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128 Reducing Maladaptive Behavior Strategy With Cognitive Behavior Therapy (CBT) - Conflict Resolution in Adolescents Atjuvenile Detention Institution of North Sulawesi

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ABSTRACT Deviation refers to behavior, actions, beliefs, and styles that violate the norms, rules, ethics and society expectations. Adolescents who have behavioral problems and being placed in juvenile detention centre related to criminal problems need to get more attention, so that after being released they are prepared to behave positively in society. CBT-Conflict resolution is a technique that needs to be taught. Objectives.

To find the differences of adolescents coping ability after being intervened by CBT to the intervention of CBT-Conflict resolution. This study is a quantitative study with a quasi-experiment design pre-post test with control group. Samples were taken with purposive sampling technique with a total of 30 people. The data were analyzed by the t-test of two groups on pairs.

Results: It shows a significant results, the coping mechanismscore on the group with CBT intervention to the group with CBT-CR intervention, the difference in mean values was 3.06 and in SD was 0.80 with a p value of 0.000. Coping mechanism in adolescents with CBT-Conflict resolution intervention becomes more adaptive compared to adolescents with CBT interventions only.

Keywords: CBT, CBT-conflict resolution, adolescents **INTRODUCTION** Adolescence is a significant phase in the course of human life which is the transition period from a

careless childhood to demanded adulthood. From this transition adolescents get a unique traits, one of them is the desire to imitate what they see, according to the environment around them.

Adolescents also have a very complex problems in line with the transition period that could potentially lead to future crisis, indicated by the tendency of behavioral deviations in adolescents, such as self-destructive behavior like suicide, smoking, alcoholic beverages, drugs and free sex (Kusmiran, 2012). There are a lot of factors that cause the deviant behavior of adolescents. Arahman (2009) explained that, family can be the cause of this deviant behavior.

Deviant behavior can be cause by these factors which are; family situation, school environment, society, television, and friendship, either in school or outside of school, can be one of the supporting factors of deviant behavior in adolescent (Rozy 2010). Deviant behavior in children or adolescents is the behavior that violates the law or norms by immature and unmarried people (Jonaidi, 2014).

That behavior is also known as social disability, meaning that the behavior is not in line with laws and violate norms within society. Deviation refers to behavior, actions, beliefs, and styles that violates the norms, rules, ethics, and soiets expectations. The irregularities are closely related to applied norms in a particular time period and place, it is a behavior that is incompatible with the existing behavioral agreement in society.

Basically deviant behavior or individual mischief is the things that are done by an individual that did not comply with the prevailing norms of life in his community (John Scott 2011). In North Sulawesi, the total number of adolescents is 176.207 people with 91.646 males, and 84,561 females. With this genrous amount of people, adolescents deserve more attention. Adoces' Itaeduio are keys to determine their future.

Adolescents who have behavioral problems and being placed in juvenile detention centre related to criminal problems need to get more attention, so that after being released they are prepared to behave positively in society. Based on the obtained data from Lembaga Pembinaan Khusus Anak Kelas II.B Tomohon in Tomohon City, the total number of juvenile occupants are 38 people.

Behavioral coaching activities are still limited to activities that are productive and spiritual. This encourages researchers to conduct research on " reducing maladaptive behavior strategy with cognitive behavior therapy (CBT) in adolescents of North Sulawesi". This research aimed to determine the adolescent behavioral coping skills before and after CBT interventions, to determine adolescent behavior coping skills

before and after CBT-Conflict Resolution interventions, to determine the differences in adolescent coping skills after CBT intervention to adolescents after CBT-conflict resolution interventions.

129 MATERIAL AND METHODS This was a quantitative research with a quasi-experiment pre-post-test design with a control group to compare interventions in two groups before and after the experiment. The first intervention group was given a CBT-Conflict Resolution interventions and the control group was only given a CBT intervention. RESULTS AND DISCUSSION This research was conducted on two groups.

Group A were adolescents who received Cognitive Behavior Therapy (CBT) and group B were adolescents who received CBT-Conflict Resolution. The sample of 30 people divided by two, consists of 15 people who received CBT intervention and 15 people who received CBT - Conflict Resolution intervention. At the beginning of the research, there were 26 respondents in each group, but during the activity there were several respondents in group B who did not follow it thoroughly. They are disqualified and excluded from the results of the study. 1.

