APPLICATION COGNITIVE BEHAVIOR THERAPY (CBT) TO OVERCOME MOOD DISORDER ON SUBTANCE DEPENDENCE AT LAPAS SALEMBA

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ABSTRACT

Recovery of substance dependence is not easy. In addition to clean life without using amphetamines forever, another challenge is taking part in programmed activities and daily discipline. If the rehabilitation process for the recovery of substance dependence is not interpreted positively, the individual will experience a minor depression, namely mood disorder, characterized by symptoms of lack of interest in activities, insomnia, doubt / uncertainty, loss of positive pleasure, excessive guilt. 21-year-old study subjects met diagnostic criteria in TR DSM-IV minor depressive disorder and underwent recovery of amphetamine dependence. Subject minor depression was assisted with Cognitive Behavior Therapy (CBT) therapy with Cognitive Restructuring and Activity Schedulling techniques which were conducted in 10 sessions. Data analysis techniques use pattern matching and analysis of development results. The results of measurement of depression using DASS in the form of pre-test and post-test resulted in a decrease in depression findings, initially the depression major to normal (lost depression).

Keywords: Mood disorders, Cognitive Behavior Therapy, Substance Dependence.

A. BACKGROUND

The National Narcotics Agency (BNN) states that in 2017, drug users in Indonesia reached 3.3 million people or 1.77% of the total population of productive age, which will be a major threat to Indonesia's demographic bonus in 2020-2030. Davison, et al (2014) revealed that using can produce increased alertness, inhibited digestive functions, and decreased appetite, increased heart rate, narrowed blood vessels in the skin and mucous membranes, so that individuals become awake, euphoric, and excited and possessed with seemingly limitless energy and self-confidence. Among the factors that cause dependence, such as internal factors that are known to have an influence, namely mood disorders and anxiety disorders (Bradizza, 2006). This opinion is reinforced by Kaplan and Sadock (1997) who state that mood disorder symptoms are often found among people with substance abuse or substance dependence. As described above, that the cause of an individual to become dependent and relapse to reuse illegal substances is due to depression. According to Hawari (2010) mood disorder is an affective disorder which is characterized by symptoms of depression, lethargy, no passion for life, feeling useless, deep disappointment, feelings of hopelessness, thoughts of death, and suicidal thoughts. To prevent relapse in drug dependence stemming from a mood disorder, Cognitive Behavioral Therapy (CBT) interventions were carried out which according to Krauss & Susan, (2009) cognitive-behavioral techniques were used to help clients modify their thoughts, expectations, and behaviors related to drug use.

Based on the background image of the problems described above, it is concluded that the psychological model of drug dependence is the result of negative thoughts about the problem or situation faced with depressive symptoms that are displayed for two consecutive weeks.

To overcome the mood disorder experienced, Cognitive Behavior Therapy (CBT) is used with the assumption that thought patterns and beliefs influence behavior and changes in cognition can produce the expected behavior change. Furthermore, the background of this problem becomes a reference for questions, problem formulations and objectives in this study.

B. Research Questions

Is the application of Behavioral Cognitive Therapy (CBT) able to overcome mood disorders in Substance Dependence in Salemba Prison?

C. Problem Formulation

The formulation of the problems in this study are as follows:
What is the clinical picture of mood disorder in Substance Dependence in Salemba Prison.
1. What is the clinical picture of mood disorder in Substance Dependence in Salemba Prison.
2. What are the results of the application of Behavioral Cognitive Therapy (CBT) to overcome mood disorders in Substance Dependence in Salemba Prison.

D. Research Objectives

The objectives of this study include:
1. Knowing the clinical picture of mood disorder on Substance Dependence in Salemba Prison.
2. Obtain the results of the application of Behavioral Cognitive Therapy (CBT) to overcome mood disorder in Substance Dependence in Salemba Prison.

E. Benefits of Research

The benefits in this study are divided into two, namely theoretical benefits and practical benefits, both of which are explained as follows:

1. Theoretical Benefits

This application is expected to be an input for developing psychological science, especially clinical psychology, especially those related to the application of Behavioral Cognitive Therapy (CBT) to overcome mood disorders on Substance dependence.

