



The implementation of Thought Stopping and Cognitive Restructuring Counseling Techniques to improve victim's of relationship Abuse Psychological Well-Being

¹*Fahrurrazi & ²Haris Munandar

¹Universitas Muhammadiyah Palangkaraya, Kalimantan Tengah, Indonesia.

²Universitas Muhammadiyah Palangkaraya, Kalimantan Tengah, Indonesia.

ARTIKEL INFO

ABSTRAK

Diterima

Dipublikasi

Tujuan dari laporan ini adalah untuk membagikan temuan-temuan dari kondisi psikologikal subjek dan keefektifan dari teknik-teknik *thought stopping* dan restrukturisasi kognitif dengan cara menggunakan teknik-teknik tersebut untuk merubah perilaku subjek dengan mengurangi pemikiran-pemikiran irasional dan intrusif sebagai cara untuk membantu meningkatkan kualitas hidup subjek. Metode penelitian menggunakan single case study and observation dengan seorang individu, berumur 27 tahun, laki-laki. Hasil penelitian menunjukkan teknik-teknik dari *thought stopping* dan restrukturisasi kognitif efektif dalam merubah perilaku subjek selama sesi konseling. Temuan ini mendukung ide bahwa teknik *thought stopping* dan restrukturisasi kognitif dapat membantu meningkatkan kesehatan psikologis korban-korban dari kekerasan dalam hubungan.

Kata kunci: bimbingan konseling, trauma, *thought stopping*, *cognitive restructuring*

ABSTRACT

*e-mail :

Aji.autis1.1@gmail.com

The aim of this report is to share findings in subject's psychological condition and the effectiveness of *thought stopping* techniques by using *thought stopping* and *cognitive restructuring* techniques to change subject's behavior by reducing irrational and intrusive thought as a means to help victim quality of life. The research methods was single case study and observation with an individual, age 27, male. Results shows that *thought stopping* and *cognitive restructuring* techniques during counseling session were effective to change subject's behaviour. This findings supports the idea of *thought stopping* as a techniques able to help victim's of relationship abuse psychological well-being.

Keywords: guidance and counseling, trauma, *Thought stopping*, *cognitive restructuring*

© Universitas Muhammadiyah Palangkaraya

INTRODUCTION

Trauma as described or implied through a brief review of Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition, Text Revision (DSM-5-TR) are exposure to actual or threatened death, serious injury, or sexual violence by direct experience (A1), witnessing it directly as it happened (A2), learning about it occurred to close family members or friends (A3), experiencing repeated or extreme exposure to aversive details of the traumatic event/s (A4). In this instance, the subject was involved in their ex's suicide attempt as someone who was trying to stop it and sustained chemically-induced-burn injuries to their hands.

Subject contacted counselor for support to deal with subject conditions after a break-up. As per december 2022 subject had been experiencing this problem for 12 months and felt its impact on his life was still on going. After the break-up the subject had following symptoms:

- a. Sleep deprivation
- b. Flashback, nightmare about previous relationship
- c. Easily triggered by words, thoughts, concepts, ideas, and conversation about sex, relationship, romance, and intimacy
- d. Loss of sexual drive
- e. Temporary impotency
- f. Emotional numbing
- g. Mood alteration
- h. Unable to accept romantic or intimacy attempts by others

The subject in this case is a male, single, who is 27 years old and works in a container port. The subject's trauma was brought on by a break-up incident in which his ex-partner tried to commit suicide by pouring acid on herself. The subject interfered and got acid splashed on both of his hands as a result. Previously, the subject and the ex-partner agreed on an "open relationship," where both subject and ex-partner are able and/or allowed to have sexual intercourse with other people as long as the commitment is upheld. Their commitment to their relationship was open, transparent, honest, and non-committal to other people.

According to Van Hooff, *et al.* (2009), witnessing or learning about suicide attempt of another person might affecting the development of PTSD, from that, we could also stipulate that witnessing and interfere another person suicide attempt. Therefore, subject may develop posttraumatic stress disorder (PTSD) stemmed from his experience intervening a suicide attempt.

Thought stopping and cognitive restructuring are techniques used in counseling sessions. The subject felt that the exposure and response prevention techniques weren't helpful to his cause, so they were removed.

RESEARCH METHOD

Research were conducted using counseling data, observation, interviews, and were using A-B single case design with A= Baseline phase and B= Treatment's phase. Evaluation of the treatment's effect are measured by self-report, CBT worksheet (Automatic thoughts, Challenging Negative thoughts), Carol Ryff scale of psychological well-being, observation and counselling session.

