilitation patients before the treatment was 77 while after it was 86: This shows that after the Psycho-educative therapy treatment there was an increase in the: coping mechanisms of the families of 9 points The results from testing the hypothesis showed a value of P of 0.0001 < 0.05 which indicated a significant increase in the coping mechanisms of the families after the psycho-education therapy treatment.

Table 5: Change in Coping Mechanisms of Families after Supportive Therapy Treatment.

No	Measurement	Mean	Mean Difference	α	P Value
1	Pre Test	71	7	0,05	0,0001
2	Post Test	78			

Table 5, above, shows that the mean level of the coping mechanism of the supportive therapy group before the treatment waswas 71 points and afterwards it was 78, meaning that there was an increase in the coping mechanisms of the families of 7 points: Results from testing the hypothesis gave a value of P of 0.0001 < 0.05 which meant that there was a significant improvement in the coping mechanisms of the families after the supportive therapy treatment.

Table 6: Difference in Coping Mechanism of Families between Psycho-Educative Therapy and Supportive Therapy Treatments

No	Therapy	Mean	Mean Diff'ce	α	P Value
1	Psychoeducative	9	2	0,05	0,094
2	Supportive	7			

Table 6, above, shows that the value of the mean difference of the coping mechanisms of the families of drug rehabilitation patients for the psycho-educative therapy was 9 while that for the supportive therapy was 7: Thus the psycho-educative therapy appeared to be 2 points better than the supportive therapy; however the test of the hypothesis gave a value of P of 0.094 > 0.05 which meant there was no significant difference between the improvement in coping mechanisms of the families of drug rehab patients through the psycho-educative therapy compared with the supportive therapy.

4. Discussion

The results from this research, in Table 2, showed that 83% of the families of drug rehabilitation patients (DRP) had a maladaptive coping mechanism before the psycho-educative therapy treatment while after that treatment 57% of these families had an adaptive coping mechanism (compared to only 17% before). Table 4 shows that there was a positive improvement in the coping mechanisms of the families between the tests before and after the Psycho-educative therapy treatment (P=0.0001).

To summarise the results of this research, the psycho-educative therapy treatment was capable of improving the adaptive coping mechanisms of families of DRP: During the therapy, the families received education and information about drug addiction.

This is similar to what was found by Atkison and Hilgard (2010), namely that psycho-education therapy for the family is one element of a health care program for families of DRP by providing them with information and education through communication which is therapeutic. Psycho-education programs are an educative and pragmatic approach.[10]

Furthermore, Reeves (2015) has said that adaptive coping mechanisms are coping mechanisms which support the functions of integration, growth, learning and achieving goals. Categories include talking with other people, effective ways to overcome problems, relaxation (meditation) techniques, learning to achieve balance and other constructive activities. These activities are in accordance with what was done by the families of the DRP during the psycho-education therapy sessions, viz: expressing ones feelings to others, finding solutions to problems together and practicing relaxation techniques to reduce stress.

These research results are also in line with those obtained by Sharif, Shaygan and Mani (2012) who found that psycho-educative therapy had a positive effect for families of DRP by reducing mental disturbance after an intervention lasting for one (1) month[15]. Other research done by Solomon, Draine, Mannion and Meisel (2006) also showed that psycho-education in groups was capable of increasing the self efficacy/self control of members of the group to be more positive.[16]

Psycho-educative therapy is very appropriate to be done with families of DRP according to what has been found by Saddock (2007), who found indications that Psycho-education is appropriate for families with mixed-up feelings about drug rehabilitation and other mental illnesses aswell as for families who refuse to face the facts and have high stress[17]. As well as the above, several studies have found that psycho-education of families is effective for application in families with someone suffering from relapses, depression, repeated hospitalization, negative communications and bipolar behavior (compared to individual therapy which focuses on crisis management),.[18]

Psycho-education therapy for families of DRP can, step by step, increase the ability of the family to cope on its own, to resolve its problems and to use adaptive coping mechanisms. McFarlane, Lynch and Melton (2012) found that family interaction following psycho-education therapy will change step by step from total over-control, starting from dependency to self control, from fights over authority to symmetry of communications from one adult to another.[18]

Based on the above, in summary psycho-education therapy for families of DRPs is capable of increasing their coping mechanisms to be more adaptive.

The study results in Table 3 above showed that 93% of the supportive therapy group had maladaptive coping mechanisms before the supportive therapy treatment started, while after the treatment 67% were still maladaptive but the families with adaptive coping increased from 7% to 33%. Furthermore the results from testing the hypothesis in Table 5 show that there was a significant positive difference in the coping mechanisms of families of DRP between the pre-test and the post-test after the supportive therapy training (P = 0.0001).