Respondent characteristics The respondents are classified by age, education level, and parents marital status. These respondents are those who have problems with coping mechanisms. Characteristics of respondents can be seen in the table below Tabel 1. Characteristics of respondents based on age

Age	CBT	CBT Group-Conflict Resolution	N	%
15 years old	2	1	13.3	6.66
16 years old	5	3	33.3	6.66
17 years old	8	5	53.3	53.33
Total	15	10	100	100

Based on the table above, the majority of adolescents are 17 years old (53.33%) Table. 2 Characteristics of respondents based on education level

Age	CBT	CBT-Conflict Resolution	N	%
Elementary School	2	1	13.3	6.6
Junior High School	9	6	60	66.7
Senior High School	4	3	26.7	26.7
Total	15	10	100	100

Based on the table above, the majority of adolescents are in junior high school with the total number on range of 9 to 10 people (60% - 66.7%). Table .3 Characteristics of respondents based on parents marital status

Age	CBT	CBT-Conflict Resolution	N	%
Living Together	10	7	66.7	46.7
Divorce	2	1	13.3	6.6
Passed Away	3	2	20	13.3
Total	15	10	100	100

Based on table 5.3, the majority of parnt marital status is living together with the total number on range of 46.7% - 66.7%. 2.

Normality Test The results of the research data were tested for data normality using the Shapiro-Wilk test. Results can be seen in table 5.2.1. 130 Table 5.1.2 Test Data Normality Results

Number	Description	P value	Interpretation
1	Pre-test of coping ability in adolescents with CBT	0.332	P value 3. Bivariate Test

Table 3.1 Difference in Coping

Mechanism Scores before and after CBT Interventions in adolescents of Juvenile Detention Institution North Sulawesi.

CBT Group n Mean P value Pre-test coping mechanism score 15 28.13 0.006 Post-test coping mechanism score 15 30.80 The table above shows significant results on scores before and after CBT intervention, where there was an increase in the mean score of the coping mechanism with a value of p 0.006. From this result, it was obtained that CBT intervention in adolescents influence their coping mechanism ability. Table.3.2

Differences in Coping Mechanism Scores before and after CBT-RK Intervention in adolescents of Juvenile Detention Institution North Sulawesi CBT-RK Group n Mean P value Pre-test coping mechanism score 15 28.67 0.000 Post-test coping mechanism score 15 34.40 The table above shows significant results on scores before and after the CBT-RK intervention, where there was an increase in the mean score of coping mechanisms with a value of p 0.000. Thus, CBT-RK interventions on adolescents influence their coping ability. Table 3.3

Difference in P Score after being given CBT intervention and CBT-RK intervention in adolescents of Juvenile Detention Institution North Sulawesi Description n Mean SD P value CBT Intervention 15 2.667 3.177 0.00 CBT-RK Intervention 15 5.733 2.374 The table above shows significant results of coping mechanism scores in the group with CBT intervention to group with CBT -RK intervention with a value of p 0.000.

From the test results, there were differences in the mean score of coping ability in the group with CBT intervention to the group with CBT -RK intervention. Coping mechanisms based on its classification are divided into 2 (Stuart and Sundeen, 1995 in Nasir, 2010), which are: adaptive coping mechanism and maladaptive coping mechanism. The adaptive mechanism is a coping mechanism that supports the functions of integration, growth, learning and achieving goals.

Its categories are talking to other people, solving problems effectively, relaxation techniques, balanced exercises, and constructive activities. Maladaptive coping mechanisms are coping mechanisms that inhibit the function of integration, break down growth, reduce autonomy and tend to control the environment. 1. Differences in Coping Ability scores before and after CBT interventions in adolescents at Juvenile Detention Institution of North Sulawesi.

In this study the average score of adolescent's coping abilities before being given CBT was 28.13 and after given CBT increased to 30.80 with a value of p = 0.006. It shows that statistically there is a significant increase in value. That means CBT changes the

coping response in adolescents. Cognitive Behavior Therapy (CBT), is one form of psychotherapy that can be used against emotional problems in prisoners with the purpose of eliminating signs, symptoms, or emotional problems by changing and rebuilding positive and rational cognitive status so that they have a healthy behavior and somatic reactions (Sudiyanto, 2007).

Through CBT, modifications are made to the functions of thoughts, feelings, and actions (behavior), by emphasizing cognitive function (brain) in analyzing, deciding, asking questions, desiring, and deciding again. By changing the status of thoughts and feelings, it is expected that patients can change their behavior from negative to positive (Sudiyanto, 2007).

