

## RINGKASAN PENELITIAN

**PENGARUH *COGNITIVE THOUGHT STOPPING THERAPY* TERHADAP  
TINGKAT DEPRESI DAN KEMAMPUAN MENGONTROL PIKIRAN  
NEGATIF PADA KLIEN PASCASTROKE DI RSUP.  
DR. WAHIDIN SUDIROHUSODO MAKASSAR**

Oleh: Nikodemus Sili Beda

Stroke menjadi salah satu masalah yang sangat menakutkan saat ini. Dimana Stroke merupakan penyebab kematian ketiga di dunia setelah penyakit jantung koroner dan kanker baik di negara maju maupun negara berkembang. Satu dari 10 kematian disebabkan oleh stroke (Ennen, 2004; Marsh & Keyrouz, 2010; *American Heart Association*, 2014; Stroke forum, 2015). Secara global, 15 juta orang terserang stroke setiap tahunnya, satu pertiga meninggal dan sisanya mengalami kecacatan permanen (Stroke forum, 2015). Stroke merupakan penyebab utama kecacatan yang dapat dicegah (*American Heart Association*, 2014).

Berdasarkan data 10 besar penyakit terbanyak di Indonesia tahun 2013, prevalensi kasus stroke di Indonesia berdasarkan diagnosis tenaga kesehatan sebesar 7,0 per mill dan 12,1 per mill untuk yang terdiagnosis memiliki gejala stroke. Prevalensi kasus stroke tertinggi terdapat di Provinsi Sulawesi Utara (10,8%) dan terendah di Provinsi Papua (2,3%), sedangkan Provinsi Jawa Tengah sebesar 7,7%. Prevalensi stroke antara laki-laki dengan perempuan hampir sama (Kemenkes, 2013).

Berdasarkan data yang diperoleh dari Rumah Sakit DR. Wahidin Sudirohusodo Makassar, didaatkan hasil selama tahun 2016 jumlah keseluruhan sebanyak 728 kasus stroke, yang terdiri dari 487 kasus dengan stroke iskemik dan 241 kasus dengan stroke haemoragik. Dari data tersebut sebagian besar yang menderita stroke berjenis kelamin laki-laki dengan jumlah keseluruhan 359 jiwa dan perempuan sebanyak 333 jiwa.

Intervensi psikologis yang bervariasi dilakukan membawa dampak positif terhadap berkurangnya gejala psikososial. Menurut Kaplan dan Saddock (2005), terapi yang dibutuhkan pasien depresi berupa terapi psikososial, seperti terapi kognitif, terapi interpersonal, terapi tingkah laku, psikoterapi, dan terapi keluarga serta pemberian antidepresan

Penelitian ini menggunakan desain penelitian *experimental* pre-post test with control group dengan intervensi kombinasi *Cognitive Therapy Dan Thought Stopping*. Teknik pengambilan sampel yang digunakan dalam penelitian ini adalah *Purposive Sampling*. Sampel yang digunakan dalam penelitian ini berjumlah 48 responden yang dibagi dalam 4 kelompok. Penelitian ini dilakukan selama 1 bulan lebih, dengan melihat klien yang mengalami depresi dan kurangnya kemampuan mengontrol pikiran negatif.

Hasil uji Wilcoxon untuk *Cognitive Thought Stopping Therapy* (CTST) menunjukkan  $p = 0.003$  ( $p < 0.05$ ), *Cognitive Therapy* (CT) menunjukkan  $p = 0.003$  ( $p < 0.05$ ), *Thought Stopping* (TS) menunjukkan  $p = 0.002$  ( $p < 0.05$ )

artinya pada setiap kelompok perlakuan terdapat perbedaan bermakna masalah depresi sebelum dan sesudah diberikan *Cognitive Thought Stopping Therapy* (CTST), *Cognitive Therapy* (CT), *Thought Stopping* (TS). Dan pada kelompok kontrol menunjukkan  $p=1,000$  ( $p < 0.05$ ) artinya tidak ada perbedaan bermakna sebelum dan sesudah diberikan perlakuan. Hasil uji *Kruskal Wallis* nilai post masalah depresi menunjukkan nilai  $p = 0.001$  ( $p < 0.05$ ) artinya  $H_0$  ditolak maka terdapat perbedaan bermakna antar kelompok.