To summarise, the results from this study show that supportive therapy training is capable of improving the coping mechanisms of families of DRP to become more adaptive.

This result is like that obtained by Schaub et al.,(2016), namely that Supportive therapy is a type of therapy which

can be given to patients who are suffering emotional distress to help them evaluate their situation in life at that time, and to find out their strengths and weaknesses and to help them make changes which can make their life better.[19] Meanwhile according to Buckley et al., Supportive therapy is therapy which is organized to help the members exchange experiences concerning specific problems to help them improve their coping mechanisms individually.[20]

Fontaine (2009), has noted that group therapy which is done as part of Supportive therapy is an effective way to help mental health and rehabilitation clinicians control and supervise a large number of patients, so that this will help the patients to learn new things and to have constructive interactions and to give each other mutual support[18]
Supportive group therapy is done to help families in a group, who are suffering from the same or similar problems: It is done with assistance from professionals, viz: psychiatrists, psychologists and other persons trained in social work to work together provide understanding, give support and feelings of security and not blaming oneself, others or the environment. [20]

This research follows that done by Schaub (2016), who found that Supportive therapy for groups of families is capable of increasing knowledge about mental disturbances and problems and also found that Supportive therapy given over long periods will provide long term benefits for improving the coping mechanisms of families (of DRP).[24]

Furthermore Buckley, Maayan, Soares--Weiser and Adams (2015) have also noted that one therapy which is often given to families of mentally ill patients is Supportive therapy, where usually after a patient has completed a course of mental health treatment they will receive other support like cognitive behavior therapy[25].

The purpose of Supportive therapy is to give support to the family so that they are capable of coping with the crisis that they are facing through building relationships which have a supportive character between the client and the therapist and between families in their group, focusing on improvement and social activities including organizing wisely. The purpose and hopes of the groups are group experiences which are positive[19]. Junaid & Hedge (2007) have said the purpose of Supportive group therapy is to support and strengthen the potential that exists within the members of the group, increase self confidence and share experiences concerning the problems being faced[20].

To summarise, based on the information above, Supportive therapy is done with families of DRP to improve the coping mechanisms of the families and make them more adaptive.

The results from this research in Table 6 show that the value of the mean of the coping mechanism of the group of families of DRP who got the psycho-education therapy treatment was 9.6 while the mean for the group of families that got the supportive therapy treatment was 7.1

Thus there was a difference in the means of the coping mechanism where the mean of the Psycho-educative therapy group was 2.5 points higher than that of the Supportive therapy group. However the test of the hypothesis showed that there was no significant difference between the means of the coping mechanisms of the two groups (P = 0.094).

The results from this study show that there was no significant difference between the improvement in coping mechanisms of the group of families who got the Psycho-education therapy and the group of families that got the Supportive therapy training. Both had a positive effect, improving the coping mechanisms to be more adaptive.

The conclusion above is in line with what Suart and Laraia (2005) found, that Psycho-education therapy is indicated for families with mental disturbances, drug rehabilitation and other general mental problems as well as for families with high rejections a nd high demands. As well as that, from various studies it has been found that Psycho-education therapy has been used effectively with families suffering from having a family member with drug relapses, depression, repeated hospitalization (eg from over doses), negative communications and/or bipolar disorder (compared to individual therapy which focuses on crisis management), [18]

Boyd and Nihart (2012) noted that supportive therapy is a form of therapy which is done with families/patients who are suffering emotional distress to help them evaluate the situation of their life at that time, to know the strengths and weaknesses that they possess and to help them make changes which can make their situation in life better[16]. Meanwhile, according to Liddle (2011) supportive therapy is (group) therapy which is organized to help the members exchange experiences concerning certain types of problems in order to improve their coping mechanisms[12].

Based on the opinions of the experts above, we can say that these two therapies for families both have positive effects for improving the coping mechanisms of families to become more adaptive. This is also supported by the research of Klingberg (2010) whose results also showed that there was no difference in the coping mechanisms of families who received Psycho-education therapy with those who got Supportive therapy for families with mentally ill family members[21].