RESULT AND DISSCUSION

Condition	A	B
Negative thoughts	I am not good enough as a partner	My previous relationship's happens to be needed too much care and effort outside my ability and required capacity
	My inability to read their true self and predicting their future behaviour are the cause of my failling relationships	As there is too much factor and variables outside my control and my capacity to observe during (past) my relationship caused it to fail.
Intrusive thought	I miss her	I miss situation where i am still with her and without the troubles that actually exist during our relationship
	They are just like her, all the same	They are not exactly the same, the similarities that i observe are arrived there from my bias.
	Any future relationship will fail anyway	It might or might not be, since each and everyone is different.
	This (potential) relationship is dangerous and will fail, and going to hurt me.	I am not going to be scarred by the potential damage that may or may not be happened. And any relationship isnt always bound to be fail during my weakest condition.

Six factor model of psychological well-being (Carol Ryff scale of psychological well-being 18 Items) Min score = 3 Max score = 21

Factor	A	B
Self-acceptance	8	13
Positive relations with others	8	11
Autonomy	19	19
Environmental mastery	14	15
Purpose and meaning in life	13	17
Personal growth and development	14	15

*Bigger score means better psychological well-being

Subject self-acceptance were improved from 8 to 13, 5 point increase, positive relations with others improved from 8 to 11, 3 point increase, subject autonomy stays at 19, environmental mastery increase 1 point from 14 to 15, subject purpose and meaning in life increase 4 points from 13 to 17, and subject personal growth and development increase 1 point from 14 to 15. With avg. 2.3 point of improvement. Subject's mental health described from six factor model of psychological well-being were indicated to be improving after treatment's.

CONCLUSION

When combined, thought stopping and cognitive restructuring were efficient at improving the subjects' psychological well-being.

REFERENCES

American Psychiatric Association. (2022). Trauma- and Stressor-Related Disorder. In *Diagnostic and statistical manual of mental disorders* (5th ed., terx rev.).[https://doi.org/10.1176/appi.books.9780890425787.x07_Trauma_and Stressor_Related_Disorders](https://doi.org/10.1176/appi.books.9780890425787.x07_Trauma_and_Stressor_Related_Disorders)

- Aryani Safithry, E., & Sari Dewi, I. (2020). Terapi menulis ekspresif untuk menurunkan tingkat stres akademik peserta didik di sekolah full day school. *Suluh: Jurnal Bimbingan Dan Konseling*, 5(2), 40–47. <https://doi.org/10.33084/suluh.v5i1.1313>
- Fatchurahman, M., Setiawan, M. A., & Karyanti, K. (2021). The development of group healing storytelling model in multicultural counselling services in Indonesian schools: Examination of disciplinary cases. *The Education and science journal*, 23(4), 157-180.
- Munandar, H., Herman, H., Putra, D. A., & Nilam, N. (2022). The relationship between positive thinking, social support, and students' psychological well-being during online learning. *Jurnal Psikologi Pendidikan Dan Konseling: Jurnal Kajian Psikologi Pendidikan Dan Bimbingan Konseling*, 8(1), 7. <https://doi.org/10.26858/jppk.v8i1.24274>
- Munandar, H., Palangkaraya, M., & Raya, P. (2022). Studi fenomenologi subjective well-being pada pekerja perempuan Phenomenology study of subjective well-being on women workers. *Jurnal Psikologi Dan Psikologi Islam*, 19(1), 2655–5034. <https://doi.org/10.18860/psi.v19i1.15297>
- Munandar, H., Situmorang, N. Z., & Tentama, F. (2015). *Subjective well-being pada pekerja perempuan*. Fakultas Psikologi Universitas Muhammadiyah Jember, 1–11.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727.
- Ryff, C. D., Almeida, D. M., Ayanian, J. S., Carr, D. S., Cleary, P. D., Coe, C., ... Williams, D. (2010). National Survey of Midlife Development in the United States (MIDUS II), 2004-2006: Documentation of psychosocial constructs and composite variables in MIDUS II Project I. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- Stanley, I. H., Boffa, J. W. & Joiner, T. E. PTSD from a suicide attempt: Phenomenological and diagnostic considerations. *Psychiatry* 82, 57–71 (2018).
- Van Hooff, M., McFarlane, A. C., Baur, J., Abraham, M. & Barnes, D. J. The stressor criterion-AI and PTSD: A matter of opinion? *Journal of Anxiety Disorders* 23, 77–86 (2009).
- Vandervoort, D. & Rokach, A. Posttraumatic relationship syndrome: The conscious processing of the world of trauma. *Social Behavior and Personality: an international journal* 31, 675–685 (2003).