Hasil uji *Wilcoxon* untuk *Cognitive Thought Stopping Therapy* (CTST) menunjukkan  $p = 0.002$  ( $p < 0.05$ ), *Cognitive Therapy* (CT) menunjukkan  $p = 0.003$  ( $p < 0.05$ ), *Thought Stopping* (TS) menunjukkan  $p = 0.002$  ( $p < 0.05$ ) artinya pada setiap kelompok perlakuan terdapat perbedaan bermakna masalah kemampuan mengontrol pikiran negatif sebelum dan sesudah diberikan *Cognitive Thought Stopping Therapy* (CTST), *Cognitive Therapy* (CT), *Thought Stopping* (TS). Dan pada kelompok kontrol menunjukkan  $p= 0.157$  ( $p < 0.05$ ) artinya tidak ada perbedaan bermakna sebelum dan sesudah diberikan perlakuan. Hasil uji *Kruskal Wallis* nilai post masalah kemampuan mengontrol pikiran negatif menunjukkan nilai  $p = 0.000$  ( $p < 0.05$ ) artinya  $H_0$  ditolak maka terdapat perbedaan bermakna antar kelompok.

Hasil penelitian menunjukkan bahwa ada pengaruh terapi terhadap tingkat depresi dan kemampuan mengontrol pikiran negative, sedangkan pada kelompok kontrol yang tidak mendapat terapi menunjukkan tidakada pengaruh yang signifikan. *Cognitive Thought Stopping Therapy* (CTST), *Cognitive Therapy* (CT) dan *Thought Stopping* (TS) yang diberikan dapat menurunkan tingkat depresi dan meningkatkan kemampuan mengontrol pikiran negative pada klien pascastroke.

**RESEARCH SUMMARY****THE EFFECT OF COGNITIVE THOUGHT STOPPING THERAPY ON DEPRESSION LEVELS AND CONTROL ABILITY NEGATIVE THOUGHTS AT PASCASTROKE CLIENTS IN RSUP DR. WAHIDIN SUDIROHUSODO MAKASSAR**

By: Nikodemus Sili Beda

Stroke is one of the most frightening problems at the moment. Where Stroke is the third cause of death in the world after coronary heart disease and cancer in both developed and developing countries. One in 10 deaths is caused by stroke (Ennen, 2004; Marsh & Keyrouz, 2010; American Heart Association, 2014; Stroke forum, 2015). Globally, 15 million people have strokes every year, one third die and the rest suffer permanent disability (Stroke forum, 2015). Stroke is a major cause of preventable disability (American Heart Association, 2014).

Based on data from the top 10 most common diseases in Indonesia in 2013, the prevalence of stroke cases in Indonesia is based on diagnosis of health workers by 7.0 per mill and 12.1 per mill for those diagnosed as having symptoms of stroke. The highest prevalence of stroke cases was found in North Sulawesi Province (10.8%) and the lowest in Papua Province (2.3%), while Central Java Province was 7.7%. The prevalence of stroke between men and women is almost the same (Kemenkes, 2013).

Based on data obtained from Dr. Wahidin Sudirohusodo Makassar, according to the results for 2016 the total number of 728 stroke cases, consisting of 487 cases with ischemic stroke and 241 cases with haemorrhagic stroke. From these data most of those who suffer from strokes are male with a total of 359 people and women as many as 333 people.

Various psychological interventions are carried out to bring a positive impact on the reduction of psychosocial symptoms. According to Kaplan and Saddock (2005), the therapy needed by depressed patients is psychosocial therapy, such as cognitive therapy, interpersonal therapy, behavioral therapy, psychotherapy, and family therapy and antidepressant administration.