To summarise, based on the explana-tions above it can be said that both Psycho-educative therapy and Supportive therapy when given to families of DRP are capable of improving the coping mechanisms of the families and of making these families more adaptive

5. Summary

The results of this study can be summarized as follows:-

1) There was a significant improvement in the coping mechanisms of the families of the Drug Rehabilitation Patients before and after getting the Supportive therapy treatment, (P=0.0001).
2) No significant difference was found in the coping mechanisms of the families of Drug Rehabilitation Patients after getting Psycho-educative therapy treatment compared to those families who got the Supportive therapy treatment, (P=0.094).

References

[1] Badan Narkotika Nasional. *Pengertian Narkotika*. http://dedihumas.bnn.go.id. Published 10 March 2014. Accessed 20 April 2017.
[2] Alifia, U. *Apa Itu Narkotika Dan NAPZA*. Semarang: PT Bengawan Ilmu, 2008.
[3] United Nations Office on Drugs and Crime. *World Drugs Report 2015*. New York: United Nation Publications, 2015.
[4] Badan Narkotika Nasional. *Survei Prevalensi Penyalahgunaan Narkoba pada Kelompok Rumah Tangga di 20 Provinsi*. Jakarta: Pusat Penelitian Data dan Informasi, 2016.
[5] Chien,W.T., Chan,S.W.C., and Thomp-son, D.R. *Effects of a Mutual Support Group for Families of Chinese People With Drug Abuse: 18-Months Follow-Up*. http://bjp.rcpsych.org. Published 8 December 2015. Accessed 20 April 2017.
[6] Alifia, U. *Apa Itu Narkotika Dan NAPZA*. Semarang: PT Bengawan Ilmu, 2008.
[7] Hawari, D. *Penyalahgunaan Dan Ketergantungan NAPZA*. Jakarta: Balai Penerbitan FKUI, 2009.
[8] Martono. *Pencegahan dan Penanggulangan Penyalahgunaan Narkoba Berbasis Sekolah*. Jakarta: Balai Pustaka, 2006.
[9] Partodiharjo, S. *Kenali Narkoba dan Musuhi Penyalahgunaannya*. Jakarta: Erlangga, 2008.
[10] Atkison, R.L. & Hilgard, E.R., *Pengantar Psikologi*. Jakarta: Erlangga, 2010.
[11] Boyd, M.A. & Nihart, M.A., *Psychiatric Nursing Contemporary Practice*, Philadelphia: Lippincott, 2012.
[12] Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K. & Tejeda, M. Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *The American Journal of Drug and Alcohol Abuse*, *27*(4), 651-688, 2011.
[13] Fontaine, K.L. *Mental Health Nursing. 6th ed*. New Jersey: Pearson Prentice Hall, 2009.
[14] Reeves, D. *Individual Psychodynamic Psychotherapist & Group Psychotherapist*,, http://www.gawain.membrane.com/psychotherapist. Published 2 January 2015. Accessed 20 April 2017.
[15] Sharif, F., Shaygan, M., & Mani, A. (2012). Effect of a psycho-educational intervention for family members with caregiver burdens and psychiatric symptoms for patients with schizophrenia in Shiraz, Iran. *BMC psychiatry*, *12*(1), 48.
[16] Solomon, P., Draine, J., Mannion, E., & Meisel, M., (2006). Impact of brief family psycho-education on self-efficacy. *Schizophrenia Bulletin*, *22*(1), 41.
[17] Saddock, B.J., & Saddock, V.A., *Kaplan and Saddock's Synopsis of Psychiatry: Behavioral Science/Clinical Psychiatry*. 10th Ed., USA: Lippincott William & Wilkins, 2007.
[18] McFarlane, R. W., Lynch, S., & Melton, R. (2012). Family psycho-education in clinical high risk and first-episode psychosis. *Adolescent Psychiatry*, *2*(2), 182-194.
[19] Schaub, A., Mueser, K. T., von Werder, T., Engel, R., Möller, H. J., & Falkai, P. (2016). A Randomized Controlled Trial of Group Coping-Oriented Therapy vs Supportive Therapy in Schizophrenia: Results of a 2-Year Follow-up. *Schizophrenia bulletin*, *42*(suppl_1), S71-S80.
[20] Buckley, L. A., Maayan, N., Soares-Weiser, K., & Adams, C. E. (2015). Supportive therapy for schizophrenia. *The Cochrane Library*.
[21] Klingberg, S., Wittorf, A., Meisner, C., Wölwer, W., Wiedemann, G., Herrlich, J., & Kircher, T. (2010). Cognitive behavioural therapy versus supportive therapy for persistent positive symptoms in psychotic disorders: The Positive Study, a multi-center, prospective, single-blind, randomised controlled clinical trial. *Trials*, *11*(1), 123.