2. Practical Benefits

The results of this study are expected to provide input and be taken into consideration for various parties who wish to use Behavioral Cognitive Therapy (CBT) to overcome mood disorders in Substance dependence.

F. Description of Mood Disorder in Amphetamine Addiction

1. Understanding

Drugs or marijuana is one of the abused drugs which is included in the hallucinogenic class. Drugs sometimes produce light hallucinations, so they are considered minor hallucinogens. The drug's psychoactive substance is delta-9-tetrahydrocannabinol, or THC. According to the APA, (in Nevid 2005) men are more likely to develop drug use disorders (both abuse and addiction) than women and the number of these disorders is greatest among young people aged 18 to 30 years. Based on the evidence (Sullivan in Davison, Neal, & Kring 2004) collected, the researchers concluded several psychological effects associated with drug use including various emotional changes and attentional abilities. Amphetamine consumption can cause dependence Amphetamine is more associated with compulsive use patterns or psychological dependence than physiological dependence. Although tolerance to various drug effects can result from chronic use. The American Psychologist Association in Davison et al (2014) defines a mood disorder as a disorder characterized by sad and gloomy emotional conditions and is associated with cognitive, physical and interpersonal symptoms. In addition, depression is an emotional

condition that is usually characterized by extreme sadness, feelings of meaninglessness and guilt, loss of interest and pleasure in normal activities.
Other findings explaining depression include:

a) Interpersonal Theory
This theory discusses the relationship between depressed people and other people. Depressed individuals tend to have few social networks and perceive social networks to provide little support (Davison et al., 2014). Data shows that the behavior of depressed people leads to rejection (Davison et al., 2014). Several studies have shown that the non-verbal behavior of people who are depressed plays an important role in the following annoyances: speaking very slowly, with lots of pauses and reluctance, negative self-disclosure, more negative affect, less eye contact, and less positive facial expressions and more negative facial expressions (Field et al, in Davison et al., 2014).

b) Cognitive Theory
In the Cognitive Behavioral Therapy (CBT) theory, various patterns of thinking and beliefs are considered as the main factors that cause or influence emotional conditions. Beck (in Lubis, 2009) argues that people with depression tend to blame themselves. This is due to cognitive distortions towards themselves and the environment, so that in evaluating themselves and interpreting the things that happen they tend to draw insufficient conclusions and have a negative view. In childhood and adolescence, depressed people develop negative schemes, namely a tendency to see their environment negatively, through the loss of a loved one, subsequent tragedy, social rejection by peers.

Different classifications of depression are described in the DSM IV-TR (2000), which explains that depression is divided into three major parts, namely: major depressive disorder (MDD), dysthymia, and mood disorders that are not classified and separate these depressive disorders. with bipolar disorder. Furthermore, the typical symptoms of minor depression include: never having a major depressive episode, and the criteria are not included in dystimic disorder. In addition, there has never been a manic episode, mixed episodes, or hypomanic episodes and the criteria are not included in cyclothymic disorder.

Based on the explanation above, minor depression is a feeling disorder (mood) which is characterized by gloom, deep and continuous sadness, resulting in loss of passion for life, apathy, and pessimism followed by behavioral disorders that have a collection of symptoms similar to major depressive disorders or dystimic depression disorder. , but only lasted a short time.

Depression experienced by individuals in drug dependence recovery is known to have an influence on the individual's inability to cope with pressure both from within and from outside during rehabilitation which, if not handled properly, will increase into major depression either due to the length of the depression phase or the appearance of other symptoms included in major depression.

2. Etiology
Mood disorders arise because of the connection between thoughts, feelings or emotions, and behavior resulting in a cycle of depression syndrome. The circle of the relationship between thoughts-feelings / behavioral emotions is what strengthens the symptoms of a mood disorder suffered by a person.