According to Cormier & Cormier in Mirza R and Sulistianingsih W, 2013, in CBT, therapists are trying to help clients to change negative thoughts and statements, and irrational beliefs that they experience. Irrational thinking can cause emotional problems. Thus, CBT is directed to modify the function of thought, felt and action by emphasizing the role of the brain in reanalyzing, re-asking, redoing and re-deciding so it is expected that the behavior changes from negative to positive acts.

This therapy **has been carried out** on children who are victims of the conflict in Aceh to improve emotional regulation (Mirza R and Sulistianingsih W, 2013). 2. Differences in coping ability scores before and after CBT-RK interventions in adolescents at Juvenile Detention Institution of North Sulawesi In this study the average score of adolescent coping ability before being given CBT-RK was 28.67 and after given CBT increased to 34.40 with a value of $p = 0.000$.

It shows that statistically there is **a significant increase in** value. It means that CBT-RK brings changes in coping responses in adolescents. The conflict resolution strategy used in this study emphasizes more on the way the respondents are taught to respond in each situation to minimize mal-adaptive behavioral responses. Respondents were introduced to three forms of behavioral response which are passive, assertive and aggressive.

According to Shutle R (2006), **Conflict resolution is a** style used to resolve conflicts between individuals who interact. Shutte also **stated that conflict resolution** is the style of adolescents in resolving conflicts that depends on certain relationships. Schoot W (2008) used attribution theory in his research to investigate how the attribution of responsibility influenced the preference of early adolescent communication strategies during conflicts in friendship.

It is hypothesized that self-responsibility will be associated with more cooperative way of communicating (integrative strategy), while other perceptions of responsibility are related to less cooperative ways of communication (distributive or passive strategies). Participants (N = 67) between the ages of twelve and fourteen read hypothetical conflict scenarios and described how they would communicate to resolve conflicts.

These data indicate that conflict resolution techniques if combined with CBT can maximize the change of behavioral responses to be more adaptive. 3. Differences in coping ability scores after CBT and CBT-RK in adolescents at Juvenile Detention Institution of North Sulawesi In this study, the mean score of coping ability in the group after being given CBT was 2.667 while the mean score of coping ability in the group given CBT-RK was 5.733 with a value of $p = 0.006$.

This increasing of value is statistically significant. Research by combining Cognitive Behavior Therapy (CBT) with conflict resolution has not been found by researchers. There was only a single therapy without a combination of both. This is supported by Clark's (2010) research, which was conducted to prevent recurring criminal acts by implementing CBT on prisoners as a preventive intervention.

In a Meta-analysis study by Lipsey & Gerrard (2007), studied more than twenty-five years of evidence to determine whether participation in school-based conflict resolution of education (CRE = conflict resolution of education) contributed to reduced antisocial behavior among adolescents at school in United States of America. Evidence from thirty-six studies, representing 4,971 students, showed improvement in antisocial behavior in CRE participants compared with the control group (Effect Size = 0.26), with greater effects observed during middle adolescence (ES = .53) and early periods adolescents (ES = .22) compared to childhood (ES = .06). The improvements in antisocial behavior caused by CRE are significant in practical and statistical terms and also similar for various approaches of CRE program.

Research in combining Cognitive behavior therapy (CBT) with conflict resolution has not been found by researchers. There is only a single therapy without a combination of both. By looking at the results of this study, researchers assumed that CBT-RK was effective enough to be used in order to increase the use of coping abilities in adolescents.

This strategy has only been tested to adolescents in Juvenile Detention Institution considering that adolescents in there still have human rights as a child, so they are not different from other children who live with their parents. 132
CONCLUSION There were differences in the mean score of coping mechanisms in a

group of adolescent before and after being given a CBT intervention.

There were differences in the mean scores of coping mechanisms in a group of adolescent before and after the intervention of CBT - Conflict Resolution. There were differences in the mean scores of coping mechanisms in groups of adolescents who were given CBT and CBT-Conflict Resolution interventions. SUGGESTION Based on the results of the research, it can be suggested as follows: Module CBT-Conflict Resolution can be used to fix or improve coping mechanisms in groups of adolescents at the Juvenile Detention Institution. The CBT-Conflict Resolution Module can be applied to adolescents at the Juvenile Detention Institution.

Officers at the Juvenile Detention Institution can be trained to apply CBT-Conflict Resolution module in order to help adolescents improve their coping skills in a more positive way. REFERENCES 1. Erwina I. (2010). Pengaruh CBT terhadap PTSD pada penduduk pasca gempa di Tawar Barat kecamatan Padang Utara Propinsi Sumatera Barat. Universitas Indonesia (thesis) 2.

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