This study used an experimental research design pre-post test with control group with a combination of Cognitive Therapy and Thought Stopping. The sampling technique used in this study is purposive sampling. The sample used in this study amounted to 48 respondents divided into 4 groups. This study was conducted for more than 1 month, by seeing clients who experienced depression and lack of ability to control negative thoughts.

Wilcoxon test results for Cognitive Thought Stopping Therapy (CTST) showed  $p = 0.003$  ( $p < 0.05$ ), Cognitive Therapy (CT) showed  $p = 0.003$  ( $p < 0.05$ ), Thought Stopping (TS) showed  $p = 0.002$  ( $p < 0.05$ ) this means that in each treatment group there were significant differences in depression problems before and after being given Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS). And in the control group showed  $p =$

1,000 ( $p < 0.05$ ) meaning that there were no significant differences before and after treatment. The results of the Kruskal Wallis test the post value of the depression problem shows  $p$  value = 0.001 ( $p < 0.05$ ) meaning that  $H_0$  is rejected, there are significant differences between groups.

Wilcoxon test results for Cognitive Thought Stopping Therapy (CTST) showed  $p = 0.002$  ( $p < 0.05$ ), Cognitive Therapy (CT) showed  $p = 0.003$  ( $p < 0.05$ ), Thought Stopping (TS) showed  $p = 0.002$  ( $p < 0.05$ ) this means that in each treatment group there are significant differences in the problem of the ability to control negative thoughts before and after being given Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS). And in the control group showed  $p = 0.157$  ( $p < 0.05$ ) meaning that there were no significant differences before and after treatment. The results of the Kruskal Wallis test the value of the post problem of the ability to control negative thoughts shows  $p$  value = 0.000 ( $p < 0.05$ ) meaning that  $H_0$  is rejected, there are significant differences between groups.

The results showed that there was a therapeutic effect on the level of depression and the ability to control negative thoughts, whereas in the control group that did not receive therapy showed no significant effect. Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT) and Thought Stopping Therapy (TS) can reduce the level of depression and increase the ability to control negative thoughts on clients after stroke.

## ABSTRAK

**PENGARUH *COGNITIVE THOUGHT STOPPING THERAPY* TERHADAP  
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NEGATIF PADA KLIEN PASCASTROKE DI RSUP.  
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**Pendahuluan:** Stroke menjadi salah satu masalah yang sangat menakutkan saat ini. Dimana Stroke merupakan penyebab kematian ketiga di dunia setelah penyakit jantung koroner dan kanker baik di negara maju maupun negara berkembang. Terapi psikososial sangat di butuhkan seperti *Cognitive Therapy* dan *Thought Stopping Therapy* dan gabungan kedua terapi dengan tujuan untuk menurunkan tingkat depresi dan meningkatkan kemampuan mengontrol pikiran negatif pada klien pascastroke. **Metode:** Penelitian ini menggunakan desain penelitian *experimental pre-post test with control group* dengan teknik pengambilan sampel adalah *Purposive Sampling*. Sampel yang digunakan dalam penelitian ini berjumlah 48 responden yang dibagi dalam 4 kelompok. Penelitian ini dilakukan selama 1 bulan lebih, dengan melihat klien yang mengalami depresi dan kurangnya kemampuan mengontrol pikiran negatif. **Hasil dan Analisis:** Hasil uji *Wilcoxon* untuk *Cognitive Thought Stopping Therapy* (CTST) menunjukkan  $p = 0.003$  ( $p < 0.05$ ), *Cognitive Therapy* (CT) menunjukkan  $p = 0.003$  ( $p < 0.05$ ), *Thought Stopping* (TS) menunjukkan  $p = 0.002$  ( $p < 0.05$ ) artinya pada setiap kelompok perlakuan terdapat perbedaan bermakna. Hasil uji *Kruskal Wallis* nilai post masalah depresi menunjukkan nilai  $p = 0.001$  ( $p < 0.05$ ) *Wilcoxon* untuk *Cognitive Thought Stopping Therapy* (CTST) menunjukkan  $p = 0.002$  ( $p < 0.05$ ), *Cognitive Therapy* (CT) menunjukkan  $p = 0.003$  ( $p < 0.05$ ), *Thought Stopping* (TS) menunjukkan  $p = 0.002$  ( $p < 0.05$ ) artinya pada setiap kelompok perlakuan terdapat perbedaan bermakna. Hasil uji *Kruskal Wallis* nilai post masalah kemampuan mengontrol pikiran negatif menunjukkan nilai  $p = 0.000$  ( $p < 0.05$ ) **Diskusi dan Kesimpulan:** Hasil penelitian menunjukkan bahwa ada pengaruh terapi terhadap tingkat depresi dan kemampuan mengontrol pikiran negatif, sedangkan pada kelompok kontrol yang tidak mendapat terapi menunjukkan tidak ada pengaruh yang signifikan. *Cognitive Thought Stopping Therapy* (CTST), *Cognitive Therapy* (CT) dan *Thought Stopping* (TS) yang diberikan dapat menurunkan tingkat depresi dan meningkatkan kemampuan mengontrol pikiran negative pada klien pascastroke.