According to several studies that have been conducted, depression is caused by many influencing factors, including:
a. Biological factors, many studies explain the existence of biological abnormalities in patients with mood disorders, monoamine neurotransmitters such as norephinephrine, dopamine, serotonin, and histamine are the main theories that cause mood disorders (Kaplan, et al, 2010).
b. Biogenic amines, norephinephrine and serotonin are two neurotransmitters that play a major role in the pathophysiology of mood disorders.
c. Norephinephrine, based on research says that downregulation or decreased sensitivity of α2 adrenergic receptors and decreased response to antidepressants play a role in the occurrence of depressive disorders (Kaplan, et al, 2010).
d. Serotonin, a decrease in the amount of serotonin can trigger depressive disorders. The use of serotonergic drugs in the treatment of mood disorders and the effectiveness of these drugs shows that there is a link between depressive disorders and serotonin levels (Rottenberg, 2010).
e. Other neurotransmitter disorders. In cholinergic neurons there is an interactive relationship to all the systems that regulate the neurotransmitter monoamine. Abnormal choline levels are a precursor for Ach formation and are found to be abnormal in patients suffering from depressive disorders (Kaplan, et al, 2010).
f. Neuroendocrine factors, the neuro endocrine system regulates important hormones that play a role in mood disorders, affecting basic functions, such as sleep, eating, sexual disturbances, and the inability to express feelings of pleasure. Three important components in the neuroendocrine system, namely: the hypothalamus, pituitary gland, and adrenal cortex work together in biological feedback that is fully connected to the limbic system and cerebral cortex (Kaplan, et al, 2010).
g. Brain abnormalities, neuroimaging studies, using computerized tomography (CT) scans, positron-emissiontomography (PET), and magnetic resonance imaging (MRI) have found abnormalities in 4 brain areas in individuals with mood disorders. These areas are the prefrontal cortex, hippocampus, anterior cingulate cortex, and amygdala. A reduction in metabolic activity and a reduction in volume of graymatter in the prefrontal cortex, particularly on the left, were found in individuals with major depression or bipolar disorder (Kaplan, et al, 2010).

3. Symptoms

As for more about the symptoms of minor depression described in the DSM IV-TR (2000), including:
a. Mood disorders, such as the following:
1) At least two (but not more than five) of the symptoms lasted for two weeks and described a change in function from the previous one, at least one of the symptoms present:
a) Mood disorder most of the day as seen on subjective reports (for example, feeling sad or empty) or observations made by others (for example, appearing in tears).
b) Interest or pleasure in anything is greatly reduced in activities for most of the day, (as seen on subjective reports or observations by others).
c) Significant weight loss or weight gain (for example, a change of more than 5% of body weight in a month), or a nearly daily decrease or increase in appetite.
d) Insomnia or hypersomnia almost every day.
e) Almost daily psychomotor agitation or retardation (observed by others, not just subjective feelings of restlessness or being slowed down).
f) Fatigue or loss of energy almost every day.
g) Feelings of worthlessness or feelings of excessive or inappropriate guilt (which may be delusional) almost every day (not just blaming yourself or feeling guilty about getting sick).
h) The ability to think or concentrate decreases or hesitates, almost every day (from the subjective or from what others observe).

i) Thinking about death repeatedly (not just fear of dying), recurring suicide ideas without a specific plan, or suicide attempts or specific plans to commit suicide.
2) Significant clinical symptoms cause stress or stress in social, occupational or other important areas of function.
3) Other symptoms that are not caused by the direct psychological effects of a substance (eg drug abuse) or a general medical condition (eg, hypothyroidism).
4) Other symptoms associated with loss (eg, normal reactions to the loss of a loved one.
b. There has never been a major depressive episode, and the criteria are not included in dystimic disorder.
c. There has never been a manic episode, mixed episodes, or hypomanic episodes and the criteria are not included in cyclothymic disorder. Note: exceptions do not apply if the episode is manic, mixed, or hypomanic due to substance or medication.
d. Mood disturbances do not occur only during schizophrenia, schizophreniform disorder, schizoaffective disorderm delusional disorder or psychotic disorder or any other non-specific disorder.
Efforts to reduce the level of depression in drug dependence that occur are carried out by the application of Behavioral Cognitive Therapy (Cognitive Behavior Therapy) by developing the right understanding, attitudes, beliefs, and behaviors to produce adaptive behavior.

G. Behavioral Cognitive Therapy (CBT)

1. Definition of Behavioral Cognitive Therapy (CBT),
or called CBT started in the 1970s, represented in the ABC paradigm of A. Ellis in 1962, where A (Antecedent) is several external events, events that trigger the formation of false beliefs or beliefs. B (Belief) what a person thinks in relation to A ", a person's belief or belief based on triggering events and C (Consequence) which means someone's emotional and behavioral response. According to the ABC paradigm, it means that B follows A, and C follows B. Thus, thoughts as well as behavior and emotions are influenced by external stimuli (Davison, et al. 2014).

Furthermore, Aaron T. Beck and colleagues are experts who first developed cognitive therapy for depression (in McGinn, 2000). Beck Institute (2016) Behavioral Cognitive Therapy (CBT) is a psychotherapy based on a cognitive model, where individuals perceive a situation is more closely related to their reactions than the situation itself.

He further explained that the definitions used in Cognitive Behavior Therapy (CBT) include: Conceptualization is a belief and behavior strategy that characterizes specific disorders. Furthermore, the cognitive model, which is how individuals perceive a situation is more closely related to their reactions than the situation itself. Finally, automatic thoughts are ideas that immediately come to mind. Cognitive Behavioral Therapy (CBT) is based on the idea that core beliefs, thoughts, emotions, and behavior are interrelated.

Many studies (Westbrook, Kennerley & Kirk, 2007) report that Cognitive Behavioral Therapy (CBT) is effective for overcoming mood disorders, this is because CBT has basic principles, including: 1) cognitive principles, psychological problems are the result of interpretation of an event, not incident itself. 2) the principle of behavior, individual behavior can greatly affect their thoughts and emotions.
3) the principle of continuum, distraction is not a mental process that is different from normal mental processes, but a normal mental process that is excessive to become a problem. 4) the here-and-now principle: focusing on present rather than past processes. 5) the principle of interacting systems: seeing problems as an interaction of thoughts, emotions, behavior,

physiology, and the environment that an individual has. 6) empirical principle: it is important to evaluate theory and therapy empirically.

2.Techniques used Cognitive Behavioral Therapy (CBT)

To overcome the symptoms of depression in this study, the following Cognitive Behavioral Therapy (CBT) techniques were used:

1. Beck (Dowd, 2004), CPR starts from a restructuring of dysfunctional thoughts and negative feelings. During the identification and restructuring of thoughts and feelings, the individual must be able to examine automatic thoughts that appear as a psychological phenomenon, not as facts or reality, or to seek objective facts from thoughts and feelings. This ability is called decentering. From this search for facts, it is hoped that awareness or enlightenment will emerge that what has been believed to be truth is only assumptions, beliefs, thoughts, or subjective feelings.

2. Westbrook, Kennerley & Kirk, (2007) Activity Scheduling (making daily activity plans) is a cognitive-behavioral therapy technique that functions as a means of designing healthier activities psychologically, minimizing the possibility of depressive feelings arising.

3. Intervention Steps

According to the theory of Cognitive Behavioral Therapy (CBT) proposed by Aaron T. Beck (Oemarjoedi, 2003), Cognitive Behavioral Therapy requires at least 10 session sessions. Each step is arranged in a systematic and planned manner. The following will present the process of cognitive behavior therapy. These sessions include: 1) sessions 1-2 in the form of assessment and diagnosis, 2) sessions 2-3 are a cognitive approach, 3) sessions 3-5 are formulations of status, 4) sessions 4-10 are the focus of therapy, 5) sessions 5 -7 represent behavioral interventions, 6) sessions 8-10 represent changes in core beliefs. has an assumption based on the principle of constructivism, namely that each person makes his own reality (what is real and meaningful to him) (Spiegler & Guevremont, 2003). Therapists and individuals collaborate in identifying, dysfunctional beliefs, or cognitive distortions of individuals and challenging their validity. The therapist carries out socratic dialogue in the process of recognizing these dysfunctional beliefs, by asking a series of questions that are easy to answer and directing the individual to recognize dysfunctional beliefs and automatic thoughts.