**Kata kunci:** *Cognitive Thought Stopping Therapy* (CTST), Stroke, Depresi dan pikiran negatif.

## ABSTRACT

### THE EFFECT OF COGNITIVE THOUGHT STOPPING THERAPY ON DEPRESSION LEVELS AND CONTROL ABILITY NEGATIVE THOUGHTS AT PASCASTROKE CLIENTS IN RSUP DR. WAHIDIN SUDIROHUSODO MAKASSAR

By: Nikodemus Sili Beda

**Introduction:** Stroke is one of the most frightening problems today. Where stroke is the third leading cause of death in the world after coronary heart disease and cancer in both developed and developing countries. Psychosocial therapy is very much needed such as Cognitive Therapy and Thought Stopping Therapy and a combination of the two therapies with the aim of reducing the level of depression and increasing the ability to control negative thoughts on post-stroke clients.

**Method:** This study uses experimental research design pre-post test with control group with sampling technique is purposive sampling. The sample used in this study amounted to 48 respondents who were divided into 4 groups. This research was conducted for more than 1 month, by seeing clients who were depressed and lacking the ability to control negative thoughts.

**Results and Analysis:** Wilcoxon test results for Cognitive Thought Stopping Therapy (CTST) showed  $p = 0.003$  ( $p < 0.05$ ), Cognitive Therapy (CT) showed  $p = 0.003$  ( $p < 0.05$ ), Thought Stopping (TS) showed  $p = 0.002$  ( $p < 0.05$ ) means that in each treatment group there are significant differences. The results of the Kruskal Wallis test for post-depression problems showed  $p = 0.001$  ( $p < 0.05$ ) Wilcoxon for Cognitive Thought Stopping Therapy (CTST) showed  $p = 0.002$  ( $p < 0.05$ ), Cognitive Therapy (CT) showed  $p = 0.003$  ( $p < 0.05$ ), Thought Stopping (TS) shows  $p = 0.002$  ( $p < 0.05$ ) meaning that in each treatment group there are significant differences. The post-test results of the Kruskal Wallis test on the problem of negative mind control ability showed the value of  $p = 0.000$  ( $p < 0.05$ ).

**Discussion and Conclusion:** The results showed that there was a therapeutic effect on the level of depression and negative mind control ability, whereas in the control group that did not receive therapy showed There is no significant effect. cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT) and Thought Stopping (TS) given can reduce depression levels and increase negative mind control ability in post-stroke clients.

**Keywords:** Cognitive Thought Stopping Therapy (CTST), Stroke, Depression and negative thoughts.