Beck (2011) explains that recording automatic thought consists of 5 columns, the far left contains the date and time, the next column contains the situation, this column is filled with actual events or thoughts, or daydreams or memories that cause unpleasant emotions, then what (if any) the distressing physical sensation one has. The next column is called automatic thought (s), this column contains thoughts and / or images that come to mind, how much did you each believe at that moment. The next column is called Emotion which contains what emotions (sad / anxious / angry / etc) were felt at that time, then how intense (0-100%) the emotion was. The next column is Adaptive Responses, contains (optional) what cognitive distortions occurred, use questions, how much do you believe each response appears. The next column, named result, contains how much believe each automatic thought, what emotions do you feel right now? how intense (0-100%) the emotion is, what will you do (or do).

Furthermore, it is explained that there are three levels of cognition in CBT, namely: negative beliefs (core beliefs) about yourself, others and the world. The second is conditional dysfunctional assumptions in the form of rules and assumptions. The third negative automatic thoughts in the form of biased expectations and negative self evaluations are listed on the day per day of the week at the top and the left side contains the hours of carrying out the activities. The next section is made an assessment of pleasure and mastery with a scale of zero to 100%. Next, construct multilevel tasks, scheduling easy tasks which gradually become more complex and challenging.

I. Research Subjects and Their Characteristics
1. Research Subject
The subject in this study was one person, the researcher focused on reducing mood disorders by applying Cognitive Behavioral Therapy (CBT).
2. Criteria for Research Subjects
The research subjects selected in this study have the following criteria:
a. Substance-dependent individuals with an adult age, at least 21 years of age.
b. Willing to be a subject and willing to be involved in the therapy process.
c. Experiencing a mood disorder characterized by symptoms include:
a) Mood disorders, such as the following:
1) At least two (but not more than five) of the symptoms lasted for two weeks and described a change in function from the previous one, at least one of the symptoms present:
(a) Depression most of the day and most of the day, as seen on subjective reports (for example, feeling sad or empty) or observations made by others (for example, appearing in tears). Note in children and adolescents, can be irritable.
(b) Interest or pleasure in anything is greatly reduced in activities for most of the day, almost every day (as seen on subjective reports or observations by others).
(c) Significant weight loss or weight gain (for example, a change of more than 5% of body weight in a month), or an almost daily decrease or increase in appetite. Note: in children, consider failure to gain weight.
(d) Insomnia or hypersomnia almost every day.
(e) Almost daily psychomotor agitation or retardation (being observed by others, not just subjective feelings of restlessness or being slowed down).
(f) Fatigue or loss of energy most days.
(g) Feelings of worthlessness or feelings of excessive or inappropriate guilt (which may be delusional) almost every day (not just blaming yourself or feeling guilty about getting sick).
(h) The ability to think or concentrate decreases or hesitates, almost daily (subjectively or from what others observe).
(i) Thinking about death repeatedly (not just fear of dying), recurring suicide ideas without a specific plan, or suicide attempts or specific plans to commit suicide.
2) Significant clinical symptoms cause stress or social distress, work or functions in other important fields.
3) Other symptoms that are not caused by the direct psychological effects of a substance (eg drug abuse) or general medical conditions (eg hypothyroidism).
4) Other symptoms associated with loss (eg, normal reactions to the loss of a loved one.
b) There has never been a major depressive episode, and the criteria are not included in dystimic disorder.
c) There has never been a manic episode, mixed episodes, or hypomanic episodes and the criteria are not included in cyclothymic disorder. Note: exceptions do not apply if the episode is manic, mixed, or hypomanic due to substance or medication.
d) Mood disturbances do not occur only during schizophrenia, schizophreniform disorder, schizoaffective disorderm delusional disorder or psychotic disorder or other unspecified ones.

J. Complaints and Complaints History
Ri is a 26 year old man, a resident of the Salemba Prison Assistance (WBP). Dependence on drugs and addictive substances that he admitted for 10 years with the types of use, among others: tramadol and amphetamines. First time using drugs in junior high with the type of drug use and amphetamines. This drug was given by his friend at school during school hours along with his school friends.

The reason the subjects used amphetamines was because they were dissatisfied with the use of other types of drugs. By using drugs, it is recognized that the subject is able to improve his mood which is often sad because of economic limitations and the feeling of being ostracized by his family.

K. Evaluation Procedure

To find out the background of the subject's life and analyze the psychological side. Then a series of interviews, observations, psychological examinations, CBT intervention and evaluation were conducted.

Psychological examinations, evaluations and interventions were carried out in July 2019 at Salemba Prison.

L. History

Ri, a 26-year-old man with the last high school education, the fourth of four children, is a prisoner of the Salemba Prison. After finished high school with three times moving schools due to student fights and it was discovered that the school had consumed drugs. His parents then asked the him to continue with computer education so that he could work quickly at the same time so he was away from the drug environment. So the subject follows a computer education diploma in Jogjakarta. A year later the subject returned to his hometown, after almost several months of unemployment and income, then a friend contacted him to help with his work, which later found out that the job was an act of fraud. According to the subject's confession, he started to earn money by helping his friend, and the results were bought drugs.

Several months involved in fraud with his friend and then caught by the police and went to jail. When he became a police prisoner, his friend ended his life by hanging himself.

According to the subject, since then he began to realize his mistake. According to Ri, while using drugs, he gets a feeling of confidence when meeting other people, and the body feels refreshed. However, when you don't use drugs your body is like aches, then you feel anxious and you feel guilty.

M. Alloanamnesa

Based on his alloanamnesa with prison officers, when he first entered prison, Ri's health condition was quite good, but tended to avoid other prisoners and rarely communicated. Ri looks lazy to move and lacks initiative. When asked by the officer to do an activity he did it even though he sometimes tried to refuse it at first.

N. Temporary Allegations

When Ri was in prison, her family, especially her mother, never visited her, the subject said that her family may not have the money to visit her in prison. The subject feels sad feelings, unstable emotions, likes to be alone, and doesn't want to hang out. He felt as if his life had no more meaning and had no zeal to live. The things that happen are the subject to feel prolonged sadness, unstable emotions because the subject likes to get angry with fellow prisoners (prisoners).

According to Marlatt (2002) a series of situations commonly experienced by addicts that trigger negative emotional situations, situations involving other people or groups of people that can cause interpersonal conflicts, intrapersonal conflicts, and social pressure.

In line with this view, according to Bradizza (2006), internal factors have an influence on depression and anxiety. This occurs because of interpersonal conflict, social pressure, the desire to test self-control and the presence of addictions.

Subjects have a cognitive function in abstract reasoning that is on the lower limit of the average, has a prominent cognitive function in understanding a series of problems that are continuous. However, in engaging in enthusiastic activities, talkative, dominant, impulsive and aggressive. In addition, subjects are often easily disappointed when faced with problems that are not in line

with expectations, are easily discouraged and stiff due to their inability to deal with the environment well.

The characteristics possessed by the subject when matched with the profile of individuals experiencing mood disorders experienced similarities. As stated by Seligman (1993) depression is an emotion that comes in the midst of helplessness, individual failure and comes when individuals try to gain power that cannot be realized.

In the American Psychiatric Association in DSM IV-TR (2000) it is explained that a depressive disorder characterized by one or more major depressive episodes is called major depressive disorder, if two or no more than five depressive symptoms lasts less than two weeks, it is called minor depression. symptoms include: Very reduced interest or pleasure in anything most of the day, most days, significant weight loss or gain, or almost daily decreased or increased appetite, insomnia or hypersomnia most days, agitation or psychomotor retardation almost every day, fatigue or loss of energy almost every day, feelings of worthlessness most days, ability to think or concentrate decreased or hesitant almost every day.

O. Development of Intervention Results
Subjects experienced changes for the better in terms of less interest in doing activities to be enthusiastic about participating in each activity starting to change in the 4th intervention process. Sleeplessness behavior began to be controlled into normal sleep time consistently at the 5th intervention process. The behavior of doubt / uncertainty gradually changed to an optimistic attitude in the 10th intervention. To lose positive pleasure becomes to find positive pleasure in the 9th intervention process. Excessive guilt feelings become feelings of guilt appropriately in the 10th intervention process.

1. Discussion Drug addiction behavior displayed by the subject is a form of disappointment with the environment and the inability to solve the problem productively. The subject argues that the family situation, economic needs make him feel worried. In such situations the subject feels is continuous sadness, sadness that is not resolved by the subject gradually causes uncomfortable feelings every day. To overcome the discomfort, the subjects chose to use drugs to get pleasure and eliminate the problems that occurred. Davila, Hammen, Burge, Paley, & Daley (1997) argued, depressed individuals accidentally form and maintain different negative thoughts as a result of their experiences. For example, someone who has developed a self-belief as a "loser," and as someone who is unable to form close relationships, may also avoid social situations or resist interpersonal advances. The view of behaviorism regarding the diathesis model of stress in terms of cognitive aspects (Monroe & Simons, 1991) suggests that stress occurs due to negative beliefs, assumptions, or schemes that represent, or their vulnerabilities, then interact with life stress. Unresolved stress is a process leading to depression. Furthermore, there is a lot of research evidence that depression is often predicted to be caused by a significant negative life event. Beck (Davison, 2014) explains further about mood disorders related to cognitive, which explains that depressed individuals have a negative view of the environment, in the form of negative concepts about self and the world as mental prints or cognitive schemes adopted during childhood. childhood on the basis of early learning experiences. Even a small disappointment and personal failure becomes exaggerated beyond proportion, further a small disappointment can be a destructive blow or a total defeat (Nevid, et al, 2005).

This is related to the findings of the Sack's Sentence Completion Test (SSCT) test results which found conflicts in the family, environment and self-concept displayed by the subjects.

The symptoms displayed by the subject include loss of pleasure, feelings of guilt, loss of interest, changes in sleep patterns if not handled properly will increase with a characteristic, one of which is suicidal thoughts (this behavior occurs because the severity of depression is increasing).

Observing the recovery process of the subjects undergoing CBT to overcome the symptoms of minor depression that were experienced was carried out in 10 sessions.

Subjects are helped to recognize negative thoughts and change them to be more positive based on the principle of constructivism, namely that each person makes his own reality (Spiegler & Guevremont, 2003). Therapists and individuals collaborate in identifying, dysfunctional beliefs, or cognitive distortions of individuals and challenging their validity. The therapist carries out socratic dialogue in the process of recognizing these dysfunctional beliefs, by asking a series of questions that are easy to answer and directing the individual to recognize dysfunctional beliefs and automatic thoughts.

Furthermore, to complete the subject's recovery process, they were asked to make a daily activity plan aimed at fixing the circle of problems, starting from planning the daily activities carried out by individuals.

Rector (2010), when individuals with depression are involved in an activity, tend to report less pleasure than they actually feel when they do the activity. Keeping track of what you do can help you recognize and get more pleasure and mastery from doing something than not doing it. Simply doing things, even little things, can help you feel better.

After the subject gets a series of CBT, the subject gradually experiences changes in behavior for the better such as less interest in doing activities to be enthusiastic about participating in each activity, the sleeplessness behavior begins to be controlled to become a normal sleep time, the doubtful / uncertain behavior gradually changes to an optimistic, losing positive pleasure becomes finding positive pleasure, excessive guilt becomes natural guilt. This result is strengthened by the measurement of depression through the DASS pre-test and post-test with the findings that the subjects experienced a decrease in mood disorder, from the beginning the clinical borderline decreased to normal.

3. SUGGESTIONS

1. Theoretical Suggestions

For researchers who are interested in researching the application of CBT to treat mood disorders with drug addiction subjects, it is necessary to consider the length of time the subjects experienced substance dependence. This is because the longer the individual experiences a phase of substance dependence, the more complex the mood disorder, as an effect of substance dependence, is.

2. Practical Suggestions

Subjects are expected to apply CBT after undergoing intervention. This is because CBT provides cognitive strategies for individuals in dealing with problems, not only problems controlling mood disorders.

Contributors

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2. Susan, is a clinical psychologist candidate who also works as a professional life coach

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